

DRAFT

# **Vanuatu Non - Communicable Disease Policy & Strategic Plan 2021-2030**

**Vanuatu Ministry of Health  
Government of Vanuatu 2021**

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## ACRONYMS

ART	-	Atraumatic Restorative Treatment
BT	-	Butterfly Trust
CVD	-	Cardiovascular Disease
DCIR	-	Department of Customs and Inland Revenue
DG	-	Director General
DOEC	-	Department of Environment and Conservation
DLES	-	Department of Labour and Employment Services
DPA	-	Disability Promotion and Advocacy Association
ECU	-	Eye Care Unit
ENDS	-	Electronic Nicotine Delivery Systems (including e-cigarettes or vaping devices)
ENNDS	-	Electronic Non- nicotine Delivery Systems (including e-cigarettes or vaping devices)
EPI	-	Extended Programme on Immunization
EHU	-	Environmental Health Unit
FCTC	-	WHO Framework Convention on Tobacco Control
FHF	-	Fred Hollows Foundation
FPU	-	Family Protection Unit
HIS	-	Health Information Systems
HPS	-	Health Promoting Schools
HPU	-	Health Promotion Unit
HTP	-	Heated Tobacco Products
IEC	-	Information, Education and Communication
MCC	-	Malvatumauri Council of Chiefs
MCs	-	Municipal Councils
MFEM	-	Ministry of Finance and Economic Management
MHPSS	-	Mental Health and Psychosocial Support
MHU	-	Mental Health Unit
MIPU	-	Ministry of Infrastructure and Public Works Utilities
MOET	-	Ministry of Education and Training
MOH	-	Ministry of Health
MOJCS	-	Ministry of Justice and Community Services
MOU	-	Memorandum of Understanding
MOYS	-	Ministry of Youth and Sports
NCDs	-	Non-Communicable Diseases
NCD PEN	-	Package of Essential NCD Interventions for primary health care
NCDU	-	Non-Communicable Diseases Unit
NDTC	-	National Drug and Therapeutic Committee
NGO	-	Non-Government Organization
NMHC	-	National Mental Health Committee
NPH	-	Northern Provincial Hospital
NRT	-	Nicotine Replacement Therapy
NU	-	Nutrition Unit
OHU	-	Oral Health Unit
PAC	-	Physical Activity Committee
PCV	-	Presbyterian Church of Vanuatu
PDCs	-	Provincial Disability Committees
PEI	-	Pacific Eye Institute
PGs	-	Provincial Governments
PHD	-	Public Health Directorate
PHOs	-	Provincial Health Offices
PMHCs	-	Provincial Mental Health Committees
PWD	-	Public Works Department
PSC	-	Public Service Commission
RDP	-	Role Delineation Policy
RMNCAH	-	Reproductive, Maternal, Newborn and Child health
SFA	-	Sanma Frangipani Association
SLO	-	State Law Office
TB	-	Tuberculosis
TCSC	-	Tobacco Control Sub-Committee

TOR	-	Terms of Reference
TVET	-	Technical and Vocational Education and Training
VASANOC	-	Vanuatu Association of Sports and National Olympic Committee
VCC	-	Vanuatu Christian Council
VCH	-	Vila Central Hospital
VCNE	-	Vanuatu College of Nursing Education
VCSD	-	Vanuatu Correction Services Department
VDA	-	Vanuatu Diabetes Association
VDD	-	Vanuatu Diabetes Association
VHW	-	Village Health Worker
VHWP	-	Village Health Worker Programme
VITE	-	Vanuatu Institute of Teacher Education
VNCW	-	Vanuatu National Council for Women
VNNC	-	Vanuatu National Nutrition Committee
VNSO	-	Vanuatu National Statistics office
VPF	-	Vanuatu Police Force
VSPD	-	Vanuatu Society for people with Disabilities
VWC	-	Vanuatu Women's Centre
VWD	-	Vanuatu Women's Department
VYC	-	Vanuatu Youth Council
WHO	-	World Health Organization
WSB	-	Wan Smol Bag

## FOREWORD

It is 10 years passed since Pacific Ministers declared that the Pacific is facing NCD crisis at Pacific Islands Forum leaders meeting in 2011. It is the same year, when NCD has been brought to Global Agenda and high-level UN commitments and summits. Since then Vanuatu along with other countries committed to reach nine voluntary global NCD targets by 2025 (to reduce NCD related premature death by 25%) and then SDG target by 2030 (reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being).

Thus, the Government of Vanuatu through implementation of the multisectoral NCD Policy and Strategic Plan 2016-2020 has targeted a key components of national health response towards NCD crisis in Vanuatu which are – governance, health-in-all-policy approach, health system NCD risk factors and underlying causes and surveillance. Other guiding documents are Vanuatu NCD roadmap and Vanuatu MANA dashboard to monitor Vanuatu progress to meet 9 voluntary targets and SDG targets by 2030.

As with the previous approach, it is with great pleasure to present this Vanuatu 3<sup>rd</sup> National NCD Policy and Strategic Plan for 2021-2030 acknowledging the complexity of nature for NCD development which starts from early childhood to adulthood which require strong multisectoral collaboration to address multi facets of these chronic diseases.

I encourage all to work with us in implementing and closely monitoring this Policy to halt the current prevalence of NCDs and prevent our younger generation from consequences and complications of NCDs.

Russel Tamata

Director General of Health

Vanuatu Ministry of Health

## INTRODUCTION

The global prevalence of NCDs is still stable with estimated 15 million annual deaths from NCDs in the age group 30-70 that defined as premature death. The risk of premature death from diabetes showed a 5% increase which is associated with- among other factors- the increasing prevalence of obesity. Since 2000, the prevalence of obesity among adults (18 years and older) globally has increased 1.5 times and the prevalence in children (5-18 years) more than doubled (from 2.9% to 6.8%) in 2016<sup>1</sup>.

In Vanuatu, mortality rate from NCDs are estimated to account for 74% of all deaths<sup>2</sup>. The NCD community screening organized in Tanna and Efate islands of Vanuatu (9,809 people aged above 25 years were involved) found that 42% of people were with hypertension, 16% were with diabetes, 59% were with overweight and obesity and 96% of people who were screened had any risk starting from low to very high CVD risk which is alarming<sup>3</sup>.

Despite being the major cause of mortality and morbidity for years, NCDs have recently been prioritized on the global political agenda, most notably when the United Nations General Assembly convened three high -level meetings on the prevention and control of NCDs in 2011, 2014 and 2018, countries agreed to include a specific SDG target 3.4 – by 2030 reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being in the 2030 Agenda for Sustainable Development as part of Goal 3. In 2019, the United Nations High-level Meeting on UHC targeted SDG 3.8 on Universal Health Coverage and the ‘triple billion’ goals in the WHO Thirteenth General Programme of Work<sup>4</sup>.

All political declarations and outcome documents emerging from these high-profile meetings repeatedly stressed the importance of whole-of-government, whole-of-society, and cross-sectoral approaches at the global, regional and national levels to improve the health of populations.

The NCD agenda has also been expanded from the four-by-four (four major NCDs and four shared risk factors, namely tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets) to the so-called five-by-five approach, which includes mental health and

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<sup>1</sup> WHO. World health statistics 2020: monitoring health for the SDGs. Geneva: WHO 2020 <https://apps.who.int/iris/handle/10665/332070>

<sup>2</sup> NCD Country profile for Vanuatu 2018

<sup>3</sup> MOH NCD screening database, 2019.

<sup>4</sup> WHO Global Meeting to Accelerate progress on SDG target 3.4 on NCDs and Mental Health, Oman 2019

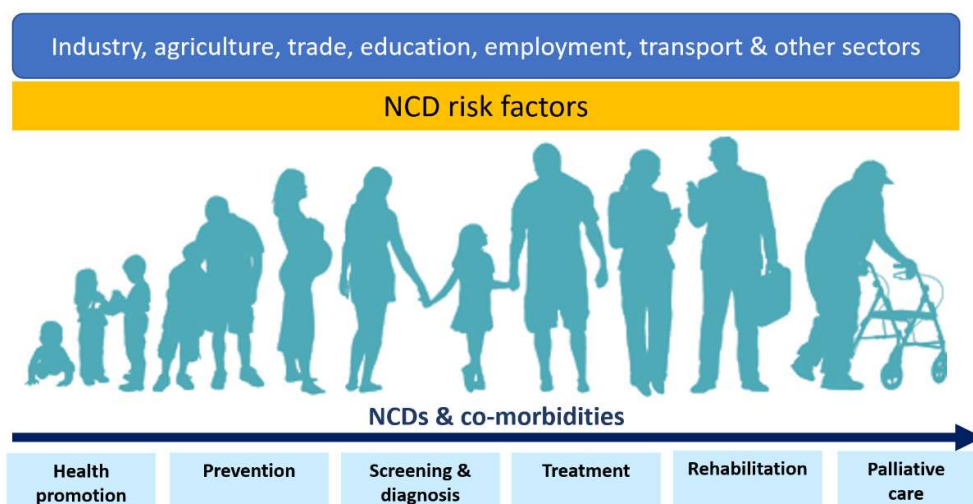
environmental determinants (Figure 1).

**Figure 1. The five-by-five approach to NCDs**



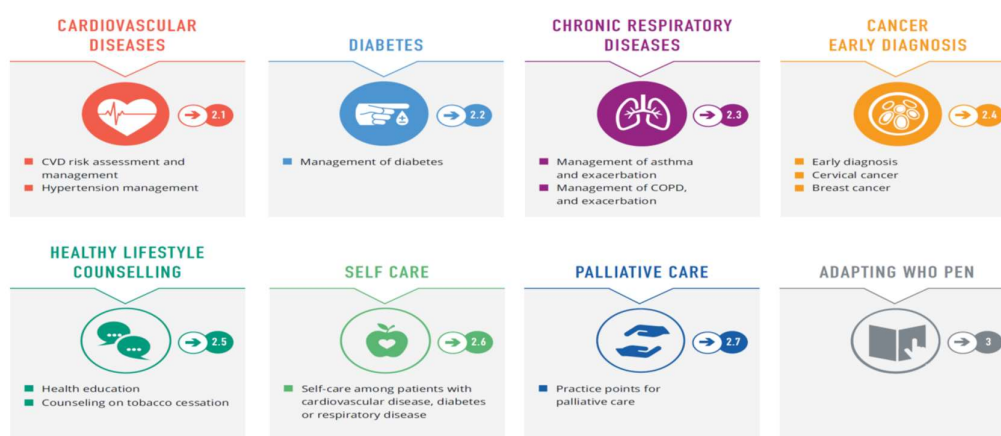
NCDs are chronic, often lifelong, needing multiple interactions with the health system. Patients often have co-morbidities and suffer from two or more NCDs, mental illness, or other diseases such as tuberculosis and HIV/AIDS. Exposure to NCD risk factors can happen at any age through one's life-course. It may even begin as early as in-utero. Because of this, NCDs need to be addressed comprehensively across the continuum of care, from health promotion and prevention to screening, diagnosis, treatment, rehabilitation and palliative care (preparation for life, prevention and health promotion of life to sustain healthy living through all health policies). Majority of NCD risk factors are driven by other sectors including industry, agriculture, trade, education, employment, and transport. Government sectors regulating the sale and marketing of tobacco, alcohol and food and non-alcoholic beverages need to be involved in the prevention of NCDs. Thus, the Government is committed to cover its people progressively with cost-effective high-impact policies, legislative and regulatory measures to reduce risk factors for NCDs, and health services, medicines, vaccines and health technologies for the health promotion, prevention, screening, early diagnosis and treatment, rehabilitation and palliative care of NCDs and co-morbidities (Figure 2).

**Figure 2. NCDs: multi-sectors, life-course, co-morbidities and interaction with the health system<sup>5</sup>**



Implementing the WHO NCD PEN package is a cost-effective intervention to reduce risk factors for NCDs which also recommends the comprehensive intervention for people living with NCDs on self-care and self-monitoring of CVDs, diabetes, and respiratory diseases based on WHO recommendations (Figure 3).

**Figure 3. Components of WHO PEN package<sup>6</sup>**



<sup>5</sup> Source: Presentation slides from WHO meeting

<sup>6</sup> World Health Organization. (2020). WHO package of essential noncommunicable (PEN) disease interventions for primary health care. ([https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-\(pen\)-disease-interventions-for-primary-health-care](https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care))



The evidence-based cost-effective interventions to reduce the premature mortality from NCDs started from 2007 through introducing CVD risk charts to identify risk people with probability developing fatal and non-fatal NCDs in 10 years time. In the Table 1, the roadmap for the cost-effective interventions for primary health care level is presented.

**Table 1. Roadmap for NCD PEN interventions for primary health care<sup>7</sup>**

Intervention	CVD risk charts	PEN 2010; 2012	PEN tools 2013	HEARTS 2016-18	Cancer early detection 2017	HEARTS -D 2019	HEARTS-R 2019	PEN 2020
CVD risk assessment and risk-based management	2007 CVD risk charts	+	+ 2007 charts and management				+ 2019 updated charts and management	+ updated charts and management
Hypertension				+				+
Diabetes Mellitus type 2		+	+	+				+
Asthma and COPD		+	+			+		+
Cancer early detection					+			+
Breast and cervical cancer early detection			+		+			+
Healthy lifestyle counselling			+	+		+		+
Self-care			+	+				+
Palliative care								+
Medicines and technology		+	+	+		+		+
Adaptation		+	+	+				+
Indicators				+ HTN		+ DM		+

\*HTN- Hypertension; DM- Diabetes Mellitus

### WHO recommended “Best Buys” strategies and other technical packages for the prevention and control of non-communicable diseases

To scale up the implementation of national responses to address NCDs and their risk factors, WHO has developed technical packages of prioritized interventions which countries can adopt and implement in their local context.

**MPOWER** to reduce tobacco use

**SAFER** to reduce the harmful use of alcohol

**SHAKE** to reduce salt intake

<sup>7</sup> Source: Presentation slides from WHO meeting

- REPLACE** to eliminate industrially produced trans fatty acids from the food supply
- ACTIVE** to promote physical activity
- HEARTS** to reduce hypertension and promote CVD management in primary health care
- HEARTS - D** to reduce diabetes
- MhGAP** to address mental health conditions and promote mental health
- LIVE LIFE** to prevent suicide
- INSPIRE** to reduce violence against children
- SAVE LIVES** to reduce road traffic injuries and deaths

In addition, for cervical, liver, colon and other cancers interventions such as hepatitis B and HPV vaccination, early detection, screening and treatment of cervical cancers are recommended in WHO ‘best buys’ interventions (Appendix 1). For household air pollution, interventions for household energy for cooking: project design principles (by World Bank) and for indoor air quality: household fuel consumption (WHO guidelines for indoor air quality) are also available<sup>8</sup>.

In the midst of COVID – global pandemic, NCD services were disrupted in many countries. The COVID-19 pandemic has changed our ways of life, disrupting routines and halting economies. The pandemic has upended what we call our “normal”—giving rise to something “new.” This has necessarily and vitally changed the way that we’ve approached health in our efforts to ensure that we lessen the risk of losing lives. The results of rapid assessment for the impact of the COVID-19 pandemic on NCD resources and services -2020 showed that half of countries reported complete or partial disruptions to hypertension (53%) management services, diabetes and diabetic complication management services (59%), cancer treatment (42%), and services for CVD emergencies (31%), unavailability/stock – out of essential medicines, medical diagnostics or other devices<sup>9</sup>.

The COVID-19 pandemic experience reassured us to include NCDs as a part of humanitarian emergencies response and recovery plans and as a part of universal health coverage (UHC)

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<sup>8</sup> WHO. WHO Independent high-level commission on noncommunicable diseases: final report: it’s time to walk the talk. Geneva: WHO 2019 (<https://apps.who.int/iris/handle/10665/330023>)

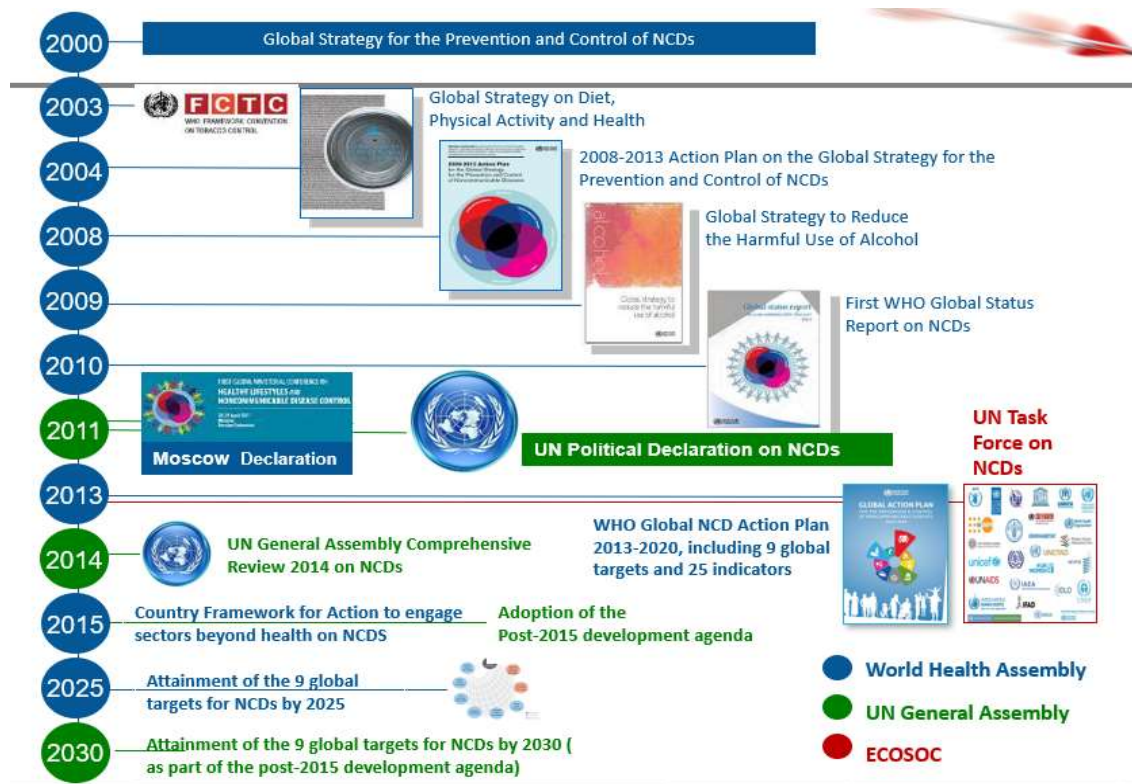
<sup>9</sup> WHO. The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. Geneva: WHO 2020 (<https://apps.who.int/iris/handle/10665/334136>)

now and in the future.

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

Through review of progress made against the 2016 – 2020 NCD Policy and Strategic Plan and alignment with current global, regional and national health guidelines and development frameworks, the Vanuatu NCD Policy and Strategic Plan 2021 – 2030 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 in Figure 4 outlines significant resources used in the review of the national NCD Policy and renewing this Policy for 2021- 2030.

Figure 4. The Global NCD agenda<sup>10</sup>



The Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable diseases and mental Health held in Oman in 2019 outcome of which was to sustain investment in development of the health sector, political commitment to prioritization of NCDs as part of

<sup>10</sup> Source: Presentation slides from WHO meeting

UHC, and institutionalization of the SDGs within the national health agenda<sup>11</sup>.

### Relevant Global and Regional Perspective Documents

- 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 (extended to 2030), outlining the 9 Global Targets for NCDs. WHO, 2013
- WHO NCD Global Monitoring Framework. WHO, 2013
- WHO Global Strategic on Diet, Physical Activity and Health. WHO, 2004
- WHO Framework Convention on Tobacco Control. WHO, 2003
- WHO Guidelines on Physical Activity and Sedentary Behaviour. WHO, 2020
- Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. WHO, 2020
- WHO Mental Health Action Plan 2013-2020 (extended to 2030). WHO, 2013
- UN Political Declaration on UHC (Commitment from the UN General Assembly - 2019)
- WHO Global Strategy to Reduce the Harmful use of Alcohol. WHO, 2010
- Pacific Islands' NCD Roadmap Report. World Bank, 2014
- Yanuca Island Declaration on Health in Pacific Island Countries and Territories. WHO & SPC, 2015
- Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region 2015-2020. WHO, 2015
- Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014-2020 (extended to 2030). WHO, 2014
- Western Pacific Regional Action Framework on protecting Children from the Harmful Impact of Food Marketing in the Western Pacific, 2020-2030
- Western Pacific Regional Action Plan on Health Promotion in the SDGs: 2018-2030

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<sup>11</sup> WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs and Mental Health, Meeting report 2020. <https://www.who.int/news-room/events/detail/2019/12/09/default-calendar/ncds2019>

- Regional Action Plan for Tobacco Control in the Western Pacific, 2020-2030
- For the Future Towards the Healthiest and Safest Region. WPRO, 2020

The *For the Future Agenda for the Western Pacific* highlights 4 thematic areas and 7 operational shifts to vision “Healthiest and safest region” with thematic areas such as ‘health security, including antimicrobial resistance’, ‘NCDs and ageing’, ‘climate change and the environment and health’, and ‘reaching the unreached’ through operations shifts - innovation, backcasting, systems approach, universal health coverage as the foundation, grounds up, measurement and impact, health beyond the health sector; and strategic communications. Consequently, *For the Future Agenda* looks at three pillars for NCDs and Ageing: NCD data and surveillance, upstream drivers of health and individual services that require a strong leadership across levels of the health system and from other sectors (Figure 5).

**Figure 5. For the Future Agenda of the Western Pacific for 2019-2023<sup>12</sup>**



### Relevant National Policies and Action Plans

- Vanuatu NCD Roadmap 2015-2018
- Vanuatu National Sustainable Development Programme 2016-2030

<sup>12</sup> For the Future Towards the Healthiest and Safest Region. A vision for WHO work with Member States and Partners in the Western Pacific 2020

- Vanuatu NCD Policies and Strategic Plans 2004 – 2009 & 2010 – 2015& 2016-2020
- Vanuatu Mental Health Policy and Strategic Plan 2016 – 2020 & 2021-2030
- 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 & 2017-2020
- Vanuatu Guidelines for Health Promoting Schools, Ministry of Education & Ministry of Health, 2016
- Vanuatu Priorities and Action Agenda 2006 – 2015
- Vanuatu Health Sector Strategy 2017 – 2020 & 2021-2030
- Vanuatu Oral Health Policy 2019-2023
- Vanuatu National Community-based Rehabilitation (CBR) Action Plan 2014-2024
- Vanuatu Disability Inclusive Development Policy 2018-2025
- 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

The Pacific MANA dashboard is a working tool to monitor NCD progress in Vanuatu.

The National Sustainable Development Programme 2016-2030 is being implemented since 2016 and a new Health Sector Strategy 2021-2030 is being developed. The NCD Unit has provided technical assistance in the development of NCD indicators for monitoring of the National Sustainable Development Programme. However, it remains essential that this NCD Policy and Strategic Plan 2021-2030 be reviewed once in 5 years to ensure alignment of the national direction with the Global and National developments towards SDG 2030.

The UN General Assembly -2019 adopted UN Political declaration on UHC which aims to cover 1 billion additional people with essential health services and medicines for NCDs; increase public spending on PHC (recommended WHO target of additional 1% of GDP); prioritize PHC

as a cornerstone of an integrated health system and the foundation for achieving UHC; integrate traditional and complementary medicine services with PHC; and PHC is the most inclusive, effective and efficient approach to enhance people’s health<sup>13, 14</sup>.

In the Figure 6, the roadmap for key intervention publications is shown with the latest release in 2020 on NCD PEN interventions for primary health care to support people with NCDs through UHC.

**Figure 6. Roadmap of WHO PEN disease interventions for primary health care<sup>15</sup>**



<sup>13</sup> WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs and Mental Health, Meeting report 2020.

<https://www.who.int/news-room/events/detail/2019/12/09/default-calendar/ncds2019>

<sup>14</sup> <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

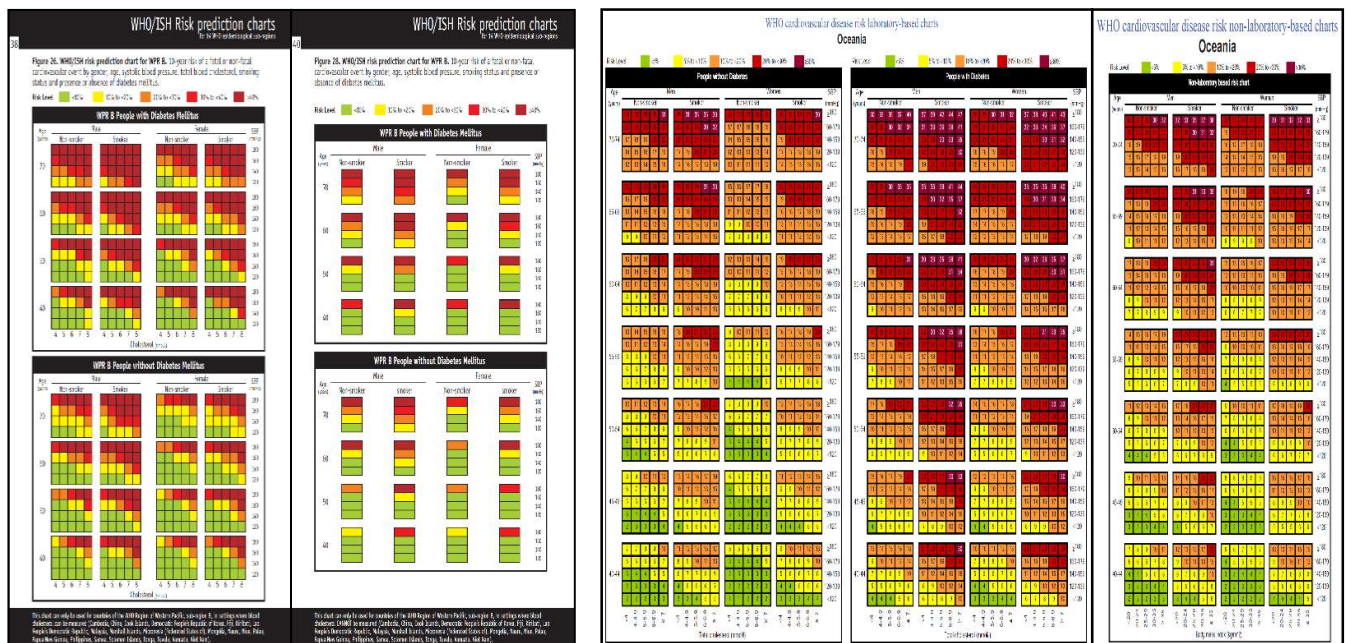
<sup>15</sup> World Health Organization. (2020). WHO package of essential noncommunicable (PEN) disease interventions for primary health care. ([https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-\(pen\)-disease-interventions-for-primary-health-care](https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care))





The WHO NCD CVD risk chart has been updated based on evidence-based data for Pacific Countries after 12 years since its initial broader chart. Accordingly, Vanuatu Clinical guidelines for NCD PEN for primary health care workers and NCD booklet for individuals have been updated and implemented at the national level (Figure 7). The WHO PEN package can be integrated to mental health, TB and HIV, and other service delivery models.

Figure 7. NCD CVD risk charts 2007 and 2019



**2007 WHO/ISH CVD**

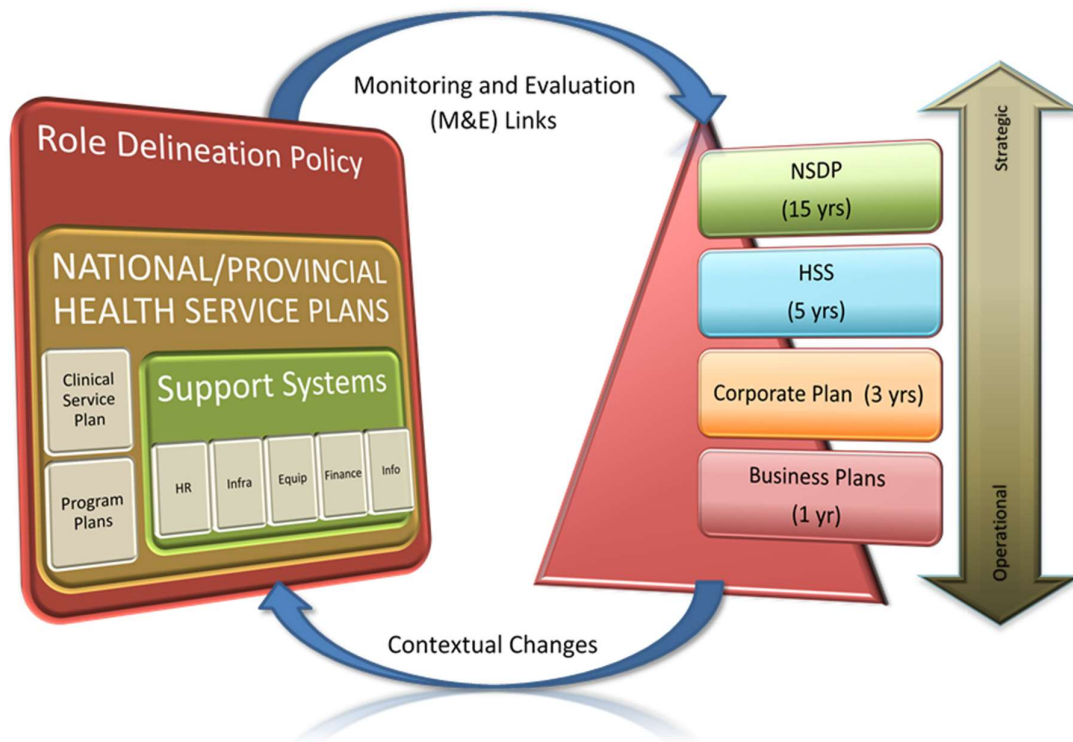
**2019 WHO CVD risk chart**



This Vanuatu National NCD Policy and Strategic Plan for 2021-2030 involves an integrated approach that links planning, development and delivery of services, workforce and infrastructure. This will provide consistent, practical tools and standards for planning health services and the staffing, facilities and equipment required to improve NCD services at all levels of care. This will help to ensure that resources are allocated fairly and will improve people’s access to the health services they need.

Figure 8 below shows the planning hierarchy, highlighting the links between the different levels and types of plans. Note that this new Policy is built upon initial NCD Policy and Strategic Plan for 2016-2020 to continue implementing and monitoring NCD multisectoral Agenda for another 10 years covering the period from 2021 to 2030 so that to align with the National Sustainable Development Programme and Health Sector Strategy time frame, but also with MOH corporate planning for 3 years and business planning for 1 year.

**Figure 8. Vanuatu health service structure and planning**



## 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 inter- connectedness of lifestyle choices and health outcomes change; that we will begin seeing a sustainable and responsive shift in Vanuatu's NCD profile.

### Community Engagement

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

Particularly given the behavioural nature of numerous NCD risk factors, it is important that individuals and communities are provided with clear health information in order make informed and autonomous decisions regarding their health and the health of their family members. Further involving community members and, in particular, community leaders in the

development of health interventions is integral in ensuring programmes are tailored to the needs of the community and garners community ownership which, in turn, is likely to improve both the impact and sustainability of such activities.

## Equity

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

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

## Preventative Approach

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

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 primary/universal, 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

**This part covers progress achieved in the prevention and control of non-communicable diseases by implementing the National NCD Policy and Strategic Plan for 2016-2020 and what is updated to achieve by 2030 for each objective.**

### **1. Strengthen NCD coordination mechanisms**

Now more than ever a whole-of-government attention is needed as NCDs threaten progress towards the global targets to reduce premature deaths from NCDs by 25% by 2025 and by one-third by 2030 as per SDG agenda for sustainable development. To lessen the impact of NCDs, a whole of government action involving all relevant sectors – health, finance, transport, education, agriculture, planning and others needed to collaborate and cooperate to reduce the NCD burden and their risk factors. Thus, 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. Under the leadership and coordination of the Ministry of Health, the Vanuatu NCD multisectoral taskforce has been active in 2019-2020 to ensure its whole-of-government and whole of system approach applied as a comprehensive action required to implement this multi-sectoral NCD Policy and Strategic Plans for 2016-2020 which will be continued for the next 10 years to implement and monitor the new Policy for 2021- 2030. Thus for the next 10 years, the key areas will be introducing/strengthening legislative protection with regards to risk-factor reduction; systematic engagement with stakeholders and partners at all levels and across all fields inclusive of the general public; and that such is backed by adequate finances to support sustainable progress.

### **2. Promote improved diet and 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 glycaemic index, sources of refined carbohydrates such as sugar, rice, bread and instant noodles<sup>16,17</sup>. In

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<sup>16</sup> Dancause K, Vilar M, Wilson M, Soloway L, DeHuff C, Chan C et al. Behavioural risk factors for obesity during health transition in Vanuatu, South Pacific. *Obesity*. 2013; 21 (1): E98-E104

<sup>17</sup> Jones H, Charlton K. A cross-sectional analysis of the cost and affordability of achieving recommended intakes of non-starchy fruits and vegetables in the capital of Vanuatu. *BMC Public Health*. 2015; 15 (1)

Vanuatu, the overall salt intake of the population was 7.2g per day and 84.4% of the surveyed people were found to have a salt intake of over 5 grams per day of the WHO target. In addition, a large proportion of imported products with high salt content such as tinned corn beef, sauces and spreads were available in shops of Port Vila, Vanuatu<sup>18</sup>. Thus, high salt intake through processed foods and sauces consumption of salt and increased consumption of fat, high-fat and trans-fat foods are remaining a concern, particularly with regards to cardiovascular disease.

Recognising Vanuatu's current double burden of malnutrition, the mitigation of under nutrition must not be overlooked<sup>19</sup>. Incorporating insufficient consumption of energy sources as well as nutrient deficiencies, particularly common in women and children; addressing under nutrition as part of the NCD strategy acknowledges the links between inadequate childhood or maternal nutrition, compromised development and an increase risk of chronic diseases in later life<sup>20</sup>. The prevention of NCDs must start from earlier stages of life thus addressing unhealthy behaviours during early childhood and adolescence by applying the life-course approach. The life-course approach focuses on how multiple social determinants interact to affect health throughout life and across generations. The approach highlights the importance of transitions, linking each stage to the next, of defining protective factors, of prioritizing investment in health and addressing other social determinants of health. 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 2016-2020. 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.

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<sup>18</sup> Vanuatu Salt Intake Survey report 2017 (sub-national). MOH Vanuatu 2017.

<sup>19</sup> Vanuatu Demographic Health Survey 2013. Vanuatu National Statistics office and Secretariat of the Pacific Community - 2014

<sup>20</sup> Barker D. Maternal nutrition, fetal nutrition, and disease in later life. *Nutrition*. 1997; 13:807-813

### **3. Encourage adequate physical activity across the life course**

Whilst strong evidence indicates correlation between adequate physical activity and lower risk of heart disease, stroke, diabetes and cancer; beyond the notably reducing the risk of NCDs, physical activity is also a significant component of positive physical and mental wellbeing, improved social connectedness and can aid in sustaining active living in older adults<sup>21</sup>. Together with balanced nutrition, adequate physical activity has been identified as a core component in maintaining good health and thus preventing disease.

Unfortunately, rates of physical activity have diminished in Vanuatu as the nation moves away from its previous active lifestyle towards a more sedentary style of living; whereby adults now undertake office-based employment and purchase rather than harvest their food sources<sup>22</sup>. 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<sup>23</sup>.

Like the obesity itself, reversing the current obesogenic environment, particularly with regards to physical activity, is complex and requires multifaceted action. This Vanuatu NCD Policy and Strategic Plan 2021 - 2030 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. The National Physical Activity Guidelines for Vanuatu "Walk fast, sit less " has been implemented since 2017 to guide in supporting Vanuatu ongoing effort in advocating and promoting physical activity (Appendix 3).

### **4. Strengthen national tobacco control mechanisms**

The reduction of tobacco consumption has been an essential risk-mitigation component of

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<sup>21</sup> Warburton D, Nicol CW, Bredin S. Health benefits of physical activity: the evidence. *Canadian Medical Association Journal* 2006; 174 (6):801-809

<sup>22</sup> Dancause K, Dehuff C, Soloway L, Vilar M, Chan C, Wilson M et al. Behavioural changes associated with economic development in the South Pacific: Health transition in Vanuatu. *Am J Hum Biol.* 2011; 23(3):366-376

<sup>23</sup> Vanuatu Ministry of Health, World Health organization. Vanuatu: NCD risk factors STEPS report. Port Vila 2013



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 2021 – 2030. Government responsibility for the control of tobacco is also reinforced by Vanuatu’s commitment to the WHO Framework Convention on Tobacco Control, which was ratified by the nation in 2005<sup>24</sup>.

Tobacco use is the leading cause of preventable death worldwide<sup>25</sup>. Tobacco use causes NCDs such as heart disease, chronic respiratory disease and numerous forms of cancer to both its users and those impacted by second-hand smoke. It has a high economic burden for families through both the purchasing cost of local and commercially produced sources of tobacco as well as subsequent increased health care expenditure<sup>26</sup>. Further, tobacco typically kills people in the height of their productivity, hence depriving families of an income and the nation of a healthy workforce. Therefore, measures to reduce the supply of and demand for tobacco will result in a nation in which a higher proportion of individuals abstain from tobacco use and is likely to produce better health and economic outcomes for individuals, families, communities and the nation as a whole.

Cost-effective tobacco control measures have been outlined in the Pacific NCD Roadmap and include: increases in taxation, smoke free environments, increased health warnings and enforced bans on advertisement, promotion and sponsorship<sup>27</sup>. 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 extended NCD Policy and Strategic Plan to aid in securing a healthy and tobacco free Vanuatu.

## **5. Reduce the harmful consumption of alcohol**

Harmful consumption of alcohol affects more than the individual drinker as it also significantly

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<sup>24</sup> World Health Organization. WHO FCTC Implementation Database – Vanuatu. Geneva: World Health Organization; 2014 (<http://apps.who.int/fctc/implementation/database/parties/vanuatu/news>)

<sup>25</sup> World Health organization. WHO report on the global tobacco epidemic, 2011 and 2019. Geneva: World Health Organization

<sup>26</sup> Do Y, Bautista M. Tobacco use and household expenditures on food, education, and healthcare in low- and middle-income countries: a multilevel analysis. BMC Public Health. 2015; 15(1)

<sup>27</sup> Pacific NCD Network. NCD Roadmap report. Noumea: Pacific NCD Network 2014

impacts families. Excessive alcohol consumption is associated with violence and injury and affects the broader community, health system and, subsequently, the nation's economy and development progression<sup>28</sup>. Analysing alcohol consumption, the prevalence of the harmful consumption of alcohol; typically defined in terms of episodic binge drinking whereby greater than 4 and 5 standard drinks are consumed in one episode of alcohol consumption by females and males respectively; is of significant concern<sup>29</sup>. The demographic most at risk of alcohol abuse and subsequent alcohol-associated injuries and violence is Vanuatu's younger male<sup>30</sup>.

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

Interventions targeting the enforcement of current legislation and taxation related to the sale of alcohol as well as comprehensive bans on the advertisement of alcoholic products have been targeted by the MOH as necessary risk mitigation strategies and align with priorities outlined in the NCD 'Best Buys' package. Further, addressing country-specific factors, this renewed NCD Policy and Strategic Plan 2021-2030 works to build on initiatives commenced under previous strategies by increasing public awareness of the dangers associated with commercially produced and homebrews alcohol, as well as targeting particular environments, including stores, bars and kava bars, and community leaders to push for change in regard to communities' behaviour towards alcohol consumption

## **6. Strengthen the clinical care sector enhancing secondary and tertiary prevention and management of NCDs (COPD and asthma inclusive)**

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 2021 – 2030.

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<sup>28</sup> World Health organization. Global Status report on alcohol and health, 2014. Geneva: WHO 2014 and 2018

<sup>29</sup> World Health Organization. Global alcohol report: country profile Vanuatu. Geneva: WHO 2014

<sup>30</sup> Vanuatu Ministry of Health, World Health organization. Vanuatu: NCD risk factors STEPS report. Port Vila 2013

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 nationwide.

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.

#### **7. 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 2021 – 2030.

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 thus it is considered as the fifth condition through WHO five-to-five approach to address NCDs<sup>31</sup>. Whilst moreover, mental health concerns underpin the development and progression of all major NCDs. For example; there is considerable concurrence between risk factors such as alcohol abuse and mental illness, whilst the diagnoses of chronic disease and, in particular, disabling complications are also likely to contribute to poor mental wellbeing<sup>32</sup>.

Aligned with the renewed Mental Health Policy and Strategic Plan for 2021 – 2030, this component of the NCD strategy aims to mainstream mental health issues within the health

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<sup>31</sup> Vanuatu Ministry of Health, Vanuatu Mental Health Policy and Strategic Plan 2016-2030

<sup>32</sup> World Health Organization. Mental Health Action Plan 2013-2020 (extended to 2030). WHO Geneva 2020.

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.

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

Global disease burden records indicate significant mortality and morbidity attributed to violence, poor safety conditions and compliance, risk-taking behaviour and substance abuse<sup>33</sup>. It is important that the MOH work with other stakeholders and the wider community in order to ensure individuals are kept safe and healthy at all times and in all environments.

Included in this renewed NCD Policy and Strategic Plan due to the issues interconnectedness with NCD development, health sector and social burden as well as links to physical and mental wellbeing; this component of the policy incorporates concerns surrounding drink driving, substance abuse, alcohol and 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.

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

Oral health is a window to the overall health of an individual and, in a similar manner to the four major NCDs, is strongly linked to the modifiable causative risk factors of poor nutrition, tobacco use and the harmful consumption of alcohol<sup>34</sup>. These broader lifestyle factors as well as oral health-specific behaviours such as daily brushing, flossing and regular dental check ups 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

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<sup>33</sup>Lim S, Vos T, Flaxman A, Danaei G, Shibuya K et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*. 2012; 380(9859):2224/2260

<sup>34</sup>Peterson P. Tobacco and oral health: the role of the World Health Organisation. *Oral Health & Preventive Dentistry*. 2003; 1(4):309/315

diseases makes it among the most common NCDs<sup>35</sup>. Moreover, further to these diseases themselves; there is also a strong correlation between oral diseases and the four major NCDs. According to 2017 survey on oral health, the overall status for dental caries in Vanuatu points to very high prevalence (over 60% and above in all age groups except age group 11-13 – 21%). The 11-13 years old had lower prevalence because a high proportion of adult teeth only recently erupted in this age group<sup>36</sup>. This includes the predisposing role diabetes plays in the development of periodontal disease and the association between such and cardiovascular disease development<sup>37</sup>. Similarly, respiratory diseases may be influenced by oral microflora<sup>38</sup>. Whilst further, oral cancers are amongst the world's most common forms of cancer and are largely attributed to tobacco use and the harmful consumption of alcohol<sup>39</sup>.

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

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

Vision impairment and vision loss contributes significantly to global morbidity and has profound personal implications and impacts upon households, communities and nations. Yet, with early detection and appropriate and timely interventions, more than 75% of global vision impairments and blindness can be prevented or rectified<sup>40</sup>. Vision impairment conditions such as cataracts, glaucoma and diabetic retinopathy are also linked to NCD risk factors, in particular smoking, and can manifest as complications of late-detected or poorly managed NCDs<sup>41</sup>. For instance, diabetic retinopathy which, caused by improper blood flow, weakens blood vessels resulting in vision loss and blindness, is estimated to affect 75% of people with

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<sup>35</sup> Marcenes W, Kassebaum N, Bernabe E, Flaxman A, Naghavi M, Lopez A et al. Global Burden of Oral Conditions in 1990/2010: A Systematic Analysis. *Journal of Dental Research*. 2013;92(7):592/597

<sup>36</sup> Vanuatu Oral Health Survey 2017

<sup>37</sup> Preshaw P. Diabetes and periodontal disease. *International Dental Journal*. 2008;58(S4): S237/S243

<sup>38</sup> Li X, Kolltveit K, Tronstad L, Olsen I. Systemic Diseases Caused by Oral Infection. *Clinical Microbiology Reviews*. 2000;13(4):547/558

<sup>39</sup> Johnson N. Tobacco Use and Oral Cancer: A Global Perspective. *Journal of Dental Education*. 2001;65(4):328/ 339

<sup>40</sup> Bourne R, Stevens G, White R, Smith J, Flaxman S, Price H et al. Causes of vision loss worldwide, 1990–2010: a systematic analysis. *The Lancet Global Health*. 2013;1(6): e339/e349

<sup>41</sup> World Health Organisation. Universal eye health: a global action plan 2014 – 2019. Geneva: World Health Organization; 2013

diabetes<sup>42</sup>. Due to the magnitude of the vision impairment and vision loss burden, mitigation through action to prevent and control these diseases and complications is an essential component of response health programming.

Screening for vision impairments and vision loss has been recognised as a cost-effective intervention and, with the introduction and use of telehealth 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.

### **11. Strengthen NCD research, surveillance and 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 component of the NCD Policy and Strategic Plan 2021 – 2030 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.

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<sup>42</sup> Yau J, Rogers S, Kawasaki R, Lamoureux E, Kowalski J et al. Global prevalence and major risk factors of diabetic retinopathy. *Diabetes Care*. 2012;35(3):556/564

## 12. Implement sustainable cancer early detection and diagnosis programmes

Cervical cancer is a preventable disease and it is a global public health problem. It is also curable if detected early and adequately treated. A major contribution to attaining SDG target 3.4 will come from WHO's new initiative to eliminate cervical cancer as a public health problem in the next 100 years and reaching the 90-70-90 triple-intervention target by 2030<sup>43</sup>:

- 90% of girls fully vaccinated against human papillomavirus by the age of 15 years;
- 70% of women screened using a high-performance test by the age of 35 years and again by the age of 45 years;
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed)

Cervical cancer is also a public health problem in Vanuatu as many cancers remain undiagnosed especially in remote outer islands. There is a good tracking system established in Vanuatu for cervical cancer. During 2015-2019, 13,933 women (20%) were screened of total eligible 70,063 people across age groups with HPV positive tests in 857 samples and the number of cancers detected in HPV positive test was 18 (2%)<sup>44</sup>.

For Vanuatu, good initiatives have already been taken in place. This includes evidence-based interventions such as human papillomavirus (HPV) vaccination, cervical cancer awareness, and screening through HPV DNA test and PAP smear (cervical cytology) and management of detected cases. The HPV vaccination and cervical cancer screening and treatment are also 'best buy' interventions recommended by WHO<sup>45</sup>. Thus, it is time to scale it up at national level by integrating it to the existing health system and health services in the context of universal health coverage, accordingly it is timely to address it through the national NCD Policy and Strategic Plan 2021-2030.

Another cancer that need immediate attention through this Policy is breast cancer. Although, there is no established breast screening programmes, breast cancer awareness on breast self-examination and/or health centres/dispensary should be conducted. Breast cancer screening

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<sup>43</sup> Global strategy to accelerate the elimination of cervical cancer as a public health problem, WHO 2020

<sup>44</sup> Vanuatu MOH data system on cervical cancer screening and treatment, MOH 2020

<sup>45</sup> Tackling NCDs – 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases, WHO 2017

and early detection can also be delivered alongside cervical cancer screening services.

Community awareness-raising programmes, cancer prevention (increasing coverage of vaccines where vaccines available like for liver and for cervical cancer), early detection (staff to be trained in early detection techniques for cancers like prostate cancer) and treatment are also in the priority agenda of health sector.

The Ministry of Health is planning to establish a national cancer registry system or part of national health information system to monitor cancers in order to improve prevention and control of common cancers prevalent in Vanuatu.





## Objective 1. Strengthen NCD coordination mechanisms

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	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					MOH	NCD Taskforce
	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				MOH	NCD Taskforce
	1.1.3 Consistent reporting reflects progress made by the Integrated NCD Management Team	Meeting minutes evidence progress against NCD strategic plan; Progress against activities is reflected in NCDU Annual Report	Integrated NCD Management Team meeting minutes; NCD Annual Report	Convene Integrated NCD Management Team meetings on a monthly based on reviewed TOR with at least 75% membership attendance.  Ensure meeting minutes are disseminated to all members, partners and PHD as well as kept	X	X	X	X	X	MOH	NCD Taskforce

				<p>on file in the NCDU.</p> <p>Ensure progress made by the Integrated NCD Management Team is reflected in the NCDU Annual Report.</p> <p>Hold collaborative meetings with PHD, EHU, NCDU and HR Unit to develop concept paper regarding extended staffing provisions.</p>								
1.2 Ensure effectiveness of health legislative interventions through consistent compliance monitoring.	1.2.1 Allocations are made under the MOH HR structure ensuring appropriate HR capacity for compliance monitoring.	MOH HR Structure reflects current employment of two national compliance officers	MOH HR Structure; EHU Annual Report	<p>Seek input from MCs and PGs regarding the need for further compliance monitoring.</p> <p>Develop and seek formal endorsement of budget proposal to account for greater EHU and NCDU HR capacities in compliance monitoring.</p> <p>Support HR Unit in filling positions.</p>		X					EHU, HR Unit, MOH Exec.	NCDU, MCs, PGs
	1.2.2 Identified public health personnel are equipped with sufficient skills and assume partial responsibility for Public Health Act compliance monitoring.	<p>Minister's endorsement of the mainstreaming of compliance monitoring in line with Public Health Act Part 2, Section 7.2</p> <p>Capacity training conducted with identified officers</p>	<p>Ministerial endorsement;</p> <p>EHU Annual Report;</p> <p>NCDU Annual Report</p>	<p>Draft concept paper outlining current shortfalls in compliance monitoring and alignment of such with Health Minister's power of delegation within Public Health Act, Section 7.2</p> <p>Seek MOH Exec. And Health Minister's endorsement of mainstreaming monitoring through training of identified public health officers.</p> <p>Develop and undertake compliance training with identified public health personnel ensuring said personnel are</p>		X	X				EHU	PHD

				qualified and sufficiently capable in to enforce relevant legislation within communities.							
	1.2.3 An annual schedule pertaining to compliance monitoring of business houses in relation to food, tobacco and alcohol legislation guides systematic monitoring.	Compliance check schedule developed and utilised	EHU Annual Report; NCDU Annual Report	Coordinate consultations with all relevant stakeholders in order to develop an annual compliance monitoring schedule.  Ensure consistent utilisation of the schedule through routine reporting against such.		X	X	X	X	EHU	NCDU, MCs, PGs, VPF, DCIR, PHD
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  TOR for provincial NCD focal points developed	NCDU Annual Report; MOH HR Annual Report; PHOs Annual Reports	In collaboration with PHOs draft TOR for provincial NCD focal points.  Advocate for the inclusion of provincial NCD focal points under MOH HR plan through the outlining of such within NCDU and PHOs annual business plans.  Ensure appropriate provincial and national support inclusive of financial and resource allocations for these positions.  In collaboration with PHOs draft membership and TOR for provincial NCD committees ensuring provincial specific alignment with this NCD strategic plan.		X				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	NCDU Annual Report; PHOs Annual Reports	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	NCD Taskforce

		and public health services										
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  National key stakeholders	
	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 PHOs	National key stakeholders	
	1.4.4 Vanuatu Diabetes Association is remobilized and aids in facilitating advocacy and support for people with	MOU with VDA developed and endorsed	NCDU Annual Report VDA Event Reporting	Through consultation with pre-established health-related community organization support the mobilization of the VDA through a joint MOU with the MOH.			X			MOH NCDU HPU	NCD Taskforce	

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

				gaps to development partners.							
	1.5.3 Collaboration with finance partners allows for the identification of additional funding sources, new project proposals and a Health Promotion Fund	Number of additional funding sources identified;  Number of additional funding sources utilized	NCDU Annual Report	<p>Hold ongoing discussions with MFEM and other partners to discuss the feasibility of additional funding sources.</p> <p>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.</p> <p>Support and lobby for greater internal MOH funding allocations, increased health sector funding ceilings and increased development partner support for NCDs.</p>	X	X	X	X	X	NCDU, HPU MFEM, MOH Exec.	NCD Taskforce

## Objective 2. Promote improved diet and nutrition nationwide

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	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	<p>Membership defined and TOR adopted</p> <p>Achievements made against activities outlined in the National Nutrition Policy and Strategic Plan</p> <p>VNNC meeting minutes and annual report</p>	<p>NU Annual Report;</p> <p>NCDU Annual Report</p>	<p>Define TOR and VNNC membership</p> <p>Conduct regular VNNC meetings</p> <p>Ensure adequate resources are available under the NU annual business plan in order to complete tasks outlined under TOR</p> <p>Provide annual reports on the undertaking and completion of activities</p>	X	X	X	X	X	<p>Nutrition Working Group</p> <p>MOH Exec.</p>	<p>Nutrition Unit, MOH</p> <p>CODEX Committee</p>
	2.1.2 Codex and Food Security Coordinating Council oversees completion of the Multi-sectoral Vanuatu Plan of Action for Nutrition and Food Security and Safety	<p>Progress on nutrition and health activities outlined under the Vanuatu Plan of Action for Nutrition and Food Security</p>	<p>Codex and Food Security Coordinating Council Reporting;</p> <p>NU Annual report</p>	<p>Ensure continued engagement with multisectoral body responsible for the plan of action through regular attendance at meetings.</p> <p>Integrate nutrition and health requirements under the plan of action into NU annual business planning and TOR of the VNNC.</p> <p>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.</p> <p>Provide annual reports to the committee on the undertaking and completion of activities</p>	X	X	X			CODEX	VNNC, NU



				aligned with the plan of action.							
2.1.3 Nutrition activities aligned with national direction are integrated into provincial planning ensuring multi-level oversight of nutrition promotion.	Number of provincial level-led nutrition activities undertaken	PHOs Annual Reports; NU Annual Report	Provide technical support and guidance to PHOs in developing and implementing nutrition activities and programmes at provincial level.  Ensure PHOs have ongoing access to adequate nutrition resources and are made aware of all guidelines, policies and action plans related to population nutrition (in line with strategies 2.2, 6.1 and 6.2)  Assist PHOs in securing resources required to undertake provincial nutrition activities and support them in drafting provincial nutrition business plans.			X				PHOs, NU, VNNC	NGO partners; hospitals
2.1.4 National legislation enables retailers and consumers to make healthy decisions regarding nutrition	Legislation is in place and enforced; Nutrition-related guidance provided in the drafting of future legislation	SLO documentation; NU Annual report	Support enforcement and evaluations of legislation pertaining to the fortification of flour and iodisation of salt under the Food Regulations amendment as well as the 2015 introduced Soft drink Taxation (in line with Strategy 1.2)  Advocate for the adoption of additional legislation preventing the marketing of food and non-alcoholic beverages to children under the latest draft amendments to the Food Regulations.  Provide technical guidance and support to future avenues of government reform and the	X	X	X	X	X		EHU, SLO	NU, VNNC, CODEX, PHD, MOH Exec.

				enforcement of legislation that either directly or indirectly addresses population nutrition							
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 National Dietary Guidelines form the basis of all nutrition IEC materials and campaigns	Develop National Dietary Guidelines endorsed by the MOH Exec.;  Number of nutrition IEC materials produced in compliance with guidelines	NU Annual Report	Develop current national dietary guidelines 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  Establish mechanism ensuring the HPU clearing house are aware of the guidelines and are able to assess proposed IEC materials for applicability to such.	X	X	X	X	X	NU, VNNC	NCDU, HPU FAO
	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 Sweet Drink Policy	HPS Reporting;  NU Annual Report	Support the HPS committee and MOE, and Provincial HPS Committees in developing mechanisms to encourage schools to adopt the School	X	X	X	X	X	MOH, MOE, HPS Committee,	Participating Schools and Health centres/Dispensaries

		Number of schools using the School Health Policy and School Canteen Policy and Guidelines		Health Policy and School Canteen Policy and Guidelines and enforce compliance with the 2014 endorsed Sweet Drink Policy.						Provincia I HPS Committees	
	2.2.4 Increased awareness among students regarding the importance of a healthy eating	Knowledge, attitudes, and behaviours of students	GSHS and nutrition surveys	Facilitate capacity building of HPS mechanism with regards to nutrition and diet.  Hold discussions with the MOE and HPS Committee to review food and nutrition elements of school health curriculum.  Support the MOE curriculum development unit in the revision of food and nutrition curriculum			X			NU, MOE	VCCN, NCDU, HPU
	2.2.5 Non-health sector community development projects adopt nutrition-sensitive elements	Number of non-health sector community development projects involving consultation with the NU	NU Annual Report	Develop standardised and Vanuatu specific messaging including examples of the inclusion of nutrition-sensitivity into community development projects  Through both passive and active involvement, provide nutrition-sensitive advice to development partner and non-health sector community development projects.	X	X	X	X	X	NU	VNNC, NCDU, HPU
	2.2.6 Religious and community leaders provide consistent and informed healthy eating messaging to their wider communities	Number of nutrition training workshops undertaken with community leaders;  Number of community leaders participating in nutrition training	NU Annual Report	Engage community leaders in nutrition training workshops facilitated at both national and provincial levels.  Ensure trained communities leaders are included in the distribution of nutrition IEC materials		X	X	X	X	NU, VNNC, NCDU, HPU	Religious and community leaders

				Provide ongoing support to community leaders in facilitating greater community nutrition awareness							
	2.2.7 A community salt survey integrated into STEPS survey provides direction for future reduction interventions	STEPS survey include a section on salt consumption  Number of salt reduction interventions developed and undertaken	STEPS survey report;  NU Annual report	Conduct STEPS survey which include salt consumption section;  Utilise survey data to inform targeted salt reduction interventions  Develop, implement and evaluate salt reduction interventions ensuring appropriate reporting is undertaken	X	X	X			NCDU, NU, VNNC, HPU	George inst., VNSO, WHO
2.3 Ensure the provision of quality nutritional services as an effective form of primary prevention of NCDs	2.3.1 Human resources capacities for public health and clinical nutrition services are nationally supported and sustainable	Number of nutrition positions available within the MOH HR structure;  Number of nutrition positions filled under the MOH HR structure	NU Annual report	Recruit nutrition and dietetic staff to fill all vacant public health and clinical nutrition positions supported by MOH recurrent HR budget;  Ensure capacity of future nutrition workforce through advocating for the provision of university scholarships in the areas of dietetics, public health nutrition and chronic disease prevention		X	X	X	X	MOH Exec., NGO Partners, Scholarship office	PHOs
	2.3.2 Nutrition knowledge and skills of newly graduating nurses is consistent with community and health facility nutrition demands	VCNE nutrition curriculum is reviewed	VCNE Curriculum  NU Annual Reports	Hold discussions with VCNE to review current nutrition curriculum within all nursing programme  Review and expand curriculum ensuring training of nurse educations and alignment of curriculum with international standards of best practice	X	X				VCNE, NU	

	2.3.3 Nutrition indicators are integrated into the HIS to systematically monitor population nutritional status	Nutrition indicators in place and systematically measured	HIS annual report; NU Annual Reports	<p>Work with the HIS Unit and health facilities nationwide to identify nutrition indicators and determine way in which they can be systematically measured to monitor population nutritional status</p> <p>Provide ongoing support to health facilities and the HIS unit in measuring and providing technical clarification on nutrition indicators</p> <p>Utilise available monitoring to inform programmes and targeted interventions</p> <p>Include information on nutrition indicators in annual reporting and ensure information is fed back to health facilities</p>	X	X				NU, VNNC, HIS Unit	WHO
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### Objective 3. Encourage adequate physical activity across the life course

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	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 acrosssectoral 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	X	X	X	X	PHD	NCD Taskforce
	3.1.2 Vanuatu specific guidelines for mainstreaming physical activity that 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	X				PAC, HPU

3.2 Support and promote safe community environments conducive to physical activity	3.2.1 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;  Number of participants taking part in clean-up events	NCDU Annual Reports  EHU Annual Report	Plan and implement programmes to celebrate World Environment Day.	X	X	X	X	X	PAC, HPU	DOEC
	3.2.2 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.		X	X	X	X	PAC	PWD-MIPU, PGs, MCs
	3.2.3 MCs and PGs are publicly 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 organizations	Re-refresh "Walk for Life" programme to start after work hours – 4.30 – 5.30 pm initiated and owned by agencies/institutions/provinces  Introduction of Zumba programme every Wednesday	X	X	X	X	X	PAC, NCDU	

				Register departments' commitment to the programme							
	3.3.2 Women and girls are encouraged to participate in regular physical activity	Number of women targeted physical activity initiatives supported by MOH  Number of women and girls involved in these initiatives	Event reporting;  NCDU Annual reports	Develop and distribute target IEC materials to 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	National key stakeholders
	3.3.3 Schools ensure safe environments in which students may engage in active play	Number of schools meeting recommended safe environments for physical activity	VEMIS data	Support MOE and HPS committee in developing and distributing standardised recommendations for safe physical activity environments information to schools – BMI project  Ensure recommendations align with the review of physical activity curriculum (in line with Intermediate Outcome 3.4.1).  Support the MOE and their data collection capabilities in monitoring schools' implementation of the recommendations.	X	X	X	X	X	HPU, PAC, MOE	Provincial HPS Committees
	3.3.4 MOH actively support community-based physical activity initiatives through integration with health promotion activities, NCD screening and the sponsorship of events	Number of community-based physical activity initiatives supported by MOH	NCDU Annual Reports	Conduct physical activity sessions as part of community health awareness events and NCD screening  Support sporting bodies with the provision of health awareness sessions and NCD screening  Develop and provide educational tools regarding physical activity in schools via HPS mechanism	X	X	X	X	X	HPU, PAC, MOE	National key stakeholders
3.4 increase community awareness of the	3.4.1 increased awareness among students about the importance of regularly	Physical Activity Curriculum reviewed; Knowledge, attitudes,	MOE Annual Report; NCDU	Hold discussions with the Ministry of Education and HPS Committee to		X	X	X		MOE, PAC	VYC



importance of physical activity	participating in physical activity	and behaviours of students assessed	Annual report; GSHS	review and expand physical activity curriculum in schools nationwide.  Develop and implement an assessment for measuring effectiveness of reviewed curriculum							
	3.4.2 Communities are aware of the importance engaging in regular physical activity	Proportion of the adult population with low levels of physical activity	NCD STEPs report	Through engagement with community leaders, assist communities in developing and implementing their own community-driven physical activity initiatives and awareness campaigns  Support elite ni-Vanuatu athletes to act as advocates for community physical activity  Develop and disseminate a variety of public awareness campaigns to increase community awareness of the health and social benefits of engaging in regular physical activity	X	X	X	X	X	PAC, MOYS, HPU	NCDU, PHOs, Provincial HPS Committees

## Objective 4. Strengthen national tobacco control mechanisms

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	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  Achievement against the Tobacco Control portion of the NCD strategy	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 TSCS is reflected NCDU and EHU annual reports and fed to into international reporting mechanisms (in line with intermediate outcome 4.1.3).</p> <p>Include amendment on banning of FCTC non-compliant actions of tobacco industry under the Vanuatu Tobacco Control Act</p> <p>Include amendment to regulate restrictions on emerging tobacco products –HTPs, ENDS and ENNDS under the Vanuatu Tobacco Control Act</p> <p>Include amendment on tobacco licensing on imported and domestic tobacco products and for retailers under the Vanuatu Tobacco Control Act</p>	X					EHU, HPU, NCDU	PHD, MOH Exec.

				To collaborate with Customs and Trade to accede to and implement the WHO Protocol on the Elimination of Illicit Trade of Tobacco products  Have tobacco provision – to be included and enforced under the by-laws of the Municipal Councils and Provincial Governments							
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.	Number of violations recorded by combined regulatory enforcement bodies	EHU Annual Report W consolidating incidents recordings by MOH compliance officers, VPF and relevant MCs	Conduct quarterly tobacco retailer inspections particularly targeting: tobacco advertisement, improper labelling and the sale of singular cigarettes  Support MOU agreements between the MOH, VPF and MCs allowing for comprehensive monitoring and the collation and reporting of violation statistics (in line with Intermediate Outcomes 1.2.3 & 5.1.4).		X	X	X	X	TCSC, EHU	NCDU, PHD, MCs, DCIR, NCD Taskforce	
4.1.3 Accurate and timely tobacco control reporting is compiled on a biennial basis in compliance with FCTC and other international reporting mechanisms.	Vanuatu FCTC reporting available;  Vanuatu profile within WHO Global Tobacco Epidemic report is updated	WHO FCTC  WHO Global Tobacco Epidemic Report	Complete the WHO FCTC biennial report using data collated by the TCSC and any information available within EHU or NCDU annual reports  Compile and provide all relevant information required for development of country profile within the WHO Global Tobacco Epidemic Report to be developed in a timely manner	X		X		X	TCSC	PHD, NCDU, EHU	
4.1.4 Progress and shortcomings identified in FCTC reporting is used to inform and direct future tobacco control activities	Updated MANA Dashboard (once in 2 years);  Number of components marked 'red' (not achieved)	Vanuatu MANA Dashboard	Update the Vanuatu Tobacco Free Pacific 2025 Dashboard annually using information available in national and international tobacco control reporting  Ensure information available in the Vanuatu Tobacco Free Pacific 2025 Dashboard informs annual TCSC,	X	X	X	X	X	TCSC	PHD, NCDU, EHU	

		versus 'yellow' (partially achieved) or 'green' (achieved)		NCDU and EHU business planning in order to rectify any identified shortcomings								
4.2 Protect ni-Vanuatu population from the harmful effects of tobacco use and second-hand smoking	4.2.1 Communities are aware of pre-existing public smoking bans	Number of community presentations made;  Number of people reached via EC material distribution	NCDU Annual Report	Undertake a multisectoral campaign using varied forms of media and information dissemination channels to increase community awareness of the pre-existing public smoking bans in all government buildings and enclosed public areas as outlined in the Public Health Act and Tobacco Control Act and Regulations	X	X	X	X	X	TCSC, HPU	EHU, NCDU	
	4.2.2 In partnership with DLES, workplaces are encouraged to implement self-regulated smoke-free policies	Number of workplaces reached via outreach campaign;  Number of workplaces with smoke-free policies	Event reporting;  NCDU Annual Report	Undertake a targeted campaign informing government departments and business houses of the dangers associated with tobacco use and second hand smoking  Develop a standardised smoke-free workplace policy framework to mainstream smoke-free environments across workplaces nationally  Promote adoption of the smoke-free workplace policy through PSC and other workforce oversight bodies  Provide continued support and practical examples of implementation to engaged workplaces		X	X	X	X	TCSC, HPU, DLES	EHU, NCDU, PSC	
	4.2.3 Through education and engagement with community leaders, communities are supported in developing and implementing tobacco control measures	Number of community leaders reached via outreach campaigns	NCDU Annual Report	Develop and deliver brief presentations and accompanying information tools to inform communities of the dangers of tobacco use, second hand smoke and their role in preventing exposure and supporting community members in quitting		X	X	X	X	TCSC, HPU	EHU, NCDU, MCC, VCC, VNCW, VYC, VASANOC, MOYS	

				From partnership with schools, youth groups, sporting bodies to promote smoke-free community environments and sporting events.							
	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 Executive and other relevant stakeholders  Support SLO in ensuring drafted amendments is endorsed by relevant bodies and legislated.		X	X	X	X	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	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  Include intensive smoking cessation counselling training in the basic and post-basic nursing training programmes		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;	Convene multi-sectoral discussions exploring the need for NRTs			X	X	X	TCSC, NDTC	EHU, NCDU

			Vanuatu MOH's Tobacco Free Pacific 2025 Dashboard	Based on multisectoral discussions, support the NTDC in undertaking an analysis of community use and impact of NRTs requesting technical support to particular components inclusive of a costing study								
	4.3.3 Smoking cessation counselling protocols and NRT guidelines are integrated into VCNE nursing curriculum	Training integrated into VCNE nursing curriculum	VCNE Curriculum; NCDU Annual Report	Hold discussions with VCNE regarding integrating smoking cessation protocols into the curriculum of all offered programmes  Support VCNE and provide technical assistance in integrating tobacco awareness and smoking cessation counselling components into nursing education curriculum  Develop tobacco awareness in-service training for VHWs including information pertaining to effective community health awareness surrounding tobacco and how to facilitate brief smoking cessation interventions			X	X	X	TCSC, VCNE	NCDU, NDTC	
	4.3.4 VHWs are aware of the dangers associated with tobacco use and facilitate community awareness activities related to such	Number of VHWs trained in tobacco awareness in-service training	Training reports; NCDU Annual Report	Conduct tobacco awareness in-service training with VHWs nationally ensuring referral avenues and continued support is available.				X	X	TCSC, VHW	NCDU, HPU	
4.4 Warn populations of the dangers associated with tobacco use through effective community awareness campaigns	4.4.1 All tobacco products sold in Vanuatu have appropriate pictorial and local language text health warnings on the packaging	Legislation requiring graphic health warnings on tobacco products is enacted	SLO documentation; WHO FCTC Report NCDU Annual Report	Draft tobacco legislation amendment to impose plain/standardized packaging on all tobacco product packaging  Support SLO and relevant stakeholders in ensuring drafted legislation amendment is endorsed by relevant bodies and legislated	X	X				TCSC, EHU, SLO	PHD, NCDU, HPU	

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

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



		Number of compliance checks undertaken	MCS consolidated)	Ensure quarterly tobacco retailer inspections are conducted (in line with Intermediate outcome 1.2.3)							
	4.5.2 Legislation to prohibit the display of tobacco products and/or advertisements at point of sale is enacted and enforced	Legislative amendments contain provisions to prevent display of tobacco products at retailers' point of sale	SLO documentation;  WHO FCTC Report;  NCDU Annual Report	Draft tobacco legislation amendment to prevent point of sale advertisement and display  Support SLO and in ensuring drafted legislation amendment is endorsed by relevant bodies and legislated  Disseminate information to the public and retailers regarding this legislation and their obligation to comply with such  At the conclusion of the grace period, provide support to local authorities in ensuring enforcement of amendment  Provide information to all government sectors and community stakeholders regarding tobacco industry interference and discourage potential agreements, sponsorship or partnerships.				X	X	TCSC, EHU, SLO	NCDU
	4.5.3 Tobacco sponsorship of all kinds is prohibited through legislation and association agreements.	Legislative amendments contain provisions to prevent all tobacco sponsorship	SLO documentation;  WHO FCTC Report;  NCDU Annual Report	Investigate, pursue and support available options for the public service commission or other methods of national legislation to prevent organisation from engaging with the tobacco industry  Disseminate information to the public regarding the dangers of organisations engaging with the			X	X	X	TCSC, EHU, SLO	NCDU

				tobacco industry and highlight alternatives								
4.6 Raise taxes on tobacco in order to reduce community demand for tobacco products	4.6.1 Tobacco excise tax is increased to at least 70% of retail price as recommended in the Pacific NCD Roadmap	Tobacco excise tax as a percent of retail price	WHO Global Tobacco Epidemic Report	<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>Establish mechanism to use 2% of excise tobacco tax for NCD and Health Promotion activities</p> <p>Conduct community awareness regarding the benefits of increased tobacco excise taxation to garner community support for the increase</p>		X					TCSC, MFEM	EHU, NCDU, DCIR
	4.6.2 Review and analysis of the impact of taxation on tobacco use, import, and revenue is undertaken	<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;</p> <p>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 (review once in 3 years)</p> <p>Utilise reporting finds inform future national tobacco control interventions</p>	X	X					TCSC, MFEM	EHU, NCDU, DCIR
4.7 Strengthen laboratory testing of tobacco products	Explore and establish mechanism to improve laboratory testing for tobacco products sold in Vanuatu	Analysis of tobacco products performed at VCH laboratory	Annual laboratory test results available	Explore testing possibility in Vanuatu (explore VCH laboratory testing through GenExpert testing)								

## Objective 5. Reduce the harmful consumption of alcohol

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	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  Drafted alcohol legislation is endorsed by the COM	NCDU Annual Report;  Records from COM sittings  SLO Alcohol Legislation	Review the 2009 external policy development assessment and mapping previously conducted and updated.  In collaboration with SLO and other relevant stakeholder consult and draft proposed alcohol policy in line with recommendations set out in the 2009 assessment  Support SLO in ensuring drafted amendment is endorsed by relevant bodies and legislated	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	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.		X	X			EHU, MFEM	NCDU, DCIR, SLO, external consultants
	5.1.3 In accordance with current liquor licensing legislation, retailers are provided with up-to-date	Number of retailers reached	Activity reporting;  NCDU Annual	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

	IEC materials reminding them on their legal obligations with regards to the sale of alcohol		Report									
	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	5.2.1 Communities are encouraged to develop their own alcohol control measures	Number of communities reached by outreach awareness activities  Number of community-led	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.  Support communities in the development of community-level alcohol control measures.		X	X	X	X	HPU	TCSC, EHU, NCDU, MCC, VYC, VCC, VNCW, VPF, MCs	

associated with alcohol abuse		alcohol control measures enacted		Work with women’s organizations, 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							
	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	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.	X	X	X	X	X	HPU	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 behaviours of students	NCDU Annual Report  GSHS	Hold discussions with the Ministry of Education and HPS Committee to integrate education on the dangers of alcohol consumption into school health curriculum  Support and provide technical assistance to the HPS committee and MOE in developing relevant educational materials.		X	X	X	X	HPU, MOE	NCDU, MHU
	5.2.4 Increase public awareness on the dangers of alcohol consumption including homebrew	Number of radio spots;  Number of public events conducted;  Proportion of surveyed kava bars displaying alcohol awareness materials	NCDU Annual Report	Develop IEC materials aimed at increasing community awareness of the added dangers associated with home-brewed alcohols (targeted at young males).  Develop and implement alcohol harm reduction campaigns during Independence Day and Christmas periods.  Develop and distribute alcohol awareness materials at kava bars nationwide	X	X	X	X	X	HPU	NCDU, EHU, HPU, PHD, VPF, MCs, PGs

	5.2.5 Increased understanding of social patterns (and their extent) associated with kava drinking that have potential health impacts	Kava and social patterns study conducted and results available	Kava and social patterns study report;  NCDU Annual Report	Design and conduct a research study to identify the social patterns and extent of those patterns associated with kava drinking including tobacco use and increased consumption of alcohol  Utilise findings in the development of risk mitigation interventions			X	X		NCDU	EHU, MHU, PHD
5.3 Develop appropriate clinical and community avenues for treating alcohol-dependence	5.3.1 Increased health facilities' capacity to deliver brief interventions and refer cases of alcohol dependence	Referral pathway and intervention guidelines regarding alcohol dependence are available  Number of health workers trained in the MhGAP unit on alcohol dependence, especially to be based on community MhGAP approach	Activity reporting;  MHU Annual Report;  NCDU Annual Report	Conduct MhGAP alcohol dependence unit with health workers nationwide  Based on the MhGAP alcohol dependence unit, develop and disseminate clinical care guidelines and referral pathways to health services nationwide (in line with Strategy 7.2).  Integrate MhGAP with the VHW programme to ensure referral is taken place for needed				X	X	MHU	NCDU, external consultants
	5.3.2 Increased services available at community-level for supporting individuals with alcohol dependence	Number of community leaders involved in alcohol dependency support training;  Number of community alcohol support channels available	Training reports;  MHU Annual Report	Develop presentation and advocacy tools to increase community awareness of alcohol dependency and support options.  Train identified community leaders in alcohol dependence support them in delivering community-level support.  Develop, print and disseminate IEC materials on alcohol dependence including community awareness			X			MHU	NCDU, HPU, PHD, MCC, PGs, MCs

				Develop referral pathways for the escalation of support to clinical services and disseminate information regarding this pathway to community leaders (in line with Intermediate Outcome 7.3.3).								
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## Objective 6. Strengthen the clinical care sector enhancing secondary and tertiary prevention and management of NCDs (COPD and asthma inclusive)

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										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> <p>Ensure the diabetic inpatient management and insulin infusion protocol available and followed in all provincial hospitals</p>	X	X	X	X		NCDU	Hospitals, HPOs, CMS, NDTC, VCNE



				Integrate NCD PEN package in the VCNE curriculum							
	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 work force 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).  Hold discussions between the NCDU and TB Unit on collaborative mechanisms including detection and referral.	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.	X	X	X	X	X	NCDU, TB Unit	Hospitals, HPOs

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

	6.1.6 Partnerships between health facilities and disability services are strengthened	Referral protocol to disability support services available;  Number of NCD patients referred to disability support services using protocols	NCDU Annual Report	<p>Work with community partners and disability support services to develop and implement systematic referral protocols; expanding out-of-hospital rehabilitation options and facilitating the provision of necessary assistive devices</p> <p>Through ongoing communication with disability support services, amend protocols to mitigate any identified shortcomings including community-based rehabilitation services, self-care and palliative care</p> <p>Work with clinical staff and HIS units to develop procedures to record, monitor and control known NCD cases and those with identified risk factors</p>			X	X	X	NCDU, VDD - MOJCS	VSPD, SFA, DPA, PDCS, VDA, Hospitals, PHOs
	6.1.7 In collaboration with HIS Unit, procedures are developed to facilitate systematic review of known NCD cases	Mechanisms are in place ensuring systematic review of NCD patients at all provincial and referral hospitals	HIS Annual Report;  NCDU Annual Report	<p>Provide assistance to clinical staff in utilisation of developed databases or systems</p> <p>Introduce NCD management digital tool at VCH and NPH to prevent, detect, manage and follow up NCD patients and CVD high risk people</p> <p>Ensure analysis and reporting of collected information is routinely undertaken and made available to MOH and filtered back to clinical staff</p> <p>Advocate that collated information is used to guide</p>	X	X	X			NCDU, HIS Unit	Hospitals, HPOs

				<p>strategic direction, strengthened referral pathways and the allocation of future clinical funds and resources</p> <p>Ensure all health facilities to report on their population catchment for NCD screening</p> <p>Introduce digital health in NCD services in all provinces</p>							
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 through Centres of Excellence in early detection of disease and increases community health awareness regarding prevention and control	<p>National NCD screening protocols are in place</p> <p>Standardised counselling materials available</p>	<p>Vanuatu NCD screening protocols</p> <p>NCDU Annual Report</p>	<p>Establish Centres of Excellence at Health centre level in every province/major islands</p> <p>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.</p> <p>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 &amp; 6.1.4).</p>	X	X	X	X	X	NCDU, HPU	HPOs, PHOs, 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	<p>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.</p> <p>On-going capacity building</p>	X	X	X	X	X	PHOs, NCDU	HIS Unit, HPU

				<p>programme for health workers and community group such as faith-based groups in conducting NCD screening</p> <p>Ensure collated data from all provincial NCD screening is fed up to the national NCDU.</p>							
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	<p>Training conducted with health workers in Penama and Torba provinces</p> <p>Supervisory visits conducted across all provinces</p>	Report against annual NCD business plan	<p>Undertake NCD PEN training in All provinces</p> <p>Conduct regular supervisory visits in all provinces undertaking knowledge retention assessments, providing supervisory support, and including in-service trainings (regular clinical audits to review health care workers' compliance to local clinical guidelines).</p> <p>Continually encourage and assisted NCD PEN trained health workers in facilitating community NCD screening (in line with intermediate Outcomes 6.2.2)</p> <p>Through collaboration with the CMS and NDTC, map national distribution of NCD related medications identifying any under-resourced areas</p>	X					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	Assessment of NCD medication availability is undertaken	<p>NCD Medication Availability Report;</p> <p>NCDU Annual Reporting</p>	<p>Ensure all provincial health officers to have master folder on all NCD PEN tools to be budgeted, printed and disseminated</p> <p>With the support of CMS and NDTC compile report of findings from NCD capacity assessment</p>		X	X			NDTC, CMS	NCDU, Hospitals, HPOs

	communities and during humanitarian emergencies (like COVID-19)			<p>survey for health facilities ensuring recommendations for rectifying under-resourced areas are outlined (regular assessment of stockouts, number of patients per health facility and therefore forecast required number of stocks).</p> <p>Present report findings to MOH Executive and relevant stakeholders</p> <p>Support and evaluate rectification actions and work with communities to ensure increased equitability in medication access</p> <p>During humanitarian emergencies to organize ad hoc assessment of NCD essential services and supplies to ensure these services are not interrupted</p>							
	6.3.3 Health system referral mechanisms for NCD patients are strengthened	NCD referral mechanisms are available and known to health workers	National NCD Guidelines for Health Workers; NCDU Annual Report	<p>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</p> <p>Ensure community referral mechanisms are utilised by hospitals to inform community health workers of community members who require ongoing monitoring post-discharge</p> <p>Ensure health workers are confident to use the referral</p>		X	X			NCDU	Hospitals, HPOs, MOH, Exec., HPU

				policy based of the existing NCD referral forms							
	6.3.4 Strengthened NCD related VHWP pre-service training curriculum	NCD component of VHWP pre-service training curriculum is reviewed	NCDU Annual Report	<p>Review of NCD VHWP pre-service training curriculum</p> <p>Develop and distribute appropriate IEC materials, which compliment information outlined in the adapted 'National NCD Guidelines for Health Workers' resource to assist VHWs.</p> <p>Integrate NCD PEN with VHW programme to ensure referral takes place</p>	X	X	X			NCDU, VHWP	HPU
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	<p>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.</p> <p>Provide technical oversight to the review of HIS data collection books and forms ensuring consistency in NCD information collected</p> <p>Support the analysis of collected NCD data ensuring results are disseminated back to health facilities and up to the MOH Exec.</p>	X	X				NCDU, HIS Unit	Hospitals, HPOs
	6.4.3 information pertaining to NCD risk factors and disease trends in Vanuatu is published annually and feeds into WHO NCD progress monitoring mechanisms	NCD risk factor and disease data is available	HIS Annual Report; NCDU Annual Report	Work with the HIS unit to ensure timely and accurate NCD and NCD risk factor data is collated from all health facilities and reported as a component of the HIS Annual Report.	X	X	X	X	X	NCDU, HIS Unit	

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

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										Lead	Supporting
7.1 Support the development and functioning of a national mental health committee, provincial sub-committees	7.1.1 Continuous and effective functioning of across sectoral stakeholder-comprised National Mental Health Committee and its mandate to actively promote mental wellbeing and ensure equitable access to quality mental health services.	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	X	X	X	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.	Achievements made against identified mental health improvement plans developed at provincial level	NCDU Annual Report;  MHU Annual Report;  PHOs Annual Reports	Define TOR and membership of the PMHCs.  Conduct regular PMHC meetings ensuring meeting minutes are provided to the NMHC.  Secure funding for activities through national MHU and PHOs.  Undertake tasks outlined in TOR ensuring progress and completion reports are filed with the NMHC.	X	X	X	X	X	NMHC	NCDU, MHU, PHD, PHOs
7.2 Strengthen clinical care mechanisms and	7.2.1 Mental health service provision assessments provide	Assessments conducted at all	MHU Annual Report;	Develop mental health service assessments to be conducted at all provincial and referral	X					MHU, NMHC	MOH Exec.



assure equitable availability of mental health care services throughout Vanuatu.	direction all mental health bodies nationally.	provincial and referral hospitals;  Development of improvement plans		hospitals in line with international standards of mental health care.  Conduct assessments with oversight from national psychiatrist.  Analyse results obtained and ensure they are presented to all key stakeholders W MHU, NMHC, MOH Exec, provincial and referral hospital management.								
	7.2.2 Mental health trained nurses facilitate quality in-patient and out-patient mental health services through building capacity of staff at provincial and referral hospitals.	Number of trained mental health nurses assigned to mental health services - disaggregated by hospital and full/part time allocation to services	Provincial hospital annual reports;  HIS data on mental health consultations	Develop strategic improvement plans in relation to assessment shortcomings.  In line with outcomes of the service provision assessment, conduct consultations with provincial and referral hospitals' management to ascertain mental health HR limitations.  Present findings to the MOH Exec. seeking that provisions are made to assign mental health trained nurses to in-patient and out-patient mental health service relative to the identified need at each facility under the national MOH staffing structure		X	X	X	X	MHU, MOH Exec.	NCDU, Hospitals	
	7.2.3 Quality acute mental health units are available at both VCH and NPH	Assessments of acute mental health units are undertaken at VCH &NPH	VCH & NPH Annual Reports;  MHU Annual Report	Conduct assessments of acute mental health units at VCH and NPH  Rectify identified shortcomings ensuring acute mental health		X	X	X	X	MHU, NMHC, VCH, NPH	CMS, NDTC, MOH Exec.	

				facilities at VCH and NPH are safe, appropriately staffed and have adequate psychotropic medicines.								
	7.2.4 Protocols and regulations pertaining to clinical mental health care provision are adhered to by all mental health care providers	Availability of protocols and regulations  Regular compliance auditing	MHU Annual Report;  Compliance auditing reports	Update mental health care protocols to comply with international standards of best practice, inclusive of MhGAP recommendations and the equitable and safe dispensing of psychotropic medicines in line with WHO's Essential Medicines List.			X	X	X	MHU, NMHC	NDTC, CMS, PMHCs	
	7.2.5 Mental health knowledge and skills of newly graduating nurses is consistent with community and health facility mental health demands	VCNE mental health curriculum is reviewed	VCNE Curriculum;  NCDU & MHU Annual Reports	Hold discussions with VCNE to review current mental health curriculum within nursing programme  Review and expand curriculum ensuring alignment with international standards of best practice  Hold discussions with the national Disability Desk to seek approval to conduct MHPSS and counselling training with community-based rehabilitation staff		X				MHU, VCNE	NMHC	
	7.2.6 MHPSS and counselling services are facilitated through community-based rehabilitation programmes across all provinces.	MHPSS training conducted with community-based rehabilitation staff;  Proportion of community-based rehabilitation staff in attendance at MHPSS training	Training report;  MHU annual report	Develop and facilitate tailored MHPSS training based on MhGAP programme with community-based rehabilitation staff across all provinces equipping participants with general skills as well as specific skills to provide mental health assistance to individuals with disabilities.		X	X	X	X	MHU, VDD – MOJCS,	NMHC, PMHCs	

				Provide ongoing support to community -based rehabilitation staff and ensure awareness of mental health referral guidelines.								
	7.2.8 VHWs are aware of mental health concerns in their communities and are able to refer community members for further support	Mental health in-service training is conducted with VHWs nationally	Training report; MHU annual report	Develop a tailored mental health in-service training package based on MhGAP programme which focuses on community mental health awareness and referral pathways  Conduct developed training with VHWs.			X	X	X	MHU, VHW	NMHC	
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 organizations working with at-risk	Number of community organization staff	MHU annual report;	Conduct consultations with community service organisations in order to	X	X	X	X	X	MHU	NMHC, PMHCs, VITE, VPF, VCSD,	

	demographics have adequate skills to identify and provide support to people at risk of or who have mental illness	members trained in MHPSS and counselling	Training reports	<p>identify mental health training needs.</p> <p>Utilising the MhGAP programme, develop tailored mental health training which focuses on MHPSS and counselling capacity building, especially during emergencies (COVID-19, climate change and etc.)</p> <p>Conduct tailored training and provide ongoing support and information regarding referral channels.</p>								DLES, VWD, VYC, VCC
	7.3.3 Clear referral pathways ensure the timely and responsive provision of mental health care	National referral pathways are in place covering community and clinical mental health services	MHU annual report	<p>Develop clear referral guidelines to encourage early referral up to clinical care during condition deterioration and referral back to community care for individuals and their families post discharge from clinical services.</p> <p>Ensure information pertaining to mental health referral pathways are widely disseminated amongst mental health stakeholder groups and the general public.</p> <p>Develop accessible mental health-specific IEC materials and distribute amongst communities.</p>	X	X	X	X	X	MHU		NMHC, PMHCs, PHOs, Hospitals, VITE, VPF, VCSD, DLES, VWD, VYC, VCC
	7.3.4 Mental health awareness of the community raised through national education and stigma reduction campaigning	Number of awareness raising campaigns	MHU Annual Report	Engage media outlets in publishing articles and undertaking campaigns to raise awareness of mental illness and reduce stigma	X	X	X	X	X	MHU		NMHC, PMHCs, PHOs, VITE, VPF, VCSD, DLES, VWD, VYC, VCC

				In collaboration with existing community networks mental illness awareness messaging is undertaken with communities acknowledging the positive mental health outcomes attributable to supportive environments								
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## Objective 8. Support and facilitate initiatives to reduce instances of injury, violence and substance abuse

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	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, VVC
	8.1.2 Law enforcement and reform protects communities from avoidable road traffic injuries	Enforcement strategy developed  Legislation drafted to restrict mobile device use while operating a motorized vehicle  Legislation amended to include provision to enhance enforcement of drink driving prevention	NCD Annual report  SLO Documentation	Work with both affected and responsible bodies to advocate for greater enforcement of road safety legislation; in particular Part 14 of the Public Health Act (Seat Belts and Safety of Infants in Motor Vehicles) and Section 16 of Road Traffic Act (Driving When Under Influence of Drinks or Drugs).  Support law reform to reduce road traffic accidents and provide technical assistance to previously identified areas of reform regarding mobile phone	X	X	X	X	X	NCDU, HPU, EHU, VPF	

				use in motor vehicles and amendments to Section 16 of Road Traffic Act to specific a measurable definition of intoxication (blood alcohol level).							
	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, VYC WSB, MCC, VCC, VNCW, VPF – FPU, VWC
	8.2.2 MOH support domestic violence reduction strategies and organizations	Number of domestic violence reduction strategies and initiatives involving consultation with MOH	MHU Annual Report	The MOH actively support domestic violence reduction strategies and organisations involved in activities related to such acknowledging the negative impact of domestic violence on mental wellbeing.  Regular liaison between the MOH and domestic violence	X	X	X	X	X	MHU, HPU	NCDU, MHU, PHD, HPU, VWD, VNCW, VPF – FPU, VWC

				<p>reduction organisation provides direction for assistance between the bodies.</p> <p>Mental health training conducted through Strategies 7.2 and 7.3 includes information on the negative effects of domestic violence and encourages participants to acknowledge and address such in their communities and organisations.</p> <p>Develop and provide educational tools about the dangers associated with drug use for use via HPS mechanism</p>							
8.3 Increase community awareness of the dangers associated with substance abuse	8.3.1 Increased awareness amongst students of the dangers associated with drug use	<p>Knowledge, attitudes, and behaviours of students</p> <p>Regular awareness – once in quarter</p>	GSHS & GYTS	<p>Hold discussions with the MOE and HPS Committee to integrate education of the dangers presented by drug use into school health curriculum</p> <p>Work with youth-related organisation and sporting bodies ensuring messages about the harmful effects of drug use are consistently disseminated to youth</p>		X	X	X	X	HPU, MOE	MHU, VYC, WSB, National Key Stakeholders
	8.3.2 International Day Against Drug Abuse and illicit Trafficking (June 26th) is marked annually by a drug awareness media campaign	<p>Number of events conducted;</p> <p>Number of people reached</p>	NCDU Annual Report	Plan and implement programmes for International Day Against Drug Abuse and illicit Trafficking	X	X	X	X	X	HPU	NCDU, MHU, VPF
	8.3.3 At risk demographics understand the dangers associated with drug use	Knowledge, attitudes and behaviors of youth and young adults	GSHS and GYTS; NCD STEPS survey	<p>Identify positive community leaders able to assist in community-level drug awareness campaigns.</p> <p>Assist community leaders in</p>			X	X	X	MHU, HPU, VYC	MOYS, WSB, Key Stakeholders



				developing and undertaking targeted drug-awareness programmes acknowledging the increased risk of drug use amongst youth and young adults.							
	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  Number of community organizations engaged	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 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

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

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										Lead	Supporting
9.1 Review the current policy in 2022 and if necessary to re-formalise policies and protocols relating to national oral healthcare.	9.1.1 The current Policy for 2019-2022 will be reviewed and re-formulated together with national oral health Strategic Plan and endorsed by the MOH Exec.	Oral Health Policy is in place;  Number of departments and organisations consulted in the review	OHU Annual Report;  NCDU Annual Report;  Report from stakeholder consultations	Review the previously developed policy documents.  Hold multisectoral consultations with relevant stakeholders.  Update policy in accordance with stakeholder input before publishing and circulating the renewed policy.  Develop National Oral Health Strategic Plan		X				OHU	NCDU, PHD, MOH Exec.
	9.1.2 A standardised oral health manual is available and utilised by all health workers nationally	Standardised oral health manual available;  Proportion of formal health facilities with a copy of the manual;  Proportion of formal health facilities with the manual who have also received training on its use	OHU Annual Report;  NCDU Annual Report	Develop a standardised oral health manual providing best-practice information on preventative care and treatment of oral health concerns.  Ensure the oral health manual clearly outlines role delineation with regards to responsibilities assigned to different levels of health care provision.  Distribute the manual nationally to all formal health facilities and ensure appropriate oral health training compliments the distribution.			X	X		OHU	NCDU, HPU, PHD, MOH Exec.

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

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

	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.		X	X	X	X	OHU, Hospitals, PHOs	NCDU, PCV, BT, CPF
	9.3.3 Increased community awareness of the importance of oral health including VHW.	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.	X	X	X	X	X	OHU, HPU	NCDU, PHD, PCV, BT, CPF
	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.	X	X	X	X	X	OHU, HPU	NCDU, PHD, PCV, BT, CPF

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

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	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-hospitals.  Facilitate equipment maintenance and repair through MOH biomedical engineering mechanisms.  Review the accessibility of telemedicine network including training of health workers in the use of digital health  Conduct diabetic retinopathy screening by introducing latest cost-effective screening tools	X	X				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  Proportion of eye care staff in attendance at training	Eye care and telemedicine training reports;  NCDU & ECU Annual Report	Expand eye care training to all nurses working at health centre/dispensary levels  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

				Ensure that health workers conducting eye care screening have sufficient IT abilities through the provision of IT training sessions.							
	10.1.3 The telemedicine system receives sufficient and ongoing IT support	Percentage of available screening results analysed	National Telemedicine System annual report  OGCIO/MOH IT Annual Report	Review capacity of IT support  Include oversight and the provision of assistance to telemedicine projects in the scope of service of MOH IT Unit; ensuring the accommodation of additional staffing if required.	X	X	X	X	X	MOH IT, OGCIO	MOH Exec.
	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 Reports;  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.  Need to improve human resource capacity to deliver eye care screening  Review and integrate eye care package into VCNE curriculum to support primary eye care services		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	X	ECU	FHF, PEI

		Number of individuals treated during outreach visits Eye care specific referral protocols in place;									
	10.2.2 Strengthened eye care referral systems are in place	Number of international eye care partnerships forged;  Number of people referred to national and international emergency laser services	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	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  Number of eye care staff undertaking further study	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	X	X	X	X	X	ECU, FHF, PEI	NCDU, MOH Exec.



				towards a Master of Medicine in Ophthalmology.							
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.  Ensure to have nurses well trained on eye care guidelines and protocols and ensure equitable distribution of these services in all health facilities  Distribute the eye care manual to all formal health facilities and ensure it is complimented with necessary training on its use.	X	X	X	X	X	ECU	NCDU, HPU, PHOs
	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.  Provincial health offices to ensure that health workers are trained to provide basic clinical eye care services	X	X	X	X	X	ECU, HPU	NCDU, PHOs

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.	<p>Number of radio spots;</p> <p>Number of public events conducted;</p> <p>Number of community presentations made</p>	<p>Event reporting;</p> <p>NCDU Annual Report;</p> <p>ECU Annual Report</p>	<p>Develop and distribute eye care IEC materials to raise community awareness of vision loss, the importance of early intervention and available support services.</p> <p>To develop appropriate IEC materials to support community awareness on primary eye care</p>	X	X	X	X	X	ECU, HPU	NCDU, PHOs
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## Objective 11. Strengthen NCD research, surveillance and reporting

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										Lead	Supporting
11.1 Ensure decision making surrounding NCD prevention and control is informed by information collated during timely NCD specific and NCDR sensitive surveys	11.1.1 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
	11.1.2 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>Conduct GSHS/GYTS planning workshops including questionnaire development; data collection planning and management training.</p> <p>Undertake implementation 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>	X					NCDU	TCSC, HPU

				<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> <p>Ensure that the results of both surveys are shared with the community and implemented by the HPS Provincial Committees</p>							
	11.1.3 Through collaboration with VNSO, NCD measures are mainstreamed into national surveys as appropriate	Standardised NCD measures are identified and prioritised	NCDU Annual Report	<p>Identify NCD-related information that requires collation on a more frequent basis through analysis of currently available information and global standards.</p> <p>Through collaboration with VNSO, map planned national or regional surveys identifying potentials are in which NCD measure may be added.</p> <p>Support and provide technical assistance to VNSO in instances where NCD measures have been included.</p>	X	X	X	X	X	VNSO, NCDU	HIS Unit
11.2 Encourage Vanuatu specific research into NCD risk factors disease epidemiology and potential interventions and provide direction to research and	11.2.1 Research regarding NCDs in Vanuatu is undertaken and used in informing NCD programmes and policies  -Ensure that all NCD-related research surveys are to be endorsed by MOH Executives	<p>Number of NCD related studies conducted</p> <p>Documented national priorities regarding NCD research are available to research bodies</p>	NCDU Annual report	<p>Utilise information from survey reports to provide interim indicators for behaviour and disease burdens measure effectiveness of interventions and inform future planning.</p> <p>Identify and document NCD priority areas which would benefit from increased Vanuatu- specific research.</p> <p>Work with the National Cultural Centre to ensure awareness of</p>	X	X	X	X	X	NCDU	MOH Exec.

consultative bodies	-All findings and reports of any surveys conducted need to be presented to MOH authority first			<p>priority areas and support the review process of any proposed studies.</p> <p>Ensure those undertaking NCD-related health research are aware of the need for results to be filtered back to the MOH to inform future planning.</p> <p>Incorporate external research findings into evaluation of interventions and future planning.</p>								
11.3 Ensure timely review of the strategy is undertaken to map progress against expected goals	11.3.1 Shortcomings against outlined goals are addressed through adaptation of annual planning or reallocation of available resources and funds	Annual review of achievements against strategic plan is undertaken	NCDU Annual Report	<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>	X	X	X	X	X	NCDU		

## Objective 12. Implement sustainable cancer early detection and diagnosis programmes

Strategy	Intermediate Outcomes	Indicator (s)	Sources	Activities	2021	2022	2023	2024	2025	Responsible Bodies	
										Lead	Supporting
12.1 Strengthen cancer coordination, implementation and M&E within NCD coordination mechanisms	12.1.1 Work with NGOs to achieve shared outcomes in public health, screening and clinical service delivery	Number/% of cervical cancer tests performed with the cooperation of local NGOs	MOH Annual Report	Share resources openly to improve public experience with the health system and to improve health system capacity learning from others  Where applicable, provide services at the community level through outreach to provide clinical service to a larger population. Make cancer screening more accessible to the population.	X	X	X	X	X	HPU, Hospitals, NGO partners	NCDU, Hospitals, NGO partners
	12.1.2 Build capacity of national staff to run HPV tests and cervical cytology	Number/% of trained staff at health centre/dispensary	RMNCAH Unit Report	Improve domestic capacity to process cancer tests and make diagnoses independently.							
	12.1.3 Build capacity of national staff on cancer surveillance	Number/% of trained staff in cancer registry data quality measures	RMNCAH Unit Report	MoH to manage a cancer registry in-house regularly providing information back to public health programmes and clinicians to improve practice.  Establish reporting/monitoring systems to support registries of all types which are responsive to health system needs and at least	X	X	X	X	X	NCDU, HPU, HIS Unit, Hospitals	

				annually report to the MoH for work planning.							
12.2 Strengthen clinical care where applicable, provide services at the community level through outreach services to provide clinical services to a larger population.	12.2.1 Government staff and IKKANA delivering cervical and breast cancer awareness outreach	Number of health centre/dispensary delivering outreach community awareness on cervical and breast cancer	MOH RMNCAH Annual Reports  IKKANA report	Ensure cancer screening more accessible to the population		X	X	X	X	Hospitals, HPU, NCDU	NGO partners
12.3 Establish cancer registry and align with existing health information system	12.3.1 Support is provided for the EPI/RMNCAH to organize cervical cancer screening and preventative measures to improve their skills on cancer surveillance)	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
	12.3.2 Regularly updated hospital - and other health facility level-based cancer registration processes allow for clear recording of cancer incidences and the mapping of trends in order to provide direction to public	Cancer registry is in place and systems are regularly updated at all hospitals (inclusive of all cancers)	HIS Annual Report	Hold discussions with the HIS unit and clinical services managers to discuss the feasibility of hospital-based cancer registries and construct an implementation plan for their development.		X				NCDU, HIS Unit	Hospitals, HPOs

	health and curative services		<p>Identify necessary technical expertise and engage external support in the development if required</p> <p>Guide hospital-based HIS staff in providing oversight to the project and support these units in ensuring registry information is kept up to date</p> <p>Ensure feedback and information collated from these registries is made available to clinical and public health staff</p>								
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Note: Activity costing for the NCD Strategic Plan 2016-2020 (extended to 2030) 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
<b>Reduce tobacco use</b>	<ul style="list-style-type: none"> <li>• Increase excise taxes and prices on tobacco products</li> <li>• Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages</li> <li>• Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship</li> <li>• Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport</li> <li>• Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke</li> </ul>
<b>Reduce the harmful use of alcohol</b>	<ul style="list-style-type: none"> <li>• Increase excise taxes on alcoholic beverages</li> <li>• Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)</li> <li>• Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)</li> </ul>
<b>Reduce unhealthy diet</b>	<ul style="list-style-type: none"> <li>• Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals</li> <li>• Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided</li> <li>• Reduce salt intake through a behavior change communication and mass media campaign</li> <li>• Reduce salt intake through the implementation of front-of-pack labelling</li> </ul>
<b>Reduce physical inactivity</b>	<ul style="list-style-type: none"> <li>• Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels</li> </ul>
<b>Manage cardiovascular disease (CVD) and diabetes</b>	<ul style="list-style-type: none"> <li>• Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (<math>\geq 30\%</math>) of a fatal and non-fatal cardiovascular event in the next 10 years</li> <li>• Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk (<math>\geq 20\%</math>) of a fatal and non-fatal cardiovascular event in the next 10 years</li> </ul>
<b>Manage cancer</b>	<ul style="list-style-type: none"> <li>• Vaccination against human papillomavirus (2 doses) of 9-13 year old girls</li> <li>• Prevention of cervical cancer by screening women aged 30-49, either through:             <ul style="list-style-type: none"> <li>○ Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions</li> <li>○ Pap smear (cytology) every 3-5 years linked with timely treatment of pre-cancerous lesions</li> <li>○ Human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions</li> </ul> </li> </ul>

## APPENDIX 2. Vanuatu NCD Baseline and 2025 and 2030 goals

2025 NCD Global Goal	2015 Vanuatu baseline	Vanuatu 2025 Goals	Vanuatu 2030 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 Activity	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	Men – 87.6% Women – 81.1%  *Average salt consumption – 7.2 g per day		-
 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 Obesity relative to 2025 figures
 0% Increase in Diabetes	Diabetic – 9.3%  2015 - 23 Diabetic related lower-limb amputations (excluding digits)	Diabetic ≤ 9.3%	0% Increase in Diabetes and in diabetic related amputations relative to 2025 figures (excluding digits)
 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 compliant 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	-

\*Vanuatu Salt Intake Survey 2017 (sub-national)

## APPENDIX 3. WHO (2020)<sup>46</sup> and Vanuatu (2017) recommendations on Physical Activity<sup>47</sup>

WHO Recommendations (2020)	Vanuatu Recommendations (2017)
Recommend at least <b>150-300 minutes</b> of moderate to vigorous aerobic activity per week for all adults, including people living with chronic conditions or disability	To keep healthy, adults should accumulate at least <b>30 minutes of moderate-intensity</b> physical activity on <b>5 or more days</b> a week.
Recommend an average of <b>60 minutes</b> per day for children and adolescents	To keep healthy, school kids aged 5-17 should accumulate at least <b>60 minutes</b> or more of <b>moderate to vigorous intensity</b> physical activity <b>daily</b> .
Encourage women <b>to maintain</b> regular physical activity throughout pregnancy and post-delivery	To keep your heart and lungs healthy during and after pregnancy, healthy women should accumulate at least <b>30 minutes of moderate-intensity</b> physical activity on <b>5 days</b> a week.
Highlight the valuable health benefits of physical activity for people living with disabilities	-
Advise older adults (aged 65 years or older) to add activities which emphasize <b>balance and coordination</b> , as well as muscle strengthening, to help prevent falls and improve health	To keep healthy, older adults should be active daily and accumulate at least <b>30 minutes of moderate-intensity</b> physical activity on <b>5 or more days</b> a week.
State that regular physical activity is key <b>to preventing and helping to manage</b> heart disease, type-2 diabetes, and cancer, as well as reducing symptoms of depression and anxiety, reducing cognitive decline, improving memory and boosting brain health	Overweight or obese adults should be encouraged to perform at least <b>30 minutes of moderate-intensity</b> physical activity on <b>5 or more days</b> a week.

<sup>46</sup> WHO guidelines on Physical Activity and Sedentary Behaviour. Geneva 2020.

<sup>47</sup> Vanuatu Guidelines on Physical Activity. Port Vila 2017

## APPENDIX 4. Acknowledgement

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No	Name	Institution
1.	Mr Len Tarivonda	Ministry of Health
2.	Mr Jean Jacques Rory	Ministry of Health
3.	Mrs Myriam Abel	Ministry of Health
4.	Mr John Tasserei	Ministry of Health
5.	Dr Jenny Stephens	Ministry of Health
6.	Mrs Nelly Ham	Ministry of Health
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8.	Ms Norika Toumak Watt	Ministry of Health
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11.	Ms Louisa Tokon	Ministry of Health
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13.	Mrs Monique Tahi	Vila Central Hospital
14.	Mrs Jenny Haitong	Vila Central Hospital
15.	Mr Peter Sakita	Port Vila Municipality Council
16.	Mr Pastor Shem Tamar	Vanuatu Christian Council of Churches
17.	Ms Astride Boulekone	Chamber of Commerce
18.	Mrs Ginette Morris	Vanuatu Disability Desk
19.	Ms Lana Elliott	University of Queensland
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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 Vanuatu in the future.