

REPUBLIC OF VANUATU



MINISTRY OF HEALTH

VANUATU NON COMMUNICABLE DISEASE POLICY AND STRATEGIC PLAN 2016 - 2020

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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ACRONYMS

ART	Atraumatic Restorative Treatment	OHU	Oral Health Unit
BT	Butterfly Trust	PAC	Physical Activity Committee
CPF	Colgate-Palmolive Fiji	PCV	Presbyterian Church of Vanuatu
CVD	Cardiovascular Disease	PDCs	Provincial Disability Committees
DCIR	Department of Customs and Island Revenue	PEI	Pacific Eye Institute
DG	Director General	PGs	Provincial Governments
DOEC	Department of Environment and Conservation	PHD	Public Health Directorate
DLES	Department of Labour and Employment Services	PHOs	Provincial Health Offices
DPA	Disability Promotion and Advocacy Association	PMHCs	Provincial Mental Health Committees
ECU	Eye Care Unit	PWD	Public Works Department
EPI	Extended Programme on Immunisation	PSC	Public Service Commission
EHU	Environmental Health Unit	RDP	Role Delineation Policy
FCTC	WHO Framework Convention on Tobacco Control	RMNCAH	Reproductive, Maternal, Newborn and Child Health
FHF	Fred Hollows Foundation	SFA	Sanma Frangipani Association
FPU	Family Protection Unit	SLO	State Law Office
HIS	Health Information Systems	TB	Tuberculosis
HPS	Health Promoting Schools	TCSC	Tobacco Control Sub-Committee
HPU	Health Promotion Unit	TOR	Terms of Reference
IEC	Information, Education and Communication	TVET	Technical and Vocational Education and Training
MCC	Malvatumauri Council of Chiefs	VASANOC	Vanuatu Association of Sports and National Olympic Committee
MCs	Municipal Councils	VCC	Vanuatu Christian Council
MFEM	Ministry of Finance and Economic Management	VCH	Vila Central Hospital
MHPSS	Mental Health & Psychosocial Support	VCNE	Vanuatu College of Nursing Education
MHU	Mental Health Unit	VCSD	Vanuatu Correction Services Department
MIPU	Ministry of Infrastructure and Public Works Utilities	VDA	Vanuatu Diabetes Association
MOE	Ministry of Education	VDD	Vanuatu Disability Desk
MOH	Ministry of Health	VHW	Village Health Worker
MOJCS	Ministry of Justice and Community Services	VHWP	Village Health Worker Programme
MOU	Memorandum of Understanding	VITE	Vanuatu Institute of Teacher Education
MOYS	Ministry of Youth and Sports	VNCW	Vanuatu National Council for Women
NCDs	Non-Communicable Diseases	VNNC	Vanuatu National Nutrition Committee
NCD PEN	Package of Essential NCD Interventions for Primary Health Care	VNSO	Vanuatu National Statistics Office
NCDU	Non Communicable Disease Unit	VPF	Vanuatu Police Force
NDTC	National Drug and Therapeutic Committee	VSPD	Vanuatu Society for People with Disabilities
NGOs	Non-Government Organisation	VWC	Vanuatu Women's Centre
NMHC	National Mental Health Committee	VWD	Vanuatu Women's Department
NPH	Northern Provincial Hospital	VYC	Vanuatu Youth Council
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.^{1,2} 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.^{3,4} 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.⁴ Further, the presence of these largely preventable diseases also brings about human suffering, disability and significantly increases populations' vulnerability to poverty.^{5,6}

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.⁷ 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.⁸

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.

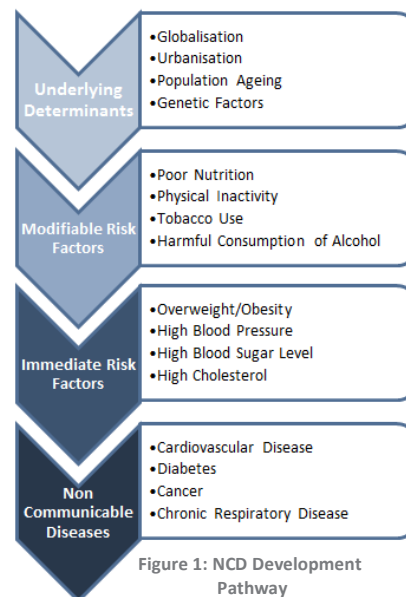


Figure 1: NCD Development Pathway

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.⁹ 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 to 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 garner 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 and manage associated complications respectively.

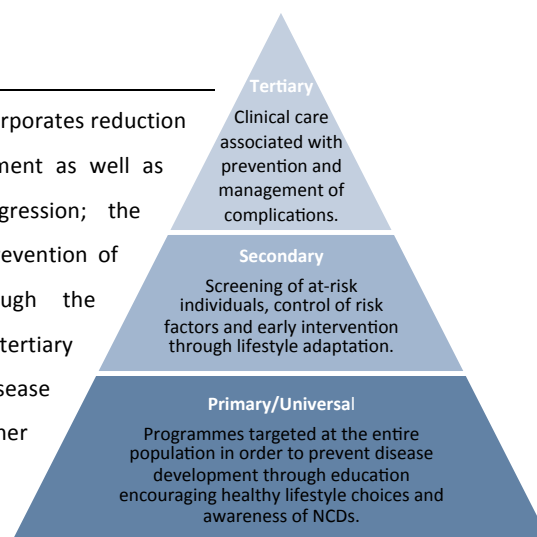


Figure 2: Prevention Pyramid

Whilst primary prevention, which delivers broad 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.^{10 11} 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.¹² 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.¹³

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.¹⁴ 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.¹⁵ 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.⁹

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 2005.¹⁶

Tobacco use is the leading cause of preventable death worldwide.¹⁷ 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.¹⁸ 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.⁷ 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.¹⁹ 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.²⁰ The demographic most at-risk of alcohol abuse and subsequent alcohol-associated injuries and violence is Vanuatu's younger male.⁹

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.²¹ 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.²²

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.²³ 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 drug-fueled 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.²⁴ 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.²⁵ 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.²⁶ Similarly, respiratory diseases may be influenced by oral microflora.²⁷ 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.²⁸

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.²⁹ 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.³⁰ 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.³¹ 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 adaptations to meet changing demands.

NCD STRATEGIC PLAN

1. Strengthen NCD coordination mechanisms

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
1.1 Strengthen coordination and impact of NCD activities through continued support for the Integrated NCD Management Team	1.1.1 Tasks progressed by the Integrated NCD Management Team are consistent with direction provided in this NCD strategic plan.	Review conducted and results outlined within updated and endorsed Integrated NCD Management Team TOR	Integrated NCD Management Team TOR; NCDU Annual Report	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.	X					NCDU	
	1.1.2 Composition of the Integrated NCD Management Team is consistent and reflects the multisectoral nature of NCDs.	Role delineation mapping carried out; Team composition documentation available	Integrated NCD Management Team TOR Annex; NCDU Annual Report	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.		X	X			NCDU	

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

	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.	Number of NCD related radio talk-back shows allocations utilised	NCDU Annual Report	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.		X	X	X	X	X		HPU	NCDU
	1.4.3 Annual events are conducted to promote NCD-relevant world days of celebration.	Number of events carried out; General estimates of attendance or awareness impact	NCDU Annual Report	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).		X	X	X	X	X		NCDU, HPU	
	1.4.4 The Vanuatu Diabetes Association is remobilised and aids in facilitating advocacy and support for people with diabetes nationwide.	MOU with VDA developed and endorsed Number of VDA activities conducted; Number MOH activities in which VDA members take part	NCDU Annual Report; VDA Event Reporting	Through consultation with pre-established 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.				X				NCDU	HPU

	<p>1.5.3 Collaboration with finance partners allows for the identification of additional funding sources, new project proposals and a Health Promotion Fund.</p>	<p>Number of additional funding sources identified; Number of additional funding sources utilised</p>	<p>NCDU Annual Report</p>	<p>Hold ongoing discussions with MFEM and other partners to discuss the feasibility of additional funding sources. 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.</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>MFEM, MOH Exec.</p>	<p>NCDU, HPU</p>
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2. Promote improved nutrition nationwide

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
2.1 Ensure holistic and collaborative approaches to nutrition nationwide.	2.1.1 The Nutrition Working Group is transitioned into the Vanuatu National Nutrition Committee, reporting to the MOH Exec. and with links to the Codex and Food Security Coordinating Council.	Membership defined and TOR adopted Achievements made against activities outlined in the NU strategic plan VNNC meeting minutes and annual report	NU Annual Report; NCDU Annual Report	Define TOR and VNNC membership. Conduct regular VNNC meetings. Ensure adequate resources are available under the NU annual business plan in order to complete tasks outlined under TOR. Provide annual reports on the undertaking and completion of activities.						Nutrition Working Group, MOH Exec.	NU, CODEX
	2.1.2 Codex and Food Security Coordinating Council oversees completion of the multi-sectoral <i>Vanuatu Plan of Action for Nutrition and Food Security</i> .	Progress on nutrition and health activities outlined under the <i>Vanuatu Plan of Action for Nutrition and Food Security</i>	Codex and Food Security Coordinating Council Reporting; NU Annual Report	Ensure continued engagement with multisectoral body responsible for the plan of action through regular attendance at meetings. Integrate nutrition and health requirements under the plan of action into NU annual business planning and TOR of the VNNC. Secure adequate resources through the VNNC and the NU annual 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.		X	X	X			CODEX

2.2 Improve national nutritional status through a public health approach that acknowledges the importance of healthy diets across the life course.	2.2.1 The <i>National Guidelines for Healthy Diet and Lifestyles</i> form the basis of all nutrition IEC materials and campaigns.	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	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.						NU, VNNC	NCDU, HPU
	2.2.2 Government ministries, departments and private workplaces encourage healthy eating through adoption of workplace catering policies.	Standardised catering policy developed; Number of workplaces who have adopted the catering policy	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.		X				NU, DLES	NCDU, PSC
	2.2.3 School environments are conducive to healthy eating.	Number of schools enforcing the <i>Swit Drink Policy</i> Number of schools using the healthy canteen guidelines	HPS Reporting; NU Annual Report	Support the HPS committee and MOE in developing mechanisms to encourage schools to adopt the Healthy Canteen Guidelines and enforce compliance with the 2014 endorsed <i>Swit Drink Policy</i> .	X	X	X	X	X	HPU, MOE	NU, NCDU

3. Encourage adequate physical activity across the life course

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
3.1 Support the development and ongoing facilitation of multi-sectoral physical activity committee.	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.	Membership defined and TOR adopted Achievements made against activities outlined in this NCD strategic plan	NCDU Annual Report	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.	X					PHD	MOYS, MOE, MOH, PSC, relevant NGOs
	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.	Physical activity guidelines available; Number of stakeholders implementing activities in accordance with the guidelines	NCDU Annual Report	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.		X					PAC, HPU

3.2 Support and promote safe community environments conducive to physical activity	3.2.1 Public infrastructure maintenance and urban development projects are sensitive to the physical activity needs of communities.	Number of public infrastructure and urban development projects involving consultation with health sector;	NCDU Annual Report;	Convene discussions with MCs, PGs and PWD to identify ways to ensure maintenance and improvement works on non-motorised transport infrastructure (footpaths, road-crossings, street-lights etc.) in urban and semi-urban areas are prioritised in order to increase community participation in and safety during non-motorised transportation.							PWD – MIPU, PGs, MCs	PAC
	3.2.2 World Environment Day (June 5th) and clean-up campaigns are encouraged as a means of ensuring safe natural and built environments.	Number of events conducted;	NCDU Annual Report;	Plan and implement programmes to celebrate World Environment Day.							PAC, HPU	DOEC
	3.2.3 Urban parks and recreational spaces are accessible to all people inclusive of people with disabilities.	Number of urban parks and recreational spaces accessible to various target populations (e.g., women, people with disabilities, etc.)	Assessment Reports	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.							PAC	PWD – MIPU, PGs, MCs

	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.	Resources are dedicated to support physical activity and recreational spaces	PWD, PGs and MCs' urban development project reporting	Develop and deliver campaigns targeted at MCs and PGs to allocate funding for construction and maintenance of spaces designated for physical activity.	X	X	X	X	X	PAC, PGs, MCS	PWD – MIPU
3.3 Increase opportunities for participation in physical activity for all demographics	3.3.1 The 'Walk for Life' programme continually engages the national workforce in physical activity.	Number of departments and businesses registered and carrying out weekly physical activities in line with the 'Walk For Life' programme	Registry of participating organisations	Announce re-establishment of "Walk for Life" programme. Register departments' commitment to the programme. Ensure continuous support for and participation in the programme.	X	X	X	X	X	PAC, NCDU	
	3.3.2 Women and girls are encouraged to participate in regular physical activity.	Number of women-targeted physical activity initiatives supported by the MOH; Number of women and girls involved in these initiatives	Event reporting; NCDU Annual Report	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.	X	X	X	X	X	PAC, NCDU, HPU	

4. Strengthen national tobacco control mechanisms

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
4.1 Monitor tobacco use and compliance with current policies and legislation regarding use and sale of tobacco products.	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.	Membership defined and TOR adopted	NCDU Annual Report	<p>Review TOR for the TCSC ensuring alignment with this NCD Strategic Plan.</p> <p>Ensure TCSC functions are included in annual business planning and aligned to the EHU or NCDU to facilitate appropriate funding</p> <p>Convene TCSC meetings on a quarterly basis ensuring at least 75% membership attendance.</p> <p>Ensure progress made by the TCSC is reflected NCDU and EHU annual reports and fed to into international reporting mechanisms (in line with intermediate outcome 4.1.3).</p>	X					EHU, NCDU	PHD, MOH Exec.
						<p>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.</p>	<p>Number of violations recorded by combined regulatory enforcement bodies</p>	<p>EHU Annual Report - consolidating incidents recorded by MOH compliance officers, VPF and relevant MCs</p>	<p>Conduct quarterly tobacco retailer inspections particularly targeting: tobacco advertisement, improper labelling and the sale of singular cigarettes.</p> <p>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).</p>		

	4.2.4 Legislation is strengthened to expand smoke-free public places.	National legislation prevents smoking in, at a minimum, all public places designated in the WHO FCTC	SLO documentation; WHO FCTC; WHO Global Tobacco Epidemic Report	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. 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. Convene multisectoral discussions exploring the need for NRTs.						TCSC, EHU, SLO	NCDU, MOH Exec.
4.3 Offer clinical and community support for smoking cessation.	4.3.1 National protocols and training allow health workers at hospital and health centres to facilitate smoking cessation counselling	National smoking cessation protocols are available Number of health workers trained in delivering cessation counselling and, if required, NRT prescription	Training reports; NCDU Annual Report				X	X	X	TCSC, EHU, NCDU, NDTC	Hospitals, PHOs
	4.3.2 Nationally-funded NRT importation and dispensing options are explored	Comprehensive NRT costing study undertaken	NCDU Annual Report; Vanuatu MOH's Tobacco Free Pacific 2025 Dashboard	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.			X	X	X	TCSC, NDTC	EHU, NCDU

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

5. Reduce the harmful consumption of alcohol

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
5.1 Review and ensure enforcement of legislation pertaining to sale of alcohol.	5.1.1 Based on 2009 external legislative development assessments; an alcohol legislation is developed and endorsed by the COM.	Number of different departments and organisations consulted during drafting of the alcohol legislation	Records from COM sittings	In collaboration with SLO and other relevant stakeholder consult and draft proposed alcohol policy in line with recommendations set out in the 2009 assessment.	X	X				NCDU, SLO	EHU, MOH Exec.
	5.1.2 Review of alcohol taxations, alcohol legislation and health and economic stakeholder bodies provide direction on alcohol taxation increases.	Review on current alcohol taxation is undertaken;	Taxations on alcohol are increased in line with alcohol legislation and stakeholder recommendations	DCIR Tariff documentation and records		X	X			EHU, MFEM	NCDU, DCIR, SLO, external consultants
		Review on current alcohol taxation is undertaken;		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.							

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 retailers reached	Activity reporting; NCDU Annual Report	Prepare up-to-date lists of alcohol retailers and licensees are sought by the EHU and provided to authorised compliance officers annually.		X	X			HPU	NCDU, EHU
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.	Number of violations of the alcohol control laws including age restrictions and restrictions on the sale of alcohol to intoxicated individuals	EHU Annual Report (incl. consolidation of incidents recorded by VPF and relevant MCS)	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).		X	X	X	X	EHU, VPF, MCS	NCDU, PHD
5.1.5 Communities are aware of the dangers of alcohol industry interference and avenues for restricting alcohol advertisement legislatively are pursued.	Number of presentations made on alcohol industry interference Alcohol advertisement legislation is in place	Event 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.		X	X	X		NCDU, SLO	EHU, PHD, external consultants

5.2 Develop and implement campaigns aimed at increasing community awareness of the health effects associated with alcohol abuse.	5.2.1 Communities are encouraged to develop their own alcohol control measures.	Number of communities reached by outreach awareness activities	Event reporting; NCDU Annual Report	Carry out awareness presentations and discussions with community leaders in potential community-based measures to reduce the harmful consumption of alcohol.															TCSC, EHU, NCDU, MCC, VYC, VCC, VNCW, VPF, MCS
	5.2.2 Annual events are conducted to promote World No Alcohol Day (October 2nd).	Number of events conducted; number of people reached	Event reporting; NCDU Annual Report	Support communities in the development of community-level alcohol control measures.															NCDU, MHU, EHU, PHD
	5.2.3 Increased awareness among students about the harmful consumption of alcohol.	Alcohol education in schools is reviewed; Knowledge, attitudes, and behaviors of students	NCDU Annual Report; GSHS	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.															
				Plan and implement programmes to align with the celebration of World No Alcohol Day.															
			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.																HPU, MOE
			Support and provide technical assistance to the HPS committee and MOE in developing relevant educational materials.																NCDU, MHU

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

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities						Responsible Bodies		
					2016	2017	2018	2019	2020	Lead	Supporting	
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.	6.1.1 Strengthened capacity for NCD service delivery through development of standardised NCD protocols.	Level-specific 'National NCD Guidelines for Health Workers' is available	NCDU Annual Report	<p>Review the drafted diabetic inpatient management and insulin infusion protocol and endorse their formal adoption nationwide.</p> <p>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.</p> <p>Provide training for health workers on use of the 'National NCD Guidelines for Health Workers' resource.</p> <p>Hold discussions with VCNE regarding the 'National NCD Guidelines for Health Workers' resource and support the integration of such into VCNE curriculum.</p>	X	X	X	X			NCDU	Hospitals, HPOs, CMS, NDTIC, VCNE

	6.1.2 Strengthen patient involvement in NCD control through distribution of the NCD Helt Rekod booklet and other patient education materials.	Number of facilities distributing the NCD Helt Rekod booklet Number of NCD-specific IEC materials directly available to the health workforce for distribution	NCDU Annual Report; HPU Annual Report	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).	X	X	X	X	X	HPU	Hospitals, HPOs, NCDU, NU
6.1.3 Collaborative mechanism and dual detection procedures are developed and implemented in order to address the negative association between TB and diabetes.	Dual detection procedures are in place and utilised at all referral and provincial hospitals	TB Annual Report; NCDU Annual Report	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.	X	X	X	X	X	NCDU, TB Unit	Hospitals, HPOs	

6.2 Promote community NCD screening as an effective form of early detection and secondary prevention of disease.	6.2.1 Community NCD and CVD screening aids in early detection of disease and increases community health awareness regarding prevention and control.	National NCD screening protocols are in place	Vanuatu NCD Screening Protocols;	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).	X	X	X	X	X	NCDU, HPU	HPOs, External Partners, VPF	
	6.2.2 All provincial health offices have the capacity and resources to conduct regular community NCD screening.	Number of PHOs where standardised NCD screening tools are available	NCDU Annual Report		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.	X	X	X	X	X	PHOs, NCDU	HIS Unit, HPU
	6.2.3 Support is provided for the EPI/RMNCAH-run cervical cancer screening and preventative measures.	Number of cervical cancer screenings conducted; HPV vaccination coverage	HIS Annual Report; EPI/RMNCAH annual reports		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.	X	X	X	X	X	EPI, RMNCAH	NCDU

6.3 Build the capacity of the primary health care sector to detect, treat and refer NCD patients to higher care.	6.3.1 NCD PEN training is strengthened in existing provinces and expanded to additional provinces.	Training conducted with health workers in Penama and Torba provinces Supervisory visits conducted across all provinces	Report against annual NCD business plan	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).						HPU	HPOs, NCDU
	6.3.2 Assessment of access to NCD medication is undertaken in order to evaluate the availability of prescribed NCD medications in rural communities.	Assessment of NCD medication availability is undertaken	NCD Medication Availability Report; NCDU Annual Reporting	Through collaboration with the CMS and NDTG, map national distribution of NCD-related medications identifying any under-resourced areas. With the support of CMS and NDTG 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.		X	X				NDTC, CMS

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.	Number of Vanuatu-specific NCD indicators routinely measured through HIS	HIS Annual Report; 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.	X	X					NCDU, HIS Unit	Hospitals, HPOs
6.3.3 Health system referral mechanisms for NCD patients are strengthened.	6.3.4 Strengthened NCD related VHWP pre-service training curriculum.	NCD component of VHWP pre-service training curriculum is reviewed	NCDU Annual Report	Develop and distribute appropriate IEC materials, which complement information outlined in the adapted 'National NCD Guidelines for Health Workers' resource to assist VHWs. 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.	X	X	X				NCDU, VHWP	HPU
				Through collaboration with relevant stakeholders and in line with the MOH RDP, outline the referral protocols linking the escalation of NCD care from all health care levels. Ensure community referral mechanisms are utilised by hospitals to inform community health workers of community members who require ongoing monitoring post-discharge. Review of NCD VHWP pre-service training curriculum.							NCDU	Hospitals, HPOs, MOH Exec., HPU

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

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
7.1 Support the development and functioning of a national mental health committee, provincial sub-committees and a technical advisory body	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.	Membership defined and TOR adopted Achievements made against activities outlined in the MH and NCD strategic plans	NCDU Annual Report; MHU Annual Report	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.					X	MHU	NCDU, PHD
	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	NCDU Annual Report; MHU Annual Report; PHOs Annual Reports	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.						X	NMHC NCDU, MHU, PHD, PHOs

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

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.	7.3.1 National legislation protects all rights of people with mental illnesses.	Legislation is in place protecting the rights of people with mental illnesses	SLO documentation; MHU annual report	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.	X	X	X			MHU, SLO	MOH Exec., NMHC
	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.	Number of community organisation staff members trained in MHPSS and counselling	MHU annual report; Training reports	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.	X	X	X	X	X	MHU	NMHC, PMHCs, VITE, VPF, VCSD, DLES, VWD, VVC, VCC

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

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies		
										Lead	Supporting	
8.1 Reduce avoidable injuries through effective health messaging and assuring adherence with associated legislation.	8.1.1 Communities are aware of the dangers associated with driving when under the influence of alcohol.	Number of community presentations made; Number of people reached via IEC material distribution	NCDU Annual Report; HPU Annual Report	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.			X	X			HPU, VPF	NCDU, VCC, MCC, VNCW, VYC
					Enforcement strategy developed	NCDU Annual Report;	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).					
	8.1.2 Law enforcement and reform protects communities from avoidable road traffic injuries.	Legislation drafted to restrict mobile device use while operating a motorized vehicle	NCDU Annual Report;	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 measurable definition of intoxication (blood alcohol level).	X	X	X	X	X		NCDU, HPU, EHU, VPF	
		Legislation amended to include provision to enhance enforcement of drink driving prevention	SLO Documentation									

		8.1.3 Employers and employees are aware of their rights and responsibilities in ensuring safe workplaces.	Number of employers and employees reached by workplace health and safety materials; Number of workplace presentations undertaken	NCDU Annual Report; Reports on community events	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.				X	X	HPU, MOIA - DLES	
8.2 Develop and implement targeted violence-reduction health campaigns.	8.2.1 Communities are aware of the correlations between drugs, alcohol and violence.	Number of radio spots; Number of public events conducted Number of community presentations made	NCDU Annual Report; Reports on community events	In collaboration with relevant stakeholders, develop and undertake a targeted drug and alcohol related violence campaign.				X	X	HPU	NCDU, VVC, WSB, MCC, VCC, VNCW, VPF - FPU	

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

9. Strengthen community and clinical responses to oral health

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
9.1 Formalise policies and protocols relating to national oral health care.	9.1.1 The previously developed oral health policy is reviewed and endorsed by the MOH Exec.	Oral Health Policy is in place;	OHU Annual Report;	Review the previously developed policy documents.						OHU	NCDU, PHD, MOH Exec.
		Number of departments and organisations consulted in the review	NCDU Annual Report; Report from stakeholder consultations	Hold multisectoral consultations with relevant stakeholders. Update policy in accordance with stakeholder input before publishing and circulating the renewed policy.	X	X					
9.1.2 A standardised oral health manual is available and utilised by all health workers nationally.		Standardised oral health manual available;	OHU Annual Report;	Develop a standardised oral health manual providing best-practice information on preventative care and treatment of oral health concerns.						OHU	NCDU, HPU, PHD, MOH Exec
		Proportion of formal health facilities with a copy of the manual;	NCDU Annual Report	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 complements the distribution.	X	X					
		Proportion of formal health facilities with the manual who have also received training on its use									

<p>9.2 Strengthen clinical care mechanisms ensuring communities have equitable access to quality oral health services.</p>	<p>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.</p>	<p>Number of health workers who participated in in-service oral health training</p>	<p>Training reports; OHU Annual Report; NCDU Annual Report</p>	<p>Undertake in-service training in the prevention of oral health diseases with health workers in health centres and dispensaries nationally.</p>	X	X	X	X	X	OHU	PCV, BT, CPF, PHOs, NCDU
	<p>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.</p>	<p>Number of health workers who participated in oral health curative care training;</p> <p>Number of trained health workers with access to necessary oral health equipment</p>	<p>Training reports; NCDU & OHU Annual Reports; PHO & Hospital Annual Reports</p>	<p>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.</p> <p>Ensure necessary equipment and supplies are continually available for trained health workers to conduct services taught during training.</p> <p>Provide ongoing communication and support to trained health workers.</p>			X	X	X	OHU, PCV, BT, CPF	NCDU, PHOs
	<p>9.2.3 School students have access to basic oral health services.</p>	<p>Number of students who received oral health outreach services - disaggregated by province and rural/urban locale</p>	<p>Outreach reports; NCDU & OHU Annual Reports</p>	<p>Revive the school dental service in collaboration with the MOE and oral health partner organisations.</p> <p>Develop and follow a national schedule for visits ensuring equitable access to all students.</p> <p>Ensure the programme has access to sustainable funding and staffing allocations.</p>	X	X	X	X	X	MOE, OHU, PCV, BT, CPF	PHOs, NCDU

	9.3.2 Maternal and child health staff at all hospitals act as advocates for sound oral health practices.	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; Training reports	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.															
	9.3.3 Increased community awareness of the importance of oral health.	Number of radio spots; Number of public events conducted Number of community presentations made	Event reporting; NCDU & OHU Annual Reports	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.															
	9.3.4 Annual events are conducted to promote International Oral Health Day (March 20th).	Number of events conducted; Number of people reached	NCDU & OHU Annual Reports	Plan and implement programmes to celebrate International Oral Health Day nationwide.															

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

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
10.1 Support the development and facilitation of a telemedicine network which links diabetic retinopathy screening nationally.	10.1.1 Adequate resources are available for the telemedicine network and its use for eye care screening.	Good procured and located in eye care units at each hospital; Equipment regularly maintained and serviced	Hospital Annual Reports; NCDU & ECU Annual Reports; Available inventory on serviced items produced by biomedical engineering team	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.						ECU, FHF	NCDU
	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.	Number of eye care and/or telemedicine trainings conducted	Eye care and telemedicine training reports;	Provide training to identified health workers in each province to ensure provided retinal cameras are operated according to necessary standards.	X	X				ECU	Hospitals, NCDU, TVET
	10.1.3 The telemedicine system receives sufficient and ongoing IT support.	Percentage of available screening results analysed	NCDU & ECU Annual Report National Telemedicine System annual report OGCIO/MOH IT Annual Report	Ensure that health workers conducting eye care screening have sufficient IT abilities through the provision of IT training sessions. 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.					X		MOH IT, OGCIO

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

	10.2.3 Clinical skills of eye care staff are comparable to the burden of disease.	Number of eye care staff who participated in in-service training	ECU annual report; Scholarships registry	Conduct in-service training for 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.	X	X	X	X		ECU, FHF, PEI	NCDU, MOH Exec.	
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.	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	NCDU & ECU Annual Report	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.		X				ECU	NCDU, HPU	

	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 health workers who have participated in eye care in-service training	Eye care training reports; NCDU & ECU Annual Report	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.	X	X	X	X	X	ECU, HPU	NCDU
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.	Number of radio spots; Number of public events conducted; Number of community presentations made	Event reporting; NCDU Annual Report; 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.	X	X	X	X	X	ECU, HPU	NCDU

11. Strengthen NCD research, surveillance & reporting

Strategy	Intermediate Outcomes	Indicator(s)	Sources	Activities	2016	2017	2018	2019	2020	Responsible Bodies	
										Lead	Supporting
11.1.1 Ensure decision making surrounding NCD prevention and control is informed by information collated during timely NCD-specific and NCD-sensitive surveys.	11.1.1.1 NCD STEPS survey is undertaken as scheduled with collated data made available in a timely manner.	NCD STEPS survey conducted with at least a 60% response rate	NCD STEPS report	<p>Conduct NCD STEPS planning workshops including questionnaire development; data collection planning and management training.</p> <p>Request technical assistance, if required, to support trainings, data analysis and report drafting.</p> <p>Adhering to randomised sampling, conduct survey nationwide utilising adequately trained personnel.</p> <p>Disseminate the final report and ensure that it is used to inform relevant health baselines and future planning.</p>			X			NCDU	HPU, WHO, VNSO
	11.1.1.2 Combined Global Youth Tobacco and Global School-Based Health Surveys are undertaken ensuring continued commitment to health surveillance.	GSHS & GYTS conducted with at least a 60% response rate	GSHS/GYTS report	<p>Finalise the GSHS and GYTS questionnaires.</p> <p>Undertake implementation planning to ensure quality data collection is carried out across all randomly assigned schools nationwide.</p> <p>Conduct both surveys nationwide utilising adequately trained personnel.</p> <p>Request technical assistance in collating results and drafting both final reports.</p> <p>Ensure final reports are disseminated and used to inform relevant health baselines and future planning.</p>	X					NCDU	TCSC, HPU










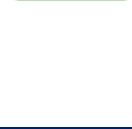
<p>11.3 Ensure timely review of the strategy is undertaken to map progress against expected goals.</p>	<p>11.3.1 Shortcomings against outlined goals are addressed through adaptation of annual planning or reallocation of available resources and funds.</p>	<p>Annual review of achievements against strategic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

Appendix 1 – WHO Best Buys

Risk Factor / Disease	Interventions
Tobacco Use	<ul style="list-style-type: none"> • Tax Increases • Smoke-free indoor workplaces and public places • Health information and warnings • Bans on tobacco advertising, promotion and sponsorship
Harmful Alcohol Use	<ul style="list-style-type: none"> • Tax Increases • Restricted access to retailed alcohol • Ban on alcohol advertising
Unhealthy Diet and Physical Inactivity	<ul style="list-style-type: none"> • Reduced salt intake in food • Replacement of trans fats with polyunsaturated fat • Public awareness through mass media on diet and physical activity
Cardiovascular Disease (CVD) and Diabetes	<ul style="list-style-type: none"> • Counselling and multi-drug therapy for people with a high risk of developing health attacks and strokes (including those with established CVD) • Treatment of heart attacks with aspirin
Cancer	<ul style="list-style-type: none"> • Hepatitis B immunisation to prevent liver cancer • Screening and treatment of pre-cancerous lesions to prevent cervical cancer

Appendix 2 – Vanuatu NCD Baselines and 2025 Goals ³²

2025 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 – 2.3% Urban – 1.2%	Rural ≤ 1.6% Urban ≤ 0.8%
 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

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Mr. Graham Tabi	Ministry of Health	Mr. Gleden Illasa	Ministry of Education
Mr. Jerry Iaruel	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
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Ms. Rosie Mohr	World Health Organisation	Ms. Dorinda Bule	Vanuatu Broadcasting & Television Corporation
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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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