

An intergrated strategy for the prevention and control of NCD's through multisectoral partnerships

### Vanuatu Non-Communicable Disease Policy & Strategic Plan

2016 - 2020



Vanuatu Ministry of Health Government of Vanuatu

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### **A**CRONYMS

BT Butterfly Trust  CPF Colgate-Palmolive Fiji  CPF Provincial Disability Committees  PDCs Provincial Disability Committees  PDCs Provincial Disability Committees  PDCs Provincial Disability Committees  PDCs Provincial Governments  DDED Department of Environment and Conservation PHD Public Health Directorate  PDD Disability Promotion and Advocacy Association PHCs Provincial Mental Health Committees  PDD Disability Promotion and Advocacy Association PHCs Provincial Mental Health Committees  PDD Disability Promotion and Advocacy Association PHC Public Service Commission  ECU Eye Care Unit PHD Public Vorks Department  EPI Extended Programme on Immunisation PSC Public Service Commission  EHU Environmental Health Unit RDP Role Delineation Policy  REPI Extended Programme on Tobacco  Control RMNCAH Reproductive, Maternal, Newborn and Child Health  FERF Fred Hollows Foundation SFA Sama Frangipani Association  FFI Fred Hollows Foundation SFA Sama Frangipani Association  FFI Fred Hollows Foundation SFA Sama Frangipani Association  FFI Tobacco Control Sub-Committee  FERM Provincial Mental Health Promotion Unit TOR TCSC Tobacco Control Sub-Committee  Terms of Reference  Technical and Vocational Education and Training  VASANOC Malvatumauri Council of Chiefs  WCC Malvatumauri Councils VCC Vanuatu Association of Sports and National Olympic Committee  MIPPU Ministry of Finance and Economic VCC Vanuatu Christian Council  MIPPU Ministry of Infrastructure and Public Works Upin Ministry of Infrastructure and Public Works Upin Ministry of Infrastructure and Public Works Upin Ministry of Vocation Min			OUU	011114-11-14
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NCD PENPackage of Essential NCD Interventions for Primary Health CareVNSOVanuatu National Statistics OfficeNCDUNon Communicable Disease UnitVPFVanuatu Police ForceNDTCNational Drug and Therapeutic CommitteeVSPDVanuatu Society for People with DisabilitiesNGOsNon-Government OrganisationVWCVanuatu Women's CentreNMHCNational Mental Health CommitteeVWDVanuatu Women's DepartmentNPHNorthern Provincial HospitalVYCVanuatu Youth CouncilNRTNicotine Replacement TherapyWHOWorld Health Organisation	MOYS	Ministry of Youth and Sports	VNCW	Vanuatu National Council for Women
NCD PEN Primary Health Care  NCDU Non Communicable Disease Unit  NDTC National Drug and Therapeutic Committee  NGOs Non-Government Organisation  NMHC National Mental Health Committee  NPH Northern Provincial Hospital  NRT Nicotine Replacement Therapy  VANSO Vanuatu National Statistics Office  VAPF Vanuatu Police Force  VSPD Vanuatu Society for People with Disabilities  VWC Vanuatu Women's Centre  VWD Vanuatu Women's Department  VYC Vanuatu Youth Council  WHO World Health Organisation	NCDs	Non-Communicable Diseases	VNNC	Vanuatu National Nutrition Committee
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	NPH	Northern Provincial Hospital	VYC	Vanuatu Youth Council
NU Nutrition Unit WSB Wan Smol Bag	NRT	Nicotine Replacement Therapy	WHO	World Health Organisation
	NU	Nutrition Unit	WSB	Wan Smol Bag

### **FOREWORD**

In 2011 our nation's leaders as well as those leading our pacific island neighbours came together at the Pacific Island Forum and publically acknowledged the NCD crisis that has swept our region and large portions of the world. We acknowledged the impact these diseases are having on the health of our people and communities; on our hospitals and health system; and on our economic progression and national development.



Since then significant steps have been taken to begin addressing the

impact of NCDs in Vanuatu. Major milestones include the 2011 nationally conducted NCD STEPS survey which provided us with a clearer picture of the prevalence of major NCDs and their risk factors in our communities; the continued rollout of WHO's NCD PEN training which has standardised training in primary health care interventions for both prevention and control of NCDs; as well as the reestablishment of the NCD Unit under the Ministry of Health to act as a focal point in addressing this cross-cutting set of lifestyle diseases.

Yet unfortunately due to the chronic nature of NCDs, singular interventions are unlikely to turn the tide on this health crisis. Whilst moreover, due to the diseases' behaviour-related risk factors, health sector interventions alone are not enough to incite considerable change in disease trends.

Keeping this in mind, it is with great pleasure that I present the NCD Policy and Strategic Plan 2016-2020. This document acknowledges the complex nature in which NCDs develop and thus the multisectoral collaboration required to combat them. It provided a consistent framework and strategic direction recognising the integral role of ministries, the private sector, NGOs, civil society groups and communities alike in both the prevention and control of NCDs in Vanuatu. I encourage all to work with us in actively mitigating the global rise in NCDs, which is so drastically changing the face of our nation. Through collaboration we can ensure a healthy and productive Vanuatu for generations to come.



George Taleo

Director General of Health

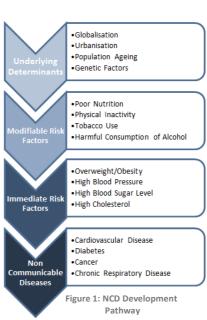
Vanuatu Ministry of Health

### **INTRODUCTION**

The global prevalence of NCDs is steadily rising and is now predicted to contribute to 80% of mortality in low and middle-income countries. <sup>12</sup> Vanuatu is not immune to this trend and unfortunately, as a byproduct of the nation's development progression, the archipelago nation of 265,000 is now in the midst of a double burden of disease; where significant prevalence of communicable and non-communicable diseases coexist brought about through a simultaneous rise in NCDs and fall in communicable diseases. <sup>3</sup> The four major NCDs, namely cardiovascular disease, diabetes, cancers and chronic respiratory diseases, are now responsible for between 52-60% of all premature mortality in Vanuatu. <sup>4</sup> Further, the presence of these largely preventable diseases also brings about human suffering, disability and significantly increases populations' vulnerability to poverty. <sup>56</sup>

The magnitude of this disease burden has widespread implications on individuals, families and communities. Not only do these diseases cause both morbidity and mortality; increasing individual and government health expenditure, but as they typically develop in an individual's prime working years, significant impact is also felt throughout the national workforce, economy and subsequent national development progression. In view of such concurrent and widespread impacts, the World Economic Forum has ranked NCDs as one of the top global threats to economic development.

The global rise in NCDs is linked to an array of underlying determinants including globalisation, urbanisation, population ageing and, in some instances, genetic factors. These conditions govern social practices and ideals that then determine the degree of population interaction with causative lifestyle behaviours. Acknowledging these complex social and structural interactions that have allowed for an increase in NCD risk factors and subsequent manifestation of disease, concerted efforts must be initiated to ensure these chronic diseases are targeted by programmes spanning across multiple sectors. For, although the health sector bears significant impact with regards to the burden of NCDs, it is only through whole of society engagement that the integral adaptation to underlying determinants and channeling of community lifestyle behaviours can be achieved.



On the level of intermediate risk factors, four key risk areas have been identified as major contributors to NCDs namely: tobacco use, poor nutrition, physical inactivity and the harmful consumption of alcohol. As evidenced in the 2011 conducted NCD STEPS survey, the prevalence of each of these risk factors has risen almost concurrently to the NCD incidence rate. Thus, to mitigate associated risk and reverse the current NCD trends, each of these modifiable causative risk factors must be addressed in isolation as well as part of overarching risk-minimisation prevention and control strategy.

### Aligned Global, Regional and National Strategies and Action Plans

Through review of progress made against the 2010 – 2015 NCD Strategic Plan and alignment with current global, regional and national health guidelines and development frameworks, the Vanuatu NCD Policy and associated Strategic Plan 2016 – 2020 provides clear country-specific direction for NCD prevention and control with strong links to validated national, regional and global structures of relevance. The below information outlines significant resources used in the review of the national NCD Policy and the development of the associated 2016 – 2020 strategic plan.

### **International and Regional**

- Sustainable Development Goals 2016-2030. In particular Sustainable Development Goal 3 'Ensure healthy lives and promote well-being for all at all ages' and target 3.4 'By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being'. United Nations, 2015.
- Global Action Plan for the Prevention and Control of NCDs 2013-2020, outlining the 9 Global Targets for NCDs. WHO, 2013.
- NCD Global Monitoring Framework. WHO, 2013.
- Global Strategic on Diet, Physical Activity and Health. WHO, 2004.
- Framework Convention on Tobacco Control. WHO, 2003.
- Global Strategy to Reduce the Harmful use of Alcohol. WHO, 2010
- Action Plan to Reduce the Double Burden of Malnutrition in the West Pacific Region 2015-2020. WHO,
   2015.
- Pacific Islands' NCD Roadmap Report. World Bank, 2014.
- Yanuca Island Declaration on Health in Pacific Island Countries and Territories. WHO & SPC, 2015
- Western Pacific Regional Action Plan for the Prevention and Control of Non Communicable Diseases 2014-2020. WHO, 2014.
- Scaling up Action against Non Communicable Diseases: How Much Will it Cost? WHO, 2011.

### National

- Vanuatu NCD Roadmap 2015-2018
- Vanuatu NCD Policies and Strategic Plans 2004 2009 & 2010 2015
- Vanuatu Mental Health Policy and Strategic Plan 2016 2020
- Vanuatu National Nutrition Policy and Strategic Plan 2016 2020
- Vanuatu NCD Crisis Response Strategic Framework 2014 2015
- National Policy & Strategy for Healthy Islands 2011-2015
- Vanuatu Guidelines for Health Promoting Schools, Ministry of Education & Ministry of Health
- Vanuatu Priorities and Action Agenda 2006 2015.
- Vanuatu Health Sector Strategy 2010 2016

- Vanuatu Public Health Act Chapter 234, Laws of the Republic of Vanuatu
- Vanuatu Food (Control) Act Chapter 228, Laws of the Republic of Vanuatu
- Vanuatu Food (Control) Regulations Order 37 of 2007
- Vanuatu Liquor Licensing Act Chapter 52, Laws of the Republic of Vanuatu
- Vanuatu Road Traffic (Control) Act Chapter 29, Laws of the Republic of Vanuatu

In 2016 the National Sustainable Development Plan 2016-2030 will be released, replacing the Priority Action Agenda; and a new Health Sector Strategy will be developed to be implemented in 2017. The NCD Unit has provided technical assistance in the development of the National Sustainable Development Plan and, conversely, drafted versions of the document have been used to inform direction for this NCD Policy and Strategic Plan. However it remains essential that this NCD Policy and Strategic Plan 2016 – 2020 be reviewed upon the official release of the National Sustainable Development Plan in 2016 and Health Sector Strategy in 2017 to ensure alignment with the national direction provided in these high-level documents

### **NCD POLICY**

Recognising the significant strain NCDs place on individuals and families as well as the nation's health sector, wider economy and development progression; this policy aims to present a unified and concerted response to address this growing health concern aligning with the mission of the Vanuatu Ministry of Health; to protect and promote the health of the people in Vanuatu.

### Vision

A Vanuatu where informed citizens live in communities conducive to good health and have access to adequate health services ensuring active engagement in health conscious decision-making in order to live long and healthy lives free from preventable disease.

### Mission

Through multisectoral collaboration the NCD Policy intends to deliver a holistic and integrated package of interventions to both prevent and control NCD in Vanuatu.

### **Guiding Principles**

### **Multisectoral collaboration**

Unlike previous NCD policies and strategic plans where multisectoral integration has been identified as a strategic component in and of itself, under this revised 2016 – 2020 policy and plan, multisectoral collaboration is instead considered an overarching principle, and thus; should underpin all components of NCD prevention and control. Understanding multisectoral collaboration in this manner acknowledges the complex nature of NCDs; which typically develops through a combination of lifestyles, socio-economic and cultural determinants; and enables integrated interventions that are both effective and efficient in combatting them.

Shared support, input and action are essential to counteracting NCDs and must include engaging partners from health-related fields, other government sectors, the private sector, NGOs, civil society groups and community organisations alike. Beyond national support structures, multisectoral collaboration also calls upon Vanuatu to learn and seek guidance from colleagues in the region and further afield as well as use available information and research to best inform decisions regarding NCD interventions and strategies.

It is only through this joint approach; whereby built and social environment, markets, workplaces, health facilities, cooking styles, social groups, families, individuals and the very way of thinking about the interconnectedness of lifestyle choices and health outcomes change; that we will begin seeing a sustainable and responsive shift in Vanuatu's NCD profile.

### **Community Engagement**

Increasing community awareness of NCDs; including risk-factors, preventative measures and early warning signs, coupled with enhanced opportunities for communities to engage and provide input into health interventions is crucial in promoting personal and community ownership of health and health outcomes.

Particularly given the behavioural nature of numerous NCD risk factors, it is important that individuals and communities are provided with clear health information in order make informed and autonomous decisions regarding their health and the health of their family members. Further involving community members and, in particular, community leaders in the development of health interventions is integral in ensuring programmes are tailored to the needs of the community and garners community ownership which, in turn, is likely to improve both the impact and sustainability of such activities.

### **Equity**

Given the geographic dispersal of Vanuatu and the nation's large rural population it is essential that NCD prevention and control interventions as well as subsequent health services are accessible and dispersed relative to need across all provinces. It is widely acknowledged that the most effective vehicle for ensuring equitable health services is a robust, informed and sufficiently equipped primary health care sector.

In relation to NCD prevention, detection and treatment it is therefore paramount that NCD intervention outlined in this strategic plan flow down to aid posts, dispensaries and health centres to ensure the burden presented by these diseases is matched by accessible health staff with sufficient capacity and responsive NCD programming throughout all rural and urban communities in Vanuatu.

### **Preventative Approach**

It is essential that prevention with regards to NCDs incorporates reduction in elevated risk factors and hence disease development as well as control in terms of prevention of disease progression; the development of complications and; ultimately, the prevention of premature death. This can be achieved through the implementation of effective primary, secondary and tertiary prevention measures, which aim to prevent disease development; detect and intervene in a timely manner populat and manage associated complications respectively.

Clinical care associated with prevention and management of complications.

### Secondary

Screening of at-risk individuals, control of risk factors and early intervention through lifestyle adaptation.

### Primary/Universal

Programmes targeted at the entire population in order to prevent disease development through education encouraging healthy lifestyle choices and awareness of NCDs.

Whilst primary prevention, which delivers broad

Figure 2: Prevention Pyramid

community-focused strategies for risk-reduction pre-disease, is ideal and proven to be most cost effective; utilising of this three-tiered preventative approach to NCDs acknowledges that avoidance of disease is not possible in all cases and thus, control of conditions, through secondary and tertiary prevention, is paramount

in ensuring equity in health care provision. Evidence has proven high costs associated with NCD progression and significant correlation between NCDs and vulnerability to poverty. Therefore, for the benefit of individuals, families, communities and Vanuatu's larger social and economic systems, prevention at all levels must be understood as an imperative principle of disease control and effective health service delivery.

### **Evidence-Based Practice**

All interventions provided to both prevent and control NCDs must be informed by up-to-date research and, with regards to clinical management, associated guidelines and protocols. This is to ensure evidence-based practice of the highest standard is provided universally across Vanuatu as well as that the health sector utilise human resource and financial allocations in the most efficient manner. It is the responsibility of the MOH and partners to monitor international channels with regards to updated standards of practice and continually review and provide sufficient training to staff; ensuring Vanuatu-based protocols and care provision by health care personnel comply with such. It is essential that the provision of evidence-based practice is applied consistently from the delivery of preventative health messaging at primary health care centres through to tertiary level management of complications.

### **Responsive Programming**

It is important that programming is developed and implemented in a manner that is sensitive to populations and their needs, and hence, responsive to changing demands presented over time or when interventions are transposed into different environments. Monitoring and evaluation of health initiatives is therefore a crucial component in assuring interventions are reflective of both the current and projected health status of the population as well as the broader social, environment and behavioural risk factors contributing to such outcomes. Although hindered by the chronic nature of NCDs and the difficulty this poses in the measuring the success of interventions, it is essential that, in line with global protocols, appropriate impact rather than activity-based indicators be sought and evaluated consistently to inform intervention direction moving forward.

### **Strategic Objectives**

### **Strengthen NCD coordination mechanisms**

Due to the largely behavioural nature of NCD development it has been identified that there is a strong need to counteract such with a holistic response. Effective coordination and management of NCD prevention and control activities as well as the monitoring of their implementation is therefore integral to proactive prevention and control strategy. Engaging and ensuring adequate input from international and regional bodies, national and provincial-level colleagues and community partners from both health and non-health related fields is essential in providing an enabling environment for the tasks outlined in the NCD strategic plan.

Whilst, at a national level, the Ministry of Health, Public Health Directorate, Integrated NCD Management Team and NCD Unit assumes the leadership role in spearheading direction, coordination and technical guidance surrounding the policy and accompanying strategic plan; it is the active and continually engagement with provincial directorates and partners which will ensure the effective and efficient implementation of necessary activities in order to achieve sustainable public health outcomes. It is therefore essential that NCDs be seen as a whole-of-government priority and that robust management be supported by sufficient legislative protection with regards to risk-factor reduction; that systematic engagement with partners at all levels and across all fields inclusive of the general public is pursued; and that such is backed by adequate finances to support sustainable progress.

### Promote improved nutrition nationwide

Diet-related diseases as well as disease risk factors associated with poor dietary choices are on the rise throughout Vanuatu. With a traditionally carbohydrate-heavy diet, the modern Ni-Vanuatu diet is now increasingly supplemented by imported, typically high glycemic index, sources of refined carbohydrates such as sugar, rice, bread and instant noodles.<sup>10 11</sup> Whilst excessive consumption of salt and increased consumption of fat, high-fat and trans-fat foods are of further concern, particularly with regards to cardiovascular disease.

Recognising Vanuatu's current double burden of malnutrition, the mitigation of under nutrition must not be overlooked. <sup>12</sup> Incorporating insufficient consumption of energy sources as well as nutrient deficiencies, particularly common in women and children; addressing under nutrition as part of the NCD strategy acknowledges the links between inadequate childhood or maternal nutrition, compromised development and an increase risk of chronic diseases in later life. <sup>13</sup>

Coupled with promotion of physical activity, health and lifestyle interventions must be enacted to curb the diet-related deterioration of the nation's health. A number of low-cost and highly effective strategies have been identified by international and regional health communities and are outlined in the National Policy on Nutrition. It is of benefit to the health sector and wider government to promote these dietary balance strategies as part of primary, secondary and tertiary prevention of NCDs and their related complications. Acknowledging the holistic approach required to ensure balanced nutrition for all demographic in Vanuatu, nutrition components of this renewed document incorporate aspects of improved legislation, increased

taxation on unhealthy foods as well as avenues of community education and mobilisation with regards to healthy decision making surround individual, family and community food choices.

### Encourage adequate physical activity across the life course

Whilst strong evidence indicates correlation between adequate physical activity and lower risk of heart disease, stroke, diabetes and cancer; beyond the notably reducing the risk of NCDs, physical activity is also a significant component of positive physical and mental wellbeing, improved social connectedness and can aid in sustaining active living in older adults. <sup>14</sup> Together with balanced nutrition, adequate physical activity has been identified as a core component in maintaining good health and thus preventing disease.

Unfortunately rates of physical activity have diminished in Vanuatu as the nation moves away from its previous active lifestyle towards a more sedentary style of living; whereby adults now undertake office-based employment and purchase rather than harvest their food sources. These socio-economic changes have dramatically altered rates of involuntary physical activity and, combined with increased availability of unhealthy dietary choices, ni-Vanuatu now live among an obesogenic environment for the first time in the nation's history. Available data shows a steady decrease in physical activity and subsequent increase in obesity levels across the entire adult population, with women at greatest risk.

Like the obesity itself, reversing the current obesogenic environment, particularly with regards to physical activity, is complex and requires multifaceted action. This renewed NCD Policy and Strategic Plan 2016 - 2020 acknowledges this challenge and thus has included internationally and regionally verified physical activity initiatives working on both national and community-level interventions as well as those targeted to particular at-risk groups. This essential component of NCD risk-mitigation includes developing safe environments conducive to physical activity as well as increasing community education regarding the importance of maintaining an active lifestyle during all life stages.

### Strengthen national tobacco control mechanisms

The reduction of tobacco consumption has been an essential risk-mitigation component of national NCD prevention and control mechanisms over the last 14 years and has again been identified as vitally important under this renewed NCD Policy and Strategic Plan 2016 – 2020. Government responsibility for the control of tobacco is also reinforced by Vanuatu's commitment to the WHO Framework Convention on Tobacco Control, which was ratified by the nation in 2005. <sup>16</sup>

Tobacco use is the leading cause of preventable death worldwide.<sup>17</sup> Tobacco use causes NCDs such as heart disease, chronic respiratory disease and numerous forms of cancer to both its users and those impacted by second-hand smoke. It has a high economic burden for families through both the purchasing cost of local and commercial-produced sources of tobacco as well as subsequent increased health-care expenditure.<sup>18</sup> Further, tobacco typically kills people in the height of their productivity, hence depriving families of an income and the nation of a healthy workforce. Therefore, measures to reduce the supply of and demand for tobacco will result in a nation in which a higher proportion of individuals abstain from tobacco use and is likely to produce better health and economic outcomes for individuals, families, communities and the nation as a whole.

Cost-effective tobacco control measures have been outlined in the Pacific NCD Roadmap and include: increases in taxation, smoke free environments, increased health warnings and enforced bans on advertisement, promotion and sponsorship. Likewise, monitoring of tobacco use and prevention policies is important for understanding trends and measuring outcomes of implementing tobacco control actions. As tobacco control is strengthened it will be important to provide support for smoking cessation. Thus, informed by both WHO's FCTC and cost effective (NCD "Best Buys") interventions, country-specific tobacco control measures have been developed and are due for implementation as part of this renewed NCD Policy and Strategic Plan to aid in securing a healthy and tobacco-free Vanuatu.

### Reduce the harmful consumption of alcohol

Harmful consumption of alcohol affects more than the individual drinker as it also significantly impacts families. Excessive alcohol consumption is associated with violence and injury and affects the broader community, health system and, subsequently, the nation's economy and development progression.<sup>19</sup> Analysing alcohol consumption, the prevalence of the harmful consumption of alcohol; typically defined in terms of episodic binge drinking whereby greater than 4 and 5 standard drinks are consumed in one episode of alcohol consumption by females and males respectively; is of significant concern.<sup>20</sup> The demographic most atrisk of alcohol abuse and subsequent alcohol-associated injuries and violence is Vanuatu's younger male.<sup>9</sup>

Implementing effective strategies to curb the harmful use of alcohol is therefore likely to reduce rates of cancers and cardiovascular disease as well as liver cirrhosis, depression, violence and road traffic injuries. In turn, such interventions will also diminish the burden these conditions place on the national health care system, mitigate associated financial costs to individuals and families, and prevent potential loss of income and productivity.

Interventions targeting the enforcement of current legislation and taxation related to the sale of alcohol as well as comprehensive bans on the advertisement of alcoholic products have been targeted by the MOH as necessary risk-mitigation strategies and align with priorities outlined in the NCD 'Best Buys' package. Further, addressing country-specific factors, this renewed NCD Policy and Strategic Plan 2016-2020 works to build on initiatives commenced under previous strategies by increasing public awareness of the dangers associated with commercially produced and home-brews alcohol, as well as targeting particular environments, including stores, bars and kava bars, and community leaders to push for change in regards to communities' behaviour towards alcohol consumption.

### Strengthen the clinical care sector enhancing secondary and tertiary prevention of NCDs

Preventing NCD risk-factors cannot be undertaken in isolation as disease development remains inevitable in some cases. Thus NCD management and care interventions aimed at preventing disease progression and associated complications are also integral components of this NCD Policy and Strategic Plan 2016 – 2020.

This clinical arm of the strategic aims to foster an informed health workforce capable of ensuring early detection of NCDs through screening; delivering evidence-based treatment services; and maintain sufficient NCD follow-up and rehabilitation capacities at all health facilities. Given the geographic dispersal of Vanuatu, it

is essential that these services are available at primary health care level to best ensure access to quality health care services is equitably available to all ni-Vanuatu nation-wide.

These avenues of secondary and tertiary prevention must continually advance to identify and remedy gaps in the NCD detection, treatment and management cycle. Compliance with developed protocols and continue review of care provision standards are essential in minimising the severity of clinical cases and preventing complications which are both costly and disabling to the individual, their family and the health system.

### Strengthen community and health sector responses to mental health concerns

Whilst the profile of mental illness has advanced significantly in the last number of decades, mental health and the impact such has on one's general wellbeing has, unfortunately, still not been given the same level of attention as physical ailments. On the rise in Vanuatu and still engulfed in stigma and discrimination, it is the responsibility of a community-responsive government to ensure mental health concerns are both considered and addressed under this renewed NCD Policy and Strategic Plan 2016 – 2020.

Like the four major physical NCDs, mental illnesses are disabling to an individual and their family, costly in terms of both health care expenses and loss of income, and of detriment to the national workforce, economy and further development progression.<sup>21</sup> Whilst moreover, mental health concerns underpin the development and progression of all major NCDs. For example; there is considerable concurrence between risk factors such as alcohol abuse and mental illness, whilst the diagnoses of chronic disease and, in particular, disabling complications are also likely to contribute to poor mental wellbeing.<sup>22</sup>

Aligned with the renewed Mental Health Policy and Strategic Plan 2016 – 2020, this component of the NCD strategy aims to mainstream mental health issues within the health sector, other institutions typically interacting with mental illness-vulnerable demographics as well as within communities more broadly. It is essential that mental illness is properly understood by the community at large in order to induce sufficient change regarding the care and management of such illnesses.

### Support and facilitate initiatives to reduce instances of injury, violence and substance abuse

Global disease burden records indicate significant mortality and morbidity attributed to violence, poor safety conditions and compliance, risk-taking behaviour and substance abuse.<sup>23</sup> It is important that the MOH work with other stakeholders and the wider community in order to ensure individuals are kept safe and healthy at all times and in all environments.

Included in this renewed NCD Policy and Strategic Plan due to the issues interconnectedness with NCD development, health sector and social burden as well as links to physical and mental wellbeing; this component of the policy incorporates concerns surrounding drink driving, substance abuse, alcohol and drugfueled violence, domestic violence and occupational health and safety concerns. Whilst these issues span across numerous sectors and are influenced by an array of environmental and social factors; it is the responsibility of the MOH to work with partners to education individuals and, in particular, at-risk groups

regarding safe and healthy behaviours and provide support and services in relations to these concerns and their impact on the health of individuals and the wider population.

### Strengthen community and clinical responses to oral health

Oral health is a window to the overall health of an individual and, in a similar manner to the four major NCDs, is strongly linked to the modifiable causative risk factors of poor nutrition, tobacco use and the harmful consumption of alcohol.<sup>24</sup> These broader lifestyle factors as well as oral health-specific behaviours such as daily brushing, flossing and regular dental checkups are essential in preventing a range of oral diseases including tooth decay and gum disease.

Collectively affecting more than half of the world's population, the global burden of oral diseases makes it among the most common NCDs.<sup>25</sup> Moreover, further to these diseases themselves; there is also a strong correlation between oral diseases and the four major NCDs. This includes the predisposing role diabetes plays in the development of periodontal disease and the association between such and cardiovascular disease development.<sup>26</sup> Similarly, respiratory diseases may be influenced by oral microflora.<sup>27</sup> Whilst further, oral cancers are amongst the world's most common forms of cancer and are largely attributed to tobacco use and the harmful consumption of alcohol.<sup>28</sup>

The associated pain and suffering, impairment of function and reduced quality of life associated with oral diseases significantly impact upon both individuals and communities. It is therefore essential that a collaborative approach that adequately addresses prevention, early detection and treatment of oral health concerns be considered a critical component of NCD prevention and control mechanisms and related policies and strategies moving forward.

### Ensure an effective and efficient national response to eye care concerns

Vision impairment and vision loss contributes significantly to global morbidity and has profound personal implications and impacts upon households, communities and nations. Yet, with early detection and appropriate and timely interventions, more than 75% of global vision impairments and blindness can be prevented or rectified.<sup>29</sup> Vision impairment conditions such as cataracts, glaucoma and diabetic retinopathy are also linked to NCD risk factors, in particular smoking, and can manifest as complications of late-detected or poorly managed NCDs.<sup>30</sup> For instance diabetic retinopathy which, caused by improper blood flow, weakens blood vessels resulting in vision loss and blindness, is estimated to affect 75% of people with diabetes.<sup>31</sup> Due to the magnitude of the vision impairment and vision loss burden, mitigation through action to prevent and control these diseases and complications is an essential component of response health programming.

Screening for vision impairments and vision loss has been recognised as a cost effective intervention and, with the introduction and use of tele-health mechanisms in Vanuatu, this process may be undertaken remotely with outputs sent to specialists for analysis; circumventing difficulties associated with the nation's geographic dispersal. This process will increase the equitability in access to eye care services and allow for early detection and treatment of vision-threatening conditions.

### Strengthen NCD research, surveillance & reporting

To date, global and regional data has largely shaped the national understanding of NCDs and Vanuatu's NCD crisis. Moving forward, the collection and collation of validated, timely and Vanuatu-specific information pertaining to NCD risk factors, disease development, complications and mortality should be encouraged to ensure informed decision-making surrounding NCD management and control. Research regarding NCD-related issues and interventions must also be supported in order for the nation to better understand the implications of such factors. Further, in order to ensure appropriate allocation of resources, personnel and finances, it is paramount that NCD reporting mechanisms are developed, routinely utilised and relevant reports circulated to all relevant stakeholders.

This final component of the NCD Policy and Strategic Plan 2016 – 2020 aims at ensuring longevity in support for, and subsequent action taken towards, addressing NCDs in Vanuatu. Incorporating the collation of multiple data sources as well as the integration of registries to track certain conditions; this component aims to produce consistent reporting which accurately reflect Vanuatu's NCD situation and thus, can be used to analyse disease trends and the impact of interventions. The strengthening of research, surveillance and reporting also includes the monitoring and evaluation of the strategy itself; an integral process for tracking progress and using feedback to inform planning adaptions to meet changing demands.

### NCD STRATEGIC PLAN

## 1. Strengthen NCD coordination mechanisms

coordination and impact of NCD activities through continued support for the Integrated NCD Management Team	1 1 Strongthen	Strategy
1.1.2 Composition of the Integrated NCD Management Team is consistent and reflects the multisectoral nature of NCDs.	1.1.1 Tasks progressed by the Integrated NCD Management Team are consistent with direction provided in this NCD strategic plan.	Intermediate Outcomes
Role delineation mapping carried out;  Team composition documentation available	Review conducted and results outlined within updated and endorsed Integrated NCD Management Team TOR	Indicator(s)
Integrated NCD Management Team TOR Annex; NCDU Annual Report	Integrated NCD Management Team TOR; NCDU Annual Report	Sources
Expand membership to include greater range of clinical and NGO partners in line with identified areas of need outlined in this NCD strategic plan.  Officially document and regularly update team composition information as an annex to the TOR ensuring membership is based on HR roles rather than personnel in order to circumvent disruptions in instances of staff redistribution or turnover.	Review TOR for the Integrated NCD Management Team ensuring alignment with all components of this NCD strategic plan.  Any major amendments to the TOR are outlined and presented to the MOH Exec. for endorsement.	Activities
×	×	5016
×		2017
		2018 2019
		2020
NCDU	NCDU	Responsible Bodies Lead Supportir

	1.2 Ensure effectiveness of health legislative interventions through consistent compliance monitoring.		
	1.2.1 Allocations are made under the MOH HR structure ensuring appropriate HR capacity for compliance monitoring.		1.1.3 Consistent reporting reflects progress made by the Integrated NCD Management Team.
	MOH HR Structure reflects current employment of two national compliance officers		Meeting minutes evidence progress against NCD strategic plan; Progress against activities is reflected in NCDU Annual Report
	MOH HR Structure; EHU Annual Report		Integrated NCD Management Team meeting minutes; NCDU Annual Report
Support HR Unit in filling positions.	seek input from MCs and PGs regarding the need for further compliance monitoring.  Develop and seek formal endorsement of budget proposal to account for greater EHU and NCDU HR capacities in compliance monitoring.	Hold collaborative meetings with PHD, EHU, NCDU and HR Unit to	Convene Integrated NCD Management Team meetings on a monthly based on reviewed TOR with at least 75% membership attendance.  Ensure meeting minutes are disseminated to all members, partners and PHD as well as kept on file in the NCDU.  Ensure progress made by the Integrated NCD Management Team is reflected in the NCDU Annual Report.
			×
	×		× ×
			× ×
			×
	EHU, HR Unit, MOH Exec.		NCDU
	NCDU, MCs, PGs		

1.2.3 An annual schedule pertaining to compliance monitoring of business houses in relation to food, tobacco and alcohol legislation guides systematic monitoring.	1.2.2 Identified public health personnel are equipped with sufficient skills and assume partial responsibility for Public Health Act compliance monitoring.
Compliance check schedule developed and utilised	Minister's endorsement of the mainstreaming of compliance monitoring in line with Public Health Act Part 2, Section 7.2  Capacity training conducted with identified officers
EHU Annual Report; NCDU Annual Report	Ministerial endorsement; EHU Annual Report; NCDU Annual
Coordinate consultations with all relevant stakeholders in order to develop an annual compliance monitoring schedule.  Ensure consistent utilisation of the schedule through routine reporting against such.	Draft concept paper outlining current shortfalls in compliance monitoring and alignment of such with Health Minister's power of delegation within Public Health Act, Section 7.2.  Seek MOH Exec. and Health Minister's endorsement of mainstreaming monitoring through training of identified public health officers.  Develop and undertake compliance training with identified public health personnel ensuring said personnel are qualified and sufficiently capable in to enforce relevant legislation within communities.
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NCDU, MCs, PGs, VPF, DCIR, PHD	PHD

fostering greater community awareness surrounding NCDs.	1.4 Engage media outlets and community groups in			mobilisation of provincial-level technical support.	1.3 Promote a national response to NCD prevention and control through the		
regularly engaged in increasing community awareness of NCDs.	1.4.1 The pre- established MOH NCD media network is	strategy.	province-specific identified goals	1.3.2 Provincial NCD programming is strengthened and contributing towards		1.3.1 Provincial NCD HR capacity is strengthened under MOH HR structure.	
Media network is engaged	Number of NCD events in which	and public health services	comprised of members from both the clinical	Number of provincial level NCD committees are established	TOR for provincial NCD focal points developed	provincial NCD focal points are allocated under the MOH HR structure	Positions for
HPU Annual Report	NCDU Annual Report;		PHOs Annual Reports	NCDU Annual Report;	PHOs Annual Reports	NCDU Annual Report; MOH HR Annual Report;	
Ensure consistent engagement with the media network and regular dissemination of NCD-related information.	Expand media network connections down to provincial levels circulating relevant contact details with all national and provincial NCD personnel.	Support activities conducted by committees and ensure consistent reporting up to national level.	Advocate for the development of these committees in each province.	In collaboration with PHOs draft membership and TOR for provincial NCD committees ensuring provincial-specific alignment with this NCD strategic plan.	Ensure appropriate provincial and national support inclusive of financial and resource allocations for these positions.	Advocate for the inclusion of provincial NCD focal points under MOH HR plan through the outlining of such within NCDU and PHOs annual business plans.	In collaboration with PHOs draft TOR for provincial NCD focal points.
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	H P C		PHOs	<b>Z</b> D D		NCDU	
	NCDU					PHOs	

1.4.4 The Vanuatu Diabetes Association is remobilised and aids in facilitating advocacy and support for people with diabetes nationwide.	1.4.3 Annual events are conducted to promote NCD-relevant world days of celebration.	1.4.2 The HPU-facilitated radio show and talk back partnership is consistently utilised in providing a platform for increasing both general and specific NCD prevention and control community health awareness.
MOU with VDA developed and endorsed  Number of VDA activities conducted;  Number MOH activities in which VDA members take part	Number of events carried out; General estimates of attendance or awareness impact	Number of NCD related radio talk- back shows allocations utilised
NCDU Annual Report; VDA Event Reporting	NCDU Annual Report	NCDU Annual Report
Through consolation with preestablished health-related community organisation support the remobilisation of the VDA through a joint MOU with the MOH.  Provide technical support and guide to the VDA members in the development of activities or advocacy campaigns.  Include VDA members in relevant training and planning activities.	Develop and undertake national activities to coincide with NCD relevant world days of celebration inclusive of World Health Day (April 7th), World Diabetes Day (November 14th), World Heart Day (September 29th), World Cancer Day (February 4th), World Food Day (October 16th).	Ensure NCD related issues are routinely discussed during the HPU radio-talk back segment.  Advocate for a diversity of NCD clinical and public health focal areas to be included in the talk-back segments.
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N CD C	NCDU, HPU	НРО
НРС		NCDU

angred with strategy and comparable to the burden of NCDs.	1.5 Advocate for greater financial and resource allocations
1.5.2 Financial and resources shortcomings and their potential risks are presented to the MOH Exec. And escalated to COM and donor partners for deliberation.	1.5.1 A costed NCDU business plan is produced annually encompassing all scheduled components of this NCD strategic plan in line with the MOH planning cycle.
Resource gaps identified and outlined in reporting	Costed annual business plan developed and endorsed by MOH
Annual NCD business plan	Annual NCD business plan
Through collaboration with MOH Planning and Finance units, ensure resource gaps are identified during annual business planning and presented to the MOH Exec. for evaluation.  If advised by the MOH Exec., assist in developing support requests through the drafting of new project proposals to COM and presentation of resource gaps to development partners.	Hold timely consultations and discussions to develop a costed work plan which accurately reflects components outlined in this NCD strategic plan.  Ensure feedback for MOH Planning Unit is incorporated in NCDU business plan development.  Support other units with the MOH in the inclusion of NCD sensitive elements within their business plans.
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NCDU, Finance Unit, Planning Unit, MOH Exec.	NCDU
	Planning Unit

with finance partners allows for the identification of additional funding sources, new project proposals and a Health Promotion Fund.	
Number of additional funding sources identified; Number of additional funding sources utilised	
NCDU Annual Report	
Present identified funding options to PHD and MOH Exec. for endorsement and to garner support in following through such recommendations at a national leadership level.  Support and lobby for greater internal MOH funding allocations, increased health sector funding ceilings and increased development partner support for NCDs.	Hold ongoing discussions with MFEM and other partners to discuss the feasibility of additional funding sources.
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MFEM, MOH Exec.	
NCDU,	

## 2. Promote improved nutrition nationwide

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	5016	2017	2018	5019	2020	Responsible Bodies Lead Supportir	le Bodies Supporting
	2.1.1 The Nutrition	Membership defined and TOR adopted		Define TOR and VNNC membership.							
	transitioned into the Vanuatu National Nutrition Committee, reporting to the MOH Exec. and with links to the Codex and Food	Achievements made against activities outlined in the NU strategic plan	NU Annual Report; NCDU Annual Report	Ensure adequate resources are available under the NU annual business plan in order to complete tasks outlined under TOR.	×	×	×	×	×	Nutrition Working Group, MOH Exec.	NU, CODEX
	Security Coordinating Council.	VNNC meeting minutes and annual report		Provide annual reports on the undertaking and completion of activities.							
2.1 Ensure holistic and collaborative approaches to				Ensure continued engagement with multisectoral body responsible for the plan of action through regular attendance at meetings.							
nutrition nationwide.	2.1.2 Codex and Food	Progress on	Codex and Food	Integrate nutrition and health requirements under the plan of							
	Security Coordinating Council oversees completion of the	nutrition and health activities outlined under	Security Coordinating Council	action into NU annual business planning and TOR of the VNNC.							VNNC.
	multi-sectorial  Vanuatu Plan of Action	the Vanuatu Plan of Action for	Reporting;	Secure adequate resources through the VNNC and the NU annual	×	×	×			CODEX	NC (
	for Nutrition and Food Security.	Nutrition and Food Security	NU Annual Report	business plan to complete nutrition and health specific tasks outlined in the plan of action.							
				Provide annual reports to the committee on the undertaking and completion of activities aligned							
				with the plan of action.							

2.1.4 National legislation enables retailers and consumers to make healthy decisions regarding nutrition.		promotion.	2.1.3 Nutrition activities aligned with national direction are integrated into provincial planning ensuring multilevel oversight of nutrition	
Legislation is in place and enforced; Nutrition-related guidance provided in the drafting of future legislation			Number of provincial level- led nutrition activities undertaken	
SLO documentation; NU Annual Report			PHOs Annual Reports; NU Annual Report	
Advocate for the adoption of additional legislation preventing the marketing of food and non-alcoholic beverages to children under the latest draft amendments to the Food Regulations.  Provide technical guidance and support to future avenues of government reform and the enforcement of legislation that either directly or indirectly addresses population nutrition	Support enforcement and evaluations of legislation pertaining to the fortification of flour and iodisation of salt under the Food Regulations amendment as well as the 2015 introduced Soft Drink	Assist PHOs in securing resources required to undertake provincial nutrition activities and support them in drafting provincial nutrition business plans.	Ensure PHOs have ongoing access to adequate nutrition resources and are made aware of all guidelines, policies and action plans related to population nutrition (in line with strategies 2.2, 6.1 and 6.2)	Provide technical support and guidance to PHOs in developing and implementing nutrition activities and programmes at provincial level.
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EHU,SLO			PHOs, NU, VNNC	
NU, VNNC, CODEX, PHD, MOH Exec.			NGO partners; hospitals	

nutritional status through a public health approach that acknowledges the importance of healthy diets across the life course.	2.2 Improve national
2.2.2 Government ministries, departments and private workplaces encourage healthy eating through adoption of workplace catering policies.	2.2.1 The National Guidelines for Healthy Diet and Lifestyles form the basis of all nutrition IEC materials and campaigns.
Standardised catering policy developed;  Number of workplaces who have adopted the catering policy	Reviewed National Guidelines for Healthy Diet and Lifestyle are endorsed by the MOH Exec.; Number of nutrition IEC materials produced in compliance with guidelines
NU Annual Report	NU Annual Report
Develop standardised catering policy framework to mainstream healthy catering across workplaces.  Promote adoption of the catering policy through PSC and other workforce oversight bodies.  Provide continued support and promotional materials demonstrating practical implementation to engaged workplaces.	Review current National Guidelines for Healthy Diet and Lifestyles ensuring alignment with relevant international standards.  Produced summarised versions of the guidelines for distribution to stakeholder in order to ensure consistency in nutrition related health messaging.  Develop mechanism ensuring the HPU clearing house are aware of the guidelines and are able to assess proposed IEC materials for applicability to such.
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NU,	VNNC NU,
NCDU, PSC	NCDU,
	nal status       Develop standardised catering policy ross the life eating through adoption of workplaces catering policies.       Develop standardised catering policy policy framework to mainstream         na public approach that ledges the ance of healthy ledges the earned ross the life cross the life eating through private workplaces catering policies.       Standardised catering policy catering across workplaces.       Mealthy catering across workplaces.         encourage healthy eating through private workplaces catering policies.       Number of workplaces who have adopted the catering policy.       Report workforce oversight bodies.       NU, Provide continued support and promotional materials demonstrating practical implementation to engaged workplaces.

2.2.6 Religious and community leaders provide consistent and informed nutritional messaging to their wider communities.	2.2.5 Non-health sector community development projects adopt nutritionsensitive elements.	2.2.4 Increased awareness among students regarding the importance of a balanced diet.
Number of nutrition training workshops undertaken with community leaders; Number of community leaders participating in nutrition training	Number of non- health sector community development projects involving consultation with the NU	Knowledge, attitudes, and behaviors of students
NU Annual Report	NU Annual Report	GSHS
Engage community leaders in nutrition training workshops facilitated at both national and provincial levels.  Ensure trained communities leaders are included in the distribution of nutrition IEC materials.  Provide ongoing support to community leaders in facilitating greater community nutrition awareness.	Develop standardised and Vanuatu specific messaging including examples of the inclusion of nutrition-sensitivity into community development projects.  Through both passive and active involvement, provide nutritionsensitive advice to development partner and non-health sector community development projects.	Facilitate capacity building of HPS mechanism with regards to nutrition.  Hold discussions with the MOE and HPS Committee to review food and nutrition elements of school health curriculum.  Support the MOE curriculum development unit in the revision of food and nutrition curriculum.
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NU, NCDU, HPU	Z	M N OE
	VNNC, NCDU,	VCCN, HPU

NCDs.	2.3 Ensure the provision of quality nutritional services as an effective form of	
2.3.2 Nutrition knowledge and skills of newly graduating nurses is consistent with community and health facility nutrition demands.	2.3.1 Human resources capacities for public health and clinical nutrition services are nationally supported and sustainable.	2.2.7 A community salt survey provides direction for future reduction interventions.
VCNE nutrition curriculum is reviewed	Number of nutrition positions available within the MOH HR structure;  Number of nutrition positons filled under the MOH HR structure	Community salt survey is complete  Number of salt reduction interventions developed and undertaken
VCNE Curriculum; NU Annual Reports	NU Annual Report	Salt survey reporting; NU Annual Report
Hold discussions with VCNE to review current nutrition curriculum within all nursing programme.  Review and expand curriculum ensuring training of nurse educations and alignment of curriculum with international standards of best-practice.	Recruit nutrition and dietetic staff to fill all vacant public health and clinical nutrition positions supported by MOH recurrent HR budget.  Ensure capacity of future nutrition workforce through advocating for the provision of university scholarships in the areas of dietetics, public health nutrition and chronic disease prevention.	Conduct community survey of salt consumption in partnership with health research organisation, the George Institute.  Utilise survey results to inform targeted salt reduction interventions.  Develop, implement and evaluation salt reduction interventions ensuring appropriate reporting is undertaken.
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VCNE,	MOH Exec., NGO partners, Schlp.	NCDU, NU, VNNC, HPU
	PHOs	George Inst., VNSO, WHO

Work with the HIS Unit and health facilities nationwide to identify nutrition indicators and determine way in which they can be systematically monitor population nutritional status.  2.3.3 Nutrition Indicators in place to systematically measured monitor population nutritional status.  NU annual report: clarification on nutrition indicators.  WU annual report Utilise available monitoring to inform programmes and targeted interventions.  Nutrition Indicators in place information on nutrition indicators.  NU, measuring and providing technical vNNNC, Utilise available monitoring to inform programmes and targeted interventions.  Include information is fed back to health facilities.				
Work with the HIS Unit and health facilities nationwide to identify nutrition indicators and determine way in which they can be systematically measured to monitor population nutritional status.  Provide ongoing support to health facilities and the HIS unit in measuring and providing technical clarification on nutrition indicators.  NU annual report  Utilise available monitoring to inform programmes and targeted interventions.  Include information on nutrition indicators in annual reporting and ensure information is fed back to health facilities.		nutritional status.	2.3.3 Nutrition indicators are integrated into the HIS	
Work with the HIS Unit and health facilities nationwide to identify nutrition indicators and determine way in which they can be systematically measured to monitor population nutritional status.  Provide ongoing support to health facilities and the HIS unit in measuring and providing technical clarification on nutrition indicators.  Utilise available monitoring to inform programmes and targeted interventions.  Include information on nutrition indicators in annual reporting and ensure information is fed back to health facilities.		and systematically measured	Nutrition indicators in place	
. X X NU, VNNC, HIS Unit		NU annual report	HIS annual report;	
X NU, VNNC, HIS Unit	ition on r nual repo tion is fe	Utilise available monitoring to inform programmes and targeted interventions.	Provide ongoing support to health facilities and the HIS unit in measuring and providing technical	Work with the HIS Unit and health facilities nationwide to identify nutrition indicators and determine way in which they can be systematically measured to monitor population nutritional status.
<b>∀</b> HO		HIS Unit	VNC NC	
			¥ HO	

# 3. Encourage adequate physical activity across the life course

denvity committee.	3.1 Support the development and ongoing facilitation of multi-sectoral physical	Strategy
3.1.2 A Vanuatu- specific guidelines for mainstreaming physical activity guides government sectors, development partners and community groups on increasing community's participation in physical activity.	3.1.1 Ensure continuous and effective functioning of a cross-sectoral stakeholder-comprised Physical Activity Committee (PAC) whose mandate entails active promotion and facilitation of physical activity initiatives nationwide.	Intermediate Outcomes
Physical activity guidelines available;  Number of stakeholders implementing activities in accordance with the guidelines	Membership defined and TOR adopted  Achievements made against activities outlined in this NCD strategic plan	Indicator(s)
NCDU Annual Report	NCDU Annual Report	Sources
Work with relevant health and sporting stakeholders to produce physical activity guidelines which address the need for physical activity throughout the life-course.  Distribute the guidelines nationally to government bodies, development partners and community groups ensuring adequate training on their use is provided.	Define TOR and membership of the PAC.  Conduct regular meetings of the PAC utilising this NCD strategic plan to guide direction.  Ensure adequate resources are available under the NCD annual business plan in order to complete tasks outlined under TOR.  Provide annual reports on the undertaking and completion of activities.	Activities
	×	5016
×		2018
		5019
		2020
РАС,	PHD	Responsible Bodies Lead Supporting
	MOYS, MOE, MOH, PSC, relevant NGOs	Supporting

3.2 Support and promote safe community environments conducive to physical activity			
3.2.3 Urban parks and recreational spaces are accessible to all people inclusive of people with disabilities.	3.2.2 World Environment Day (June 5 <sup>th</sup> ) and clean-up campaigns are encouraged as a means of ensuring safe natural and built environments.	3.2.1 Public infrastructure maintenance and urban development projects are sensitive to the physical activity needs of communities.	
Number of urban parks and recreational spaces accessible to various target populations (e.g., women, people with disabilities, etc.)	Number of events conducted;  Number of participants taking part in clean-up events	Number of public infrastructure and urban development projects involving consultation with health sector;  Number of public infrastructure and urban development projects supportive of nonmotorized transport and physical activity	
Assessment Reports	NCDU Annual Report; EHU Annual Report	NCDU Annual Report; PWD, PGs and MCs' urban development project reporting	
Support the assessment of existing urban parks and recreational spaces to identify any obstacles preventing better utilisation (including ensuring such spaces are accessible to people with disabilities).  Develop and support the implementation of improvement plans aimed at remedying identified obstacles.	Plan and implement programmes to celebrate World Environment Day.	Convene discussions with MCs, PGs and PWD to identify ways to ensure maintenance and improvement works on non-motorised transport infrastructure (footpaths, roadcrossings, street-lights etc.) in urban and semi-urban areas are prioritised in order to increase community participation in and safety during non-motorised transportation.	
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PAC	PAC, HPU	PWD – MIPU, PGs, MCs	
PWD – MIPU, PGs, MCs	DOEC	PAC	

participation in physical activity for all demographics		
3.3.2 Women and girls are encouraged to participate in regular physical activity.	3.3.1 The 'Walk for Life' programme continually engages the national workforce in physical activity.	3.2.4 MCs and PGs are publically encouraged to designate physical activity-specific spaces and allocate funding for necessary maintenance of such spaces when undertaking urban development projects.
Number of women-targeted physical activity initiatives supported by the MOH;  Number of women and girls involved in these initiatives	Number of departments and businesses registered and carrying out weekly physical activities in line with the 'Walk For Life' programme	Resources are dedicated to support physical activity and recreational spaces
Event reporting; NCDU Annual Report	Registry of participating organisations	PWD, PGs and MCs' urban development project reporting
Develop and distribute target IEC materials encourage greater involvement of women and girls in physical activity.  Support pre-established and new initiatives engaging women and girls in physical activity.	Announce re-establishment of "Walk for Life" programme.  Register departments' commitment to the programme.  Ensure continuous support for and participation in the programme.	Develop and deliver campaigns targeted at MCs and PGs to allocate funding for construction and maintenance of spaces designated for physical activity.
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×	×	×
PAC, NCDU, HPU	PAC, NCDU	PAC, PGs, MCs
		PWD -

3.4 Increase community awareness of the importance of physical activity			
3.4.1 Increased awareness among students about the importance of regularly participating in physical activity.			
Physical Activity Curriculum reviewed; Knowledge, attitudes, and behaviors of students assessed			
MOE Annual Report; NCDU Annual Report; GSHS	NCDU Annual Report	VEMIS data	
Develop and provide educational tools regarding physical activity in schools via HPS mechanism.  Hold discussions with the Ministry of Education and HPS Committee to review and expand physical activity curriculum in schools nationwide.  Develop and implement an assessment for measuring effectiveness of reviewed curriculum.	Conduct physical activity sessions as part of community health awareness events and NCD screening.  Support sporting bodies with the provision of health awareness sessions and NCD screening.	Support MOE and HPS committee in developing and distributing standardised recommendations for safe physical activity environments information to schools.  Ensure recommendations align with the review of physical activity curriculum (in line with Intermediate Outcome 3.4.1).  Support the MOE and their data collection capabilities in monitoring schools' implementation of the recommendations.	
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MOE, PAC	PAC, NCDU, HPU	PAC, MOE	
HPU,	MOYS,	H PC	

	aware of the importance eng regular physical activity.	3.4.2 Co	
	aware of the importance engaging in regular physical activity.	3.4.2 Communities are	
	adult population with low levels of physical activity	Proportion of the	
	NCD STEPs report		
Develop and disseminate a variety of public awareness campaigns to increase community awareness of the health and social benefits of engaging in regular physical activity.	Support elite ni-Vanuatu athletes to act as advocates for community physical activity.	Through engagement with community leaders, assist communities in developing and implementing their own community-driven physical activity initiatives and awareness campaigns.	
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PAC, MOYS, HPU			
	NCDU		

## 4. Strengthen national tobacco control mechanisms

	4.1 Monitor tobacco use and compliance with current policies and legislation regarding use and sale of tobacco products.	Strategy
4.1.2 Reduction in violations or regulations regarding tobacco advertising; the sales of single cigarettes and the sale of tobacco products with improper labelling.	4.1.1 The pre- established Tobacco Control Sub- Committee (TCSC) is supported by adequate resource and financial allocations to sustain the committee and its activities.	Intermediate Outcomes
Number of violations recorded by combined regulatory enforcement bodies	Membership defined and TOR adopted Achievement against the Tobacco Control portion of the NCD strategy	Indicator(s)
EHU Annual Report - consolidating incidents recordings by MOH compliance officers, VPF and relevant MCs	NCDU Annual Report	Sources
Conduct quarterly tobacco retailer inspections particularly targeting: tobacco advertisement, improper labelling and the sale of singular cigarettes.  Support MOU agreements between the MOH, VPF and MCs allowing for comprehensive monitoring and the collation and reporting of violation statistics (in line with Intermediate Outcomes 1.2.3 & 5.1.4).	Review TOR for the TCSC ensuring alignment with this NCD Strategic Plan.  Ensure TCSC functions are included in annual business planning and aligned to the EHU or NCDU to facilitate appropriate funding  Convene TCSC meetings on a quarterly basis ensuring at least 75% membership attendance.  Ensure progress made by the TSCS is reflected NCDU and EHU annual reports and fed to into international reporting mechanisms (in line with intermediate outcome 4.1.3).	Activities
	×	5016
× ×		2018
×		5019
×	_	2020
TCSC, EHU	NCDU,	Respons
NCDU, PHD, MCs, DCIR	PHD, MOH Exec.	Responsible Bodies Lead Supporting

4.2 Protect the ni- Vanuatu population from the harmful effects of tobacco use and second-hand smoke.		
4.2.1 Communities are aware of preexisting public smoking bans.	4.1.4 Progress and shortcomings identified in FCTC reporting is used to inform and direct future tobacco control activities.	4.1.3 Accurate and timely tobacco control reporting is compiled on a biennial basis in compliance with FCTC and other international reporting mechanisms.
Number of community presentations made;  Number of people reached via IEC material distribution	Updated Tobacco Free Pacific 2025 Dashboard; Number of components marked 'red' (not achieved) versus 'yellow' (partially achieved) or 'green' (achieved)	Vanuatu biennial FCTC reporting available;  Vanuatu profile within WHO Global Tobacco Epidemic Report is updated
NCDU Annual Report	Vanuatu MOH's Tobacco Free Pacific 2025 Dashboard	WHO FCTC WHO Global Tobacco Epidemic Report
Undertake a multisectoral campaign using varied forms of media and information dissemination channels to increase community awareness of the preexisting public smoking bans in all government buildings and enclosed public areas as outlined in the Public Health Act and Tobacco Control Act and Regulations.	Update the Vanuatu Tobacco Free Pacific 2025 Dashboard annually using information available in national and international tobacco control reporting.  Ensure information available in the Vanuatu Tobacco Free Pacific 2025 Dashboard informs annual TCSC, NCDU and EHU business planning in order to rectify any identified shortcomings.	Complete the WHO FCTC biennial report using data collated by the TCSC and any information available within EHU or NCDU annual reports.  Compile and provide all relevant information required for development of country profile within the WHO Global Tobacco Epidemic Report to be developed in a timely manner.
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TCSC, HPU	TCSC	TCSC
NCDU,	PHD, NCDU, EHU	PHD, NCDU, EHU

4.2.3 Through education and engagement with community leaders, communities are supported in developing and implementing tobacco control measures.	4.2.2 In partnership with DLES, workplaces are encouraged to implement self-regulated smoke-free policies.
Number of community leaders reached via outreach campaigns;	Number of workplaces reached via outreach campaign; Number of workplaces with smoke-free policies
NCDU Annual Report	Event Reporting; NCDU Annual Report
Develop and deliver brief presentations and accompanying information tools to inform communities of the dangers of tobacco use, second hand smoke and their role in preventing exposure and supporting community members in quitting.  Form partnership with schools, youth groups, sporting bodies to promote smoke-free community environments and sporting events.	Undertake a targeted campaign informing government departments and business houses of the dangers associated with tobacco use and second hand smoke.  Develop a standardised smoke-free workplace policy framework to mainstream smoke-free environments across workplaces nationally  Promote adoption of the smoke-free workplace policy through PSC and other workforce oversight bodies  Provide continued support and practical examples of implementation to engaged workplaces
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TCSC, HPU	TCSC, HPU, DLES
EHU, NCDU, MCC, VCC, VNCW, VYC, VASANOC, MOYS	NCDU, PSC

	4.3 Offer clinical and community support for smoking cessation.	
4.3.2 Nationally- funded NRT importation and dispensing options are explored	4.3.1 National protocols and training allow health workers at hospital and health centres to facilitate smoking cessation counselling	4.2.4 Legislation is strengthened to expand smoke-free public places.
Comprehensive NRT costing study undertaken	National smoking cessation protocols are available  Number of health workers trained in delivering cessation counseling and, if required, NRT prescription	National legislation prevents smoking in, at a minimum, all public places designated in the WHO FCTC
NCDU Annual Report; Vanuatu MOH's Tobacco Free Pacific 2025 Dashboard	Training reports; NCDU Annual Report	SLO documentation; WHO FCTC; WHO Global Tobacco Epidemic Report
Convene multisectoral discussions exploring the need for NRTs.  Based on multisectoral discussions; support the NDTC in undertaking an analysis of community use and impact of NRTs requesting technical support to particular components inclusive of a costing study.	Develop tailored smoking cessation protocols ensuring endorsement by necessary bodies is obtained.  Disseminate tailored smoking cessation protocols to all health facilities providing relevant information regarding smoking cessation counselling to different levels of health care provision.  Facilitate intensive smoking cessation counselling training with identified health workers in hospitals and health centres nationally.	Draft amendments to Tobacco Control Regulations extending the locations included in smoke-free environments.  Facilitate formal endorsement by MOH Exec. and other relevant stakeholders.  Support SLO in ensuring drafted amendment is endorsed by relevant bodies and legislated.
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NCDU	Hospitals, PHOs	NCDU, MOH Exec.

4.4 Warn populations of the dangers associated with tobacco use through effective community awareness campaigns.		
4.4.1 All tobacco products sold in Vanuatu have appropriate pictorial and local language text health warnings on the packaging.	4.3.4 VHWs are aware of the dangers associated with tobacco use and facilitate community awareness activities related to such	4.3.3 Smoking cessation counselling protocols and NRT guidelines are integrated into VCNE nursing curriculum.
Legislation requiring graphic health warnings on tobacco products is enacted	Number of VHWs trained in tobacco awareness in- service training	Training integrated into VCNE nursing curriculum
SLO documentation; WHO FCTC report; NCDU Annual Report	Training reports; NCDU Annual Report	VCNE Curriculum; NCDU Annual Report
Draft tobacco legislation amendment to impose mandatory graphic health warnings on all tobacco packets.  Support SLO and relevant stakeholders in ensuring drafted legislation amendment is endorsed by relevant bodies and legislated.  Provide support to local authorities in ensuring enforcement of amendment once legislated.	Develop tobacco awareness inservice training for VHWs including information pertaining to effective community health awareness surrounding tobacco and how to facilitate brief smoking cessation interventions.  Conduct tobacco awareness inservice training with VHWs nationally ensuring referral avenues and continued support is available.	Hold discussions with VCNE regarding integrating smoking cessation protocols into the curriculum of all offered programmes.  Support VCNE and provide technical assistance in integrating tobacco awareness and smoking cessation counselling components into nursing education curriculum.
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TCSC, EHU, SLO	TCSC, VHWP	TCSC, VCNE
PHD, NCDU, HPU	NCDU,	NCDU, NDTC

4.4.5 Annual events are conducted to promote World No Tobacco Day (May 31st).	4.4.4 Increased exposure to awareness about the harmful effects of second hand smoke specifically targeting smoking at kava bars and around children.	4.4.3 A comprehensive campaign specifically targets the prevention of tobacco use amongst youth.	4.4.2 Increased awareness among youth about the dangers of tobaccouse
Number of events conducted; Number of people reached	Number of second hand smoke IEC materials distributed to community establishments	Number of radio spots;  Number of public events conducted events conducted Number of community presentations made	Survey on knowledge, attitudes, beliefs and behaviors about tobacco  Number of schools with tobacco awareness programmes
Event reporting;  NCDU Annual  Report	NCDU Annual Report	NCDU Annual Report	GSHS & GYTS
Plan and implement public awareness campaigns to coincide with World No Tobacco Day	Develop and disseminate IEC materials regarding the harmful effects of second hand smoke targeting numerous settings inclusive of kava bars and places frequented by children.	Develop and deliver a youth-targeted tobacco awareness campaign to be delivered through the general public and preexisting youth forums.  Support youth forums in the continuous delivery of targeted tobacco reduction awareness to youth and young people.	Develop and provide educational tools regarding tobacco use to the HPS mechanism for dissemination.  Hold discussions with the Ministry of Education and HPS Committee to further integrate education on the dangers of tobacco into school health curriculum.  Support and provide technical assistance to the HPS committee and MOE in developing relevant educational materials.
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TCSC	TCSC, HPU	TCSC, HPU	TCSC, HPU, MOE
NCDU, EHU, HPU, PHD, VCC, MOYS, MCC	NCDU, EHU, VCC, MCC, VNCW	NCDU, EHU, MOYS, VYC, VCC, WSB	NCDU, EHU, MOYS, VYC, VCC, WSB

4.5 Enforce bans on tobacco advertising, promotion and sponsorship nationwide.		
4.5.1 Increased compliance of retailers with legal obligations with regards to tobacco advertisement bans and mandatory health warning.	4.4.7 Legislative regulations on the control of the commercial sale of locally produced tobacco is pursued.	4.4.6 Increased exposure to awareness of the harmful effects of all tobacco inclusive of locally produced or grown varieties
Number of retailer provided with tobacco legislation reminding IEC materials;  Number of compliance checks undertaken	Number of public awareness messages disseminated informing the public of the Tobacco Control Act's applicability to local tobacco Vumber of local tobacco retailers informed of Tobacco Control Act applicability	Number of radio talk back shows on the subject matter  Number of community awareness programmes conducted
EHU Annual Report - consolidating information from MOH compliance officers, VPF and relevant MCs	NCDU Annual Report; EHU Annual Report - consolidating information from MOH compliance officers, VPF and relevant MCs	Event Reporting; NCDU Annual Report
In accordance with current tobacco control legislation, provide retailers with up-to-date IEC materials reminding them on their legal obligations with regards to tobacco advertisement bans and mandatory health warnings.  Ensure quarterly tobacco retailer inspections are conducted (in line with Intermediate Outcome 1.2.3).	Develop and disseminate public awareness messaging regarding the Tobacco Control Act's applicability to local tobacco.  Produce and disseminate materials to all compliance officers regarding applicability of local tobacco to the Tobacco Control Act and Regulations.  Ensure compliance officers inform local tobacco retailers of their need to comply with the Tobacco Control Act and Regulations as part of retailer inspections.	Health messaging regarding the harmful effects of locally produced tobacco are developed and distributed to communities using various means and displayed at local markets in line with the Healthy Islands' framework for healthy villages and healthy markets.
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×	×	×
TCSC, EHU, HPU	HPU EHU,	TCSC, HPU
VPF, MCs, NCDU, PSC	TCSC, NCDU, SLO, VPF, MCs	

4.5.3 Tobacco sponsorship of all kinds is prohibited through legislation and association agreements.	4.5.2 Legislation to prohibit the display of tobacco products and/or advertisements at point of sale is enacted and enforced.
Legislative amendments contain provisions to prevent all tobacco sponsorship	Legislative amendments contain provisions to prevent display of tobacco products at retailers' point of sale
SLO documentation; WHO FCTC report; NCDU Annual Report	SLO documentation; WHO FCTC report; NCDU Annual Report
Provide information to all government sectors and community stakeholders regarding tobacco industry interference and discourage potential agreements, sponsorship or partnerships.  Investigate, pursue and support available options for the public service commission or other methods of national legislation to prevent organisation from engaging with the tobacco industry.  Disseminate information to the public regarding the dangers of organisations engaging with the tobacco industry and highlight alternatives.	Draft tobacco legislation amendment to prevent point of sale advertisement and display.  Support SLO and in ensuring drafted legislation amendment is endorsed by relevant bodies and legislated.  Disseminate information to the public and retailers regarding this legislation and their obligation to comply with such.  At the conclusion of the grace period, provide support to local authorities in ensuring enforcement of amendment.
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×	×
×	×
TCSC, EHU, SLO	TCSC, EHU, SLO
NCDU	NCDU

4.6 Raise taxes on tobacco in order to reduce community demand for tobacco products.		
4.6.2 Review and analysis of the impact of taxation on tobacco on tobacco use, import, and revenue is undertaken.	4.6.1 Tobacco excise tax is increased to at least 70% of retail price as recommended in the Pacific NCD Roadmap.	
Analysis of revenue and import data is available Report on impact of tobacco taxation and consumption is available	Tobacco excise tax as a percent of retail price	
MFEM Reporting; NCDU Annual Report	WHO Global Tobacco Epidemic Report	
Advocate and support MFEM in conducting an analysis of tobacco revenue and import data.  Undertake and, if necessary, request technical assistance to support impact analysis of tobacco tax increases and tobacco consumption.  Utilise reporting finds inform future national tobacco control interventions.	Conduct awareness presentations with MFEM, COM and other relevant stakeholder to advocate for an increase in tobacco excise taxation.  Support MFEM and, if required, provide or request technical assistance to support the increase in excise taxation on tobacco.  Conduct community awareness regarding the benefits of increased tobacco excise taxation to garner community support for the increase.	
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TCSC,	TCSC,	
EHU, NCDU, DCIR,	EHU, NCDU, DCIR	

### 5. Reduce the harmful consumption of alcohol

5.1 Review and ensure enforcement of legislation pertaining to sale of alcohol.		Strategy
5.1.2 Review of alcohol taxations, alcohol legislation and health and economic stakeholder bodies provide direction on alcohol taxation increases.	5.1.1 Based on 2009 external legislative development assessments; an alcohol legislation is developed and endorsed by the COM.	Intermediate Outcomes
Review on current alcohol taxation is undertaken;  Taxations on alcohol are increased in line with alcohol legislation and stakeholder recommendations	Number of different departments and organisations consulted during drafting of the alcohol legislation Drafted alcohol legislation is endorsed by the COM	Indicator(s)
DCIR Tariff documentation and records	NCDU Annual Report; Records from COM sittings SLO Alcohol Legislation	Sources
Work with economic and health stakeholder to prepare presentation and advocacy tools on the benefits of taxation increases on alcohol.  Support and provide technical assistance to MFEM in increasing alcohol taxations in line with alcohol legislation.  Request collaboration from MFEM and economic stakeholders in undertaking an analysis of revenue, manufacturing and import data related to alcohol taxation increases.	Review the 2009 external policy development assessment and mapping previously conducted and update.  In collaboration with SLO and other relevant stakeholder consult and draft proposed alcohol policy in line with recommendations set out in the 2009 assessment.  Support SLO in ensuring drafted amendment is endorsed by relevant bodies and legislated.	Activities
	×	5016
×	×	2017
×		2018
		2020
M FENC,	NCDU,	Respons
NCDU, DCIR, SLO, external consultants	EHU, MOH Exec.	Responsible Bodies Lead Supporting

5.1.5 Communities are aware of the dangers of alcohol industry interference and avenues for restricting alcohol advertisement legislatively are pursued.	5.1.4 Compliance with liquor licensing and other alcohol control laws including age restrictions and restrictions on the sale of alcohol to intoxicated individuals.	5.1.3 In accordance with current liquor licensing legislation, retailers are provided with up-to-date IEC materials reminding them on their legal obligations with regards to the sale of alcohol.
Number of presentations made on alcohol industry interference Alcohol advertisement legislation is in place	Number of violations of the alcohol control laws including age restrictions and restrictions on the sale of alcohol to intoxicated individuals	Number of retailers reached
Event reporting; NCDU Annual Report	EHU Annual Report (incl. consolidation of incidents recorded by VPF and relevant MCs)	Activity reporting; NCDU Annual Report
Explore options for restricting alcohol advertisement and sponsorship through multisectoral consultations with stakeholders.  Inform stakeholders about alcohol industry interference and advocate for restricted advertisement and sponsorship.  In collaboration with SLO draft legislation to restrict alcohol advertisement and sponsorship and support the endorsement of such by MOH Exec. and the COM.	Conduct quarterly alcohol retailer inspections particularly targeting age restrictions and restrictions on the sale of alcohol to intoxicated individual (In line with Intermediate Outcome 1.2.3).  Support MOUs between the MOH, VPF and MCs allowing for comprehensive monitoring and the collation and reporting of violation statistics (in line with Intermediate Outcome 4.1.2).	Prepare up-to-date lists of alcohol retailers and licensees are sought by the EHU and provided to authorised compliance officers annually.
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×	×	
×	×	×
X NCDU,	X VPF,	НРО
EHU, PHD, external consultants	NCDU, PHD	NCDU, EHU

5.2 Develop and implement campaigns aimed at increasing community awareness of the health effects associated with alcohol abuse.			
5.2.3 Increased awareness among students about the harmful consumption of alcohol.	5.2.2 Annual events are conducted to promote World No Alcohol Day (October 2nd).	5.2.1 Communities are encouraged to develop their own alcohol control measures.	
Alcohol education in schools is reviewed; Knowledge, attitudes, and behaviors of students	Number of events conducted; number of people reached	Number of communities reached by outreach awareness activities  Number of community-led alcohol control measures enacted	
NCDU Annual Report; GSHS	Event reporting; NCDU Annual Report	Event reporting; NCDU Annual Report	
Develop and provide educational tools about the harmful use of alcohol using the HPS mechanism for dissemination.  Hold discussions with the Ministry of Education and HPS Committee to integrate education on the dangers of alcohol consumption into school health curriculum.  Support and provide technical assistance to the HPS committee and MOE in developing relevant educational matterials.	Plan and implement programmes to align with the celebration of World No Alcohol Day.	Carry out awareness presentations and discussions with community leaders in potential community-based measures to reduce the harmful consumption of alcohol.  Support communities in the development of community-level alcohol control measures.  Work with women's organisations, law enforcement and support services to encourage the protection of women and families acknowledging the correlation between the harmful consumption of alcohol and domestic violence.	
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MOE,	НРО	НРО	
NCDU,	NCDU, MHU, EHU, PHD	TCSC, EHU, NCDU, MCC, VYC, VCC, VNCW, VPF, MCS	

5.3 Develop appropriate clinical and community avenues for treating alcohol-dependence.			
5.3.1 Increased health facilities' capacity to deliver brief interventions and refer cases of alcohol dependence.	5.2.5 Increased understanding of social patterns (and their extent) associated with kavadrinking that have potential health impacts.	5.2.4 Increase public awareness on the dangers of alcohol consumption including homebrew	
Referral pathway and intervention guidelines regarding alcohol dependence are available;  Number of health workers trained in the mhGAP unit on alcohol dependence	Kava and social patterns study conducted and results available	Number of radio spots;  Number of public events conducted;  Proportion of surveyed kava bars displaying alcohol awareness materials	
Activity reporting; MHU Annual Report; NCDU Annual Report	Kava and social patterns study report;  NCDU Annual Report	NCDU Annual Report; HPU Annual Report	
Conduct mhGAP alcohol dependence unit with health workers nationwide.  Based on the mhGAP alcohol dependence unit, develop and disseminate clinical care guidelines and referral pathways to health services nationwide (in line with Strategy 7.2).	Design and conduct a research study to identify the social patterns and extent of those patters associated with kava drinking including tobacco use and increased consumption of alcohol.  Utilise findings in the development of risk mitigation interventions.	Develop IEC materials aimed at increasing community awareness of the added dangers associated with home-brewed alcohols (targeted at young males).  Develop and implement alcohol harm reduction campaigns during Independence Day and Christmas periods.  Develop and distribute alcohol awareness materials at kava bars nation-wide.	
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S H C	NCDU	HPC	
NCDU, external consultants	EHU, MHU, PHD	NCDU, EHU, HPU, PHD, VPF, MCs, PGs	

dependence.	5.3.2 Increased services available at community-level for supporting individuals with alcohol-		
community alcohol support channels available	Number of community leaders involved in alcohol dependency support training;		
	Training reports; MHU Annual		
Develop referral pathways for the escalation of support to clinical services and disseminate information regarding this pathway to community leaders (in line with Intermediate Outcome 7.3.3).	Develop presentation and advocacy tools to increase community awareness of alcohol dependency and support options.  Train identified community leaders in alcohol dependence support them in delivering community-level support.		
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	S H C		
NCDU, HPU, PHD, MCC, PGs, MCs			

# 6. Strengthen the clinical care sector enhancing secondary and tertiary prevention of NCDs

6.1 Strengthen clinical care and tertiary prevention mechanisms at all provincial and referral hospitals in order to reduce both the prevalence and risk associated with NCD-related complications.	Strategy
6.1.1 Strengthened capacity for NCD service delivery through development of standardised NCD protocols.	Intermediate Outcomes
Level-specific 'National NCD Guidelines for Health Workers' is available	Indicator(s)
NCDU Annual Report	Sources
Review the drafted diabetic inpatient management and insulin infusion protocol and endorse their formal adoption nationwide.  Develop, publish and disseminate standardised information and tools required by the health work force in the form of 'National NCD Guidelines for Health Workers' ensuring the resource complies with responsibilities assigned to different levels of health workers under the MOH's RDP.  Provide training for health workers on use of the 'National NCD Guidelines for Health Workers' resource.  Hold discussions with VCNE Guidelines for Health Workers' resource and support the integration of such into VCNE curriculum.	Activities
×	5016
× ×	2018
×	5019
	2020
NCDU	Responsib Lead
Hospitals, HPOs, CMS, NDTC, VCNE	Responsible Bodies Lead Supporting

6.1.3 Collaborative mechanism and dual detection procedures are developed and implemented in order to address the negative association between TB and diabetes.	6.1.2 Strengthen patient involvement in NCD control through distribution of the NCD Helt Rekod booklet and other patient education materials.	
Dual detection procedures are in place and utilised at all referral and provincial hospitals	Number of facilities distributing the NCD Helt Rekod booklet  Number of NCD-specific IEC materials directly available to the health workforce for distribution	
TB Annual Report; NCDU Annual Report	NCDU Annual Report; HPU Annual Report	
Hold discussions between the NCDU and TB Unit on collaborative mechanisms including detection and referral.  Using the latest evidence-based research develop dual detection procedures for use in all hospitals.  Conduct joint training with TB and NCD clinical and public health workers; this should include dual detection, referral and smoking cessation training acknowledging tobacco's impact on both TB and NCDs (in line with Strategy 4.3).  Develop and implement reporting forms and assist relevant staff in recording frequency of dual testing.  Collate reported data annually to track progress and inform future collaborative planning.	Support the ongoing printing and distribution of NCD Helt Rekod booklet to at least all hospitals.  Develop and ensure health workforce access to community-level IEC materials regarding major NCDs, risk factors and condition management for newly diagnosed patients and their families (in line with Intermediate Outcomes 6.1.4 & 6.2.1).	
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×	×	
NCDU,	H PC	
Hospitals,	Hospitals, HPOs, NCDU,	

6.1.5 Expand human resources to deliver NCD-related health education.	6.1.4 NCD patients and their families attending referral hospital services are aware of their role in the management of their condition and the largely preventable nature of NCD complications.	
Number of NCD Clinic positions available within the MOH HR structure;  Number of NCD Clinic positons filled under the MOH HR structure	Number of NCD patients at VCH and NPH provided with tailored counselling and IEC materials by a dietitian	
NCDU Annual Report	NU Annual Report; Patient counselling tallies from dietetics departments at VCH and NPH	
Advocate and support requests made to the MOH Exec. for HR capacity increases at NCD clinics at both VCH and NPH in order to ensure greater time can be spent with patients educating them on their condition and thus reducing complications.  Support and encourage initiatives which draw physician support into NCD clinics.	Work in collaboration with dietitians at VCH and NPH to develop standardised IEC materials explaining key NCD information to patients and their families required when newly diagnosed or experiencing a complication related to NCDs (in line with Intermediate Outcomes 6.1.2 & 6.2.1).  Through a consultative approach with both the dieticians and their patients, ensure materials are well understood and complimented by appropriate counselling.  Assist in strengthening referral pathways to allied health services ensuring ongoing and holistic and ongoing care for NCD patients.	
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MOH Exec., VCH,	HPU VON	
NCDU	NCDC,	

6.1.7 In collaboration with the HIS Unit, procedures are developed to facilitate systematic review of known NCD cases.	6.1.6 Partnerships between health facilities and disability services are strengthened.	
Mechanisms are in place ensuring systematic review of NCD patients at all provincial and referral hospitals	Referral protocol to disability support services available;  Number of NCD patients referred to disability support services using protocols	
HIS Annual Report; NCDU Annual Report	NCDU Annual Report	
Work with clinical staff and HIS units to develop procedures to record, monitor and control known NCD cases and those with identified risk factors.  Provide assistance to clinical staff in utilisation of developed databases or systems.  Ensure analysis and reporting of collected information is routinely undertaken and made available to the MOH and filtered back to clinical staff.  Advocate that collated information is used to guide strategic direction, strengthened referral pathways and the allocation of future clinical funds and resources.	Work with community partners and disability support services to develop and implement systematic referral protocols; expanding out-of-hospital rehabilitation options and facilitating the provision of necessary assistive devices.  Through ongoing communication with disability support services, amend protocols to mitigate any identified shortcomings.	
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NCDU, HIS Unit	NCDU, VDD - MOJCS	
Hospitals, HPOs	VSPD, SFA, DPA, PDCs, VDA, Hospitals, PHOs	

6.2 Promote community NCD screening as an effective form of early detection and secondary prevention of disease.			
6.2.3 Support is provided for the EPI/RMNCAH-run cervical cancer screening and preventative measures.	6.2.2 All provincial health offices have the capacity and resources to conduct regular community NCD screening.	6.2.1 Community NCD and CVD screening aids in early detection of disease and increases community health awareness regarding prevention and control.	
Number of cervical cancer screenings conducted; HPV vaccination coverage	Number of PHOs where standardised NCD screening tools are available	National NCD screening protocols are in place Standardised counselling materials available	
HIS Annual Report; EPI/RMNCAH annual reports	NCDU Annual Report	Vanuatu NCD Screening Protocols; NCDU Annual Report	
Provide support to the EPI and RMNCAH units in increasing community awareness, conducting cervical cancer screening and delivering HPV vaccinations nationwide as cancer-preventative measures.	In line with the NCD screening protocols develop and disseminate standardised NCD screening tools to all PHOs.  Support PHOs in all provinces with developing screening schedules, undertaking screening and collating results.  Ensure collated data from all provincial NCD screening is fed up to the national NCDU.	Develop and disseminate Vanuatu NCD screening protocol modelled on the WHO NCD STEPS framework and relevant publications to be applied to all NCD screening conducted by the MOH, partners or external organisations.  Produce standardised counselling messages and information handouts which, while accessible to all demographics, clearly provide information on lifestyle modifications for reducing NCD risk (in line with Intermediate Outcomes 6.1.2 & 6.1.4).	
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EPI, RMNCAH	PHOs,	NCDU,	
NCDU	HIS Unit,	HPOs, External Partners, VPF	

6.3 Build the capacity of the primary health care sector to detect, treat and refer NCD patients to higher care.			
6.3.2 Assessment of access to NCD medication is undertaken in order to evaluate the availability of prescribed NCD medications in rural communities.	6.3.1 NCD PEN training is strengthened in existing provinces and expanded to additional provinces.		
Assessment of NCD medication availability is undertaken	Training conducted with health workers in Penama and Torba provinces Supervisory visits conducted across all provinces		
NCD Medication Availability Report; NCDU Annual Reporting	Report against annual NCD business plan		
Through collaboration with the CMS and NDTC, map national distribution of NCD-related medications identifying any under-resourced areas.  With the support of CMS and NDTC compile report of findings ensuring recommendations for rectifying under-resourced areas are outlined.  Present report findings to MOH Exec. and relevant stakeholders.  Support and evaluate rectification actions and work with communities to ensure increased equitability in medication access.	Undertake NCD PEN training in Penama and Torba provinces as well as mop-up NCD PEN training in Malampa.  Conduct supervisory visits in all provinces undertaking knowledge retention assessments and providing supervisory support.  Continually encourage and assisted NCD PEN trained health workers in facilitating community NCD screening (in line with Intermediate Outcome 6.2.2).		
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NDTC,	HPU		
NCDU, Hospitals, HPOs	HPOs,		

6.4 Improve collection and utilisation of routine NCD information and statistics ensuring national reporting is aligned with international standards and global reporting mechanisms.		
6.4.1 Collected facility-based NCD information aligns with regional and global indicators providing routine snapshots of Vanuatu's NCD situation.	6.3.4 Strengthened NCD related VHWP pre-service training curriculum.	6.3.3 Health system referral mechanisms for NCD patients are strengthened.
Number of Vanuatu-specific NCD indicators routinely measured through HIS	NCD component of VHWP preservice training curriculum is reviewed	NCD referral mechanisms are available and known to health workers
HIS Annual Report; NCDU Annual Report	NCDU Annual Report	National NCD Guidelines for Health Workers; NCDU Annual Report
In relation to international measurement frameworks, support the HIS unit in identifying Vanuatu-specific NCD indicators, data sources and data collection mechanism for routine HIS collection.  Provide technical oversight to the review of HIS data collection books and forms ensuring consistency in NCD information collected.  Support the analysis of collected NCD data ensuring results are disseminated back to health facilities and up to the MOH Exec.	Review of NCD VHWP pre-service training curriculum.  Develop and distribute appropriate IEC materials, which compliment information outlined in the adapted 'National NCD Guidelines for Health Workers' resource to assist VHWs.	Through collaboration with relevant stakeholders and in line with the MOH RDP, outline the referral protocols linking the escalation of NCD care from all heath care levels.  Ensure community referral mechanisms are utilised by hospitals to inform community health workers of community members who require ongoing monitoring post-discharge.
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NCDU, HIS Unit	NCDU, VHWP	NCDU
Hospitals,	НРО	Hospitals, HPOs, MOH Exec., HPU

6.4.3 Information pertaining to NCD risk factors and disease trends in Vanuatu is published annually and feeds into WHO NCD progress monitoring mechanisms.	6.4.2 Regularly updated hospital-based cancer registries allow for clear recording of cancer incidences and the mapping of trends in order to provide direction to public health and curative services.		
NCD risk factor and disease data is available	Cancer registries are in place and regularly updated at all hospitals		
HIS Annual Report; NCDU Annual Report	HIS Annual Report		
Work with the HIS unit to ensure timely and accurate NCD and NCD risk factor data is collated from all health facilities and reported as a component of the HIS Annual Report.	Hold discussions with the HIS unit and clinical services managers to discuss the feasibility of hospital-based cancer registries and construct an implementation plan for their development.  Identify necessary technical expertise and engage external support in the development if required.  Guide hospital-based HIS staff in providing oversight to the project and support these units in ensuring registry information is kept up to date.  Ensure feedback and information collated from these registries is made available to clinical and public health staff.		
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NCDU, HIS Unit	NCDU, HIS Unit		
	Hospitals,		

## 7. Strengthen community and health sector responses to mental health concerns

7.1 Support the development and functioning of a national mental health committee, provincial subcommittees and a technical advisory body			
7.1.2 Provincial Mental Health Committees provide multisectoral oversight to mental wellbeing promotion as well as mental illness prevention and care in their respective provinces as directed by the NMHC.	7.1.1 Continuous and effective functioning of a cross-sectoral stakeholder-comprised National Mental Health Committee and its mandate to actively promote mental wellbeing and ensure equitable access to quality mental health Services.  7.1.2 Provincial Mental Health Committees provide multisectoral oversight to mental wellbeing promotion as well as mental illness prevention and care in their respective provinces as directed by the NMHC.		
Membership defined and TOR adopted  Achievements made against identified mental health improvement plans developed at provincial level	Membership defined and TOR adopted  Achievements made against activities outlined in the MH and NCD strategic plans  Membership defined and TOR adopted  Achievements made against identified mental health improvement plans developed at provincial level		
NCDU Annual Report; MHU Annual Report; PHOs Annual Reports	NCDU Annual Report; MHU Annual Report	Sources	
Define TOR and membership of the PMHCs.  Conduct regular PMHC meetings ensuring meeting minutes are provided to the NMHC.  Secure funding for activities through national MHU and PHOs.  Undertake tasks outlined in TOR ensuring progress and completion reports are filed with the NMHC.	Define TOR and membership of the NMHC.  Conduct regular meetings of the NMHC using the MH and NCD strategic plans to guide direction.  Ensure adequate funding provisions are available under the MH annual business plan in order to complete tasks outlined under TOR.  Provide annual reports on the undertaking and completion of activities.	Activities	
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×	×	7102	
×	×	2018	
×	×	5076	
× _	×	2020	
NMHC	₹ H C	Responsible Bodies Lead Supportin	
NCDU, MHU, PHD,	NCDU,	le Bodies Supporting	

throughout Vanuatu.	7.2 Strengthen clinical care mechanisms and assure equitable availability of mental health care services
7.2.2 Mental health trained nurses facilitate quality in-patient and out-patient mental health service at each provincial and referral hospital.	7.2.1 Mental health service provision assessments provide direction all mental health bodies nationally.
Number of trained mental health nurses assigned to mental health services - disaggregated by hospital and full/part time allocation to services	Assessments conducted at all provincial and referral hospitals; Development of improvement plans
Provincial hospital annual reports; HIS data on mental health consultations	MHU Annual Report
In line with outcomes of the service provision assessment, conduct consultations with provincial and referral hospitals' management to ascertain mental health HR limitations.  Present findings to the MOH Exec. seeking that provisions are made to assign mental health trained nurses to in-patient and out-patient mental health service relative to the identified need at each facility under the national MOH staffing structure.	Develop mental health service assessments to be conducted at all provincial and referral hospitals in line with international standards of mental health care.  Conduct assessments with oversight from national psychiatrist.  Analyse results obtained and ensure they are presented to all key stakeholders - MHU, NMHC, MOH Exec, provincial and referral hospital management.  Develop strategic improvement plans in relation to assessment shortcomings.
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MHU, MOH Exec.	MHU,
NCDU, hospitals	MOH Exec.

7.2.5 Protocols and regulations pertaining to clinical mental health care provision are adhered to by all mental health care providers.	7.2.4 Quality acute mental health units are available at both VCH and NPH.	7.2.3 Full-time national psychiatrist oversees national clinical care mechanisms in collaboration with MHU and provincial and referral hospitals.
Availability of protocols and regulations Regular compliance auditing	Assessments of acute mental health units are undertaken at VCH & NPH	Full time allocation of psychiatrist role under MOH HR structure  Number of provincial mental health trainings and supervisory visits conducts
MHU Annual Report; Compliance auditing reports	VCH & NPH Annual Reports; MHU Annual Report	MOH Staffing Structure; MHU Annual Report
Update mental health care protocols to comply with international standards of best-practice, inclusive of mhGAP recommendations and the equitable and safe dispensing of psychotropic medicines in line with WHO's Essential Medicines List.  Disseminate updated protocols and facilitate training with mental health care providers on its implementation.  Ensure continuous internal health facility-level and external national level auditing of compliance is undertaken.	Conduct assessments of acute mental health units at VCH and NPH.  Rectify identified shortcomings ensuring acute mental health facilities at VCH and NPH are safe, appropriately staffed and have adequate psychotropic medicines.	Develop position TOR.  Secure sufficient budget in order to facilitate travel in order to conduct provincial training and supervisory visits.  Ensure activities conducted are included in MHU annual report.
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MHU,	MHU, VCH, NPH	MHU, MOH Exec.
NDTC, CMS, PMHCs	CMS, NDTC, MOH Exec.	NCDU

7.2.8 VHWs are aware of mental health concerns in their communities and are able to refer community members for further support.	7.2.7 MHPSS and counselling services are facilitated through community-based rehabilitation programmes across all provinces.	7.2.6 Mental health knowledge and skills of newly graduating nurses is consistent with community and health facility mental health demands.
Mental health inservice training is conducted with VHWs nationally	MHPSS training conducted with community-based rehabilitation staff; Proportion of community-based rehabilitation staff in attendance at MHPSS training	VCNE mental health curriculum is reviewed
Training report; MHU annual report	Training report; MHU annual report	VCNE Curriculum; NCDU & MHU Annual Reports
Develop a tailored mental health inservice training package based on mhGAP programme which focuses on community mental health awareness and referral pathways.  Conduct developed training with VHWs.	Hold discussions with the national Disability Desk to seek approval to conduct MHPSS and counselling training with community-based rehabilitation staff.  Develop and facilitate tailored MHPSS training based on mhGAP programme with community-based rehabilitation staff across all provinces equipping participants with general skills as well as specific skills to provide mental health assistance to individuals with disabilities.  Provide ongoing support to community-based rehabilitation staff and ensure awareness of mental health referral guidelines.	Hold discussions with VCNE to review current mental health curriculum within nursing programme.  Review and expand curriculum ensuring alignment with international standards of best-practice.
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МНС,	MHU, WDD - MOJCS,	VCNE
NMHC	NMHC, PMHCs	N MH C

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hental nearth deterioration in a simely manner.	7.3 Strengthen social mechanisms in order to enhance the capacity of community stakeholders to detect and intervene in mental health deterioration in a timely manner.			
7.3.2 Staff of community service organisations working with at-risk demographics have adequate skills to identify and provide support to people at risk of or who have mental illnesses.	7.3.1 National legislation protects all rights of people with mental illnesses.			
Number of community organisation staff members trained in MHPSS and counselling	Legislation is in place protecting the rights of people with mental illnesses			
MHU annual report; Training reports	SLO documentation; MHU annual report			
Conduct consultations with community service organisations in order to identify mental health training needs.  Utilising the mhGAP programme, develop tailored mental health training which focuses on MHPSS and counselling capacity building.  Conduct tailored training and provide ongoing support and information regarding referral channels.	Conduct stakeholder consultation to identify current limitations in the protection of rights for people with mental illnesses.  In collaboration with SLO and external consultants, draft legislation amendments or new legislation to remedy current limitations.  Ensure community support for legislation amendments is garnered.  Submit drafted legislation to the SLO to be processed through appropriate channels for national endorsement and subsequent enforcement.			
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Z H C	STO WHO			
NMHC, PMHCs, VITE, VPF, VCSD, DLES, VWD, VYC, VCC	MOH Exec., NMHC			

7.3.4 Mental health awareness of the community raised through national education and stigma reduction campaigning		health care.	7.3.3 Clear referral pathways ensure the timely and responsive provision of mental
Number of awareness raising campaigns		clinical mental health services	National referral pathways are in place covering community and
MHU annual report			MHU annual report
Engage media outlets in publishing articles and undertaking campaigns to raise awareness of mental illness and reduce stigma.  In collaboration with existing community networks mental illness awareness messaging is undertaken with communities acknowledging the positive mental health outcomes attributable to supportive environments.	Develop accessible mental health-specific IEC materials and distribute amongst communities.	Ensure information pertaining to mental health referral pathways are widely disseminated amongst mental health stakeholder groups and the general public.	Develop clear referral guidelines to encourage early referral up to clinical care during condition deterioration and referral back to community care for individuals and their families post discharge from clinical services.
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МН			<b>₹</b>
NMHC, PMHCS, PHOS, VITE, VPF, VCSD, DLES, VWD, VYC, VCC		DLES, VWD, VYC, VCC	NMHC, PMHCs, PHOs, hospitals VITE, VPF,

# 8. Support and facilitate initiatives to reduce instances of injury, violence and substance abuse

8.1 Reduce avoidable injuries through effective health messaging and assuring adherence with associated legislation.		
8.1.2 Law enforcement and reform protects communities from avoidable road traffic injuries.	8.1.1 Communities are aware of the dangers associated with driving when under the influence of alcohol.	Intermediate Outcomes
Enforcement strategy developed Legislation drafted to restrict mobile device use while operating a motorized vehicle Legislation amended to include provision to enhance enforcement of drink driving prevention	Number of community presentations made;  Number of people reached via IEC material distribution	Indicator(s)
NCD Annual Report; SLO Documentation	NCDU Annual Report; HPU Annual Report	Sources
Work with both affected and responsible bodies to advocate for greater enforcement of road safety legislation; in particular Part 14 of the Public Health Act (Seat Belts and Safety of Infants in Motor Vehicles) and Section 16 of Road Traffic Act (Driving When Under Influence of Drinks or Drugs).  Support law reform to reduce road traffic accidents and provide technical assistance to previously identified areas of reform regarding mobile phone use in motor vehicles and amendments to Section 16 of Road Traffic Act to specific a measureable definition of intoxication (blood alcohol level).	Develop and deliver a campaign to increase community awareness of the danger associated with drink driving or being a passenger in a vehicle where the driver has consumed alcohol.  Compliment the awareness campaign with the development and distribution of IEC materials aimed at increasing community awareness of the dangers and law surrounding with driving when under the influence of alcohol.	Activities
×		5016
× ×	×	2018
×	×	5019
×		2020
NCDU, HPU, EHU, VPF	HPU, VPF	Responsible Bodies Lead Supporti
	NCDU, VCC, MCC, VNCW, VYC	Supporting

8.2 Develop and implement targeted violence-reduction health campaigns.	
8.2.1 Communities are aware of the correlations between drugs, alcohol and violence.	8.1.3 Employers and employees are aware of their rights and responsibilities in ensuring safe workplaces.
Number of radio spots;  Number of public events conducted  Number of community presentations made	Number of employers and employees reached by workplace health and safety materials;  Number of workplace presentations undertaken
NCDU Annual Report; Reports on community events	NCDU Annual Report; Reports on community events
In collaboration with relevant stakeholders, develop and undertake a targeted drug and alcohol related violence campaign.	In collaboration with responsible bodies, develop and disseminate IEC materials encouraging improved occupational health and safety practices to business houses, factories and other places of employment within the formal employment sector.  Integrate presentations on workplace health and safety and the rights of workers into NCD screening of business houses and other health outreach services.
× ×	× ×
HPU	HPU, MOIA -
NCDU, VYC, WSB, MCC, VCC, VNCW, VPF - FPU	

8.3 Increase community awareness of the dangers associated with substance abuse	
8.3.1 Increased awareness amongst students of the dangers associated with drug use	8.2.2 The MOH support domestic violence reduction strategies and organisations.
Knowledge, attitudes, and behaviors of students	Number of domestic violence reduction strategies and initiatives involving consultation with the MOH
GSHS & GYTS	MHU Annual Report
mechanism  Hold discussions with the MOE and HPS Committee to integrate education of the dangers presented by drug use into school health curriculum  Work with youth-related organisation and sporting bodies ensuring messages about the harmful effects of drug use are consistently disseminated to youth	The MOH actively support domestic violence reduction strategies and organisations involved in activities related to such acknowledging the negative impact of domestic violence on mental wellbeing.  Regular liaison between the MOH and domestic violence reduction organisation provides direction for assistance between the bodies.  Mental health training conducted through Strategies 7.2 and 7.3 includes information on the negative effects of domestic violence and encourages participants to acknowledge and address such in their communities and organisations.  Develop and provide educational tools about the dangers associated
	×
× ×	× ×
×	×
×	×
HPU,	д НРС
MHU, VYC, WSB	NCDU, MHU, PHD, HPU VWC, VWC, VPF - FPU

8.3.5 Drug-free environments are encouraged.	8.3.4 Communities are aware of the negative and cyclical effect of substance abuse and mental wellbeing.	8.3.3 At-risk demographics understand the dangers associated with drug use.	8.3.2 International Day Against Drug Abuse and Illicit Trafficking (June 26 <sup>th</sup> ) is marked annually by a drug awareness media campaign.
Number of community organisations engaged; Number of community events explicitly drug-free	Number of radio spots;  Number of public events conducted  Number of community presentations made	Knowledge, attitudes and behaviors of youth and young adults	Number of events conducted;  Number of people reached
NCDU Annual Report; Reports on community events	NCDU Annual Report; Reports on community events	GSHS & GYTS; NCD STEPs	NCDU Annual Report
Work with and encourage youth and sporting bodies to promote drug free environments (in line with Intermediate Outcome 4.2.3).	Develop and disseminate community health messages focused on the negative and cyclical effect of substance abuse and mental wellbeing.	Identify positive community leaders able to assist in community-level drug awareness campaigns.  Assist community leaders in developing and undertaking targeted drug-awareness programmes acknowledging the increased risk of drug use amongst youth and young adults.	Plan and implement programmes for International Day Against Drug Abuse and Illicit Trafficking
× ×	×		× ×
× ×		*	× ×
×		×	×
×		×	×
HPU, MOYS, VASANOC	нри,	мни,	НРС
TCSC, EHU, NCDU, MHU	VYC, MCC, VCC, VNCW	MOYS, WSB	NCDU,

### 9. Strengthen community and clinical responses to oral health

9.1 Formalise policies and protocols relating to national oral health care.			
9.1.2 A standardised oral health manual is available and utilised by all health workers nationally.	9.1.1 The previously developed oral health policy is reviewed and endorsed by the MOH Exec.	Intermediate Outcomes	
Standardised oral health manual available; Proportion of formal health facilities with a copy of the manual; Proportion of formal health facilities with the manual who have also received training on its use	Oral Health Policy is in place;  Number of departments and organisations consulted in the review	Indicator(s)	
OHU Annual Report; NCDU Annual Report	OHU Annual Report;  NCDU Annual Report;  Report from stakeholder consultations	Sources	
Develop a standardised oral health manual providing best-practice information on preventative care and treatment of oral health concerns.  Ensure the oral health manual clearly outlines role delineation with regards to responsibilities assigned to different levels of health care provision.  Distribute the manual nationally to all formal health facilities and ensure appropriate oral health training compliments the distribution.	Review the previously developed policy documents.  Hold multisectoral consultations with relevant stakeholders.  Update policy in accordance with stakeholder input before publishing and circulating the renewed policy.	Activities	
	×	5016	
<u> </u>	×	2018	
× ×		5018	
		2020	
OHO	ОНО	Responsible Bodies Lead Supportin	
NCDU, HPU, PHD, MOH	NCDU, PHD, MOH Exec.	le Bodies Supporting	

	9.2 Strengthen clinical care mechanisms ensuring communities have equitable access to quality oral health services.				
9.2.3 School students have access to basic oral health services.	9.2.2 Oral health staff at provincial hospitals and nurses in health centres have sufficient training and resources to provide curative oral health services; inclusive of ART.	9.2.1 Health workers understand their responsibilities with regards to community oral health and have adequate skills to provide sufficient preventative oral care services.			
Number of students who received oral health outreach services - disaggregated by province and rural/urban locale	Number of health workers who participated in oral health curative care training;  Number of trained health workers with access to necessary oral health equipment	Number of health workers who participated in inservice oral health training			
Outreach reports; NCDU & OHU Annual Reports	Training reports; NCDU & OHU Annual Reports; PHO & Hospital Annual Reports	Training reports; OHU Annual Report; NCDU Annual Report			
Revive the school dental service in collaboration with the MOE and oral health partner organisations.  Develop and follow a national schedule for visits ensuring equitable access to all students.  Ensure the programme has access to sustainable funding and staffing allocations.	Dental focal points from NPH and VCH as well as dental focused-NGOs undertake curative oral health in-service training with identified hospital and health centre-based health staff.  Ensure necessary equipment and supplies are continually available for trained health workers to conduct services taught during training.  Provide ongoing communication and support to trained health workers.	Undertake in-service training in the prevention of oral health diseases with health workers in health centres and dispensaries nationally.  Review the oral health unit of study covered in the VHWP pre-service training package.			
×		×			
× ×	×	× ×			
× ×		×			
×	×	×			
MOE, OHU, PCV, BT, CPF	OHU, PCV, BT, CPF	ОНО			
PHOs,	NCDU, PHOs	PCV, BT, CPF, PHOs, NCDU			

9.3 Increase community awareness of oral health ensuring sound oral health techniques are practiced across the life course.		
9.3.1 Increased awareness amongst students of the importance of oral health.	9.2.5 Oral health knowledge and skills of newly graduating nurses is consistent with information provided in the oral health manual.	9.2.4 Outreach services provide basic oral health services to communities.
Knowledge, attitudes, and behaviors of students	VCNE oral health curriculum is reviewed	Number of community members who received oral health outreach services - disaggregated by province and rural/urban locale
GSHS	VCNE Curriculum; NCDU & OHU Annual Reports	Outreach reports; NCDU & OHU Annual Reports
Integrate the 'Bright Smiles, Bright Future' module into health education training for future teachers at VITE.  Develop and provide educational tools that reinforce good oral health messages via HPS.  Hold discussions with the MOE and HPS Committee to review the integration of oral health education into school health curriculum.	Hold discussions with VCNE to review current oral health curriculum within nursing programme.  Review curriculum ensuring alignment with evidence-based information provided in the national oral health manual.	Conduct scheduled oral health outreach services nationally in collaboration between the OHU, oral health staff at hospitals and oral health-focused NGOs.  Ensure outreach services are equitably available to all communities.  Minimise duplication of service through ongoing communication with PHOs, hospitals and NGO partners.
×		× ×
×		×
×	×	×
×	×	×
они,	OHU, VCNE	OHU, PCV, BT
NCDU, HPU, VITE, PCV, BT, CPF	NCDU	NCDU, foreign assistance

9.3.4 Annual events are conducted to promote International Oral Health Day (March 20th).	9.3.3 Increased community awareness of the importance of oral health.	9.3.2 Maternal and child health staff at all hospitals act as advocates for sound oral health practices.
Number of events conducted; Number of people reached	Number of radio spots;  Number of public events conducted events conducted Number of community presentations made	Number of oral health training sessions facilitated with hospital maternal and child health staff;  Number of participants present at training sessions
NCDU & OHU Annual Reports	Event reporting; NCDU & OHU Annual Reports	NCDU & OHU Annual Reports; Training reports
Plan and implement programmes to celebrate International Oral Health Day nationwide.	Develop and disseminate nationally oral health IEC materials to raise community awareness of the role of oral health in general health and wellbeing; the importance of prevention and early intervention; as well as information on available community support services.	Provide oral health advocacy training and consistent oral health messages to maternal and child health nurses at all referral and provincial hospital in line with the 'Mum, You First' Programme.  Ensure new mothers receive sufficient information regarding preventative oral health care through training with antenatal nurses at all referral and provincial hospitals in line with the 'Bright Smiles, Bright Future' module.  Ensure health staff at hospitals are aware of and utilise available referral pathways to both clarify oral health information and refer patients for dental services.
×	×	
×	×	×
×	*	*
× ×	× ×	× ×
( ОНО,	( ОНО,	OHU, ( Hospitals, PHOs
NCDU, PHD, PCV, BT, CPF	NCDU, PHD, PCV, BT, CPF	NCDU, PCV, BT, CPF

## 10. Ensure an effective and efficient national response to eye care concerns

	facilitation of a telemedicine network which links diabetic retinopathy screening nationally.	10.1 Support the	Strategy
10.1.3 The telemedicine system receives sufficient and ongoing IT support.	10.1.2 Identified eye care staff in each province are sufficiently trained in the use of the telemedicine eye care screening equipment and system.	10.1.1 Adequate resources are available for the telemedicine network and its use for eye care screening.	Intermediate Outcomes
Percentage of available screening results analysed	Number of eye care and/or telemedicine trainings conducted Proportion of eye care staff in attendance at training	Good procured and located in eye care units at each hospital; Equipment regularly maintained and serviced	Indicator(s)
National Telemedicine System annual report OGCIO/MOH IT Annual Report	Eye care and telemedicine training reports; NCDU & ECU Annual Report	Hospital Annual Reports;  NCDU & ECU Annual Reports;  Available inventory on serviced items produced by biomedical engineering team	Sources
Include oversight and the provision of assistance to telemedicine projects in the scope of service of the MOH IT unit; ensuring the accommodation of additional staffing if required.	Provide training to identified health workers in each province to ensure provided retinal cameras are operated according to necessary standards.  Ensure that health workers conducting eye care screening have sufficient IT abilities through the provision of IT training sessions.	Procure retinal cameras and associated equipment for pilot site VCH and NPH.  Expand procurement of retinal cameras and equipment to include remaining provincial hospitals; Lenakel, Norsup and Lolowai, and Sola mini-hospital.  Facilitate equipment maintenance and repair through MOH biomedical engineering mechanisms.	Activities
×	×	×	2016
×	×	×	7102
×			2018
× ×			2020
MOH IT,	ECU	ECU, FHF	
MOH Exec.	Hospitals, NCDU, TVET	NCDU	Responsible Bodies Lead Supporting

mechanisms for early detection and treatment of vision loss.			
10.2.2 Strengthened eye care referral systems are in place.	10.2.1 Routine community eye care outreach is nationally available.	10.1.4 Human resource capacities are expanded to deliver eye care screening and associated administration duties related to the telemedicine system.	
Eye care specific referral protocols in place;  Number of international eye care partnerships forged;  Number of people referred to national and international emergency laser services	Number of outreach eye care visits conducted annually - disaggregated by province and by urban and rural locale; Number of individuals treated during outreach visits	Number of staff assigned to ECU	
NCDU & ECU Annual Report; MOUs signed between the MOH and international eye-care partners; HIS Annual Report	Eye care outreach reports	NCDU & ECU Annual Report; MOH HR Unit Annual Report	
Develop and standardise systems for clearer national referral pathways for vision loss.  Develop referral protocols and partnerships between the MOH ECU and international partners providing blindness-preventing and sight-restoring treatments internationally.	Conduct and provide support for partners engaging in urban and rural outreach visits in order to provide sight-saving laser procedures.	Advocate for additional staffing allocations to the VCH ECU under the MOH staffing structure to increase the unit's screening capacities.	
×	×		
× ×	× ×	×	
×	×		
×	×		
ECU	ECU	ECU, VCH, MOH Exec.	
NCDU, PEI, FHF, MOH Exec., NGO partners	FHF, PEI	NCDU	

10.3 Enhance health workers' capacities with regards to eye health and, in particular, vision impairment linked to NCD complications.				
10.3.1 National eye care guidelines, protocols and prevention and care information is available to all health workers in an eye care manual.	10.2.3 Clinical skills of eye care staff are comparable to the burden of disease.			
Eye care manual available; proportion of formal health facilities with a copy of the manual;  Proportion of formal health facilities with the manual who have also received training on its use	Number of eye care staff who participated in inservice training Number of eye care staff undertaking further-study			
NCDU & ECU Annual Report	ECU annual report; Scholarships registry			
Develop an eye care manual providing information on best-practice for preventing and treating vision loss and eye concerns.  Ensure the eye care manual clearly outlines role delineation with regards to eye care for different levels of health care provision.  Distribute the eye care manual to all formal health facilities and ensure it is complimented with necessary training on its use.	Conduct in-service training for eye care staff with national and visiting eye care staff with national and visiting eye care specialists.  Ensure national ophthalmologist completes international specialist training.  Support two identified health workers with an interest in eye care to work with the ECU.  Provide opportunities for identified health workers to undertake postgraduate study in ophthalmology.  Assist identified health workers with prior training in ophthalmology to undertake further study towards a Master of Medicine in Ophthalmology.			
×	× ×			
	×			
	× ×			
ECU	C ECU,			
NCDU, HPU	NCDU, MOH Exec.			

10.4 Increase community awareness of the correlation between diabetes and vision loss and provide information on support services available to affected individuals.		
10.4.1 Increased community awareness of eye care, vision loss and associated support services.	10.3.2 Health workers understand their responsibilities with regards to community eye health and have adequate skills to provide sufficient eye care services.	
Number of radio spots;  Number of public events conducted;  Number of community presentations made	Number of health workers who have participated in eye care inservice training	
Event reporting; NCDU Annual Report; ECU Annual Report	Eye care training reports;  NCDU & ECU Annual Report	
Develop and distribute eye care IEC materials to raise community awareness of vision loss, the importance of early intervention and available support services.	Provide eye health in-service training to health care workers ensuring adequate prevention, diagnosis and treatment skills.  Ensure in-service education conducted with health workers increases awareness of the effects of diabetes on eye health.	
×	×	
*		
× ×	× ×	
×	×	
ECU,	ECU,	
NCDU	NCDU	

### 11.Strengthen NCD research, surveillance & reporting

11.1 Ensure decision making surrounding NCD prevention and control is informed by information collated during timely NCD-specific and NCD-sensitive surveys.				Strategy				
11.1.2 Combined Global Youth Tobacco and Global School-Based Health Surveys are undertaken ensuring continued commitment to health surveillance.		11.1.1 NCD STEPS survey is undertaken as scheduled with collated data made available in a timely manner.			Intermediate Outcomes			
	GSHS & GYTS conducted with at least a 60% response rate		NCD STEPS survey conducted with at least a 60% response rate		Indicator(s)			
		GSHS/GYTS report		NCD STEPS report		Sources		
Ensure final reports are disseminated and used to inform relevant health baselines and future planning.	utilising adequately trained personnel.  Request technical assistance in collating results and drafting both final reports.	Undertake implementation planning to ensure quality data collection is carried out across all randomly assigned schools nationwide.  Conduct both surveys nationwide	Finalise the GSHS and GYTS questionnaires.	Disseminate the final report and ensure that it is used to inform relevant health baselines and future planning.	Adhering to randomised sampling, conduct survey nationwide utilising adequately trained personnel.	Request technical assistance, if required, to support trainings, data analysis and report drafting.	Conduct NCD STEPS planning workshops including questionnaire development; data collection planning and management training.	Activities
		×						5016
						×		2018
								5019
		Z C D D C				NCDU		Responsit
	HPO	TCSC,			VNSO	нри, WHO,		Responsible Bodies Lead Supporting

T 7 0 7 0 7 0 b			
11.2 Encourage Vanuatuspecific research into NCD risk factors, disease epidemiology and potential interventions and provide direction to research and consultative bodies.			
11.2.1 Research regarding NCDs in Vanuatu is undertaken and used to inform programming and policies.	11.1.3 Through collaboration with VNSO, NCD measures are mainstreamed into national surveys as appropriate.		
Number of NCD-related studies conducted  Documented national priorities regarding NCD research are available to research bodies	Standardised NCD measures are identified and prioritised		
NCDU Annual Report	NCDU Annual Report		
Identify and document NCD priority areas which would benefit from increased Vanuatu-specific research.  Work with the National Cultural Centre to ensure awareness of priority areas and support the review process of any proposed studies.  Ensure those undertaking NCD-related health research are aware of the need for results to be filtered back to the MOH to inform future planning.  Incorporate external research findings into evaluation of interventions and future planning.	Identify NCD-related information that requires collation on a more frequent basis through analysis of currently available information and global standards.  Through collaboration with VNSO, map planned national or regional surveys identifying potentials are in which NCD measure may be added.  Support and provide technical assistance to VNSO in instances where NCD measures have been included.  Utilise information from survey reports to provide interim indicators for behaviour and disease burdens measure effectiveness of interventions and inform future planning.		
× ×	×		
× ×	× ×		
×	×		
×	×		
NCDU	NCDU VNSO,		
MOH Exec.	HIS Onit		

11.3 Ensure timely review of the strategy is undertaken to map progress against expected goals.				
11.3.1 Shortcomings against outlined goals are addressed through adaptation of annual planning or reallocation of available resources and funds.				
Annual review of achievements against strategic plan is undertaken				
NCDU Annual Report				
Conduct review of NCD Strategic Plan annually prior to business planning for the following year.  Ensure incomplete activities from previous years are incorporated into planning for the forthcoming years.  Develop an end of term report reflecting all outcomes and shortcomings to guide future direction inclusive of the 2021-2025 NCD Strategy.				
×				
×				
×				
× × ×				
N CCD U				

support for the NCD program in any given year. budget projections will allow for greater accuracy in financial allocations as well as flexibility in activity expansion or contraction based on the level of government and donor Note: Activity costing for the NCD Strategic Plan 2016-2020 will be available on an annual basis in accordance with the national health sector business planning cycle. Annual

### **APPENDIXES**

### Appendix 1 – WHO Best Buys

Risk Factor / Disease	Interventions
Tobacco Use	<ul> <li>Tax Increases</li> <li>Smoke-free indoor workplaces and public places</li> <li>Health information and warnings</li> <li>Bans on tobacco advertising, promotion and sponsorship</li> </ul>
Harmful Alcohol Use	<ul> <li>Tax Increases</li> <li>Restricted access to retailed alcohol</li> <li>Ban on alcohol advertising</li> </ul>
Unhealthy Diet and Physical Inactivity	<ul> <li>Reduced salt intake in food</li> <li>Replacement of trans fats with polyunsaturated fat</li> <li>Public awareness through mass media on diet and physical activity</li> </ul>
Cardiovascular Disease (CVD) and Diabetes	<ul> <li>Counselling and multi-drug therapy for people with a high risk of developing health attacks and strokes (including those with established CVD)</li> <li>Treatment of heart attacks with aspirin</li> </ul>
Cancer	<ul> <li>Hepatitis B immunisation to prevent liver cancer</li> <li>Screening and treatment of pre-cancerous lesions to prevent cervical cancer</li> </ul>

### Appendix 2 – Vanuatu NCD Baselines and 2025 Goals $^{\rm 32}$

202	25 NCD Global Goal	2015 Vanuatu Baseline	Vanuatu 2025 Goals
	25% Relative Reduction in Premature NCD Mortality	Men – 52% Women – 60%	Men ≤ 39% Women ≤ 45%
	10% Relative Reduction in Harmful use of Alcohol	Men – 11.5% Women – 3.5% Overall – 7.5%	Men ≤ 10.4% Women ≤ 3.2% Overall ≤ 6.8%
	10% Relative Reduction in Prevalence of Physical Inactivity	Men – 10.1% Women – 13.2% Overall – 11.7%	Men ≤ 9.1% Women ≤ 11.9% Overall ≤ 10.5%
	30% Relative Reduction in Mean Population Intake of Salt/Sodium		Rural ≤ 1.6% Urban ≤ 0.8% sehold food expenditure on high sodium t. National salt intake data will be utilised he 2016 salt survey.
	30% Relative Reduction in the Prevalence of Tobacco Use	Men – 45.8% Women – 4% Overall Adults – 23.7% Boys – 39.3% Girls – 18.6%	Men ≤ 32.1% Women ≤ 2.8% Overall Adults ≤ 16.6% Boys ≤ 27.5% Girls ≤ 13.0%
	25% Relative Reduction in the Prevalence of Raised Blood Pressure	Men – 30.8% Women – 26.7% Overall – 28.6%	Men ≤ 23.1% Women ≤ 20.0% Overall ≤ 21.5%
	0% Increase in Obesity	Men – 13.9% Women – 23.3% Overall – 18.8%	Men ≤ 13.9% Women ≤ 23.3% Overall ≤ 18.8%
	0% Increase in Diabetes	Diabetic – 9.3%	Diabetic ≤ 9.3%
	50% Coverage of Drug Therapy and Counselling	30% of national health facilities have received NCD PEN Training (38 facilities)	50% maintained coverage ≥ 69 trained and complaint health facilities
	80% Coverage of NCD Medicines and Technologies	25.4% of health facilities have adequate NCD medicines and technologies (32 facilities)	80% maintained coverage ≥ 111 have required NCD medicines and technologies

### Appendix 3 – Acknowledgement

The NCD Unit and wider Vanuatu Ministry of Health would like to acknowledge the support and contributions provided by the below individuals as well as their respective ministries, government departments and organisations:

Mr. John Jacques Rory	Ministry of Health	Dr. Jenny Stephens	Vila Central Hospital
Mr. John Tasserei	Ministry of Health	Mrs. Hannah Kanas	Vila Central Hospital
Mrs. Nelly Ham	Ministry of Health	Mrs. Tina La'au	Ministry of Trade
Mr. Graham Tabi	Ministry of Health	Mr. Gleden Illasa	Ministry of Education
Mr. Jerry laruel	Ministry of Health	Mr. Pierre Gambetta	Ministry of Education
Ms. Lana Elliott	Ministry of Health	Mr. Damien Farrell	Vanuatu Disability Desk
Mrs. Myriam Abel	World Health Organisation	Mr. Knox Morris	Vanuatu Disability Desk
Ms. Louisa Tokon	World Health Organisation	Mrs. Annick Stevens	Vanuatu Women's Council
Ms. Rosie Mohr	World Health Organisation	Ms. Dorinda Bule	Vanuatu Broadcasting & Television Corporation
Dr. Ada Moadsiri	World Health Organisation	Mr. Jonas Cullwick	Daily Post
Mr. Michael Buttsworth	World Health Organisation	Mrs. Viviane Obed	Care International
Dr. Jimmy Obed	Vila Central Hospital	Mrs. Alexis Cullen	OGCIO Vanuatu
Mrs. Monique Tahi	Vila Central Hospital	Mrs. Shirley Laban	World Vision Vanuatu

This policy and strategic plan is a direct result of the valuable input provided by each of these specialists in their fields. Their contributions have helped in shaping this policy which will, in turn, directly contribute to greater NCD awareness, prevention and control mechanisms over the coming five years; securing improved health and development outcomes for our young nation long into the future.

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