



# MINISTRY OF HEALTH CORPORATE PLAN 2026 - 2030



*Wan strong helt sistem blong yumi evriwan*

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## Abbreviations

CD	Communicable Disease
DHCS	Director of Hospitals and Curative Services
DCSPP	Director of Corporate Services, Policy and Planning
DG	Director General
DPH	Director of Public Health
DSPPAC	Department of Strategic Policy, Planning and Aid Coordination
HEOC	Health Emergency Operations Centre
HRC	Health Report Card
HSS	Health Sector Strategic 2021-2030
M&E	Monitoring and Evaluation
MFEM	Ministry of Finance and Economic Management
MOH	Ministry of Health
NCD	Non-Communicable Disease
NSDP	National Sustainable Development Plan
NSM	Nursing Services Manager
NPP	New Policy Proposal
PHA	Provincial Health Administrator
PHM	Public Health Manager
PCO	Principal Compliance Officer
PNO	Principal Nursing Officer
PSC	Public Service Commission
RDP	Role Delineation Policy
SDG	Sustainable Development Goal
SOE	State Owned Enterprises
SWOT	Strengths, Weaknesses, Opportunities, Threats (Analysis)
UHC	Universal Health Coverage
VCNE	Vanuatu College of Nursing Education

# 1. PREFACE

## 1.1. From the Health Minister



*“This medium-term plan or corporate plan articulates a “leap” of strategic visions of what we believe. It is therefore imperatively important to reconsider the architecture of our health system and structure so to respond effectively to the health expectations of our people. The accomplishment of this plan, is to me the continuation of a new journey which started five (5) years ago!”*

It gives me great pleasure to present the Corporate Plan 2026 - 2030 of the Ministry of Health, a vital blueprint that guides our commitment to delivering equitable, quality, and sustainable health services across our nation. This plan has been developed in alignment with the Ministry of Health Sector Strategy 2021 - 2030 and Vanuatu's National Sustainable Development Plan (NSDP) 2016–2030, which places people's well-being at the heart of national policy.

Our health sector operates in a complex and evolving environment, where effective planning and strategic investment are essential. This Corporate Plan 2026 - 2030 sets out a clear direction to strengthen the foundations of our health system, enabling us to respond efficiently to emerging challenges, improve service delivery, and ensure that no one is left behind. The plan is anchored on six key strategic objectives that are directly aligned with national priorities:

2. **Leadership and Governance** – Strengthening the stewardship role of the Ministry through clear accountability, policy coherence, and transparent decision-making will enhance public trust and system performance. Good governance is the bedrock of sustainable development and is a key pillar of the NSDP.
3. **Health Information Systems** – Reliable, timely, and accurate health data is essential for evidence-based planning, monitoring, and evaluation. By improving our information systems, we support the NSDP's emphasis on informed policymaking and performance-driven outcomes.
4. **Workforce Management and Development** – A competent, motivated, and well-distributed health workforce is critical for achieving universal health coverage. This objective supports both the MOH Strategy and the NSDP's focus on building human capacity and delivering essential services closer to communities.
5. **Finance Systems Strengthening** – Efficient and transparent financial management enables optimal use of resources, promotes sustainability, and strengthens donor and stakeholder confidence. Financial accountability is aligned with the broader public-sector reform agenda and supports the NSDP's principles of good governance.
6. **Capital (Infrastructure & Equipment)** – Investment in resilient health infrastructure and appropriate medical equipment is vital for service delivery, particularly in remote and underserved areas. This supports the NSDP's goal of building strong institutions and resilient infrastructure across sectors.
7. **Supply Chain Management** – A robust supply chain ensures the continuous availability of essential medicines and medical supplies. Strengthening this system will reduce service delivery disruptions and aligns directly with the Ministry's strategic goal of improving access to quality healthcare.

This Corporate Plan 2026 – 2030 reflects our collective aspirations and our commitment to ensuring a healthier future for all ni-Vanuatu. As we implement this plan, I call on all partners—government agencies, development partners, civil society, and communities—to work together with renewed energy and shared responsibility.

Together, let us build a health system that is resilient, inclusive, and responsive to the needs of our people.

  
Hon. Johnstil Tariqetu (MP)  
Minister of Health



## 1.2. From the Health Director General



*“This is the third corporate plan developed by the Ministry of Health, which is developed by the Ministry. I wish to congratulate all three directorates under the Ministry, for their efforts and time dedicated to achieve this milestone, a plan that will provide guidance to our annual planning processes over the next four years until 2030”*

The establishment of the new Ministry of Health Sector Strategy (HSS) 2021 – 2030 and its contemplating document, the Monitoring and Evaluation Framework provides a timely opportunity for the Ministry of Health to align the Ministry’s new Corporate Plan 2026 - 2030 to the strategic objectives of the HSS goals to achieve the development goals and Policy Objectives of the National Sustainable Development Plan (NSDP). It is important to note that the Ministry is now at the midpoint of implementing its sector plan therefore is an opportune time to assess the Ministry’s performance and redirect towards positioning to achieve the goals of the HSS. The Corporate Plan is our medium-term framework of addressing health issues in Vanuatu.

Our Corporate Plan framework is based on the NSDP Society Pillar Goal 3. A framework to achieve ‘Quality Health Care’ by 2030 and beyond. Our Health Sector Strategy gives a clear direction of aligning our strategic objectives and goals to the overall NSDP goal in order to achieve our vision for a healthy population that enjoys a high quality of physical, mental, spiritual and social well-being through; an effective decentralized health system with a primary healthcare focused, developed and strengthened secondary and tertiary healthcare and, strong leadership to promote good governance practice at all levels of health services.

The Ministry of Health Corporate Plan sets out the vision, mission, values and strategic approach for the four-year period 2026 to 2030. According to Vanuatu Government Public Service Act (1988), Directors General are required to provide “Corporate Plan in a form, content and at a time directed by the Public Service Commission.” This corporate plan is the product of an in-depth assessment, effective consultation and cooperation between the Director General’s Office; the Director, Department of Corporate Services, Policy and Planning; Director, Department of Curative and Hospital Services; Director, Public Health; National and Provincial Health Teams & Managers, Hospitals, all health partners and stakeholders. Our Health Corporate Plan is in line with the government of Vanuatu National Planning Framework for integrated planning with all line MOH units, departments and other relevant government stakeholders to align and achieve common goals and targets.

The Corporate Plan of the Ministry of Health sets out the strategic directions and priorities of the Ministry for the coming four (4) years. This provides a solid foundation for the ministry to develop and establish its annual Business Plans and budget narrative for effective reporting as required by the Public Service Commission (PSC). Our progress against the strategic objectives and expected outcomes of the Corporate Plan will be measured through Performance Indicators of the program progresses, HSS, NSDP as well as SDGs. Some of them will help monitor the implementation of the Plan; other indicators will be used to evaluate the final results of our activity outputs or service targets produced annually.

This is the third corporate plan developed by the Ministry of Health and is a result of great collaboration and team spirit between directorates under the Ministry. I wanted to congratulate everyone for their efforts and time for this great achievement, a plan that will provide guidance in our annual planning process in the next four years leading to 2030.

The Ministry of Health wishes to acknowledge the Public Service Commission for your continued assurance and guidance to the Policy and Planning unit of the Ministry of Health to drive and deliver this plan.

Congratulations again and thank you.



Mrs. Shirley Tokon  
Director General, Health



# 1. INTRODUCTION

This Corporate Plan describes the current position of the Ministry of Health (MOH), informed by the Health Sector Strategy 2021-2030 (HSS) to achieve the National Sustainable Development Plan (NSDP) and Global Sustainable Development Goals (SDGs) for quality healthcare by 2030 and beyond.

The five-year plan outlines the Ministry's medium-term direction to deliver MOH mandates outlined by the; Health Services Act, Health Committees Act, Nurses Act, Public Health Act, Health Practitioners Act, Sales of Medicines Control Act, Tobacco Control Act, Food Safety Act, Mental Health Act and regulations of the World Health Organization to achieve Universal Health Coverage (UHC), so that no one is left behind in accessing essential health services despite; remoteness, location and socio-economic status.

## 1.3. Review of Performance Against Previous Corporate Plan: 2022-2025

The initial step towards development of this new Corporate Plan: 2026-2030 saw the MOH undertake a consultative review and planning process of the Ministry's collective performance against the previous Corporate Plan: 2020-2025, and identification of lessons learned to inform the new Corporate Plan.

**Review Methodology:** In early May 2025, the MOH Policy and Planning Unit provided all MOH Directorates (i.e.: Public Health, Corporate Services, Policy and Planning, Curative and Hospital Services, and the Office of the Director General, which oversees Cabinet operations as well as the overall Ministry Executive) with guidance to support their respective internal Corporate Plan review discussions. The focus for these discussions was for each Directorate to explore their respective contributions towards key health indicators outlined in the Health Report Card.

The outcomes of these internal discussions were brought to a **National Planning Meeting in Port Vila on 28-29 May 2025**, where all Directors, National and Provincial Health Managers, and Development Partners shared their collated reflections and experiences to address three key review questions:

- **Where are we now?** Seeking to assess the current state of the MOH programs, projects and operations. This calls for analysis of existing data, achievements, challenges, gaps and performance indicators.
- **Where do we want to go?** Defining the desired future state, including specific goals and targets; aligning operational objectives with broader strategic plans or policies such as the Corporate Plan, HSS and NSDP.
- **How do we get there?** This informs the strategy development and key strategic activities for the Corporate Plan, seeking to identify the actions, resources, structural adjustments, capacity development and accountability measures required to deliver the Corporate Plan.

**Planning Workshop Outcomes:** Table 1 summaries the key outcomes from the National Planning Meeting against the three review questions.

<b>Table 1: Outcomes of Review Process</b>	
<b>Where are we now?</b>	
<b>Progress against Health Report Card (HRC)</b>	<p>Consideration and discussion of progress against the HRC (see Appendix X)</p> <p>Baselines are outdated and need to be reviewed/revise.</p> <p>Most HRC indicators are impact indicators, requiring rigorous assessment methods such as evaluations or surveys, which draw on substantial operational resources from across MOH.</p>
<b>Budget Ceilings: 2022 - 2025</b>	<p>No comprehensive evaluation conducted in 2017 (ahead of last HSS); organizational structure and workforce not assessed. Again in 2021, neither new HSS 2021–2030, nor Corporate Plan 2022–2025 informed by evaluation of proposed structural changes.</p> <p>Historically, budget ceilings based on 30% programming and 70% payroll, leaving limited resources for operations and initiatives that drive meaningful progress toward achieving outcomes and targets. Corporate Plan 2026-2030 to align with key result areas, and human resources management and development.</p>
<b>Health Facility Standards</b>	<p>Role Delineation Policy (RDP) defines infrastructure specifications, functional space requirements, minimum human resourcing, and necessary equipment. Available data suggests 53% of health facilities meet RDP benchmarks. A comprehensive update on the policy's progress will be reported in 2025.</p>
<b>Where do we want to go?</b>	
<b>Address Administrative Layers</b>	<p>The current organisational structure contains multiple administrative layers, which may serve as barriers to the effective implementation of health programs; may hinder progress toward achieving intended outcomes. A closer examination of organisational efficiency and potential streamlining should be considered within the new Corporate Plan.</p>
<b>How do we get there?</b>	
<b>Address Limitations with Planning Structure</b>	<p>Annual Business Plan focused on activities and outputs; does not enable reporting of progress toward key indicators and result areas.</p> <p>Business Plans not aligned with current budget structure; staff unfamiliar with its setup, including key terminologies in the budget narrative, such as programs, activities, and output/service targets.</p> <p>MOH staff lack a broad perspective of current planning documents; misalignment between the business plan, key activity result areas, and the budget narrative and programs in the budget structure</p> <p>Result areas outlined in the current Corporate Plan lack clear definition and do not sufficiently reflect the content of the budget narratives for 2022–2025.</p>
<b>Current Health Workforce</b>	<p>While current health workforce seems sufficient, MOH is not achieving targets. In addition to filling vacancies, MOH needs suitable assessments and internal arrangements to ensure Ministry is better positioned and resourced to meet intended outcomes.</p> <p>MOH to perform in-depth workforce assessments and propose necessary reforms (in line with new budget structure – see below).</p>
<b>MOH Budget Structure</b>	<p>Budget Committee have proposed a new budget structure that aligns with a programmatic approach to planning and budgeting while incorporating changes initiated by DSPPAC and MFEM.</p>

	<p>The revised budget structure guides resource allocation towards strategic priorities in line with HSS and NSDP.</p> <p>Table 6 below presents the proposed budget structure. This consolidates all key programs that generate real-time and ongoing information to support the Director General in overseeing the MOH’s operations. All cross-cutting programs have been brought under the MOH Executive.</p> <p>A more integrated approach to policy execution and organizational decision-making. Will serve as a framework for guiding future structural changes, including human resource restructuring, program arrangement modifications and resource allocation for 2026–2030.</p>
<b>National Directorate Priorities 2026-2030</b>	<p>Through an evaluation of progress against the HRC, the proposed budget structure was developed to address barriers to performance.</p> <p>Each directorate established Corporate Plan Priorities (see Table 5), aligned with the budget structure.</p>

**Lessons Learned and Recommendations:** Table 2 summaries the lessons learned from the preliminary reviews and National Planning Meeting, which have informed the recommendations for development of the new Corporate Plan 2025-2030.

Table 2: Lessons Learned and Recommendations	
Lessons Learned	Recommendations
MOH personnel require greater understand of the HRC impact indicators, and support to plan and monitor actions towards achieving outcomes	<p>Planning processes (Corporate and Business Plans) need to include scheduling and resourcing of evaluation activities, including periodic, large-scale surveys.</p> <p>Budget restructure into logical programs that support oversight of monitoring and evaluation activities across Corporate and Business Plans.</p> <p>MOH to undertake required studies/evaluation activities to establish new HRC baselines for the period 2026–2030.</p> <p>Directorates to conduct program evaluations (June - December 2025), ensuring alignment with the new budget structure for the implementation of the Corporate Plan: 2026–2030.</p>
Corporate Plans not informed by analysis of organizational structures and workforce levels.	<p>Corporate Plan matrices (for programs) to reflect organizational structure, and/or plan for review and revisions.</p> <p>Closer examination of organisational efficiency and potential streamlining to be considered within the new Corporate Plan.</p> <p>MOH Directorates to perform in-depth workforce assessments and propose necessary reforms (in line with new budget structure); June – December 2025.</p>
Budget ceilings not informed by budget and expenditure analysis.	Corporate Plan 2026-2030 to align with key result areas, and human resources management and development.
Business plans not well aligned with broader planning and budget structures	Budget restructure into logical programs that align terminologies between Business Plan, Budget Narrative and Corporate Plan, such as programs, activities, key activity result areas and output/service targets.
Insufficient articulation and means to address sectoral priorities within Corporate Plan	<p>Each directorate to establish Corporate Plan Priorities, aligned to the budget structure.</p> <p>Budget structure to enable monitoring, and to address barriers to performance.</p>

## 1.4. SWOT Analysis

The MOH Policy and Planning Unit has reviewed the analysis of the Ministry's Strengths, Weaknesses, Opportunities and Threats (SWOT) which may promote or hinder progress against the Corporate Plan 2026-2030 (Table 3).

Table 3: MOH SWOT Analysis			
Strengths		Weaknesses	
Internal	External	Internal	External
<ul style="list-style-type: none"> <li>• Legislation and policies in place to guide staff</li> <li>• National plans in place (HSS and NSDP) providing overall guidance</li> <li>• Qualified staff in leadership and management positions to lead</li> <li>• Moderate historical data and information</li> <li>• Committed staff across three directorates</li> <li>• Executive Committee providing top level advice, decisions and support</li> <li>• Timely Reporting and communication (moderate)</li> <li>• Public Service Staff Manual</li> <li>• Staff willingness to step up to managing Emergency and Disaster situations</li> </ul>	<ul style="list-style-type: none"> <li>• Strong collaboration and partnership with development partners, private sector, civil society organisations and other government line agencies</li> <li>• Access to technical support and capacity building opportunities</li> <li>• Strong partnership with provincial governments</li> <li>• Strong partnerships with community gatekeepers (Chiefs, Churches, Women and Youth)</li> <li>• Funding support from development partners to support service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Delays in staff recruitment</li> <li>• GRT issues</li> <li>• Delays to Reporting and communication (incl quality)</li> <li>• Inadequate budget support for HR &amp; operations</li> <li>• Lack of reliable, timely Health Information and Data to inform Planning</li> <li>• Lack of library &amp; information resource</li> <li>• Poor time management</li> <li>• Coordination &amp; communication among Directorates</li> <li>• Lack of clear, harmonized budgets and plans.</li> <li>• Lack of review update on health legislations and policies</li> <li>• Duplication of efforts especially through Public Health Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Health emergencies redirecting focus away from plans and business as usual</li> <li>• Impact of Natural Disasters budgets and operations</li> <li>• TAs not well coordinated</li> <li>• Shortage of funds to undertake activities and operations</li> <li>• Lack of capacity and leadership to implement inclusive health reforms</li> <li>• Continuous changes in Leadership within the MoH</li> <li>• Lack of proper partner coordination system</li> </ul>
Opportunities		Threats	
Internal	External	Internal	External
<ul style="list-style-type: none"> <li>• Established National HEOC linking information and reporting with Provincial HEOCs.</li> <li>• Disaster Risk Management system is strengthened with recent response and operations</li> <li>• HSS roadmap to 2030 with other branching policies and strategies in place</li> <li>• Strengthen private sector, civil society, regional, provincial, Aid in Kind organizations and community partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Willingness and support from MOH Development partners</li> <li>• Improved &amp; broadened stakeholder relationships</li> <li>• Projects (funding opportunities)</li> <li>• Technical support and Assistance</li> <li>• Training opportunities for health emergency operations</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers to meeting revised organisational structure and HR targets</li> <li>• Poor implementation of most MOH policies and plans</li> <li>• Shortage of Health care workers</li> <li>• Lengthily process to access emergency funds</li> <li>• Insufficient career pathways for specialties within the health workforce</li> <li>• Maintaining core functions while managing disease outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing spread of disease burden and outbreaks redirecting focus versus core functions</li> <li>• Ambitious targets of the NSDP and insufficient funding recurrent budget allocations to execute Business Plans</li> </ul>

## 2. VISION, MISSION, VALUES

### 2.1. VISION

A healthy population that enjoys a high quality of physical, mental, spiritual and social well-being through an effective decentralized health system with a primary health care focus developed and strengthened secondary and tertiary healthcare, and strong leaders to promote good governance practice at all levels of health services.

### 2.2. MISSION

To protect and promote the health of all people throughout Vanuatu.

### 2.3. VALUES

In support of our ongoing mission and service to the overall population, the Ministry of Health will continue its work on behalf of the many communities we serve across Vanuatu. We value our people and ensure they receive quality health care.

**Consumer focus:** Consumer focus is our first priority and concern in the provision of healthcare

**Equity:** Irrespective of culture, ethnicity, location, disability, age, gender, religious and political affiliation, all clients must be treated as equal, and according to their health needs.

**Quality:** We ensure our health care activities pursue high quality outcomes using safe and affordable interventions and the application of science and technology to maximize benefits to health while minimizing risks.

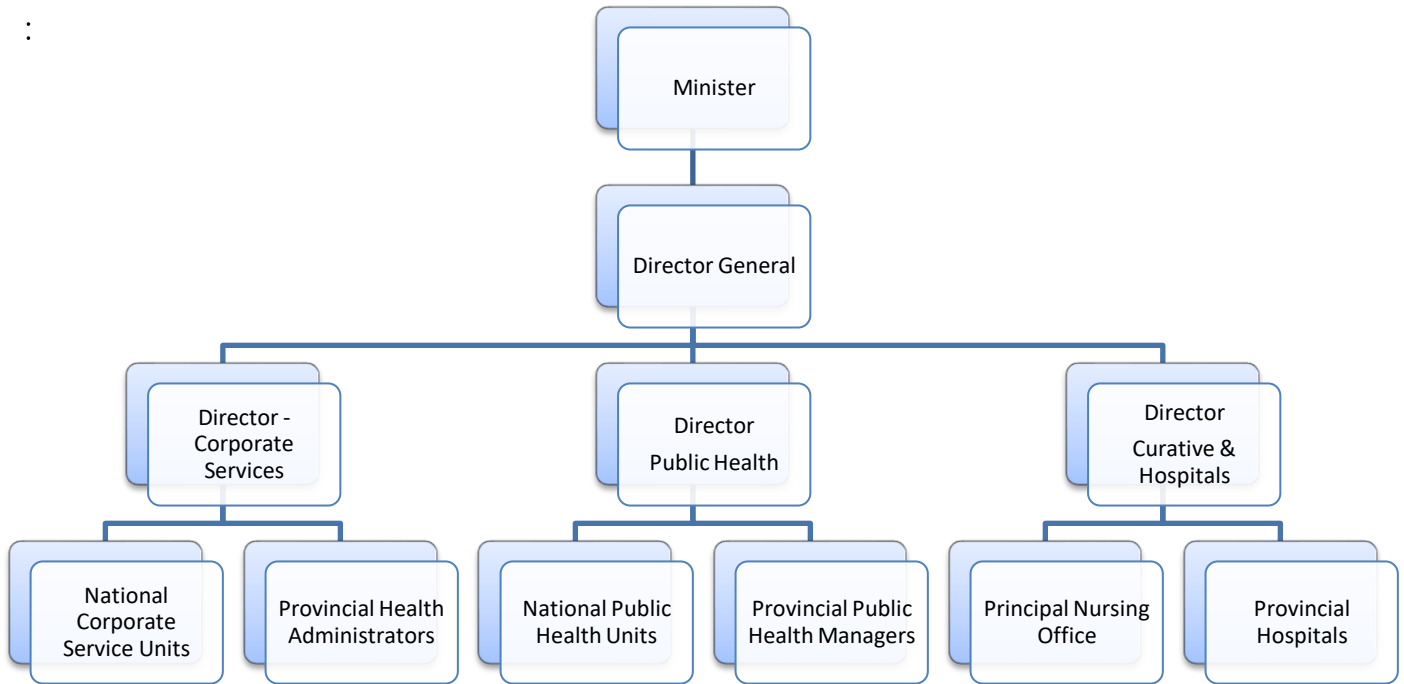
**Integrity:** Our commitment to integrity is to the highest ethical standards in the provision of care and we will continue to strive constantly for improvement.

**Efficiency:** We are cost- conscious, and aim to avoid wasting resources by achieving value for money.

### 3. SECTOR OVERVIEW

#### 3.1. Organizational Structure

Figure 1: MOH Corporate Organizational Structure



#### 3.2. Affiliated SOEs

There are no affiliated State of Owned Enterprises by the Ministry of Health

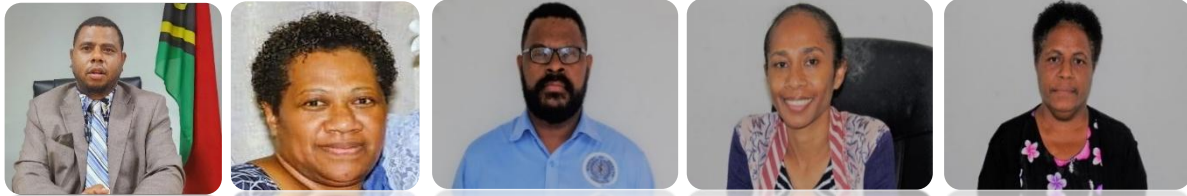
#### 3.3. Statutory Authorities

The following boards, councils, committees, commissions and Associations are administered or have association with the Ministry of Health.

- Audit and Finance Committee
- Health Practitioners Board
- Health Partnership Committee
- Health Steering Committee
- Health Emergency and Advisory Committee
- Health Research and Ethics Committee
- Health Technical Advisory Group
- National Assets Committee
- National Health Emergency Operation Centre
- National Health Training Committee
- National Immunization Coordinating Committee
- Pharmacists Practitioners Commission
- Pre-Registration Training Committee
- Projects, Planning and AID Coordination Committee
- Public Health Emergency Operation Centre
- Vanuatu College of Nursing Education Board
- Vanuatu Medical and Dental Association
- Vanuatu Nursing Council
- Vanuatu Nursing Association

### 3.4. Functions

The functions of the Ministry of Health are administered by the Minister responsible for Health in Vanuatu, the Director General as head of the health team and the three Directors; Policy, Planning & Corporate Services, Curative & Hospital Services and Public Health as departmental team leads, for strategic and operational policy directions at national down to provincial and community levels.



*The main pioneers of the MOH Corporate Plan Development from 2026-2030*

*[From L-R: Minister of Health (Hon. Johnstil Tariqetu), Director General (Mrs. Shirley Tokon), Director of Policy, Planning & Corporate Services (Dr. Posikai Samuel Tapo), Director of Curative & Hospital Services (Dr. Sereana Natuman) and Director Public Health (Dr. Jenny Stephen)]*

#### 3.4a. Minister

The Minister is the overall lead for the Ministry of Health for policy directions.

#### 3.4b. Director General

The Director General is the figurehead of the Ministry supported by three (3) Directors of Policy, Planning & Corporate Services, Public Health and Curative & Hospital Services.

#### 3.4c. Departments

##### i. Policy, Planning and Corporate Services

The Department of Policy, Planning and Corporate Services has been established to support strategic and operational planning, financial allocations and controls, information technologies, communications, health information and connectivity, fixed support asset, pharmaceutical management and human resource management and workforce development.

The national corporate services link with Provincial Health Administrators (PHAs) and their corporate services which in turn link with corporate services in both community health services and provincial hospitals. National level corporate support provides policy and planning direction and oversight of compliance issues including providing direction for provincial action. However, command responsibility for provincial corporate function is still retained by the provincial organizations.

#### Executive and Corporate Services

##### Mandates:

- Strategic and Executive Planning
- Workforce Development and Performance Alignment
- Resource Planning and Allocation
- Enabling Environment and Policy Coherence
- Infrastructure and Equipment
- Operationalizing Policy at the Frontline

## ii. Public Health

The Department of Public Health has been established to support sound strategic policy and planning documentations with a consistent national direction with the curative and hospitals at the provincial levels. The national public health directions are represented through its thirteen (14) national public health programs. Each program establishes policy and strategic planning documentation to assist with a consistent national direction, with the ability to deliver through the community health services and hospitals at the provincial level.

Additionally, within the Department of Public Health are the six (6) Provincial Public Health Managers (PHMs), each supporting a myriad of health professionals delivering community-focused public health interventions to promote health, and to prevent and/or respond to disease. PHMs also support delivery of clinical services from, Health Centre's and Dispensaries around the country.

### Public Health Mandates:

- To promote, protect and ensure accessible community-based care, that meets health needs of individuals and populations
- To reduce premature, mortality and morbidity rates
- To promote health seeking behaviors
- To advocate for the reduction of CDs and NCDs

## iii. Curative and Hospitals Services

The department of Curative and Hospital services has established control of the six (6) provincial hospitals across the country, of which one (1) the Vila Central Hospital (on Efate) is the national referral and tertiary hospital, one (1) the Northern Provincial Health (on Santo) is the regional provincial secondary-tertiary referral hospital, and four (4) provincial hospitals – Lenakel (on Tanna), Lolowai (on Ambae), Norsup (on Malekula) and Qaet Vaes (on Banks). The hospitals maintain links with corporate functions through HR, finance and accounts, asset management, pharmaceutical support and Health Information Systems (HIS) and with public health programs, particularly through surveillance, reproductive health, environmental health, non-communicable and communicable disease initiatives.

### Curative and Hospital Mandates:

- To provide medical and specialist health services
- To lead hospitals infrastructure developments
- To promote and lead in Medical professional pathways
- To promote and lead in Nursing professional pathways
- To lead in strategic developments for hospital services

## 4. STRATEGIC APPROACH

Of the 15 NSDP Goals, four relevant goals are associated with the MOH HSS goals and strategic objectives. Table 4 outlines the four NSDP goals most closely aligned with the priorities articulated within this Corporate Plan.

Table 4: NSDP Goals and Policy Objectives aligned to the Corporate Plan 2026-2030	
NSDP Goal	Policy Objective
<p><b>Society Goal 3: Quality Health Care:</b> A healthy population that enjoys a high quality of physical, mental, spiritual and social well-being</p>	<p><b>SOC3.1:</b> Ensure that the population of Vanuatu has equitable access to affordable, quality health care through the fair distribution of facilities that are suitably resourced and equipped</p> <p><b>SOC3.2:</b> Reduce the incidence of communicable and non-communicable diseases</p> <p><b>SOC3.3:</b> Promote healthy lifestyle choices and health seeking behavior to improve population health and well-being</p> <p><b>SOC3.4:</b> Build health sector management capacity and systems to ensure the effective and efficient delivery of quality services that are aligned with national directives</p>
<p><b>Society Goal 4: Social Inclusion:</b> An inclusive society which upholds human dignity and where the rights of all Ni-Vanuatu including women, youth, the elderly and vulnerable groups are supported, protected and promoted in our legislation and institutions</p>	<p><b>SOC4.5:</b> Ensure all people, including people with disabilities, have access to government services, buildings and public spaces</p>
<p><b>Environment Goal 3: Climate and Disaster Resilience</b> A strong and resilient nation in the face of climate change and disaster risks posed by natural and man-made hazards</p>	<p><b>ENV3.1:</b> Institutionalise climate change and disaster risk governance, and build institutional capacity and awareness</p>
<p><b>Economic Goal 2: Improve Infrastructure</b> Sustainable and well-maintained infrastructure and services for all, through inclusive and effective partnerships</p>	<p><b>ECO2.2:</b> Ensure all people have reliable access to safe drinking water and sanitation infrastructure</p>

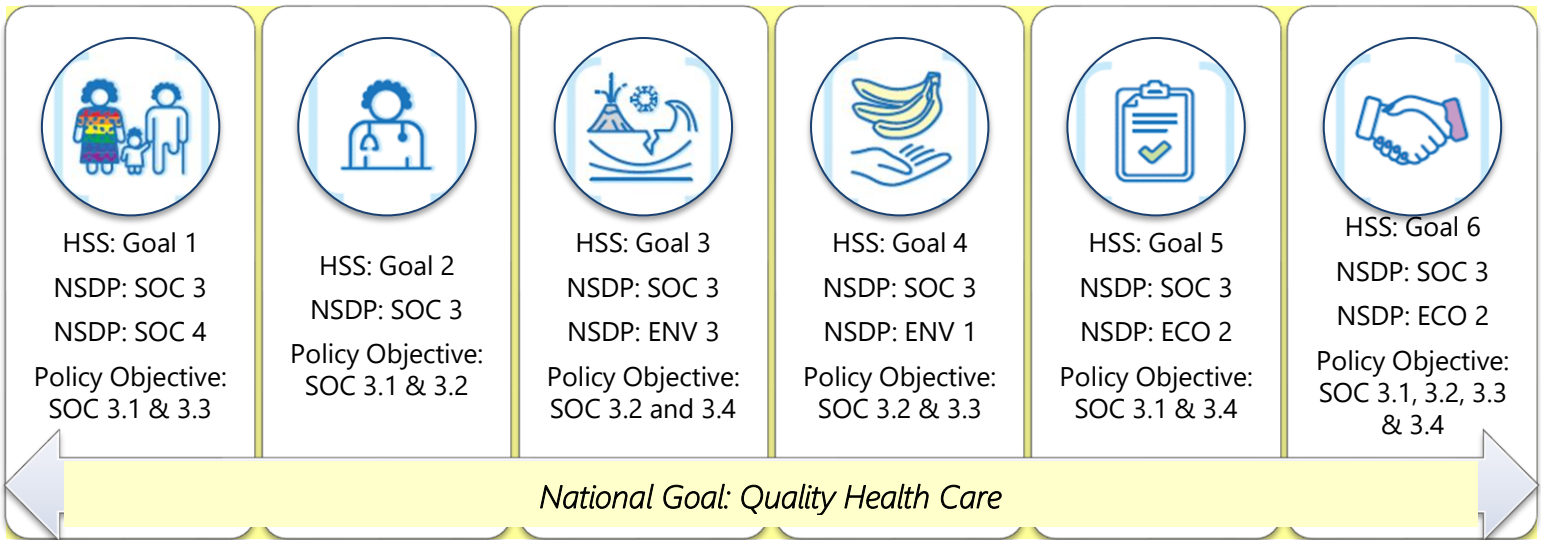


Figure 2: Alignment of MOH Health Sector Strategy to National Sustainable Development Plan

The following Corporate Plan Priorities (Table 5) were determined by the MOH to provide the over-arching strategic direction for this Corporate Plan, and to inform annual Business Plans during the period 2026-2030.

Table 5: Corporate Plan Priorities: 2026-2030		
Executive and Corporate Services	Curative and Hospitals	Public Health
Enhance Development Partnerships and project management systems	Strengthen Hospital administration and corporate services	Increase Immunization coverage in Vanuatu
Ensure policy alignment and strategic roadmap for health sector	Ensure policy alignment, monitoring and reporting	Ensure policy alignment, monitoring and reporting
Strengthen Health Sector Governance, Accountability and Evidence based planning	Strengthen biomedical services in all six provincial hospitals	Finalise and implement M&E Framework for public health programmes
Enforce Public Service Staff Manual through compliance to support quality health service delivery	Implement hospital Patient Referral Services with six provincial hospitals	Improve WASH and sanitation in primary health facilities in Vanuatu
Enforce PFEM Act by promoting accountability across Ministry of health use of monetary resources	Ensure Hospital Support Services is well resourced and managed	improve disease surveillance system
Implement Digital Health Strategy to enhance health information systems	Coordinate the delivery of hospital Specialist services at VNH and decentralise to provincial hospitals	Reduce the incidence of NCDs in Vanuatu through improved dietetics, mental health, oral health and eye care
Develop and resource health facilities in line with Role Delineation policy	Strengthen medical services in all six provincial hospitals	Eliminate Neglected Tropical Diseases (NTDs) in Vanuatu
Regulate policies for procurement and operations to maintain supply chain	Strengthen Allied services in all six provincial hospitals	Strengthening health and well-being for young people in Vanuatu
Coordinate the preparedness, response and recovery of disaster and emergencies	Strengthen Dental services in all six provinces in Vanuatu	Protect and safeguard mother and child health
Promote communications for visibility within the health sector	Provision of Nursing care in collaboration with public health	Strengthening health and well-being for key population groups through Healthy Islands approach
Strengthen Nursing governance in collaboration with Nursing regulatory, Nursing education and Professional Nursing Association	Strengthen Nursing Services in all Hospitals	Strengthen Nursing governance and Services in community health facilities in collaboration with Public health

The following Corporate Plan structure (Table 6) maps out the Departments, Cost Centre (CC) Codes, Programs and Sub-Programs for the period 2026–2030. Details of Program-specific alignment with NSDP Targets and HSS Objectives are presented in the Corporate Plan Matrix (in the following section).

Departments (4)	Programs (10)	Sub Program (Activities) (38)	
<b>Cabinet Portfolio</b>	<b>MHO - Health Cabinet</b>	MHOA - Portfolio Management	
<b>Executive &amp; Corporate Services</b>	<b>MHP - Executive &amp; Strategic Policy Directive</b>	MHPA - Management and Administration	
		MHPB - Project Management	
		MHPC - Policy and Planning	
		MHPD - Media and Communications	
		MHPE - Legal, Compliance & Standards	
	<b>MHS - Corporate Services</b>	MHSA - Digital Health Systems (HIS/ ICT)	
		MHSB - Workforce management and Development	
		MHSC - Financial Management	
		MHSD - Capital (Infrastructure and Equipment)	
		MHSE - Medical Supply Chain and Management	
		MHSF - Emergency and Disaster Response	
		MHSG - VCNE	
	<b>Public Health</b>	<b>MHD - Health Promotion Standards &amp; Disease Control</b>	MHDA - Management and Administration
			MHDB - Village Health Worker Programme
MHDC - Environmental health			
MHDD - Health Promotion			
MHDE - Disease Surveillance & Epidemiology			
<b>MHE - Non Communicable Diseases</b>		MHEA – Lifestyle Diseases: NCD & Mental Health	
		MHEB – Lifestyle Diseases: Dietetics	
		MHEC – Lifestyle Diseases: Integrated Oral Health - Eye Care and ENT	
<b>MHF - Communicable Diseases</b>		MHFA - Malaria and other vector borne disease	
		MHFB - TB/Leprosy	
		MHFC - STI and HIV/AIDS	
		MHFD - Neglected Tropical Diseases	
<b>MHI - Family Health</b>		MHIA - RMNCAH	
		MHIB - Child Nutrition	
		MHIC - Vaccine Preventable Diseases and Immunization	
<b>Hospitals and Curative Services</b>	<b>MHG - Hospital Executive and Corporate Services</b>	MHGA - Management and Administration	
		MHGB - Biomedical Services	
		MHGC - Patient Referral Services	
		MHGD - Hospital Support Services	
		MHGE - Specialist services	
	<b>MHM - Medical Services</b>	MHMA - Medical Services	
		MHMB - Allied Services	
		MHMC - Dental Services	
	<b>MHN - Nursing Services</b>	MHNA - Hospital Nursing Services	
		MHNB - Community Nursing Services	

## 5. HUMAN RESOURCES PLAN

### 5.1. Analysis of Current Organizational Structure

Table 7 illustrates that in the current MOH organizational structure there are about 2,525 positions in total. This current structure was approved by PSC in December 2017.

Out of these approved positions, 1,148 (45%) positions are filled or occupied and 1,377 (55%) of the positions are still vacant. Table 8 demonstrates that there are only 1,111 permanent staff; the remaining positions are filled by contracted Solomon Island nurses. (2023 Annual Report Data)

Directorate	Total Organizational Structure	Total Positions Occupied	%
Director General's Office	11	3	27
Directorate of Hospitals & Curative Services	1,572	616	39
Directorate of Policy, Planning and Corporate Services	93	58	62
Directorate of Public Health	62	43	69
Community Health Services	787	428	54
<b>Total</b>	<b>2,525</b>	<b>1,148</b>	<b>100%</b>

Contract Type	Total
Permanent	1,111
Contract	40
Intern	79
Project	16
Solomon Islands	70
Temporary	
Study Leave	12
<b>Total</b>	<b>1,328</b>

### 5.2. Organization's OPSC Approved Staffing Structures

Type of Services	National	Torba	Sanma	Penama	Malampa	Shefa	Tafea	Total
Administrative & Support Services	13		4		4			21
Directorate Executive	3							3
Provincial Health Administration			1		1			2
Internal Audit	4		1					5
Assets and Infrastructure	2		1				1	4
Central Medical Stores	11							11
Finance and Accounts	10	2	3	2	1	3	2	23
Health Information System	3	1	2	1	1	3	1	12

HRD&M	10	1	2	1	1	2	1	18
Information and Communication Technology	3	1	1	1	1	1	1	9
Planning and Policy Coordination	8	1	1	1	1	1	1	14
Vanuatu College for Nursing Education	5							5
Teaching Services (at VCNE)	18							18
<b>Grand Total</b>	<b>90</b>	<b>6</b>	<b>16</b>	<b>6</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>145</b>

**Table 10: Public Health Staffing Overview (2023 Annual Report)**

Type of Services	National	Torba	Sanma	Penama	Malampa	Shefa	Tafea	Total
Administrative & Support Services	9	9	24	16	20	14	12	104
Communicable Diseases (NTD, Malaria, TB/Leprosy/SI/HIV)	15	7	7	7	8	7	7	58
Environmental Health & Sanitation	9	10	22	12	13	21	11	98
Family Health (RH/EPI)	9	3	3	3	3	3	3	27
Health Promotion	7	2	2	2	2	2	2	19
Non-Communicable Diseases (Nutrition/MH/NCD)	6	3	3	3	3	3	3	24
Surveillance, Research & Em. Response	6	2	2	2	2	2	1	17
Dispensaries		11	54	47	40	24	26	202
Health Centers		17	46	35	44	30	19	191
<b>Grand Total</b>	<b>61</b>	<b>64</b>	<b>163</b>	<b>127</b>	<b>135</b>	<b>106</b>	<b>84</b>	<b>740</b>

**Table 11: Curative and Hospital Staffing Overview (2023 Annual Report)**

Type of Services	National	Torba	Sanma	Penama	Malampa	Shefa	Tafea	Total
Administrative & Support Services	5	19	105	31	32	139	32	363
Allied Services		5	23	8	8	69	9	122
Biomedical Services			4			4		8
Dental Services		2	11	2	2	24	2	43
Medical Services (Clinical)		1	32	3	3	143	3	185
Medical Services (Non - Clinical)		2	3	2	2	2	2	13
Nursing Services (Clinical)		32	243	66	72	253	73	739
Nursing Services (Non - Clinical)		1	1	1	1	2	1	7
Pharmacy Services		10	20	10	10	21	10	81
<b>Grand Total</b>	<b>5</b>	<b>72</b>	<b>442</b>	<b>123</b>	<b>130</b>	<b>657</b>	<b>132</b>	<b>1,561</b>

In the MOH Procedures and Processes Guidelines, there is the Role Delineation Policy(RDP). It provides the:

- Guiding Principles of the Role Delineation Policy (also set out in the HSS 2017-2020, including Universal Health Coverage and Primary Health Care, promoting gender equality and empowering women, disability, inclusion, to list a few.)
- Models of health care in Vanuatu
- Levels of care delivered through the health facilities-

The staffing standards are determined on the basis of health facility, which includes the types of services to be provided at different levels of health facility; limitations of code of practice for each level of health professional, and expectations for mobile outreach and supervision.

Table 12: Staffing Levels and Primary Care Facilities (RDP)		
Facility	Population catchment	Required Staff (Staffing Level)
Aid Post	100 to 300 people	Village Health Worker
Dispensary	300 to 2,000 population	Registered Nurse (1) Nurse Aide (1)
Remote Dispensary	Planning baseline as per Dispensary level: Remote in nature due to time and method of travel required to access the next highest level of health care (RDP)	Midwife (1) Nurse Aide (1)
Health Centre	2000 to 5000 population	Nurse Practitioner (1) Midwife (1) Registered Nurse (1) Nurse Aide (1) Handyman & Driver (1)
Enhanced Health Centre	Catchment Population may be larger May have other Health Centres within the same zone May have extended time to travel to access the next higher level facility	Nurse Practitioner (1) Midwife (1) Registered Nurse (1) Nurse Aide (1) Handyman & Driver (1) Rural Physician (1)

Within the Secondary and Tertiary facilities the planning is more complex and needs to consider patient loading, bed availability, occupancy rates and services provided at the facilities. As such minimum staffing levels have not been identified for Hospitals.

Secondary Care services are provided at the Provincial hospitals. Tertiary Care Services are provided at the Northern Provincial Hospital (NPH)-Santo, and Vila Central Hospital (VNH).

Hence the PSC approved structure took into account all the staffing levels in each health facility.

### 5.3. Restructure rationale (if possible) in next 5 years

- According to RDP, based on the 2015 population and workforce data, Vanuatu has a ratio of 14.6 skilled health workers-(i.e. doctors, registered nurses and midwives) to 10,000 populations (HSS 2017), which is well below the recommended WHO ratio of 24 skilled health workers per 10,000 populations. However, it is estimated that a ratio of 38.16 skilled health workers to 10,000 population based on the population projections for 2030, aligning to the RDP and the structure for 2017 to 2030.

The resources needed to achieve this increase indicate some extra 265 skilled health workers. (RDP). To ensure equitable access to health services within the provinces and nationally for the period 2017 to 2030 (RDP).

Recently WHO has revised the ratio of skilled health workers to 44.5 skilled health workers per 10,000 population

- For Tertiary Care Services, recently introduced services at VNH, such as Dialysis, Mammogram, CT Scan; these services require additional staff, and the current structure does not accommodate such services.
- The Hospital Master Plan is currently in development, and may signal the need for more skilled health workers, especially in Provincial Hospitals.
- VCNE- according to the Recommendation and Audit done by VQA, all Tutors must have higher qualifications. Programs for Nursing will be a Bachelor and Advanced Diploma. Hence the VCNE structure needs to be revised to accommodate these new changes. And with the growing population, VCNE needs to have intakes of 50 to 100 student nurses, with a corresponding increase in staffing levels.
- Review of Public Health Act is currently underway, and any new policy would need resources to translate into workable objectives and be included at the rural community level.
- There is high percentage of vacant positions but these can be aligned and re-designed to accommodate some of the new policies. This may call for new Job Descriptions.
- New Disease pattern and Disease Burdens-
- Disaster & Emergency
- New Decentralization Policy- Economic Hub: Tasmalum Health Centre, South Santo is the first of this model, and already there is higher possibility of including an Administrator to its structure.

## 5.4. Retirement Plan

Human Resources (HR) retirement planning involves designing and implementing financial programs like VNPF pensions to help employees save for retirement, and providing support for their transition from work to retirement. Key HR responsibilities include managing retirement plan options, educating employees, and ensuring compliance, while also addressing the emotional and financial aspects of leaving a company, such as processing retirement letters and facilitating financial guidance.

- For Financial gains for the retirees, there is the VNPF contributions, and their severances pay cheque.

The Severance calculations include 2 months per year of service.

- For MOH by 2030 there will be about 181 Nurses retiring. With the current challenge MOH faces with Training facility it may be a challenge to have the trained nurses to fill in those gaps by 2030. Output maybe 410, into the workforce by 230, but at the same time, there are already existing gaps that will need to be accommodate, according to the RDP.

VCNE currently has intakes at 65 to 70 this year and may continue to do so in future, undertaking Advanced Diploma that will go for 2 years and another 2 years Internship.

Table 13 outlines that by 2030, 181 employees will be retiring (mostly nurses).

For severances payout, these are usually budgeted for under MFEM, hence they will only be retired when funding is available in this budget.

For the past 2 -3 years there had been also deaths in service, at an alarming rate- all were Registered nurses. On average this will also leave gaps of in service.

Table 13: Retirement Plan/Succession Plan

New student Nurses Intake and when to join workforce.

	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030			
Total No of Retirees per year	5	3	20	24	19	19	14	19	41	17	181	410	
interns				internship prog			work					41	
interns				75		internship prog		work				75	
Solomon Island Nurses		94				extend contract for 3 years			ext. for 2 yrs. more up to 2030			94	
60 Vanuatu Students studying Nursing in SINU			60			internship prog		work				60	
Advance Diploma in Nursing - 65 New students			Training		65	Aug 2025 to Aug 2027		Internship Prog Aug 2027 -Aug 2029		work		65	
Advances Diploma in Nursing - 75 New students			Training			75	Jan 2026 to Dec 2027		Internship Program		work		75
Advances Diploma in Nursing - 75 New students			Training			75	Jan 2027-Dec 2028		Internship Prog				

## 5.5. Succession Plan

Succession planning is a strategic process where an organization identifies critical roles and develops internal, high-potential employees to fill those positions when leaders or key personnel depart, ensuring leadership continuity and minimal disruption to operations. It involves preparing potential successors with the necessary training, mentorship, and experience to step into new responsibilities, thereby securing the organization's long-term stability and success.

### Identifying Critical Positions:

For these positions MOH has introduced Women in Leadership Program (WILP) and had conducted 4 different cohorts, engaging officers who are earmarked to take up responsibilities and leadership, or crucial roles that are essential for ongoing operations and leadership. These Cohorts came from National Executive Level and Provincial Managerial level, and also those who lead in crucial positions in undertaking and engaging in service delivery with the stakeholders. In 2023 there was a cohort of 16 participants in the WILP program.

In 2024 there were 2 cohorts- one of 20 participants in Santo Health, and another cohort of 18 at Community Level in Tasmalum Health Centre. In 2025, there was another Cohort of 18 participants in Shefa Health

### Developing Internal Talent:

A focus on growing and mentoring existing employees to cultivate the skills and knowledge needed for future leadership roles. This is for Executive and Managerial roles.

### Creating a Talent Pipeline:

For the key goal to build a stable pipeline of qualified candidates ready to take over key positions, preventing potential gaps in leadership, this will be addressed in the Workforce Development Plan (WFDP) 2026 to 2030 which is currently under review.

### Ensuring Business Continuity:

By preparing for departures, retirements, or unexpected changes, succession planning safeguards against disruptions and maintains stability, and this will also be accommodated in the WFDP. MOH also introduced the Training Committee that will screen and encourage succession and training and up-skilling to accommodate the Succession of outgoing employees, and at the same time approving training and development according to the MOH approved Training priorities.

### Long-Term Strategic Alignment:

It aligns the organization's future goals and vision

Succession Plan provides a smooth transition when leaders or employees in managerial and leadership roles leave, preventing operational interruptions. This also enables transition of institutional wisdom.

## 5.6. Training Plan

The workforce planning document reports on current knowledge and skills that exist and identifies training needs and human resource gaps in relation to lack of high quality services being provided. Workforce planning also recommends solutions and strategies in addressing these challenges and issues in producing a sustainable workforce that is able to deliver improved quantity and quality health care service across every directorate/cadres.

The current MoH Workforce Development Plan 2019-2025 considers four priority areas for “action to achieve having the right people with the right skills, undertaking the right tasks:

1. Strengthen workforce capability and ensure skills are targeted to priority areas of need
2. Strengthen workforce policy, planning and HR management to achieve workforce growth targets and ensure a sufficient supply of skilled health and support workers to meet current and future health needs.
3. Build a sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance.
4. Build organization wide leadership capability to ensure MoH is well placed to achieve its vision of an integrated and decentralized health system that promotes universal health coverage.

The Workforce Development Plan 2019 to 2025, is currently under review.

The next phase of WFDP 2026 – 2030, should accommodate also the MOH Succession Plan.

## 6. FINANCIAL FORECASTS

### 6.1. MOH Budget forecast

The MOH budget experienced a steady increase (11.6%) from 2023 to 2025, with the 2025 annual recurrent budget representing 9.4% of the total Government of Vanuatu's annual recurrent budget, compared to 10%, for the 2023 fiscal year. One off infrastructure NPP (donor and GoV funded) focusing on health facility renovations and vaccine coverage are the new recurrent policy proposal (NPP) priorities for 2025 with workforce development, health facility renovations the NPP priorities in 2026.

The MOH Corporate Plan outlines the transition to a new budget structure that will be phased in from 2026. In 2025, the MFEM, working with DSPPAC, initiated a reform of the Government's budget framework. From 2026, all Ministries will be required to align their planning and budgeting processes with this framework, ensuring that programmes are directly linked to the outcomes and goals of the National Sustainable Development Plan (NSDP).

Under the revised structure, the MOH budget will be organised into ten (10) programmes (Figure 3) and thirty-eight (38) activities (Figure 4). While existing cost Centre arrangements will be maintained during the initial transition period, these will be progressively streamlined to fully support programme-based budgeting.

In May 2025, the MOH Executive, following consultations with key personnel, endorsed the transition to this programme-based approach. The MOH will adopt a phased implementation strategy, enabling more strategic allocation of resources to priority health programmes and strengthening the monitoring of expenditures against intended health outcomes.

The MOH's budget forecast for 2026 and the following four years will be largely influenced by national economic conditions. For the 2025 financial year, the MOH was allocated a recurrent budget of VT 4.67 billion, intended to cover core human resource and operational requirements, with no new or additional funding included at this stage.

The final appropriation for 2026 will be confirmed in the national budget appropriation process in November 2025. Based on projections from the Department of Finance, the MOH is expected to maintain a budget ceiling of VT 4.67 billion annually over the forecast period, with adjustments for approved NPPs each year.

Donor contributions continue to play a significant role in supporting the MOH's key policy priorities. In 2025, the MOH received VT 2.44 billion in grants and aid-in-kind, which have been instrumental in the implementation of health initiatives past and present, and are expected to remain an important funding source into the future.

Over the next five (5) years, the budget will support the MOH's efforts to:

- Strengthen the health workforce,
- Improve health infrastructure and medical equipment, and
- Ensure the delivery of effective and efficient health services across the country.

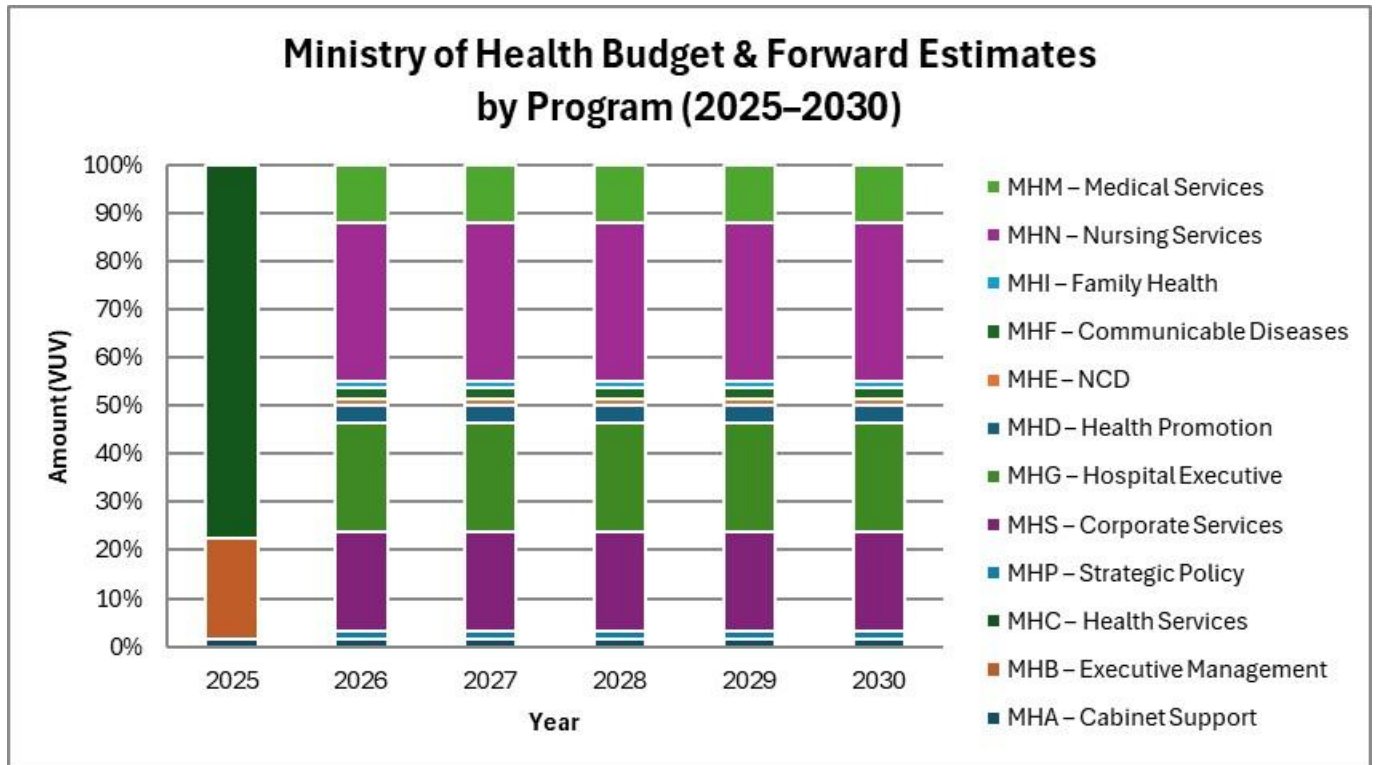
Figure 3: MOH Recurrent Budget Forward Estimates by Program

Program	Previously	2025 (Appropriated)	2026 (Forward Estimate) <sup>1</sup>	2027 (Forward Estimate) <sup>1</sup>	2028 (Forward Estimate) <sup>1</sup>	2029 (Forward Estimate) <sup>1</sup>	2030 (Forward Estimate) <sup>1</sup>
MHA – Cabinet Support (Health Cabinet from 2026) <sup>2</sup>	MHA	69,310,861	73,365,813	73,365,813	73,365,813	73,365,813	73,365,813
MHB – Executive Management and Corporate Support	MHB	987,551,937					
MHC – Health Services	MHC	3,613,660,393					
MHP - Executive & Strategic Policy Directive	MHB		79,220,713	79,220,713	79,220,713	79,220,713	79,220,713
MHS - Corporate Services	MHB		967,025,023	967,025,023	967,025,023	967,025,023	967,025,023
MHG - Hospital Executive and Corporate Services	MHB		1,042,323,559	1,042,323,559	1,042,323,559	1,042,323,559	1,042,323,559
MHD - Health Promotion Standards & Disease Control	MHC		175,747,920	175,747,920	175,747,920	175,747,920	175,747,920
MHE - Non Communicable Diseases	MHC		64,950,984	64,950,984	64,950,984	64,950,984	64,950,984
MHF - Communicable Diseases	MHC		98,823,359	98,823,359	98,823,359	98,823,359	98,823,359
MHI - Family Health	MHC		66,975,449	66,975,449	66,975,449	66,975,449	66,975,449
MHN - Nursing Services	MHC		1,534,876,123	1,534,876,123	1,534,876,123	1,534,876,123	1,534,876,123
MHM - Medical Services	MHC		567,214,248	567,214,248	567,214,248	567,214,248	567,214,248
<b>Total</b>		<b>4,670,523,191</b>	<b>4,670,523,191</b>	<b>4,670,523,191</b>	<b>4,670,523,191</b>	<b>4,670,523,191</b>	<b>4,670,523,191</b>

<sup>1</sup> Forward estimates taken from the 2025 Budget Book (2025 – 2029) with the 2030 forward estimate based on previous forward estimates

<sup>2</sup>. MHA forward estimate based on 2026 budget submission

Figure 4: MOH Recurrent Budget & Forward Estimates (2025 – 2030)



In response to recent natural disasters, including Tropical Cyclones Kevin, Judy and Harold, and the earthquake in December 2024 - there has been a reallocation of both recurrent and donor funding to support ongoing recovery efforts. The MOH will continue to address these priorities in the medium term.

To tackle ongoing challenges in health workforce capacity and supply, the MOH has expanded training through VCNE. VCNE now offers General Nursing, Midwifery, Advanced Diplomas, a Bachelor of Nursing, and a Postgraduate Diploma in Midwifery. In May 2025, VCNE formalized a partnership with the University of Technology Sydney to deliver the Bachelor of Nursing program. These efforts aim to build national capacity and reduce reliance on foreign-trained health professionals.

Figure 5: MOH Recurrent Budget and Forward Estimates by Activity

MoH Budget & Forward Estimates [by Activity]													
Activity	Formerly	2025*	%	2026	%	2027	%	2028	%	2029	%	2030	%
MHAA Portfolio Management	Portfolio Management	69,310,861	1.7%	73,365,813	1.6%	73,365,813	1.6%	73,365,813	1.6%	73,365,813	1.6%	73,365,813	1.6%
MHBA Management and Administration	Ministry Executive	251,137,682	6.0%	36,282,631	0.8%	36,282,631	0.8%	36,282,631	0.8%	36,282,631	0.8%	36,282,631	0.8%
MHBD Project Management				4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%
MHBE Policy & Planning				29,064,768	0.6%	29,064,768	0.6%	29,064,768	0.6%	29,064,768	0.6%	29,064,768	0.6%
MHBF Legal Compliance & Standard				4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%
MHBG Media & Communications				4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%	4,624,438	0.1%
MHBH Digital Health System (HIS/ICT)				43,492,713	0.9%	43,492,713	0.9%	43,492,713	0.9%	43,492,713	0.9%	43,492,713	0.9%
MHBC Workforce Management and Development		226,198,475	5.4%	504,857,273	10.8%	504,857,273	10.8%	504,857,273	10.8%	504,857,273	10.8%	504,857,273	10.8%
MHBI Financial Management				29,175,112	0.6%	29,175,112	0.6%	29,175,112	0.6%	29,175,112	0.6%	29,175,112	0.6%
MHBJ Capital (Infrastructure & Equipment)				19,028,938	0.4%	19,028,938	0.4%	19,028,938	0.4%	19,028,938	0.4%	19,028,938	0.4%
MHCD Medical Supply Chain and Management	Medical Supplies	377,855,179	9.1%	359,600,987	7.7%	359,600,987	7.7%	359,600,987	7.7%	359,600,987	7.7%	359,600,987	7.7%
MHBK Emergency & Disaster Response				10,870,000	0.2%	10,870,000	0.2%	10,870,000	0.2%	10,870,000	0.2%	10,870,000	0.2%
MHSG VCNE				67,611,549	1.4%	67,611,549	1.4%	67,611,549	1.4%	67,611,549	1.4%	67,611,549	1.4%
MHCC Management and Administration	Public Health Services	187,005,625	4.5%	31,349,364	0.7%	31,349,364	0.7%	31,349,364	0.7%	31,349,364	0.7%	31,349,364	0.7%
MHCE Health Promotion				38,536,469	0.8%	38,536,469	0.8%	38,536,469	0.8%	38,536,469	0.8%	38,536,469	0.8%
MHCF Village Health Worker Program (VHWP)				34,276,659	0.7%	34,276,659	0.7%	34,276,659	0.7%	34,276,659	0.7%	34,276,659	0.7%
MHCJ Environmental Health				34,024,562	0.7%	34,024,562	0.7%	34,024,562	0.7%	34,024,562	0.7%	34,024,562	0.7%
MHCI Disease Surveillance & Epidemiology				27,486,273	0.6%	27,486,273	0.6%	27,486,273	0.6%	27,486,273	0.6%	27,486,273	0.6%
MHCK Lifestyle Diseases: NCD & Mental Health				39,060,598	0.8%	39,060,598	0.8%	39,060,598	0.8%	39,060,598	0.8%	39,060,598	0.8%
MHCL Lifestyle Diseases: Dietetics				10,077,473	0.2%	10,077,473	0.2%	10,077,473	0.2%	10,077,473	0.2%	10,077,473	0.2%

MHCN Lifestyle Diseases: Integrated Oral Health - Eye Care and ENT				15,812,913	0.3%	15,812,913	0.3%	15,812,913	0.3%	15,812,913	0.3%	15,812,913	0.3%
MHCO Malaria & Other Vector-Borne Diseases				55,293,848	1.2%	55,293,848	1.2%	55,293,848	1.2%	55,293,848	1.2%	55,293,848	1.2%
MHCP TB/Leprosy				17,287,383	0.4%	17,287,383	0.4%	17,287,383	0.4%	17,287,383	0.4%	17,287,383	0.4%
MHCQ STI & HIV/AIDS				10,013,151	0.2%	10,013,151	0.2%	10,013,151	0.2%	10,013,151	0.2%	10,013,151	0.2%
MHCR Neglected Tropical Diseases				16,228,977	0.3%	16,228,977	0.3%	16,228,977	0.3%	16,228,977	0.3%	16,228,977	0.3%
MHCG RMNCAH				41,946,770	0.9%	41,946,770	0.9%	41,946,770	0.9%	41,946,770	0.9%	41,946,770	0.9%
MHCM Child Nutrition				10,074,593	0.2%	10,074,593	0.2%	10,074,593	0.2%	10,074,593	0.2%	10,074,593	0.2%
MHCH Vaccine Preventable Diseases and Immunization				25,028,679	0.5%	25,028,679	0.5%	25,028,679	0.5%	25,028,679	0.5%	25,028,679	0.5%
MHCA Management and Administration	Hospital Services	2,200,028,488	52.9%	294,853,447	6.3%	294,853,447	6.3%	294,853,447	6.3%	294,853,447	6.3%	294,853,447	6.3%
MHCS Biomedical Services				16,261,868	0.3%	16,261,868	0.3%	16,261,868	0.3%	16,261,868	0.3%	16,261,868	0.3%
MHCT Patient Referral Services				43,050,000	0.9%	43,050,000	0.9%	43,050,000	0.9%	43,050,000	0.9%	43,050,000	0.9%
MHCU Hospital Support Services				542,108,695	11.6%	542,108,695	11.6%	542,108,695	11.6%	542,108,695	11.6%	542,108,695	11.6%
MHCV Specialist Services				23,848,686	0.5%	23,848,686	0.5%	23,848,686	0.5%	23,848,686	0.5%	23,848,686	0.5%
MHCW Medical Services				245,757,663	5.3%	245,757,663	5.3%	245,757,663	5.3%	245,757,663	5.3%	245,757,663	5.3%
MHCX Allied Services				280,825,107	6.0%	280,825,107	6.0%	280,825,107	6.0%	280,825,107	6.0%	280,825,107	6.0%
MHCY Dental Services				40,631,478	0.9%	40,631,478	0.9%	40,631,478	0.9%	40,631,478	0.9%	40,631,478	0.9%
MHCZ Hospital Nursing Services				1,467,264,574	31.4%	1,467,264,574	31.4%	1,467,264,574	31.4%	1,467,264,574	31.4%	1,467,264,574	31.4%
MHCB Community Nursing Services	Community Health Services)	848,771,101	20.4%	122,200,863	2.6%	122,200,863	2.6%	122,200,863	2.6%	122,200,863	2.6%	122,200,863	2.6%
<b>Total</b>		<b>4,160,307,411</b>	<b>100%</b>	<b>4,670,523,191</b>	<b>100%</b>	<b>4,670,523,191</b>	<b>100%</b>	<b>4,670,523,191</b>	<b>100%</b>	<b>4,670,523,191</b>	<b>100%</b>	<b>4,670,523,191</b>	<b>100%</b>
<b>Vanuatu Government Budget</b>		<b>49,772,495,456</b>	<b>8%</b>	<b>45,013,600,000</b>	<b>10%</b>	<b>44,787,300,000</b>	<b>10%</b>	<b>45,744,200,000</b>	<b>10%</b>	<b>45,700,400,000</b>	<b>10%</b>	(not published)	

\* Original Budget Appropriated

\*\* rounded to the nearest 100K

(taken from the 2025 Budget Book - Volume 1)

\*Estimated based on prior years (2026 – 2029) forward estimates taken from the 2025 Budget Book – volume 1

## 6.2. Revenue collections

The MOH revenue collection is largely comprised of hospital fees from the two referral hospitals, Vila Central Hospital and Northern Provincial Hospital, and the 4 provincial hospitals.

In addition to hospital fees, the MOH collects food safety training fees. Hospital fee collections decreased by 31.5% from 2022 to 2024, primarily due to the unusually high number of patients during the COVID-19 period. Training fee collections, which were low in 2022 also due to COVID-19, increasing by 58.0%, with 2024 collections exceeding the 2024 revenue estimate of VUV 3,000,000 by 88.6%.

Total revenue collections in the Health sector in the last 3 years is outlined in Figure 4.

Figure 6: MOH Recurrent Revenue Collections and 2025 Forecast

Revenue	Year			
	2022 Actual	2023 Actual	2024 Actual	2025 Estimate
61RB 7NFH Hospital Fees	52,834,549	35,522,269	36,145,351	70,000,000
61RB 7NFT Training Fees	3,578,749	5,286,552	5,657,465	5,500,000
61RB 7NIO Other Fines	116,000	76,000	548,000	
61RB 7NOO Other Recoveries			646,909	
<b>Total (Vatu)</b>	<b>56,529,298</b>	<b>40,884,821</b>	<b>42,997,725</b>	<b>75,500,000</b>

# CORPORATE PLAN MATRIX

<b>Program</b>	<b>MHO</b>	<b>Health Cabinet</b>							
<b>NSDP Target</b>	SOC 3.1.1: By 2030, Vanuatu has a density of 38 HWs per 10,000 population								
	SOC 3.1.3: By 2030, 100% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.								
	SOC 3.4.1: By 2030, 100% of units have current strategic plans in place that link with HSS								
	SOC 3.4.2: By 2030, 90% of corporate positions within MOH filled on permanent basis								
	SOC 4.5.1: By 2030, at least 50% of Government health facilities have ramp access or some disability friendly rating								
	ENV 3.1.1: By 2030, 100% of government ministries with policies, budgets and legislation for CC & DRM								
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030								
<b>Objectives (HSS)</b>	5.1: Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors.								
	5.5: Ensure a needs-based primary health care structure and resource allocation to reflect the standards at each health service level in accordance with the Role Delineation Policy.								
	5.3: Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities.								
	1.1: Ensure people with disability are recognised and supported by the health system i) public health and preventive services are accessible for, and can be accessed by people with disability, ii) Provision of suitable, accessible services to meet the specialised health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services.								
	3.1: Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements.								
<b>HRC Outcome</b>	See respective Programs								
<b>Output</b>	See below								
		<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/ Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>
<b>MHOA</b>	<b>Portfolio Management</b>	MOH Representations to International, regional and national meetings and forums	Ensure MOH representation at strategically relevant international, regional, and national health meetings and forums annually.	Number meetings attended (annually): international regional national	80% (2024)	2 2 6	annually: 2026 - 2030	Minister, DG	R: MOH unable to fund key participation. GoV restrictions on travel. M: Include forum participation in annual MOH operational budget and donor funding proposals.

		Attending COM Meetings	Attendance and contribution to COM meetings	Number of COM meetings attended	100% (2024)	Attend at least 90% of scheduled COM meetings annually.	2026 - 2030	Minister, DG	R: MOH unable to fund key participation. Minister availability. M: Include forum participation in annual MOH operational budget and donor funding proposals.
		Establishment MOUs/ MOAs with Partners	Ensure MOH priorities are consistently represented and integrated into high-level government decision-making processes.	Number MOUs/MOUs established (annually)	100% (2024)	100% development partners operating under formal MOUs/MOAs	2026 - 2030	Minister, DG	R: Agreements not aligned with MOH priorities. Dev Partner cooperation. M: Review all drafts through MOH Legal and Planning Units before signing.

Program	MHP	Executive & Strategic Policy Directive	
<b>NSDP Target</b>	SOC 3.1.1: By 2030, Vanuatu has a density of 38 HWs per 10,000 population		
	SOC 3.1.3: By 2030, 100% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.		
	SOC 3.4.1: By 2030, 100% of units have current strategic plans in place that link with HSS		
	SOC 3.4.2: By 2030, 90% of corporate positions within MOH filled on permanent basis		
	SOC 3.4.3: By 2030, 100% of IHR Component 2 attributes maintained over 5 consecutive years		
	SOC 4.5.1: By 2030, at least 50% of Government health facilities have ramp access or some disability friendly rating		
	ENV 3.1.1: By 2030, 100% of government ministries with policies, budgets and legislation for CC & DRM		
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030		
<b>Objectives (HSS)</b>	5.1: Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors.		
	5.2: Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes.		
	5.3: Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities.		
	5.4: Strengthen Primary Health Care through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritisation and resource allocation.		
	5.5: Ensure a needs-based primary health care structure and resource allocation to reflect the standards at each health service level in accordance with the Role Delineation Policy.		
	5.6: In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS.		
	1.3: Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups.		
	1.4: Strengthen technical skill and capacity in the application of inclusive health strategies.		
	1.5: Provide targeted health frameworks, programming, guidelines and budgets for inclusive health priorities (inclusive of gender equality, sexual and gender-based violence and child protection, SOGIE, disability, mental health, and adolescent health).		
	2.1: Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance.		
	2.2: Ensure staff are kept informed, positive health sector change is highlighted to the community and dialogue is encouraged through the implementation of a communications strategy.		
	6.1: Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination.		

		6.2: Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps.							
		6.3: Develop and resource partnerships to deliver sustainable inclusive health outcomes for targeted groups.							
<b>HRC Outcome</b>		By 2030, 100% of units have current strategic plans in place that link with HSS							
		By 2030 maintenance of 100% of IHR Component 2 attributes maintained over 5 consecutive years							
<b>Output</b>		See below							
<b>Sub Program</b>		<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/ Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>
<b>MHPA</b>	<b>Management and Administration</b>	Strengthen coordination and support between the national MOH and provincial health administrations	Support visits to Provincial Administrations	Conduct a minimum of one support visit per province per quarter per years to at least 4 Provinces	4 (2024)	30 (4/yr.)	annually: 2026 - 2030	DG, DCSP	R: availability of funds; travel restrictions; disruption to carriers M: include travel costs in annual BPs
		Provide a safe, functional, and professional working environment that supports staff productivity and service delivery.	Conduct quarterly office maintenance checks to identify and address infrastructure, equipment, or utility issues.	Number of office maintenance checks.	0 (2024)	20 (4/yr.)	annually: 2026 - 2030	DG, DCSP	R: Checks not scheduled or resourced M: Inclusion in business plan
		Strengthen compliance, alignment, and collaboration with key government oversight and coordination institutions (MBC, PSC, DCO, COM, NRC, NSA)	Ensure 100% attendance and participation in scheduled meetings and engagements with central agencies	Attendance and participation in scheduled meetings (%)	>90% (2024)	100% attendance and participation in scheduled meetings	2026 - 2030	DG, DCSP	R: MOH not invited M: Maintain regular communications through DG

		Maintain administration office for Provincial Health	Fully maintained and functioning office	Business Plans and reporting	1 (2024) 1 (2024)	Business Plan: 1/prov/yr. Reporting: 4/prov/yr.	annually: 2026 - 2030	DCSPP, PHAs	R: Prove teams not engaged in planning, budgeting, reporting M: PHA to work with Prove Planners throughout yr.
		Provincial supervision of administration, finance and business planning in health facilities	2 supervision patrols per annum (all open facilities)	Number of supervisory visits % of facilities reached	1(2024)	1 /prove/yr. >80% /prove/yr.	annually: 2026 - 2030	DCSPP, PHAs	R: Resources (financial and human) not available to travel M: Ensure scheduling and budgets within BP
		Provincial health facility improvement needs identification - minor repairs and maintenance	Health facility needs assessment. Facility maintenance	Needs Assessment Facilities repaired	1(2024)	1/prove/yr. 3/prove/yr.	annually: 2026 - 2030	DCSPP, PHAs	R: Resources (financial and human) not available to travel M: Ensure scheduling and budgets within BP, and/or seek DP assistance
		New provincial health facilities/housing stock	Needs identification and equipping/ upgraded or new facilities/housing stock. Projects identified, prioritised, approved and commenced	Needs Assessment  Construction projects commenced	1(2024)	1/prove/ever y 3 years  1/prove/ever y 3 years	2030	DCSPP, PHAs	R: Resources (financial and human) not available to travel M: Ensure scheduling and budgets within BP, and/or seek DP assistance

<b>MHPB</b>	<b>Project Management</b>	Establish a project progress performance monitoring mechanism	Produce Half yearly report and annual reports summarizing partner contributions by project, funding amount, sector, and implementation status.	Number of Half yearly reports/Annual reports/ Project completion reports.	1 report (2024)	10 (4/yr.)	annually: 2026 - 2030	DG, Project Management Unit (PMU), Departmental Heads	R: FMIS and PPU not able to produce timely reports, M: Support needed to Establish PMU to track all projects progresses.
		Develop MoH partnership policy guideline.	Ensure policy includes clear procedures for partnership engagement, roles/responsibilities, resource mobilization, and reporting mechanisms.	Policy and Guidelines completed	0 (2025)	1	2026-2030	DG, Project Management Unit (PMU), Departmental Heads	R: Capacity needed to support drafting and consultation. M: Align Policy with MFEM, PSC, and DSPPAC guidelines; conduct capacity-building workshops for all divisions, Establish PMU
		Develop and institutionalize the MOH Project Management Framework (PMF) aligned with national investment and budget guidelines.	Ensure that PMF captures the all Procedures of Donor funding's into government system, up to implantations progress reporting and projects closer report	MOH Project Management Framework approved and implemented	0 (2025)	100%	2026-2030	DG, Project Management Unit (PMU), Departmental Heads	R: No staff to support drafting and consultation. M: establish PMU to deliver outputs
		Coordination between Development Partners	Organize and facilitate at least 1 to 2 Development Partners Coordination Meetings annually.	Number of development partners meeting (annually). and donor budgets).	2 (2024)	10 (4/yr.)  At least 10 MoU's	annually: 2026-2030	DG, DCSP and Project Management Unit (PMU),	R: Dev partner cooperation; cost and logistics for meeting; timely release of donor funds which may affect programs; Adequate

				Number MoU's/MoA's signed annually	10 MoUs 2025	signed with MoH.	annually: 2026-2030		resourcing of PMU to coordinate this priority. M: regular DP engagement; inclusion in business plan
		Improve MOH donor funded projects database for better decision making.	Update stocktake of all MOH donor funded projects. Develop a database to register all donor funded projects.	Donor funded projects are registered and updated.	40% (2025)	100% of donor funded projects registered in database.	2026-2030	DG, DCSP	R: Incomplete information of existing projects due to lack of documents. M: PMU set in place to Maintain proper filing systems to keep documents.
<b>MHPC</b>	<b>Policy &amp; Planning</b>	Enhance institutional responsiveness and accountability in health policy implementation through MOH representation at International/Regional forums	Ensure Ministry of Health representation at 100% of priority international and regional health forums identified in the annual calendar.	Number meetings attended (annually): international regional	(2024)	2 2	2026 – 2030	DG, DCSP, PP	R: MOH unable to fund key participation. GoV restrictions on travel. M: Include forum participation in annual MOH operational budget and donor funding proposals.
		Ensure alignment of MOH Plans and policies to overall government policy (HSS and NSDP)	Ensure MoH plans and reports meet overall government guidelines	Yearly Business Plans and reports	60% (2025)	80% (2026) 90% (2028) 100% (2030)	2026 – 2030	DG, DCSP, PP	R: Natural Disasters M: Risk Contingency plans in place
		Enhance evidence - based planning and decision making	Advocate for monitoring and evaluation systems across all program levels within Mohr	Number of programs with M&E frameworks in place	0 (2025)	4 (2027) 6 (2028) 9 (2030)	2026 – 2030	DG, DCSP, PP	R. No buy-in from program Managers M: Awareness and advocacy for M&E

		Assess and mainstream climate related risks and other cross-cutting priorities into health policies and plans	Review and Develop relevant policies and plans	Proportion of policies and plans in place	0 (2025)	2 policies (2029)	2026 - 2030	DG, DCSP, PP	R: Funding availability M: Seek funding support from donors
<b>MHPD</b>	<b>Public Relations</b>	To enhance visibility of MOH interventions and events	Press engagement, media campaigns,	Number of media campaigns/events	3 (2024)	>4 / yr.	2026 - 2030	DG	R: MOH Exec buy-in; limited HR to deliver campaigns. M: Advocacy to MOH Exec to align with HSS; revised MOH structure.
		To enhance visibility of MOH interventions and events; manage MOH public relations/interface on key positions	Public relations focal point in place	Focal pointing place	0 (2025)	1	From 2027	DG	R: MOH Exec buy-in; not supported in MOH staffing structure M: Advocacy to MOH Exec to align with HSS; revised MOH structure.
			Clear process for approving, clearing and releasing MOH documents	MOH PR Committee (or similar) in place and meeting regularly	0 (2025)	1 Committee >4 meetings/yr.	From 2027 From 2028	DG	R: MOH Exec buy-in. M: Advocacy to MOH Exec to align with HSS.
			Communications platform for presenting MOH outputs and policy positions	Quarterly updates of MOH website	0 (2025)	4 website updates / yr.	From 2026	DG	R: Website not updated M: DirCSPP to oversight updates

<b>MHPE</b>	<b>Legal, Compliance &amp; Standards</b>	Develop and Implement Annual Legal Review Plan through the MOH Legal Committee	Develop and approve an Annual Legal Review Plan by the end of Q1, outlining key policies, legislation, and agreements to be reviewed.	Legal review plan in place. Compliance with scheduled plan (annually)	0 (2025) 0%	1 100%	Q1/2026 annually 2026 - 2030	DG, EO, PCO	R: No personnel to undertake task; no MOH Legal Committee convened M: Exec Paper to convene Legal Committee
		Training and Coordination of MOH Legal Compliance	Legal compliance training sessions/workshops annually for MOH staff at central and provincial levels.	Number of legal compliance training sessions/works hops annually.	0 (2025)	10 (2 / yr.)	2026 - 2030	DG, EO, PCO	R: No personnel to deliver or participate in training M: insert in annual BPs
		Develop Annual Audit Reports	Comprehensive financial, operational, and compliance audits covering all relevant MOH departments, programs, and projects annually.	Annual audits	0 (2024)	5 (1/yr.)	2026 - 2030	DG, EO, PCO	R: No personnel to deliver or participate in training M: insert in annual BPs
		Undertake legal proceedings and settlements	Representation and follow-up on all legal cases involving MOH in courts, tribunals, or arbitration forums.	MOH participation in legal forums (%)	100% (2024)	100%	2026 - 2030	DG, EO, PCO	R: No MOH Legal Committee convened M: Exec Paper to convene Legal Committee
		Establish and Implement Disciplinary Framework	Disseminate the framework to MOH departments and provincial offices, and conduct at least one orientation/training session for	Disseminate Disciplinary Fwrk to all departments	0 (2025)	100%	2026 - 2030	DG, EO, PCO	R: No personnel to deliver or participate in training M: insert in annual BPs

			managers and HR staff.						
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<b>Program</b>	<b>MHS</b>	<b>Corporate Services</b>		
<b>NSDP Target</b>	SOC 3.1.3: By 2030, 100% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.			
	SOC 3.4.2: By 2030, 90% of corporate positions within MOH filled on permanent basis			
	SOC 4.5.1: By 2030, at least 50% of Government health facilities have ramp access or some disability friendly rating			
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030			
<b>Objectives (HSS)</b>	5.6: In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS.			
	5.8: Expand the health information system and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting.			
	5.10: Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and sub-national levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy.			
	5.11: Form a Health Services Commission tasked with healthcare worker welfare, safety, discipline and advocacy.			
	5.12: Improve personnel performance management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans.			
	1.4: Strengthen technical skill and capacity in the application of inclusive health strategies.			
	1.6: Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture.			
	2.10: Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education.			
	5.13: Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels			
	5.14: Prioritise and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond.			
	5.15: Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment.			
	3.1: Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements.			
	3.3: Improve national (and regional) capacity to identify threats to, and maintain health security through strengthening oversight and adherence to the International Health Regulations (IHR).			
	<b>HRC Outcome</b>	By 2030, Vanuatu has a density of 38 health workers (HW include Doctors, Nurses and Midwives) per 10,000 population		
		By 2030, 90% of Corporate positions within MOH filled		
By 2030 maintenance of 100% of IHR Component 2 attributes maintained over 5 consecutive years				

Output		See below							
Sub Program		Key Activities	Output /Service Targets	Indicator	Baseline/ Year	Target for 2030	Timeframe	Responsibility	Risks and Mitigation
MHSA	Digital Health Systems (HIS/ICT)	Enhance data quality, availability and accessibility for decision making.	Standardized data collection tools deployed nationally  Improve data completeness and accuracy across health programs	Percentage of health facilities using standardized tools for routine reporting	0	100% data collection tools in-place	2026-2030	DCSPP, Managers Digital Health	R: Resource availability; Tools in-place M: Established implementation plan and budget in place
		Develop a national health data dictionary and metadata registry	Published and regularly updated health data dictionary  Consistent interpretation and use of health data terms nationwide	Availability of national health data dictionary aligned with WHO standards	0	One Health Data Dictionary in-place	2026-2030	DCSPP, Managers Digital Health	R: Resource to complete the data dictionary; M: Budget for training Digital Health Staff
		Use of telehealth and mobile health solutions (e.g. NEIR) to expand service delivery to remote communities	Teleconsultation and the use of mobile applications for community health workers	Number of health facilities using teleconsultation services	0	60-80 % of Health Facilities using teleconsultation services	2026-2030	DCSPP, Managers Digital Health	R: Resource and budge availability M: Establish a implementation plan with budget
			Increased service delivery coverage in underserved areas	Number of health workers using mobile health tools	0	60-80 % of Health Workers using mobile health tools	2026-2030	DCSPP, Managers Digital Health	R: Resource and budge availability M: Establish a implementation plan with budget

		Integrate Digital Health into Primary Healthcare packages	Digital tools embedded in maternal, child health and NCD services	Utilization rate of digital supported PHC services	0	70-80 %	2026-2030	DCSPP, Managers Digital Health	R: Resource and budge availability; M: establish a implementation plan with budget
		Ensure seamless referrals and follow-up through digital platforms	Referral tracking features implemented in NEHR and NEIR systems	Percentage of referrals successfully completed and tracked	0	80-100 % of referrals tracked	2026 - 2030	DCSPP, Managers Digital Health	R: Resource and budge availability; M: establish a implementation plan with budget
		Ensure that patients receive coordinated and uninterrupted care across health facilities and over time through better use of digital health systems	Digital systems and processes enable the sharing and retrieval of patient information across care settings. Health Workers can access relevant patient history at the point of care	Percentage of facilities with digital access to patients' prior clinical summaries or visit records	0.05	60-80% of facilities with digital access to patients' record prior to visit	2026 - 2030	DCSPP, Managers Digital Health	R: Resource and budge availability; M: establish a implementation plan with budget
		Enhance the health system's capacity to manage health emergencies through timely data, coordinated digital response, and operational continuity	Deployment and routine use of digital Health Emergency Management System (HEMS) tools to support preparedness, response, and recovery operations	Percentage of public health emergencies where the Digital Health Emergency Management System (HEMS) suite of tools was activated and used for	0	1	2026-2030	DCSPP, Managers Digital Health	R: Resource and budge availability; M: establish a implementation plan with budget

			Health authorities can coordinate timely and data-informed responses to public health emergencies using digital platforms	coordination, communication, or reporting					
		Leverage digital technologies to improve the health system's ability to anticipate, prepare for, response to, and recover from climate related and environmental health risks	Deployment of digital platforms and tools that enhance surveillance early warning, and response capabilities for climate-sensitive diseases and disasters.  Timely detection and reporting of climate-sensitive diseases (e.g., dengue, leptospirosis)	Number of disaster or outbreak alerts issued through the early warning systems per year  Average time (in hours) between the issuance of an early warning or detection of a climate event (e.g., cyclone, flooding) and the initiation of the first health response action through a digital system.	NIL	All Disaster or outbreak alerts are recorded and reported within a few hours	2030	DCSPP, Managers Digital Health	R: Resource and budge availability; M: establish a implementation plan with budget

		Improve coordination and leadership in digital health investment	Multi-stakeholder Digital Health Steering Committee functional  Increased alignment and synergy among digital health projects.	Number of quarterly coordination meetings held with development partners	NIL	100% meeting organized	2030	DCSPP, Managers Digital Health	R: Resource availability for meeting; M: Online/virtual meeting
		Build and retain a skilled digital health workforce to support the implementation and sustainability of national digital health initiatives	Career pathways, role clarity, and competency frameworks are in place for digital health personnels	Percentage of Digital Health positions filled with staff who meet national competency standards	5% of new Digital Health Structure filled with staff with national competency standards	1	2030	DCSPP, Managers Digital Health	R: Resource and budge availability; M: establish a implementation plan with budget
		Establish Government Broadband Network connections (satellite) in all health facilities including provincial, hospitals, health centres, and dispensaries	Government Broadband network (GBN) satellite connectivity to 100% or provincial hospitals, health centres, and dispensaries by 2030	Percentage of HCF connected to GBN	All six (6) hospitals connected to broadband network	1	2030	DCSPP, Managers Digital Health	R: resourcing; connectivity; equipment and maintenance; M: establish capital plan for procurement and maintenance
<b>MHSB</b>	<b>Workforce Management &amp; Development</b>	Improve processes for discipline of staff	Train all department heads and HR officers on the revised disciplinary process, legal	% of required personnel to receive training	(2025)	100%	2030	DCSPP, Manager HR	R: No personnel to deliver or participate in training M: insert in annual BPs

			compliance, and staff rights.						
		Frequent monitoring on performance of staff	Departments and facilities submit completed staff performance assessments on a quarterly basis.	Staff performance appraisals completed	(2024)	100%	2030	DCSPP, Manager HR	R: Managers not committed M: Snr-level accountability to enforce compliance
		Training and upskilling of staff: Code of Conduct	Conduct orientation sessions for 100% of new and existing staff on the Code of Conduct.	Staff orientation completed	(2024)	100%	2030	DCSPP, Manager HR	R: No personnel to deliver or participate in training M: insert in annual BPs
		Rotation of staff	Formal staff rotation policy developed and endorsed	Policy developed and in use	(2024)	1	2028	DCSPP, Manager HR	R: Limited commitment from staff/managers M: Consultative development and Exec approvals
		Increase Human resources for system strengthening	Increased recruitment of critical HRH Human Resources Developmental Plan (schedule developed and implemented): Inclusive of succession planning	Critical positions recruitment	(2024)	150 new graduates nurses 48 new graduates in midwifery XX medical doctors	2030	DCSPP, Manager HR	R: Limited time and resources for recruitment; delays to PSC approvals M: Develop agreed schedules w PSC

		Registration and Licensure	1.coordinate and monitoring registration licenses are renewed / updated 2. development of CPD process for registration.	1. 100% Staff license 2. Commencement of CPD planning	100% of clinical/professional licensed staff	CPD plan.	2030	DG, Directors	R: Missed deadlines M: develop a checklist for each renewal process. Conduct internal review before submission.
		Increase Human resources for provincial health services	Increased recruitment of critical provincial positions	Provincial positions recruited for: Administration Public Health Health services	(2024)	Identified by province each year in Business Plans	2030	DCSPP, Manager HR	R: Limited time and resources for recruitment; delays to PSC approvals M: Develop agreed schedules w PSC
<b>MHSC</b>	<b>Financial Management</b>	Develop Financial Management SOPs and Guidelines.	Financial Management SOPs developed. Procurement Guidelines developed.	# Approved financial SOPs Approved procurement guidelines	(2025) (2025)	1 1	2027 2027	DCSPP, Manager Finance	R: Limited personnel to support M: Seek DP support
		Improve Procurements at Provincial Levels	Establish and recruit 6 provincial procurement officers.	Positions filled	0 (2025)	6 (1/prove)	2027	DCSPP, Manager Finance	R: Slow recruitment; slow PSC approvals M: planning with MOH HRM and PSC
		Improve Financial Reporting at all levels.	Timely release of Monthly and Quarterly financial reports at all levels.	Monthly reports Quarterly reports	0 (2025) 1(2025)	60 (12/yr.) 20 (4/yr.)	2030	DCSPP, Manager Finance	R: Slow processing of reports; limited resources for required reporting M: Ensure officers allocated tasks

<b>MHSD</b>	<b>Capital (Infrastructure &amp; Equipment)</b>	Infrastructure officers in provincial level	Infrastructure Officers recruited and deployed in provinces	Number of provinces with deployed infrastructure officers	3 (2024)	6	2027	DCSPP, Manager Assets	R: Insufficient technical capacity or training M: Provide specialized training in health infrastructure standards, construction monitoring, and procurement.
		Improve Maintenance and Construction of Health Facilities to meet RDP Standards.	Establish and recruit 6 provincial infrastructure officers. Health facilities upgraded and constructed at provinces.	Provincial infrastructure officers recruited. Number of facilities upgraded and constructed.	3 (2024) 1(2025)	6 90 (3/prove/yr.)	2026 2030	DCSPP, Manager Assets	R: Slow recruitment; slow PSC approvals; limited resources for infra M: planning with MOH HRM and PSC; costed capital plan
		MOH inventory management	Inventory system establishment. Comprehensive Inventory Stocktake undertaken.	Annual stocktakes completed	0 (2025)	5 (1/yr.)	2030	DCSPP, Manager Assets	R: limited capacity to establish system; HR to conduct annual audits M: seek DP support; ensure audit in BP
<b>MHSE</b>	<b>Medical Supply Chain &amp; Management</b>	Establish procurement plan for medical supplies	National procurement plan for medical supplies developed and approved	Approved national procurement plan in place	(2024)	1	2028	DCSPP Manager - CMS	R: Inaccurate forecasting M: Use historical data and epidemiological trends; Engage stakeholders at all levels for accurate needs assessment;

									Update forecasts periodically
		Modernizing tools and systems	Update National order forms Robust Inventory Management Software Data Integrity and Reporting Systems	Approved, updated order forms New systems operating	0 (2025) 0 (2025)	x 1	2028 2028	DCSPP Manager - CMS	R: Outdated or incomplete data fields. M: Consult end-users and logistics experts before updates.
		Improve medical and equipment storage facilities for health facilities	Assessment of current storage facilities completed	% facilities assessed	?? (2024)	30% 60% 100%	2027 2028 2030	DCSPP, Manager CMS	R: Incomplete or biased assessment. M: Use standardized assessment tools and criteria.
		Increase adverse effects reporting	National AER (Adverse Effect Reporting) guidelines updated and disseminated	Approved guidelines released	0 (2025)	1	2028	DCSPP, Principal Pharmacist	R: outdated or non-evidence-based content. M: Consult recent literature and global standards.
		Improve reporting of medical supplies down to lower health facilities	Monthly reporting rates improved	% of facilities captured in supplies reporting	0% (2024)	60% 100%	2027 2028	DCSPP, Principal Pharmacist	R: Inconsistent reporting compliance. M: Set clear deadlines with automated reminders
		Enhancing logistics of medical supplies	Establish reliable distribution schedules and freight clearance process	Distributions	(2025)	2 monthly distribution	2026-2030	DCSPP Manager CMS	R: Customs and clearance delays. M: Pre-clear shipments where possible

		Ensuring quality & rationale use	QA for medical supplies Rational prescribing guidelines implementation Stock management to prevent expiry	Stocktakes / audits	(2025)	6 stock take every year	2026-2030	DCSPP Manager CMS	R: Substandard or counterfeit products. M: Source only from prequalified suppliers.
		Procurement of Medical Supplies	Improve procurement planning and forecasting	Annual procurement	1 (2025)	1 every year	2026-2030	DCSPP Manager CMS	R: Insufficient data to confirm forward planning and commitment. M: Work with DirCSPP and DirHCS to confirm pipeline planning and resourcing.
<b>MHSF</b>	<b>Emergency &amp; Disaster response</b>	Disaster and outbreak response	1.Preparedness activities for disaster and medical emergency response; e.g. 1. EOC 2. EMT deployment 2. Disaster response training	1. >50% Trained EMT personnels  2. number of staff trained for EMT deployment..	Every year there's a natural disaster	>50% trained in EMT and >20% staff (Medical, nursing, allied, administration etc.) trained for deployment with EMT	2030	DG, Director CSPP	R: Lack of clear command structure. M: Define roles/responsibilities with a written SOP; Conduct simulation exercises regularly.
<b>MHSG</b>	<b>VCNE</b>	Amalgamation of VCNE into National University of Vanuatu	Facilitate process and documentation for amalgamation	VCNE joins with NUV	0 (2025)	1	2030	DCSPP Principal VCNE	R: VCNE unable to meet requirements, VNU not able to absorb VCNE, resourcing M: Amalgamation plan developed

									and fed into business plans.
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<b>Program</b>	<b>MHD</b>	<b>Health Promotion Standards &amp; Disease Control</b>
<b>NSDP Target</b>	SOC 3.1.1: By 2030, Vanuatu has a density of 38 HWs per 10,000 population	
	SOC 3.1.2: By 2030, the national maternal mortality ratio has been reduced to less than 70 per 100,000 live births (moving average)	
	SOC 3.1.3: By 2030, 100% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.	
	SOC 3.4.1: By 2030, 100% of units have current strategic plans in place that link with HSS	
	SOC 3.4.2: By 2030, 90% of corporate positions within MOH filled on permanent basis	
	SOC 4.5.1: By 2030, at least 50% of Government health facilities have ramp access or some disability friendly rating	
	ECO 2.2.1: 100% of population with reliable access to safe drinking water	
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030	
<b>Objectives (HSS)</b>	4.5: Improve health and development outcomes for communities (with an emphasis on children, women of child-bearing age and breast-feeding mothers) through improved environmental health (inclusive of hygiene and sanitation awareness, practices and infrastructure, promotion of hand and face washing, waste disposal and food preparation and storage).	
	4.7: Promote community ownership, leadership and engagement in community health promotion and disease prevention processes, based on their assessment of health and social needs, and implementation of their plans to address these.	
	4.1: Reduce the onset of Lifestyle Diseases through promoting individuals' awareness, confidence and opportunities to make informed, healthy behavioural choices.	
	4.8: Strengthen health-related policies and legislation across relevant sectors that address NCDs and associated risk factors (such as the Public Health and Tobacco Acts, or regulations for alcohol, nutrients of concern and marketing of unhealthy foods) to influence an enabling environment that promotes healthy behaviours and reduces harmful practices	
	4.9: Strengthen the MOH's mandate, capacity and authority to ensure sector-wide compliance with public health legislation, including resourcing and mechanisms to ensure coverage.	
	2.9: Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel.	
	2.3: Improve quality maternal and child health service coverage through the filling of staff vacancies in all community care facilities, and the resourcing of facility-based and outreach services.	
	3.1: Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements.	
	3.2: Strengthen quality and coverage of disease surveillance and alert systems at all levels to ensure resourcing for preparedness and response to outbreaks.	
	3.3: Improve national (and regional) capacity to identify threats to, and maintain health security through strengthening oversight and adherence to the International Health Regulations (IHR).	
5.5: Ensure a needs-based primary health care structure and resource allocation to reflect the standards at each health service level in accordance with the Role Delineation Policy.		

<b>HRC Outcome</b>		By 2030, 100% of units have current strategic plans in place that link with HSS							
		By 2030, 90% of health facilities have access to improved WASH facilities							
		By 2030, 80% of population has access to improved sanitation facilities							
<b>Output</b>		See below							
<b>Sub Program</b>		<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>
<b>MHDA</b>	<b>Management &amp; Administration</b>	Review, finalize, and implement the public health structure	Fully operational public health structure implemented in all designated areas.	% of new PH positions filled	Current structure (2017)	65% 80%	2028 2030	DPH	R: PSC does not approve structure M: seek MOH Exec Approval; engage w PSC
		Strengthen Public Health Data Integration and Decision-Making Systems	Adoption of integrated health data systems across all public health facilities within five years	% of health facilities using integrated data analysis	0 (2025)	65% 85%	2028 2030	DPH	R: resourcing; connectivity; equipment and training M: w HI Unit, establish capital plan for procurement and maintenance; training plan
			Health policy decisions are supported by real-time, data-driven insights	Number of policy decisions informed by real-time data analysis	0% (2024)	90%	2030	DPH	R: Poor data quality. M: Implement regular data quality audits
		Build Stakeholder Capacity and Engagement for Monitoring, Evaluation, and	Increased competency and knowledge among stakeholders in M&E systems	% of projects with comprehensive M&E frameworks implemented	(2024)	70% 100%	2028 2030	DPH	R: Dev Partner cooperation and sharing. M: Ensure inclusion w DP LOUs/MOAs.

		Reporting (M&E)							
<b>MHDB</b>	<b>Village Health Worker Program (VHWP)</b>	Development of Cert IV training course	VQA accredited course material developed.	VQA accredited Cert IV training course.	0 Cert IV training course (2024)		2026 – 2030	DPH, Manager(s) Health Promotion Standards and Disease Control (HPSDC)	Course material produced
		Absorption of Village Health Worker to Government payroll	Absorption of Village Health Workers to Government payroll	# VHWs on payroll	0 Formal VHWs (2025)	180	2030	DPH, Manager(s) HPSDC	MOH or PSC do not approve appointments
		Community Health Action Grants	Community Health Action Grants to generate health improvement activities	# community-led health improvement activities	0 CHAGs (2025)	24 (2/province by 2027; 4/province by 2030)	2026 - 2030	DPH, Manager(s) HPSDC	Provincial Officer engagement and support
<b>MHDC</b>	<b>Environmental Health</b>	Environmental health National policy	Drafting of Environmental Health National policy & guideline	Approved EVH strategy, healthcare waste management policy	2 (Sanitation and Hygiene policy and Sanitation and hygiene guideline)	2	2025 - 2026	DPH, Manager(s) HPSDC	R: Lack of stakeholder engagement M: Map stakeholders and include them in consultations.
		Review of Food Control ACT, Tobacco ACT	Review of Food Control ACT, Tobacco ACT	Bills passed in parliament	2025	2 Acts	2026 - 2030	DPH, Manager(s) HPSDC	R: Insufficient Parliamentary support.

									M: Advocacy through MOH Executive.
		WASH training for community	TOT for area councils on the sanitation and hygiene guidelines for community leaders from each province on how to properly construct a standard toilet and proper hygiene practices	A 5% increase in the number of household having access to proper toilet	2025 12 area councils with TOT trainings	5 Area councils in Penama, Tafea, Shefa, Malampa, Torba and Sanma trained	2026 - 2030	DPH, Manager(s) HPSDC	R: Insufficient community buy-in. M: Area counsel and community engagement.
		WASH & IPC training with officers	WASH & IPC training of health care workers from 5 health facilities from the 6 provinces on WASH & IPC	A 10% increase in the number of HCF having access and improved practice on WASH & IPC	2025	5 Health Facilities staff trained in Tafea, Sanma, Shefa, Torba and Malampa	2026 – 2030	DPH, Manager(s) HPSDC	R: Low attendance or staff availability. M: Schedule trainings in coordination with facility managers
		WASH improvement in healthcare facilities	Development of WASH in healthcare facilities standards	WASH in healthcare facilities standards available for Vanuatu	2025 5 Health Center facilities improved in TORBA & 6 Health Center facilities in SHEFA	1	2026	DPH, Manager(s) HPSDC	R. Natural disasters that may change focus  M: Flexibility on plans to refocus other 2 provinces first.

			Improve WASH facilities with no service and limited service to base services which includes the 5 domains: water, sanitation, hygiene, waste management and environmental cleaning.	90% of healthcare facilities have WASH basic services	2020 (HFRSA) basic services Sanitation 8.2% Hygiene 27% Water 71.1% Waste management 13.2% Environmental Cleaning 11.9%	31 Healthcare facilities (7/year)	2026 – 2030	DPH, Manager(s) HPSDC	R: Funding availability M: Seek funding from donor partners
		Enforcement of the Tobacco Act, Food Act and Public Health Act	Increased awareness for food safety through food safety trainings, compliance to standards in relevant Acts to protect Public Health	Increased Revenue collection through compliance	137 Food safety training conducted 7,595 Food handlers trained in all provinces since 2018  VT31,510.607 revenue collected (since 2018 to 2024)	All provinces	2026 – 2030 (ongoing)	DPH, Manager(s) HPSDC	R: Staffing and natural disasters  M: Recruit enforcement officer and delicate responsibilities to provinces
<b>MHDD</b>	<b>Health Promotion</b>	Consultations with other line ministries and stakeholders on standard communication mechanism	MOH has a communications mechanism in place	# communications products/yr.	0 comms mechanism	30 (6/yr.)	2026 – 2030	DPH, Manager(s) HPSDC	R: Insufficient Cross-Ministry engagement. M: Advocacy through DG to other Ministries.
		IEC materials availability to all Provincial offices	All HPOs have readily available IEC materials	# provinces with >80% of materials available	Ongoing activity	6	2026 – 2030	DPH, Manager(s) HPSDC	R: Audit does not take place. M: Incl in BPs.

		Provincial supervisory and supportive supervision	Supervisory visit conducted to all provinces	Number of provinces visited	Ongoing activity	6 6	2026 - 2027 2028-2030	DPH, Manager(s) HPSDC	R: Travel costs Flight/transport availability. M: costed in BP.
		Graphic designing and training	Officers trained in graphic design	Number of trained officer (2)	0	2	2028	DPH, Manager(s) HPSDC	R: Insufficient Personnel, Resources. M: costed in BP.
		TOT on Healthy Island policy with stakeholders	TOT on Healthy Island policy with stakeholders	No. stakeholders trained in PHC	0 (2024-2025)	360 (180 per 2 years)	2026 – 2030	DPH, Manager(s) HPSDC	R: Insufficient Personnel, Resources. M: costed in BP.
<b>MHDE</b>	<b>Disease Surveillance &amp; Epidemiology</b>	Institutionalise One Health Approach	Fully functional One health Collaboration across human, animal and environmental sectors	One Health governance framework approved; % of provinces with functional coordination mechanisms	0 (2024-2025)	Framework approved; 100% provinces with coordination mechanisms	2026 - 2030	DPH, Manager(s) HPSDC	R: Lack of multisectoral engagement M: advocacy and inclusion in MoH and Partner priorities
		Institutionalise FETP and expand specialised training including SHIP-DDM	Strengthened Field Epidemiology Training Program (FETP) integrated into national systems	Number of facilitators trained. Number of officers completing VanFETP and SHIP-DDM	2 facilitators 2 SHIP DDM cohorts graduated 1 cohort FETP graduate	8 facilitators trained 2 SHIP-DDM PGDFE cohort graduated 2 VanFETP Cohorts graduated	2026 - 2027 2030	DPH, Manager(s) HPSDC	R: Insufficient numbers of facilitators and officers; Funding for program. M: Seek DP support; costed in BP.

	Establish Public Health Research Laboratory	Construct and operationalised level 2 biosafety research facility under Communicable and Surveillance Units	Facility completion; % of research projects supported	0	Lab operational by Q4 20230; biosafety compliance	2026-2030	DPH, Managers (Communicable & Surveillance Unit)	R: Approval and resourcing M: MoH prioritisation and partner support
	Established and operationalise a National Health Research Unit and enforce research governance structure (including guidelines)	Legally established NHRU under surveillance unit with governance framework, ethics process, research guidelines implemented and two research agendas (health and Climate change)	NHRU operational; % of proposals reviewed; % of research reports submitted in compliance with guidelines		Draft research guidelines in place: two research agendas develop	2026 – 2030	DPH, Managers (HPSDC and CD)	R: Limited technical capacity and funding; Not all approved research will submit a final report M: Capacity building and donor engagement; Wider awareness on guidelines prior to undertaking research
	Modernised surveillance systems	Decentralised reporting and analysis to provincial level and digitalised all systems	% of provinces conducting independent analysis: Digital reporting systems implemented	0	100% provinces decentralised; fully digital system operational by 2028; system evaluation by 2026	2026 – 2030	Surveillance Unit and HIS unit	R: Infrastructure and connectivity gaps M: Invest in ICT and train provincial teams

	Develop implementation plan and M&E framework	Comprehensive implementation plan and monitoring framework for Unit strategic plan	Plan finalised; M&E framework approved and applied	Strategic plan in draft	Plan and framework operational by 2026; annual progress reports	2026 – 2030	Surveillance team	R: delayed approval M: early stakeholder engagement and donor support
	Institutionalise 7-1-7 timeliness metrics as a framework for priority infectious diseases	Apply 7-1-7 approach as the guiding framework to set disease-specific timeliness targets for detection, notification, and response	Timeliness benchmarks for all priority diseases established using 7-1-7 as reference; % of priority disease events meeting their defined timeliness targets using 7-1-7 as reference	Pilot phase (2025); Adopted during the pertussis outbreak in Tanna	Framework adopted; >70% of priority disease events meet their disease-specific timeliness targets by 2030	2026 – 2-030	DPH, Managers HPSDC and CD	R: Some diseases may require shorter or longer time metrics; Under reporting or delayed detection M: Customise targets per disease while maintaining 7-1-7 principles; integrate into digital reporting and M&E; train frontline health workers and community informants
	Finalise and operationalise the National Action Plan for Health Security with implementation plan	Secure official approval of validated NAPHS and develop an implementation plan with timeliness, budget and M&E	Approved NAPHS document; % of NAPHS actions implemented	Validated draft (2025)	Official approval by 2026; Implementation plan approved by 2027; > 50% actions implemented by 2030	2026-2030	DPH, Manager(s) HPSDC	R: Limited resources and delayed endorsement M: Costing in BP, phased rollout, donor engagement

	Embed Emergency Medical Team (EMT) coordination and deployment in Legal framework	EMT activation protocols integrated into national emergency response policies and SOPs	Legal frameworks updated; Timeliness of EMT deployments	Fragmented Provincial EMTs (Shefa (9) Sanma (15) Tafea (16) Torba (8) Penama (0) Malampa (9))	National EMT framework operational	2026 - 2030	DPH, Manager(s) HPSDC	R: Lack of legal authority or mandate M: Include EMT protocols in public health/emergency response ACTs.
	Evaluate national surveillance systems	Evaluation report produced every 3 years to inform system improvements	Evaluation completed and recommendations implemented	No national EMT 0 (2025)	Evaluation done in 2026 and 2029	2026-2030	DPH, Manager(s) HPSDC	R: Limited technical capacity M: Engage external expert and regional partners
	Strengthen laboratory based surveillance system across all provinces	Increased diagnostic capacity and standardised reporting mechanisms across provinces	% of provincial labs reporting weekly	2 out of 6 labs (NPH and VNH) – 2025	6 out of 6 labs reporting regularly/weekly	2026 - 2030	DPH, Manager(s) HPSDC	R: Insufficient infrastructure or tools M: Invest in essential lab infrastructure, tool and equipment aligned with disease surveillance needs.

	Strengthen surveillance and rapid response teams for priority infectious disease outbreaks .	Enhanced early warning systems and rapid response capacity in all provinces.	% of outbreaks contained within target response time using 7-1-7 approach	0 (2025)	>60% of outbreaks contained using 7-1-7 approach	2026 - 2030	DPH, Manager(s) HPSDC	R: Under reporting or delayed detection of VPDs M: train frontline health workers and community informants
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<b>Program</b>		<b>MHE</b>	<b>Non- Communicable Disease</b>							
<b>NSDP Target</b>		SOC 3.2.1: By 2030, there is no increase in the prevalence of diabetes as such in diabetic lower-limb amputations relative to 2025 figures (excluding digits).								
		SOC 3.3.2: By 2030, there is no increase in the prevalence of adult obesity relative to 2025 figures								
<b>Ministry Policy</b>		Health Sector Strategy 2021-2030								
<b>Objectives (HSS)</b>		4.1: Reduce the onset of Lifestyle Diseases through promoting individuals' awareness, confidence and opportunities to make informed, healthy behavioural choices.								
		4.2: Reduce the burden of NCDs through improved quality and coverage of prevention and management interventions.								
		4.3: Transform the state of oral health, especially amongst vulnerable children, through targeted, systematic outreach to schools and urban communities, and the maintenance of active data collection and analysis.								
		4.4: Improve health and development outcomes of communities (with an emphasis on children - especially the reduction of stunting - adolescents, women of child-bearing age and the elderly) through improved health security, nutrition awareness and practices, and availability of healthier food options.								
		4.6: Improve the well-being and productivity of individuals and communities through the promotion of mental health awareness and community dialogue, and the establishment of mental health outreach services (inclusive of assessment, counselling, referral and treatment								
		4.7: Promote community ownership, leadership and engagement in community health promotion and disease prevention processes, based on their assessment of health and social needs, and implementation of their plans to address these.								
		4.8: Strengthen health-related policies and legislation across relevant sectors that address NCDs and associated risk factors (such as the Public Health and Tobacco Acts, or regulations for alcohol, nutrients of concern and marketing of unhealthy foods) to influence an enabling environment that promotes healthy behaviours and reduces harmful practices								
		<b>HRC Outcome</b>		By 2030, there is no increase in the prevalence of diabetes and as such in diabetic related amputations relative to 2025 figures (excluding digits)						
By 2030, the number of children under 5 who are stunted is <23.5%, overweight/obesity <9.5%, Wasting <7.8%										
By 2030, prevalence of high blood pressure in adult population is <24%										
By 2030, there is no increase in the prevalence of adult obesity relative to 2025 figures										
Reduce prevalence of Tobacco use among adults to <16.6% by 2030										
80% coverage of NCD medicines and technologies within health facilities (<111 health facilities) by 20										
<b>Output</b>		See below								
<b>Sub Program</b>		<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/ Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>	
<b>MHEA</b>	<b>Lifestyle Disease: NCD &amp; Mental Health</b>	Strengthen and enforce lifestyle unit coordination and resource allocation through	Improved coordination mechanism from national to provincial level	Number of committee reports	2 (2025) 0 (2025)	National strategies available, 4/6 active	2025–2030	DPH, Manager-Lifestyle Diseases	R: Weak policy linkage to NCD accountability across departments	

		implementation of national strategies	through the national NCD multisectoral committee to Provincial multisectoral committee and vice versa			provincial NCD committees			and stakeholders M: M: mainstream NCD into different policies with good accountability mechanisms and resource it adequately.
		Implement community-based hypertension screening and other related NCD screening	Reduction in hypertension	% of adults (18+) screened with reduced blood pressure	28.6% (2015)	<24%	2030	Manager-Lifestyle Diseases, PHMs	R: Low community participation. M1: Awareness campaigns before screenings. M2: Review Tobacco Act. Adopt a multisectoral approach to addressing this.
			Reduction in blood sugar	% increase in diabetes prevalence	9.3% with raised blood sugar	0% increase	2026–2030	Manager-Lifestyle Diseases, PHMs	R: Fragmentations in the whole continuum of care for NCD which include tailor awareness, quality service, specific skills and relevant legislations.

									M: Adopt a multisectoral approach which is culturally sensitive through behavioural change intervention
			Prevention of increased obesity	% adults (18+) with normal BMI	18.8% (2015)	0% increase raised BMI	2026–2030	Manager-Lifestyle Diseases, PHMs	R: High access to imported food than organic food due to high local food prices and lack of exercise M: Review Food Act and establish minimum standard for nutrient of concern for the country to limit imported unhealth food.
		Promote school-based physical activity programs	Primary and secondary schools timetables include physical exercise and implement weekly physical activity programs	% of schools implementing physical activity sessions	Approx. 10 schools	60% of schools	2026–2030	Manager-Lifestyle Diseases, PHMs	R: Absence of Physical education teachers and subject . M: Conduct a pilot with MoET and replicate a model. Use data from open VMIS to inform

									continuous improvement.
		Scale-up tobacco cessation services	All health centres adopt model that is piloted and offer cessation support	% of facilities providing tobacco cessation	3 facilities	60% of health centres	2026–2030	Manager-Lifestyle Diseases, PHMs	R: Limited access to cessation services. M: Establish a pilot in one or two provinces and replicate that model taking into account the local context
		Increase population awareness of healthy lifestyles	Decrease in harmful use of alcohol	% of people aged 18+ screened	7.5% in 2015 of the population were engaged in harmful use of alcohol	6% of the population are engaged in harmful use of alcohol	2026–2030	Manager-Lifestyle Diseases, PHMs	R: Ineffective messaging and no updated data to support key messages M: establish and utilise champions program as role model to emphasising key alcohol messages as well as other diverse messaging platforms
			Reduction in both urban and rural population on	% of people aged 18+ screened	2.3% rural 1.6% urban	1% of total population	2026–2030	Manager-Lifestyle Diseases, PHMs	R: High consumption of processed foods in urban areas.

			mean salt/sodium intake						M: Enforce mandatory front-of-pack labelling and salt limits in processed foods. M: Increase local production of organic food and low market price for local products. Establish a minimum threshold for all nutrients of concern for Vanuatu to limit importation of unhealthy products.
		Strengthen national and provincial Mental Health Committees	Ensure provincial Mental Health programs and implemented is align with and achieves national mental health policy goals and objectives	Provincial policy and action plan for mental health in line with national mental health policy	Provincial policies National Policy	80% 100%	2025 - 2030	Manager-Lifestyle Diseases, PHMs	R: Physically available policy and action plan. M: Committees monitoring
		Review, endorse and gazette mental health health act	The entire Vanuatu population including service users and service providers	National law covering mental health	0	1	2025 - 2030	Manager-Lifestyle Diseases, PHMs	R: Mental Health program is deprioritised. M: Advocacy and promotion of mental health program.

		Integrated quality, person-centred and inclusive mental health care services	Establishment and promotion of quality mental health services	# of interventions conducted	None	Data not available yet	2030	Manager-Lifestyle Diseases, PHMs	R: insufficient funding and proper planning/ integration.. M: inclusion in BPs
		MOH endorsement of psychosocial support and counselling guidelines for internal and external distribution	Ensure standards and procedures available to guide and promote safe practices at all times	physical available guideline/ standard in place # of consultations undertaken;	0	1	2030	DPH, Manager-Lifestyle Diseases, PHMs	R: Unavailability of key people and proper planning and intervention. M: Ensure activity on national and prove BPs.
		Foster community mental wellbeing through mental health education which encourages positive social norms and sound mental well-being	Increase community mental health advocacy and ownership of mental health and wellbeing	# of mental health and wellbeing campaigns	0	Campaigns in 2 provs (incl national)/yr.	annually to 2030	DPH, Manager-Lifestyle Diseases, PHMs	R: insufficient funding and proper planning/ integration M: inclusion in BPs.
		Ensure accurate and timely mental health data is collected, collated, and reported from all levels of health care provision and relevant external stakeholders	Promote and ensure evidence base intervention (in line with ICE - 11 and MH Gap assessment tools)	% of health workers trained on integrated HIS and Mental Health training	0	20% of health workers trained on Mental Health HIS components/ reporting	2030	DPH, Manager-Lifestyle Diseases, PHMs	R: insufficient funding and proper planning/ integration. M: Explore DP support; inclusion in BPs.

MHEB	Lifestyle Disease: Nutrition & Dietetics	Scaling up Nutrition	Strengthen High impact Nutrition Intervention - Deworming , Vitamin A , MNP, WASH and MUAC screening	% of children Screened % children at risk and recovered	29.1% stunting	Reduce stunting by 23%	2026–2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Fragmented programming across sectors. M: Establish a national multisector coordination platform.
			Integrated Management of Acute Malnutrition	% wasting in children	8%	<5%	2026–2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Low case detection in the community. M: Conduct regular community outreach and active case finding.
			Baby Friendly Hospital Initiative clinic & Breastfeeding advocacy	% exclusive BF children	0.773	0.85	2026–2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Inadequate staff training on breastfeeding support. M: Include breastfeeding support in pre-service and in-service curricula
			Nutrition and WASH program emphasising on First 1000 days campaign	% diet diversity amongst children	Infant and Young child feeding: 25%	50% among children under 5 years	2026–2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Low awareness of the 1,000 days' window. M: Use maternal and child health clinics as information hubs.

		Protect promote population health by responding effectively to food safety concern	Enhance food safety knowledge & practice among food system actor in particular caregiver of under 5 years	Prevalence <5 diarrhoea	Ongoing	Reduced under 5 year diarrhoea	2026–2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Weak food safety surveillance and reporting system. M: Establish integrated foodborne disease surveillance with early warning systems.
		Protect and Promote Nutrition Security	Identify Bottlenecks contributing to poor nutrition & Opportunities to intervene by mapping the national nutrition landscape.	% of Women of CBA with Normal BMI	0.42	Women of CBA BMI to increase 50%	2026–2030	DPH, Manager -Lifestyle Diseases, PHMs	
<b>MHEC</b>	<b>Lifestyle Disease: Integrated Oral Health, Eye Care &amp; ENT</b>	Strengthen and enforce Oral Health unit coordination and resource allocation through implementing national strategies	Improved Oral Health coordination mechanisms: career pathways reviewed, human resource plan for oral health developed	Policy and Plan for oral health workforce	0	Completed	2025-2027	DPH, Manager -Lifestyle Diseases, PHMs	R: MOH Units commitments, M: proper consultation and planning
		Develop skills-based workforce to achieve UHC in oral health through training of non-dentally trained health workers	Nurses and VHWs trained with basic essential dental services for early identification and management of oral health diseases (pilot GSNT training)	Number of non-dentally trained health workers with basic essential dental health skills in 0-4 year olds	16 nurses and VHWs (2024)	80 trained under GSNT, 30 fully resourced	2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Training challenges M: Ensure inclusion in annual BPs

		Facilitate provincial dental services plan, including availability of essential prevention and early intervention medicines.	Appropriately placed and resourced HR and essential medicines available for primary and secondary dental care	Number of primary and secondary HCFs offering basic essential dental services	0	30	2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Resource availability M: Ensure inclusion in annual BPs (utilise NPP if needed)
		Integrate Oral Health into primary health care strategies	Basic Package of Oral Care (BPOC) includes oral urgent treatment (OUT), affordable fluoride toothpaste (AFT), Atraumatic Restorative Treatment (ART)	BPOC Approved final draft	Ongoing	Completed	2026-2027	DPH, Manager -Lifestyle Diseases, PHMs	R: Stakeholder commitment, challenges with concept being understood, M: Awareness and country examples/evidence based, consultations
		Enable all people to have the best possible oral health, addressing the commercial, social determinants and risk factors of oral diseases	Introduce life course approach for oral health awareness into all NCD prevention activities in all healthy settings- schools, churches, communities, families	% moderate gum disease % severe gum disease	30-49 yr. olds 60.5% (2017) 60+ yr. olds 23.0% (2017)	Reduction in gum disease of 10%	2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Coordination with all Lifestyle Disease Unit; integration with prove health M: Regular engagement w Unit; ensure activities on BPs
		Promote and encourage research on oral health agendas	Ethically approved research proven decision making for oral health initiatives within the Vanuatu context	number of oral health research agendas	0	2 research activities every 2 years	2030	DPH, Manager -Lifestyle Diseases, PHMs	R: Commitment from MOH to support resourcing; engagement with research institute M: Engagement with MOH

									research committee (proposed); MOU with research institute
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<b>Program</b>	<b>MHF</b>	<b>Communicable Disease – CD</b>							
<b>NSDP Target</b>	SOC 3.2.2: By 2030, the incidence of TB in Vanuatu has reduced by 80% compared to 2015								
	SOC 3.2.3: By 2030, the Annual Parasitic Incidence (API) rate for all cases of malaria is no more than 0.5 per 1,000 population								
	SOC 3.2.2: By 2030, there is no increase in the prevalence of NTD cases relative to 2020 figures								
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030								
<b>Objectives (HSS)</b>	3.4: Maintain progress towards elimination targets for malaria and selected neglected tropical diseases, through continued resourcing, surveillance and monitoring.								
	3.5: Strengthen detection, diagnosis and management of target communicable diseases, including HIV, STIs, TB, Neglected Tropical Diseases, Vector-Borne Diseases, viral hepatitis.								
<b>HRC Outcome</b>	By 2030, the annual parasitic incidence rate (API) for all cases of malaria is no more than 0.5 per 1000 population nationally								
	By 2030 the TB mortality rate has reduced by 50% compared to 2015								
	By 2030 eliminate Viral Hepatitis and reduce sexually Transmitted infections by 90%								
	By 2030, the incidence of TB in Vanuatu has reduced by 80% compared to 2015								
	By 2030, eliminate Yaws in Vanuatu by zero confirmed Yaws for all the six provinces for Yaws free								
	By 2030, the incidence of other NTDs in Vanuatu has reduced by 80%								
<b>Output</b>	Increased routine TB screening testing coverage in less than 70% of all health facilities Strengthen management of TB MDR cases in less than 50% of all health facilities through capacity training Expand TB prophylactic treatment among identified contacts within the population								
<b>Sub Program</b>	<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/ Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>	
	Reduce incidence rate and death in communicable diseases.	Integrated training of CD programs to 100% health facilities on diagnosis and treatments	% diagnosis of suspected cases and provide timely and effective and radical treatment.	See below for specific CDs	100%	2028	DPH, Manager CD	R: Logistics and reach. Support for training. Designated officers in provs. HCF staffing. M: Inclusion of activities in BPs; timely engagement and planning with HRM Unit	
<b>MHFA</b>	<b>Malaria &amp; Other Vector-Borne Diseases</b>	Elimination strategy - Reduce Malaria incidence	Ensure 100% parasitological diagnosis and treatment of all suspected and	API is zero at 2029	API: 6.9 per 1000 pop (2024)	API less than zero	2028-2030	DPH, Manager CD	R: Funding and Human Resource M: Inclusion in BP

			confirmed Malaria cases						
		Maintain zero prevalence of Dengue Fever in Vanuatu	Continuous surveillance monitoring of suspected cases of Dengue Fever	Number of confirmed cases	2024: 1 case	Zero cases	2026-2030	DPH, Manager CD	R: limited capacity in HR andn funds during an outbreak M: Seek support from Donors
		Maintain zero prevalence of Zika Virus in Vanuatu	Continuous surveillance monitoring of suspected cases of Zika Virus	Number of confirmed cases	0	Zero cases	2026 - 2030	DPH, Manager CD	R: limited capacity in HR andn funds during an outbreak M: Seek support from Donors
		Maintain zero prevalence of Chikungunya in Vanuatu	Continuous surveillance monitoring of suspected cases of Chikungunya	Number of confirmed cases	0	Zero cases	2026 - 2030	DPH, Manager CD	R: limited capacity in HR andn funds during an outbreak M: Seek support from Donors
<b>MHFB</b>	<b>TB/Leprosy</b>	Elimination Strategy- Reduce TB incidence in Vanuatu	Routine screening, testing coverage in all health facilities	Routine screening, testing coverage (per health facility) increased treatment coverage rate	30 per 100,000 population (2024)	>70% of health facilities	2028-2030	DPH, Manager CD	R: Funding and Human Resource M: Inclusion in BP
		Sustain the elimination of Leprosy and control Dengue Fever by supporting the TB/Leprosy under Malaria/VBDC and Disease Surveillance Program	100% of health facilities are well equipped Routine screening and treatment						

MHFC	STI and HIV/AIDS	Elimination Strategy- Triple Elimination of HIV, Syphilis and Hepatitis B from Mother to child transmission.	Elimination Strategy- Triple Elimination of HIV, Syphilis and Hepatitis B; Routine screening, testing coverage in all health facilities	Routine screening, testing coverage (per health facility)	HIV: <50 new HIV cases per 100,000 live births  Syphilis <50 cases of congenital Syphilis per 100,000 live births  Hepatitis B <0.1% HBsAg prevalence among children age 5 years	>90% of health facilities	2028-2030	DPH, Manager CD	R: Funding and Human Resource M: Inclusion in BP
		Eliminate Viral Hepatitis, Sexually transmitted infections and HIV as Public health threats on opportunities for integrated prevention and response efforts where appropriate and maintaining necessary disease specific interventions.	End the risk and impact of HIV, Viral Hepatitis and STIs on all people throughout Vanuatu through prevention including vaccination, reduction of Stigma and increase access to high quality primary care	Routine screening, testing, coverage and vaccination (per health facility)	HIV <0.1% of the adult population aged 15-49 is living with HIV	Zero cases of Viral Hepatitis	2026-2030	DPH, Manager CD	R: Funding and Human Resource M: Inclusion in BP

MHFD	Neglected Tropical Diseases	<b>Yaws:</b> Strengthen NTD case investigation, Focal Treatment and follow up of all confirm Yaws.	<b>Yaws:</b> 100% diagnosis and treatment of all suspect Yaws are investigate	Number of case investigation and focal treatment on all suspected and confirm yaws timely	2024: 189 confirmed Yaws	<b>Yaws:</b> Zero confirmed Yaws for 3 consecutive years	2026 – 2030	Director PH, Manager CD NTD Program	R: Funding and Human Resource M: Inclusion in BP
		<b>Scabies:</b> Conduct baseline and serological survey, strengthen case investigation and focal treatment	All scabies cases are treated including contacts	Number of Scabies cases treated, scabies cases reduced to <2%	2024: 11,038 Scabies cases reported	Scabies prevalence <2%	Annually	Director PH, Manager CD NTD Program	R: Funding and Human Resource M: Inclusion in BP
		<b>Soil Transmitted Helminth:</b> Twice a year school deworming and community treatment on opportunity basis	75% of school age children and communities deworm	Twice a year school deworming treatment with >75% treatment coverage	2024: Deworming treatment coverage– 69.71%	STH – Achieve an STH control status below 20% prevalence and 2% moderate and heavy intensity.	Twice a year	Director PH, Manager CD NTD Program	R: Funding and Human Resource M: Inclusion in BP

	LF/Trachoma: Establish integrated post validation surveillance - serological survey, LF screening at health facilities	Complete the serological survey and LF screening at health facilities in hot spot provinces	All suspected LF cases tested, and number of contact tracing conducted	2012: Antigenemia prevalence 0.2%	Sustain antigenemia prevalence at 0.2%	2026-2030	Director PH, Manager CD NTD Program	R: Funding and Human Resource M: Inclusion in BP
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<b>Program</b>	<b>MHI</b>	<b>Family Health</b>						
<b>NSDP Target</b>	SOC 3.1.2: By 2030, the national maternal mortality ratio has been reduced to less than 70 per 100,000 live births (moving average)							
	SOC 3.3.1: By 2030, 95% of the population of children aged between 12 – 23 months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health professional.							
	SOC 3.3.3: By 2030, under 5 mortality rate is reduced to at least as low as 25 per 1,000 live births							
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030							
<b>Objectives (HSS)</b>	2.3: Improve quality maternal and child health service coverage through the filling of staff vacancies in all community care facilities, and the resourcing of facility-based and outreach services.							
	2.4: Reduce maternal, under-five children, infant and neonatal mortality through the establishment and resourcing of comprehensive facility-based and integrated outreach antenatal and child health services and emergency referral systems.							
	2.5: Ensure a suitable acute, and longer-term health sector response to the prevention and management of sexual and gender-based violence and child protection issues, including systematic protocols and resources for receiving and supporting survivors.							
	2.6: Increase awareness and uptake of family planning services through targeted, evidence-informed communication approaches, accessible commodities and skilled personnel.							
	2.7: Improve immunisation coverage through demand creation, the filling of staff vacancies in all community care facilities, and the resourcing of facility-based and outreach services, including the supply of essential medicines and vaccinations, and cold chain management.							
	2.8: Improve quality, range and accessibility of targeted health messaging and services for adolescents and young people, with a particular focus on mental, sexual and reproductive health services.							
<b>HRC Outcome</b>	By 2030, the national maternal mortality ratio has been reduced to less than 70 per 100,000 live births (moving average)							
	By 2030, under-5 mortality rate is reduced to at least as low as 25 per 1,000 live births							
	By 2030, neonatal mortality rate is no higher than 6 per 1,000 live births							
	By 2030, 95% of the population of children aged between 12 – 23 months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health professional.							
	By 2030 the number of children under 5 who are stunted is <23.5%							
	By 2030, 95% deliveries attended by a skilled birth attendant							
<b>Output</b>	See below							
<b>Sub Program</b>	<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>

MHIA	RMNCAH	Promote safe birthing through Improve quality maternal and child health service coverage.	Proportion of birth attended by skilled birth personnel	Deliveries with skilled birth Attendants (%)	Dr 11 per 10,000 RN 12.2 per 10,000 MW 1.3 per 10,000 (HRIS 2015)	>95%	2026 - 2030	DPH, Manager Family Health	R: Monitoring and data not well maintained. M: Ensure this target remains a priority.
		Elimination of cervical cancer as a public health problem including breast cancer interventions	Elimination of cervical cancer: Awareness, screening, treatment & HPV vaccination for all eligible clients	Cervical cancer rate (%)	12,783 screened - 1946 HPV +ve 70% HPV +ve treated VFHA 2024 report	80% of eligible girls fully vaccinated. 70% of women screened with a high-performance test by ages 35 & 45. 80% of women with pre-cancer treated and women with invasive cancer appropriately managed.	2026 - 2030	DPH, Manager Family Health	R: Community support for screening and vaccine. M: Awareness campaigns and champions.
		Training of health care providers on VEMnet/EmONC, IMNCI, EENC/KMC	Proportion health care service providers trained or attend refresher trainings on VEMnet/EmONC, IMNCI, EENC & KMC	Number of Maternal Deaths, Under 5 mortality rate Neonatal mortality rate( <1)	2024 Maternal Death = 2 (need to be updated) MMR: 2023 8 per 1,000 live birth (2023 MICS)	2 (2024)  17/1000 live births (2024) 8/1000 live births (2024)  Training Target: >80% of HCW trained	2026 - 2030	DPH, Manager Family Health	R: Insufficient training resources. M: More training and equipment; include on BPs.
		Strengthen capacity of health professionals in nursing, midwifery & doctors on prevention	Adolescent and Sexual Reproductive Health Services (SRH) provision /	Adolescent birth rate ( aged 15–19 years) per 1,000 women in that age group	Adolescent birth rate 51% per 1000 for women age 15-19 years	No ABR target available	2026 - 2030	DPH, Manager Family Health	R: Insufficient training resources. M: More training and

		and management of adolescent, SRH, gender-based violence, child protection issues	availability at the national and provincial settings annually.			>70% HCW trained			equipment; include on BPs
		Ongoing capacity building and support for health care service providers to increase awareness and uptake of family planning services	Proportion of health care service providers who received specific training on family planning services and commodities	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern method	3412 (10.3 %) use of contraception, all women age 15-49 MICS data 2023 report	95% of woman in their reproductive age (15-49) having their need of family planning satisfied with modern method.  Training target: >80% of HCWs	2026 - 2030	DPH, Manager Family Health	R: Insufficient training resources. M: More training and equipment; include on BPs
<b>MHIB</b>	<b>Child Nutrition</b>	Improve quality, range and accessibility of targeted health messaging and services for RMNCAH programs Interventions	Promotional of breast feeding and infant and child nutrition at community level.	Proportion of infant 0-6 months exclusively breast feeding	71.1% 2023 MICS data on exclusive breast feeding	95% of infant 0-6 months old are exclusive breast feed.	2026 - 2030	DPH, Manager Family Health	R: Community support for breastfeeding. M: Awareness campaigns and champions in HFs.
<b>MHIC</b>	<b>Vaccine Preventable Diseases and Immunization</b>	Increase Immunization coverage through fixed and outreach sessions	Coverage of DTP containing vaccine (3rd dose): Percentage of surviving infants who received the 3 doses of diphtheria and tetanus toxoid with pertussis containing vaccine in a given year	Proportion of the target population covered by all vaccines	2024 Annual Immunization Report 62%	95% of children aged between 12-23 months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by trained health professional	2026 - 2030	DPH, Manager Family Health	R: Insufficient training resources. M: More training and equipment; include on BPs

<b>Program</b>	<b>MHG</b>	<b>Hospital Executive and Corporate Services</b>							
<b>NSDP Target</b>	SOC 3.1.1: By 2030, Vanuatu has a density of 38 HWs per 10,000 population								
	SOC 3.1.2: By 2030, the national maternal mortality ratio has been reduced to less than 70 per 100,000 live births (moving average)								
	SOC 3.1.3: By 2030, 100% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.								
	SOC 3.4.1: By 2030, 100% of units have current strategic plans in place that link with HSS								
	SOC 3.4.2: By 2030, 90% of corporate positions within MOH filled on permanent basis								
	SOC 4.5.1: By 2030, at least 50% of Government health facilities have ramp access or some disability friendly rating								
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030								
<b>Objectives (HSS)</b>	2.9: Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel.								
	2.10: Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education.								
	2.5: Ensure a suitable acute, and longer-term health sector response to the prevention and management of sexual and gender-based violence and child protection issues, including systematic protocols and resources for receiving and supporting survivors.								
	1.2: Ensure inclusive and supportive referral systems which enable vulnerable groups such as people with disability to access both general and impairment/issue specific health services								
	1.6: Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture.								
	2.1: Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance.								
<b>HRC Outcome</b>	By 2030, 100% of units have current strategic plans in place that link with HSS								
<b>Output</b>	See below								
<b>Sub Program</b>		<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>
<b>MHGA</b>	<b>Management &amp; Administration</b>	Clinical and Curative Administrative leadership (Medsup/	1.Recruitment of clinical leadership 2. education and training of clinical leadership in clinical governance.	All positions are filled permanently.	90% of vacancies ATM. Also no formal training in clinical	100 % of positions are filled and 100% trained.	2030	DHCS, Med Sup	R: Unclear roles and authority. M: Define and formalize the scope of responsibilities through official job

		Managerial positions).	3. setup clinical governance for all hospital		leadership and clinical governance.				descriptions and organizational charts
		Infection prevention control and Antibiotics microbial resistance	1. Trained and implement IPC and AMR protocols and standards 2.M&E 3.Surveillance of HAI, AMR and Hand hygiene audits	1.Implement IPC standards 2. Comply to IPC standards 3. Surveillance	1.IPC Policy and Guideline 2. Proposed AMR NAP	1.Implement IPC standards 2. Comply to IPC standards	2030	DHCS, Med Sup	R: Poor IPC practices in health facilities. M: Allocate funds for IPC activities and reinforce IPC in Nursing curriculum.
		Adopt new proposed structure	Fully operational structure implemented in all designated areas.	% of new positions filled	2017 structure is outdated in positions	65% 80%	2028 2030	DHCS, Med Sup	R: PSC does not approve structure. M: seek MOH Exec Approval; engage w PSC
		Implement Green Energy	Maintenance and upgrade of existing solar power.	functioning solar power for Lolowai and Quatvaes.	2 hospitals currently on green energy - Lolowai & Quatvaes	3 hospitals	2030	DHCS, Med Sup	R: Lack of routine maintenance. M: Develop and implement scheduled preventive maintenance plans.
		Identify and address training needs	1.Develop training packages for in service staff 2. develop local trainers	1. training packages 2. local trainers 3. commencement of training	No existing training analysis	1. training packages for nurses. 2. training package for allied staff. 3. Training of local trainers.	2030	DHCS, Med Sup	R: Insufficient training resources. M: More training and equipment; include on BPs

		Comprehensive Hospital Redevelopment Plan for all six hospitals across Vanuatu	<ol style="list-style-type: none"> <li>1. Completion of Phase 3 for VNH redevelopment plan</li> <li>2. Commencement of phase 2 and 3 of 5 hospitals redevelopment plan</li> <li>3. Construction of VNH buildings in a phased approach plan</li> </ol>	<ol style="list-style-type: none"> <li>1. phase two report for 5 Hospitals and phase 3 master plan and design for 5 hospitals (except VNH).</li> <li>2. phase 3 VNH master plan, design and costing.</li> <li>3. donor funder for construction VNH</li> </ol>	<ol style="list-style-type: none"> <li>1. Approved Clinical Service Model plan 2024</li> <li>2. Renovations of current hospitals.</li> <li>3. No existing hospital master Plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. 1 report produced</li> <li>2. 1 plan developed</li> <li>3. construction VNH</li> </ol>	2030	DHCS, Med Sup	R: plans too ambitious for resourcing. M: consider staged approach and resourcing; seek DP support; ensure activities in BPs.
		Implement Electronic medical records	<ol style="list-style-type: none"> <li>1. strengthen medical reporting.</li> <li>2. provide EMR to hospitals</li> <li>3. integrate PAC system and CRIM system to EMR.</li> </ol>	Better Annual report	PAC systems/HIS 2 systems - NO EMR	5 (1/yr.) 2/yr	2030	DHCS, Med Sup	R: Resistance to adoption by health workers. M: involve end-users in system design and piloting.
		Outreach services	outreach to primary health care facilities	Outreaches per year	Regular outreach from hospital to health centres and dispensaries	>3 outreach activities / hospital / yr.	2030	DHCS, Med Sups	R: Limited personnel, resources and staff cooperation/ motivation; M: Oversight and management of personnel; ensure items in BP.

		Waste management	<ol style="list-style-type: none"> <li>1.Re-visit policy of waste management &amp; equipment disposal.</li> <li>2. Training of staff on waste management and equipment disposal</li> </ol>	monitoring and evaluation of waste management and equipment.	Existing Equipment Management Policy	<ol style="list-style-type: none"> <li>1. proper disposal of waste</li> <li>2. Trained individuals in safe waste management and equipment disposal.</li> </ol>	2030	DHCS, Med Sup	R: Outdated or unclear policy frameworks. M: Review and revise national policy using WHO and Basel Convention guidelines.
		Strengthen Internship Training (Medical, Nursing, Midwifery, Allied & Dental)	<ol style="list-style-type: none"> <li>1.Develop nursing training analysis</li> <li>2. Developing nurse training package</li> <li>3. Induction and orientation program</li> <li>4. Develop nursing and midwifery logbooks</li> <li>5.Comprehensive assessment and mapping of nursing issues</li> <li>6. Strengthen Medical, Allied and Dental Internship Training</li> </ol>	<ol style="list-style-type: none"> <li>1. Nursing log book development.</li> <li>2. Midwifery Log Book development.</li> <li>3. Induction program developed.</li> <li>4. Continued nursing and Midwifery education</li> <li>5. Existing Internship Training Committees for Medical, Dental, and Allied</li> <li>6. Approved logbooks for Medical, Allied and Dental Internship Training</li> </ol>	internship program exists but needs strengthening	<ol style="list-style-type: none"> <li>1. x1.</li> <li>2. x1</li> <li>3. Induction program developed.</li> <li>4. Number of staff trained</li> <li>5. 3 x Training Committees for Medical, Dental, and Allied</li> <li>6. 3 x internship training logbooks</li> </ol>	2030	DHCS, Med Sup, PNO, HODs	R: Inadequate supervision and mentorship M: Assign trained clinical mentors to each intern.

		Workload Indicators of Staffing Need (WISN) Study	1. Conduct WISN study 2. Apply findings to improve nursing services	WISN Study report	no baseline report	Commencement & completion of WISN report	2028 2030	DHCS, Med Sup	R: Incomplete or inaccurate workload data; human and material resources for study. M: Clean and validate facility service data before WISN calculations; ensure in BP.
		Strengthening Curative Administration/Hospital operations	1. Manage Daily Curative Administration/hospital operation. 2. Procure, Manage and maintain industrial equipment to support hospital services. 3. Utilities, food and fuel procurement for hospitals	1.90% of hospital support services are managed. 2. procurement priority equipment for support services	>90% of GSM positions occupied	better management of hospital operations 100% GSMs recruited  100 % of Nursing, Allied and Dental Managers	2030	DHCS, Med Sups	R: Weak performance monitoring systems M: Establish routine data dashboards and hospital performance reviews.
<b>MHGB</b>	<b>Biomedical Services</b>	Procure, Manage and maintenance	Procure, Maintain and maintenance medical equipment following equipment inventory.	1.setting up equipment inventory 2. procure essential biomed equipment according to inventory	Ad hoc	well-coordinated procurement , management and maintenance of equipment	2030	DHCS, Med Sups, Managers Allied Services	R: Lack of accurate or updated equipment inventory M: Conduct regular, facility-level equipment audits.
		Acquire Biomedical software	Procure biomedical software to manage inventory medical equipment	biomedical software acquisition	0	1	2030	DHCS, Med Sups, Managers	R: Procurement of software not fit for purpose

								Allied Services	M: Conduct needs assessment with biomedical engineers and ICT experts.
		Standardisation of oxygen plants and incinerators	Standardised oxygen plants and incinerators across all hospitals	Approved standardised oxygen plans and incinerators	0	6 hospitals meeting standards	2030	DHCS, Med Sups, Managers Allied Services	R: Funding to acquire standards across all hospitals M: Seek donor support to acquire equipment that meets standards
		Disposal of equipment	1. Operationalise of equipment policy. 2. Training of equipment disposal	Equipment disposal in accordance with policy (annually)	Disposal of equipment policy	0 number of items disposed of	2030	DHCS, Med Sups, Managers Allied Services	R: Policy not implemented. M: Develop operational plan with timelines, responsible units, and KPIs.
		Training needs analysis for Biomedical staffs	Coordinate training for biomedical staffs.	Training needs analysis report. Training of staff	0	1 reports. 2 trained staff	2030	DHCS, Med Sups, Managers Allied Services	R: Training needs analysis for Biomedical staff; M: Conduct facility-level mapping of current staff skills vs job roles
<b>MHGC</b>	<b>Patient Referral Services</b>	International /regional referral	Organise patient referral overseas as approved by overseas referral committee	number of patients referred to overseas for appropriate treatment	Overseas referral to India, NZ, Fiji	100% as required	2030	DHCS, Med Sups	R: Unclear or inconsistent referral criteria. M: Develop and disseminate formal referral eligibility guidelines; Use clinical review panels under the oversight of the Overseas Referral Committee.

		domestic referrals	organise referrals from primary health care setting to secondary/ tertiary health care setting	number of patients referred to tertiary level for appropriate treatment	ad hoc	100% as required	2030	DHCS, Med Sups	R: Lack of standardized referral protocols. M: Develop and disseminate national referral guidelines and SOPs.
<b>MHGD</b>	<b>Hospital Support Services</b>	Expand Farm to hospital and farm in Hospital models	implementation of farm to hospital project is introduced to other provincial hospitals.	Farm to hospital project is implemented in hospitals	NPH only (2025)	50% hospitals	2030	DHCS, Med Sups, GSMs	R: Farm to hospital project is introduced to other provincial hospitals; M: Develop agreements or MOUs with vetted local farmer cooperatives.
		Outsource Services	Housekeeping services- Pest control- Security services- Landscaping - Building	>50% of services are outsourced	NPH / VNH	At least all hospitals have out-sourced essential support services.	2030	DHCS, Med Sups, GSMs	R: Poor hygiene and infection control. M: Develop cleaning SOPs aligned with IPC protocols.
		Training analysis for support staff	Conduct training needs analysis in all hospitals. Coordinate training for support staff	Training needs analysis report. Training of staff	Ad hoc support short term trainings	1 report submitted.  Ad hoc trained staff	2030	DHCS, Med Sups, GSMs	R: Inconsistent or incomplete data collection. M: Use standardized national TNA tools and checklists.
<b>MHGE</b>	<b>Specialist Services</b>	Specialist outreach	Local Specialist outreach to provincial hospital	0 (2025)	outreach >5	At least 5 visits of local specialists to provincial hospital	2030	DHCS, Med Sups	R: Irregular or unsustainable visits. M: Create a structured and approved annual outreach calendar.

		International specialists outreach NPH & VNH	International specialists outreach NPH & VNH	0 (2025)	>5 visiting teams visit per year to VNH	At least >5 visits of international specialists to NPH and VNH	2030	DHCS, Med Sups	R: Short-term engagement without sustained impact. M: Align missions with national clinical priorities and capacity-building goals.
		Short term training support in key specialty areas	support training for doctors, nurses, allied staff.	>5 staff attending key specialty trainings	>5 per year	>5 staff attending key specialty training	2030	DHCS, Med Sups	R: raining not aligned with national priorities or facility needs. M: Use national HRH priorities and hospital TNA results to select specialties.

<b>Program</b>	<b>MHM</b>	<b>Medical Services</b>							
<b>NSDP Target</b>	SOC 3.1.1: By 2030, Vanuatu has a density of 38 HWs per 10,000 population								
	SOC 3.1.2: By 2030, the national maternal mortality ratio has been reduced to less than 70 per 100,000 live births (moving average)								
	SOC 3.1.3: By 2030, 100% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.								
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030								
<b>Objectives (HSS)</b>	2.9: Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel.								
	2.10: Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education.								
	2.5: Ensure a suitable acute, and longer-term health sector response to the prevention and management of sexual and gender-based violence and child protection issues, including systematic protocols and resources for receiving and supporting survivors.								
	1.2: Ensure inclusive and supportive referral systems which enable vulnerable groups such as people with disability to access both general and impairment/issue specific health services								
	1.6: Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture.								
	2.1: Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance.								
	2.3: Improve quality maternal and child health service coverage through the filling of staff vacancies in all community care facilities, and the resourcing of facility-based and outreach services.								
	2.4: Reduce maternal, under-five children, infant and neonatal mortality through the establishment and resourcing of comprehensive facility-based and integrated outreach antenatal and child health services and emergency referral systems.								
<b>HRC Outcome</b>	See respective Programs								
<b>Output</b>	See below								
<b>Sub Program</b>		<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/ Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>
<b>MHMA</b>	<b>Medical Services</b>	Training needs analysis	Conduct training needs analysis for medical staff. Coordinate training	Training needs analysis report. Training of staff	not existent	1 report submitted.  number of staff trained	2030	DHCS, Med Sups, HODs	R: Inaccurate or non-specific TNA results M: Use validated tools specific to clinical cadres.

		Developing & Expanding specialist services	Plan on developing & expanding specialist services	Every department has a plan/report on expanding specialist services	CT Scan, Mammogram, Dialysis Services, ICU Services, Maxillofacial Surgeries	1 plan / dept.	2027	DHCS, Med Sups, HODs	
		Developing protocols/SOP	Review and develop New SOPs and Protocols	New protocols/SOP's	Antibiotics guideline, medical protocols, and other protocols	>80% of protocols/SOPs developed	2030	DHCS, Med Sups, HODs	R: Antibiotics guideline, medical protocols, and other protocols. M: Conduct in-service training and clinical audits.
		Outreach	outreach to Provincial hospital and community	Outreaches per year	Ad hoc outreach programs	>3 outreach activities / hospital / yr.	2030	DHCS, Med Sups, HODs	R: Limited outreach coverage or frequency. M: Develop and follow an outreach calendar aligned with priority health needs
		locum services	locum doctors for high need medical fields VNH,NPH and 4 other provincial hospitals (Rural practitioners)	Number of locums for VNH, NPH and Rural practitioners in the 4 provincial hospitals	5 locums (3 VNH, 2 NPH)	Slow reduction of the need for locums with increase in local specialists trained	2030	DHCS, Med Sups, HODs	R: Inconsistent availability of locums M: Maintain a pre-approved national locum pool with availability rosters.

<b>MHMB</b>	<b>Allied Services</b>	training needs analysis	Conduct training needs analysis for allied health. Coordinate training	Training needs analysis report. Training of staff  # reports; # staff trained disaggregated (# men, # women, # disability staff)	not existent	1 reports.  1 number of staff trained staff	2030	DHCS, Med Sups, Managers – Allied Services	R: Limited visibility of allied health cadres in planning. M: Integrate allied health workforce data into national HRIS and TNA tools.
		outreach	outreach to Provincial hospital and community	Outreaches per year  # outreach activities; reports disaggregated by gender, disability, youth	Ad hoc outreach programs	>3 outreach activities / hospital / yr.	2030	DHCS, Med Sups, Managers – Allied Services	R: Insufficient Planning and Coordination. M: Develop integrated annual work plans at national, provincial, and facility levels.
		develop and expand allied services	Plan on developing and expansion of allied services	1. Plan on what services to expand 2. Budget plan 3. procure equipment and training of new services	Inclusion of biochemistry , haematology and microbiology services for 4 provincial hospitals	1. service expanded to NPH  2. 1 plan developed 3. Number of equipment, 1 officer trained	2030	DHCS, Med Sups, Managers – Allied Services	R: Lack of strategic workforce planning. M: Conduct a national workforce gap analysis for each allied health cadre.
<b>MHMC</b>	<b>Dental Services</b>	Training needs analysis	Conduct training needs analysis for dental staff. Coordinate training	Training needs analysis report. Training of staff	not existent	1 reports.  Number of trained staff	2030	DHCS, Med Sups, Managers – Dental Services	R: Training needs are generalized or outdated.

									M: involve senior dental officers in the design and validation of training priorities.
		developing specialist services (NPH & VNH)	Plan on developing specialist services	Complete oral surgery unit	Oral surgery services @VNH	Oral surgery services @NPH by 2030	2030	DHCS, Med Sups, Managers – Dental Services	R: Insufficient specialist workforce. M: Use locum or visiting specialists in the interim.
		Develop and expand dental services to provincial hospitals	1. Dental services available for Torba/ Malampa/ Penama/ Tafea	Functional space for dental unit set-up in 3 provincial hospitals (Qwatvaes, Lolowai, Lenakel)	Dental clinic at GMH	1. Complete dental clinic for Tafea/ Malampa 2. Upgraded Penama Dental clinic	2030	DHCS, Med Sups, Managers – Dental Services	R: Develop and expand dental services to provincial hospitals; Outreach (Hospital to Community) M: Include dental staff in HRH planning and recruitment.
		Outreach (Hospital to Community)	Outreach to Community	Outreaches per year	Ad hoc outreach programs	>3 outreach activities / hospital / yr.	2030	DHCS, Med Sups, Managers – Dental Services	R: Uncoordinated scheduling or duplication. M: Develop a monthly/ quarterly outreach plan linked to facility

									catchment areas.
		Developing National Standardized Protocols / SOP	Review and develop Standardized national SOPs and Protocols for Dental Services	New protocols/SOP 's	Standardize d national Protocols and SOPs in progress	>80% of protocols/SOPs developed	2030	DHCS, Med Sups, Managers – Dental Services	R: Outdated or inconsistent practices across facilities. M: Review existing practices and conduct a national gap analysis.

<b>Program</b>	<b>MHN</b>	<b>Nursing Services</b>						
<b>NSDP Target</b>	SOC 3.1.1: By 2030, Vanuatu has a density of 38 HWs per 10,000 population							
	SOC 3.1.2: By 2030, the national maternal mortality ratio has been reduced to less than 70 per 100,000 live births (moving average)							
	SOC 3.1.3: By 2030, 100% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.							
<b>Ministry Policy</b>	Health Sector Strategy 2021-2030							
<b>Objectives (HSS)</b>	2.9: Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel.							
	2.10: Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education.							
	2.5: Ensure a suitable acute, and longer-term health sector response to the prevention and management of sexual and gender-based violence and child protection issues, including systematic protocols and resources for receiving and supporting survivors.							
	1.2: Ensure inclusive and supportive referral systems which enable vulnerable groups such as people with disability to access both general and impairment/issue specific health services							
	1.6: Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture.							
	2.1: Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance.							
	2.3: Improve quality maternal and child health service coverage through the filling of staff vacancies in all community care facilities, and the resourcing of facility-based and outreach services.							
	2.4: Reduce maternal, under-five children, infant and neonatal mortality through the establishment and resourcing of comprehensive facility-based and integrated outreach antenatal and child health services and emergency referral systems.							
<b>HRC Outcome</b>	By 2030, 95% deliveries attended by a skilled birth attendant							
<b>Output</b>	See below							
<b>Sub Program</b>	<b>Key Activities</b>	<b>Output /Service Targets</b>	<b>Indicator</b>	<b>Baseline/ Year</b>	<b>Target for 2030</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Risks and Mitigation</b>

MHNA	Hospital Nursing Services	Strengthen Nursing Education (In-service)	Strengthen Career Development  Continuous professional Development Build Research capacity  Implement Nursing Career pathway	% of nurses upgraded qualification to Bachelor  Implementation of CPD Framework  % of nurses qualified to undertake research Day	0	20% of Nurses with a Diploma have graduated with Bachelor	2030	DHCS PNO	R: Limited funding or scholarships. M: Offer partial scholarships or bonded service agreements post-training  R: Training not aligned with facility needs or performance gaps. M: Base training priorities on TNA (Training Needs Analysis) and service delivery data.
		Promote Nursing Jobs	Recruitment of Nurses into 2017 MOH Structure Manage Retention of Nurses Human resource management Improve working conditions and environment	% of nurses recruited	732 nurses	1152 (nurses ) Correct Data from 2024 AR	2026-2030	DHCS PNO	R. Staff retention M. Implement Retention policy
		Improve Nursing Leadership	Nursing Administration at National & Provinces  Invest in Leadership Skills and Development	% of Nurses completed Leadership/management training  Nursing Strategic	0	100% of nurses in leadership position performing their role with limited supervision	2030	DHCS, PNO	R: Limited funding and opportunities for training and development M: seek funding from donor partner

				plan implemented					
		Improve Nursing Service Delivery	Strengthen Nursing Clinical Governance  Strengthen IPC services  Integrated Outreach Programs	Patient Satisfaction survey  No. of Outreaches (ENT, Eye, Women's Health)	0	>50% Patient Satisfaction rate	2026-2030	DHCS, PNO	R: Dysfunctional of clinical nursing governance  M: Request technical Assistance from Development Partners
<b>MHNB</b>	<b>Community Nursing Services</b>	Strengthen Nursing Education (In-service)	Strengthen Career Development  Continuous professional Development Build Research capacity  Implement Nursing Career pathway	% of nurses upgraded qualification to Bachelor  Implementation CPD Framework  % of nurses qualified to undertake research Day	Nil	20% of Nurses have graduated with Bachelor	2030	DHCS, PNO	R: Limited funding or scholarships. M: Offer partial scholarships or bonded service agreements post-training  R: Training not aligned with facility needs or performance gaps. M: Base training priorities on TNA (Training Needs Analysis) and service delivery data.

		Promote Nursing Jobs	Recruitment of Nurses into 2017 MOH Structure Manage Retention of Nurses Human resource management Improve working conditions and environment	% of nurses recruited retention rates disaggregated by gender, disability, youth	732 nurses	1152 (nurses ) Correct Data from 2024 AR	2026-2030	DHCS, PNO	R. Staff retention M. Implement Retention policy
		Improve Nursing Leadership	Nursing Administration at National & Provinces  Invest in Leadership Skills and Development	% of Nurses completed Leadership/management training  Nursing Strategic plan implemented reports disaggregated by gender, disability	0	100% of nurses in leadership position performing their role with limited supervision	2030	DHCS, PNO	R: Limited funding and opportunities for training and development M: seek funding from donor partner
		Improve Nursing Service Delivery	Strengthen Nursing Clinical Governance  Strengthen IPC services  Integrated Outreach Programs	Patient Satisfaction survey  No. of Outreaches (ENT, Eye, Women's Health)	0	>50% Patient Satisfaction rate	2026-2030	DHCS, PNO	R: Dysfunctional of clinical nursing governance  M: Request technical Assistance from Development Partners



**MINISTRY OF HEALTH**  
**CORPORATE PLAN**  
**2026 - 2030**