Health National Adaptation Plan

2025-2030

Ministry of Health
Vanuatu Government

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Foreword

The *Health National Adaptation Plan (2025–2030)*, or HNAP, serves as a strategic guide for Vanuatu to tackle natural hazards and climate change impacts within the health sector. It demonstrates Vanuatu's dedication to protecting public health from climate-related threats. The plan details specific actions that the Ministry of Health (MOH) and partners will take to address these challenges. Built on the principles of the *National Sustainable Development Plan*, the *Vanuatu Climate Change Disaster Risk Reduction Policy* and the *Health Sector Strategy*, the HNAP ensures coordinated and aligned efforts.

The plan aims to protect the health of the people of Vanuatu by providing essential health services in the face of increasing climate-related risk and natural hazards. The plan combines prevention, preparedness, response and recovery efforts to mitigate climate risks and natural hazards, ensuring continuity of care and minimizing disruptions to health services. The plans combine day-to-day activities, such as surveillance, with disaster risk management to ensure adequate preparedness, response and recovery interventions.

The plan provides a clear path for MOH to lead and coordinate with partners in mitigating and adapting to the risks caused by climate change and natural hazards.

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Minister of Health

Acknowledgements

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The HNAP reflects the views of the donor community, provincial teams, health workers, policy-makers and nongovernmental organizations that were instrumental in developing the document. MOH also extends its appreciation to other government ministries that have contributed to the document, including the Ministry of Climate Change and Vanuatu Bureau of Statistics. MOH also acknowledges the contributions from the United Nations Children's Fund, the United Nations Population Fund and the World Health Organization.

The HNAP is an important milestone in the process of developing a resilient health system, as outlined in Vanuatu's *Health Sector Strategy*. We reiterate our gratitude to all who participated in this process.

Mrs. Shirley Tokon
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World Health Organization Vanuatu

UNDP

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Abbreviations

COP	conference of the parties
CRESHF	climate-resilient environmentally sustainable health-care facilities
CSO	civil society organization
DRM	disaster risk management
DRMC	Disaster Risk Management Committee for Health
EOC	emergency operations centre
ENSO	El Niño–Southern Oscillation
EWS	early warning system
GBV	gender-based violence
GDP	gross domestic product
HNAP	health national adaptation plan
HSS	Vanuatu Health Sector Strategy 2021–2030
ICJ	International Court of Justice
MOH	Ministry of Health
NAB	National Advisory Board
NCD	noncommunicable disease
NDC	nationally determined contributions
NDMO	National Disaster Management Office
NDSP	National Sustainable Development Plan
NEOC	National Emergency Operations Centre
NHP DRM-CCA	National Health Disaster Risk Management and Climate Adaptation Policy
NTD	neglected tropical disease
RCP	Representative Concentration Pathway
SOPs	standard operating procedures
SPCZ	South Pacific Convergence Zone
VAA	vulnerability and adaptation assessment
WASH	water, sanitation and hygiene
WASHFIT	Water and Sanitation for Health Facility Improvement Tool
WHO	World Health Organization

Executive summary

The *Health National Adaptation Plan 2025–2030*, or HNAP, is the strategic framework that the Ministry of Health (MOH) of Vanuatu will use to assess and address the health needs of the people of Vanuatu face the intensifying impacts of climate change and natural hazards. The HNAP will guide MOH in building a climate-resilient, equitable and sustainable health system that can address the impacts of climate change and natural hazards. The HNAP also will identify priority interventions needed to safeguard the health system and public health.

The HNAP aligns with national legal and policy frameworks, including the *National Sustainable Development Plan* (NDSP), the Disaster Risk Management Act (2019), the Meteorology and Climate Change Act (2016) and the *Health Sector Strategy (2021–2030)*. It integrates climate resilience across 10 health system building blocks adapted from the World Health Organization's operational framework, focusing on governance, workforce, health risk assessments, surveillance and early warning systems, research, infrastructure, environmental health, service delivery, disaster preparedness and sustainable financing.

Key priorities of the HNAP include:

- Strengthening governance and leadership through multisectoral coordination and integration of climate-health considerations into national policies and legislation.
- Building a climate-smart health workforce with targeted training in climate-sensitive diseases and responding to natural disasters.
- Enhancing surveillance, early warning systems and research on climate-sensitive health issues.
- Improving health infrastructure to withstand extreme events and transition to renewable energy solutions.
- Addressing the needs of vulnerable populations, particularly women, children and those in poverty or rural areas, through inclusive and equitable health programming.
- Securing sustainable financing and leveraging domestic budgets and international climate funds to ensure long-term implementation.

The HNAP was developed through a participatory process involving government ministries, civil society, United Nations partners and provincial stakeholders. To ensure accountability and transparency, the HNAP includes a robust monitoring and evaluation framework to guide implementation and track progress. Additionally, the HNAP features a costed workplan to facilitate targeted resource mobilization.

By implementing this plan, Vanuatu aims to lay out a roadmap and demonstrate its commitment to address the impact of climate change by protecting the health of a population vulnerable to climate change and natural hazards. The HNAP will ultimately strengthen national resilience and contribute to global climate-health goals


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1. Introduction


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Vanuatu is at the forefront of the fight for climate justice and the protection of vulnerable communities affected by climate change. In March 2023, Vanuatu led a coalition of 132 countries in clarifying countries' legal obligations regarding climate change impacts through a case brought before the International Court of Justice (ICJ), underscoring the importance of the issue. Through Vanuatu's leadership, the coalition advocated at the United Nations General Assembly on 29 March 2023 for an ICJ advisory opinion on the obligations of nations under international law to protect the rights of present and future generations against the adverse effects of climate change. A non-binding decision from the ICJ in this case is expected in 2025.

The *World Risk RepoThantrt 2024* [(1)] indicates that Vanuatu's high exposure and low adaptive capacity contribute to the country's vulnerability to natural hazards. Vanuatu is highly susceptible to natural hazards, which according to a 2018 study by the International Monetary Fund has a 58% annual likelihood of occurrences affecting roughly 12% of the population annually, leading to an average annual gross domestic product (GDP) loss of 42.8% [(2)]. The country's location in the Pacific Ring of Fire also subjects it to earthquakes, tsunamis and volcanic eruptions. These disasters impact the livelihoods and economy of Vanuatu. Vanuatu frequently experiences climate-related extreme weather, such as tropical cyclones, storms, landslides, droughts, flooding and sea-level rise, which affects the health and economic prosperity of the people of Vanuatu. In May 2022, Vanuatu declared a climate emergency, highlighting the threat climate change poses to the well-being of the people of Vanuatu [(3)].

The health of the people in Vanuatu is significantly impacted by climate change, including extreme weather events and natural disasters. Climate change is associated with a rise in vector-borne diseases, waterborne illnesses, mental health issues, and overall mortality and morbidity. It also affects food security, thereby increasing the vulnerability of the affected population to malnutrition. Climate-related disasters ruin not just livelihoods but also homes, health facilities and schools, among others, triggering climate-related displacement.

These climate-related impacts disproportionately affect girls and women in Vanuatu, in part, due to pre-existing gender inequalities [(4)]. During and after extreme weather events, such as cyclones and flooding, women and girls face heightened risks of gender-based violence (GBV), including sexual exploitation, abuse, harassment and intimate partner violence [(5)]. Moreover, displacement and the breakdown of community structures can leave girls and women more vulnerable, with limited access to safe shelters, health services and protection mechanisms. Additionally, as primary caregivers and those responsible for securing food, water and fuel, women and girls bear increased burdens when resources become scarce. Their access to education, health care and livelihoods is often

disrupted, further entrenching cycles of poverty and marginalization in the face of climate shocks.

In 2023, Vanuatu endorsed the *COP28 UAE Declaration on Climate and Health* at the 28th session of the Conference of Parties (COP) to the United Nations Framework Convention on Climate Change, which was a call to action highlighting the impact that climate change has on health [(6)]. The Declaration committed Parties "to the advancement of climate-resilient development, the strengthening of health systems, and the building of resilient and thriving communities for the benefit of present and future generations". Vanuatu also is committed to integrate and streamline efforts through a multisectoral and collaborative approach to address climate change impact on health, with a particular focus on those who are disproportionately vulnerable. To further reinforce this point, Vanuatu's Health Sector Strategy (2021–2030) has a third goal to build a health system capable of withstanding shocks from natural hazards, disease outbreaks and climate change [(7)].

To address these challenges, the Ministry of Health (MOH) has developed the Health National Adaptation Plan (2025–2030), or HNAP, to address climate change and disasters. This collaborative document outlines priority actions needed for the health sector to adapt to the impacts of climate change and disasters at all levels. This policy builds on the *National Health Plan for Disaster Risk Management and Climate Change Adaptation 2021–2025*, or NHP DRM-CCA, bringing a greater emphasis to climate-related health and social impacts, including climate-sensitive diseases. The HNAP emphasizes mitigation activities that the health sector and other partners must undertake to address these challenges. The HNAP is also a tool the MOH can use to coordinate donors working on climate and health, as well as resource mobilization.

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2. Situational analysis

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2.1 Context

Vanuatu is a country uniquely vulnerable to the impacts of climate change and natural disasters. The country, situated in the South Pacific, is considered a small island developing state. It consists of 83 islands and has a population of approximately 301 695 people, according to a 2021 estimate. It covers a total land area of 12 189 square kilometres, with the islands of Espiritu Santo and Malekula making up half of its territory. The services sector, primarily focused on tourism, is the largest contributor to GDP, followed by agriculture, fishing and forestry.

Climate change and natural hazards significantly affect the health of Vanuatu's population, increasing the nation's vulnerability. Vanuatu is exposed to seismic activities such as earthquakes, tsunamis and volcanic eruptions. In addition, Vanuatu regularly faces climate-related extreme weather events such as tropical cyclones. These events significantly harm the health of the people of Vanuatu and damage existing infrastructure. There is a 56.8% likelihood of a disaster occurring every year, each of which causes significant economic losses with an estimated GDP of 42.8% lost per event [(1)].

The persistent threat of climate-related extreme weather events, including tropical cyclones, storms, landslides, droughts, flooding and sea-level rise, exacerbates the vulnerabilities of Vanuatu's communities. The declaration of a climate emergency in May 2022 by the Vanuatu Government underscored the dire situation. The adverse effects of climate change led to an increase in vector-borne diseases, waterborne illnesses, mental health issues, and overall mortality and morbidity. Climate change also impacts food security, thereby increasing vulnerability of the affected population to malnutrition. Climate-related disasters ruin not just livelihoods but also homes, health facilities and schools, among others, triggering climate-related displacement, which in turn elevates the risks of GBV, particularly for women and children. In the Western Pacific Region, Vanuatu has the second-highest estimated rate of intimate partner violence in the past 12 months and the highest rate of children who have experienced violent discipline. Displacement and weakened community structures further reduce access to protective services and safe spaces, intensifying the risks and consequences of GBV.

Over the past five years, numerous natural hazards and extreme weather events combined with emergence of outbreaks such as the COVID-19 pandemic have strained the health system, disrupted service delivery and damaged infrastructure. The health sector has dealt with the health and nutrition consequences brought by tropical cyclone Harold in April 2020, twin tropical cyclones Judy and Kevin in March 2023, and tropical cyclone Lola in October 2023, as well as a 7.3-magnitude earthquake in December 2024. Additionally, noncommunicable diseases (NCDs),

communicable diseases, limited financial resources and a shortage of health-care workers further strain the system. These compounding shocks not only diminish the capacity of the health system to respond to health emergencies, but also those that are essential for GBV survivors.

2.2 Climate situation in Vanuatu

Vanuatu is situated within the diagonal South Pacific Convergence Zone (SPCZ), influencing the region's weather [8]. The SPCZ, a dominant weather factor in the region, is marked by frequent heavy rainfall, cloudiness and atmospheric convergence, occurring throughout the year but particularly intensifying during the Southern Hemisphere summer.

Climate variability in the region is affected by the SPCZ, La Niña and El Niño–Southern Oscillation [8]. The ENSO significantly impacts climate variability in the tropical Pacific by altering ocean temperatures and interacting strongly with the atmosphere. In Vanuatu, the El Niño phase of ENSO often correlates with reduced rainfall, a lower occurrence of tropical cyclones, increased drought conditions, cooler sea surface temperatures, and decreased sea levels. Conversely, during the La Niña phase, the opposite trends generally take place. Other weather patterns that influence the weather in Vanuatu are the Intertropical Convergence Zone and the Madden-Julian Oscillation.

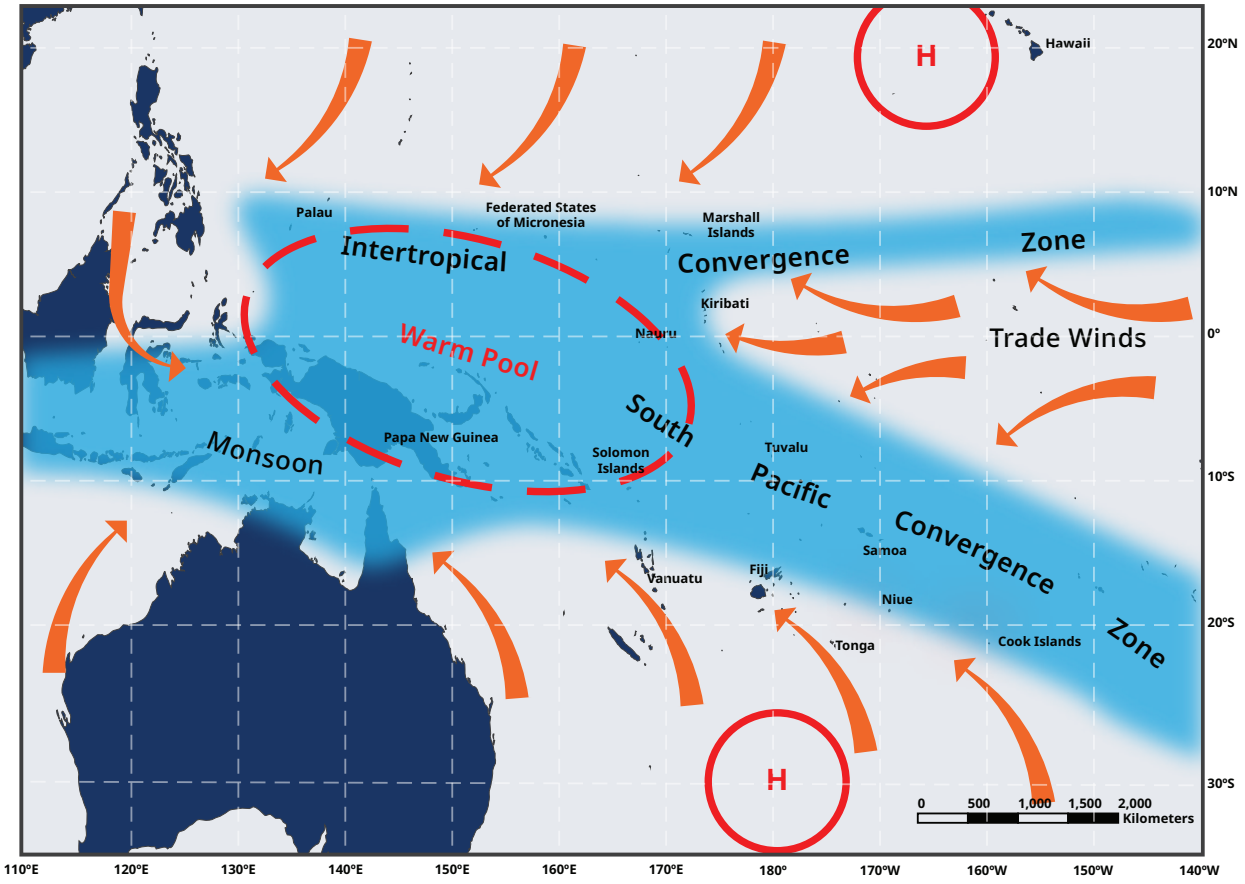


Fig. 1. Schematic representation of major climatic features and drivers in the Pacific

Source: Vanuatu's climate: Current and future variability and change explainer [9]

Vanuatu is already experiencing the impact of climate change, with temperatures increasing by approximately 0.7 °C since the pre-industrial era (1900–1850) [8]. Under a low-emissions scenario – with a representative concentration pathway (RCP) of greenhouse gas emission concentrations in the atmosphere and their impact on climate change when the increase in the global mean temperature is below 2 °C – the average temperature rise would be 0.6 °C (0.4 to 1.0 °C range) above the 1986–2005 baseline by 2060 and would be expected to remain stable until the end of the century [10]. In a high-emissions scenario, the temperature is expected to increase from the baseline by 2.7 °C (ranging from 2.0 to 3.4 °C). Total rainfall in Vanuatu shows no definitive trend. However, there has been an increasing occurrence of extreme daily and sub-daily rainfall in recent years. Additionally, droughts are becoming more severe as temperatures rise.

Table 1. Summary of projected changes for annual mean temperature (°C) for Vanuatu and the three subnational regions, based on the Coupled Model Intercomparison Project Phase 5 and General Circulation Models.[a]

PERIODS	RCP	VAN
2020-2039	RCP2.6	0.5 (0.4 to 0.7)
	RCP8.5	0.7 (0.5 to 0.8)
2040-2059	RCP2.6	0.6 (0.5 to 1.0)
	RCP8.5	1.2 (0.9 to 1.6)
2060-2079	RCP2.6	0.6 (0.4 to 0.9)
	RCP8.5	2.0 (1.5 to 2.4)
2080-2099	RCP2.6	0.6 (0.4 to 1.0)
	RCP8.5	0.7 (2.0 to 3.3)

Note: RCP = representative concentration pathway, which projects future greenhouse gas emission concentrations in the atmosphere and their impact on climate change

VAN = Projected change is relative to 1995 and represents four different future periods (2030, 2050, 2070 and 2090) and two RCPs (RCP2.6 and RCP8.5). The multi-model ensemble median value is given with the 10th to 90th percentile range in brackets

Source: National & Subnational Projections Technical Report [10]

It is projected that Vanuatu will become wetter and stormier overall due to increasing temperatures, although average rainfall is not expected to increase [8]. Under a high- emissions scenario, the extreme daily rainfall will increase in Port Vila. Climate models project increased variability in rainfall. The frequency of tropical cyclones and extreme rainfall events is expected to decrease, while the intensity of these storms will increase due to warming oceans. There is also likely to be a greater intensity of other extreme rainfall events, such as thunderstorms. According to some models, the frequency of extreme droughts may increase.

Depending on the emissions scenario, the sea level is expected to rise between 17 and 37 cm by 2050 [8]. By 2100, the sea level is projected to rise by between 33 and 122 cm. The frequency and intensity of coastal flooding and erosion is expected to increase. The rise of the sea level will damage infrastructure and threaten human health.

Vanuatu will need to invest in adaptation and mitigation measures, including protecting coastal areas, managing water resources and reducing the impact of natural hazards. Further investment in the capability to forecast weather patterns and in early warning systems is also necessary.

2.3 Climate projections and health impacts in Vanuatu

These projections underscore the need for Vanuatu to address various climate-related challenges in the future. The *Climate Change 2023: Synthesis Report* of the Intergovernmental Panel on Climate Change highlighted the fact that climate change adversely and disproportionately impacts the health of the population in small island states in the Pacific, with temperature and precipitation fluctuations and trends, including flooding, significantly contributing to changing disease patterns [11]. The report also noted that the incidence of vector-borne diseases, particularly malaria, dengue fever and Zika virus.

Climate change will worsen food and water insecurity, especially among those facing poverty, including women and children [12]. There is a connection between rural communities and food insecurity, with individuals in rural areas of Shefa (34%) and Penama (46%) experiencing higher levels of food insecurity than their counterparts in Shefa (10%) [13]. This is significant as 77.4% of the population lives in rural areas [14]. Coastal communities will face a greater risk of displacement as a result of sea-level rise [8].

The changing climate reduces productivity and worsens the socioeconomic conditions of those affected, particularly displaced communities and women, girls and those with intersecting vulnerabilities within those communities. Additionally, extreme weather events alter vector-borne and zoonotic disease patterns, impacting food security, water supply and mental health issues [15].

2.3.1 Extreme heat

Models indicate that the intensity and frequency of extreme heat days will continue to rise, as the overall temperature increases [16]. Between 2018 and 2022, individuals aged 65 and above and infants below the age of one in small island developing states experienced an average of 103 days of health-threatening heat each year, a significant increase from the 53 days recorded between 1998 and 2002 [15]. Consequently, these age groups faced heightened risks of both mental and physical health complications, as well as an elevated risk of death for over three months annually. In the period from 2017 to 2022, the number of heat-related deaths was twice as high as in the years 2000 to 2005. Additionally, the excess deaths linked to heat represented substantial financial losses, totalling approximately US$ 647 million across small island developing states in 2020 [15].

2.3.2 Extreme weather events and associated health risks in Vanuatu

Extreme weather events are increasingly impacting various populations and negatively affecting the health of communities. It is expected that extreme weather will negatively impact the health of the people of Vanuatu in the following ways:

- The frequency of extreme droughts is increasing, which can negatively affect food and water security.
- The frequency of flooding is increasing, resulting in injuries, displacement and waterborne diseases.
- Rising sea levels are displacing coastal communities, resulting in mental health challenges.
- Tropical cyclones will become less frequent but more intense, causing widespread destruction and health risks such as injuries and fatalities.

Addressing these impacts is crucial to mitigate health risks and ensure the well-being of people and communities facing barriers to accessing quality health services and the general public.

Table 2. Extreme weather events and associated health risks in Vanuatu

EXTREME WEATHER EVENT	TREND	IMPACT	VULNERABLE POPULATIONS	HEALTH RISKS
Heatwaves	Rising	Rising incidence, warmest years 2015–2024 on record	Pregnant women, young children and the elderly	Heat exhaustion, heatstroke, exacerbation of chronic conditions
Drought	Extreme droughts increasing	Impact on food and water security	General population	Malnutrition, dehydration, diseases from poor hygiene and sanitation
Flooding	Rising	Injury, displacement, waterborne diseases	General population	Diarrhoeal diseases, other infections
Rising sea levels	Rising	Displacement, loss of livelihoods	Coastal communities	Mental health challenges, anxiety, depression
Tropical cyclones	Less frequent	More intense storms, widespread destruction	General population	Injuries, fatalities, disease outbreaks

2.4 Climate-sensitive diseases

2.4.1 Water and food-borne diseases

Increases in temperature, precipitation and extreme weather events will significantly impact the incidence of both water and food-borne diseases by increasing exposure to pathogens [17]. Climate change is increasing temperatures and changing precipitation patterns, which are linked to an increase in foodborne diseases. Climate change can cause communities and farmers to adapt by changing farming practices, which can contaminate food [18]. In addition to this, the increase in temperature of oceans leads to an increase in pathogens such as vibrio, which can be ingested through shellfish.

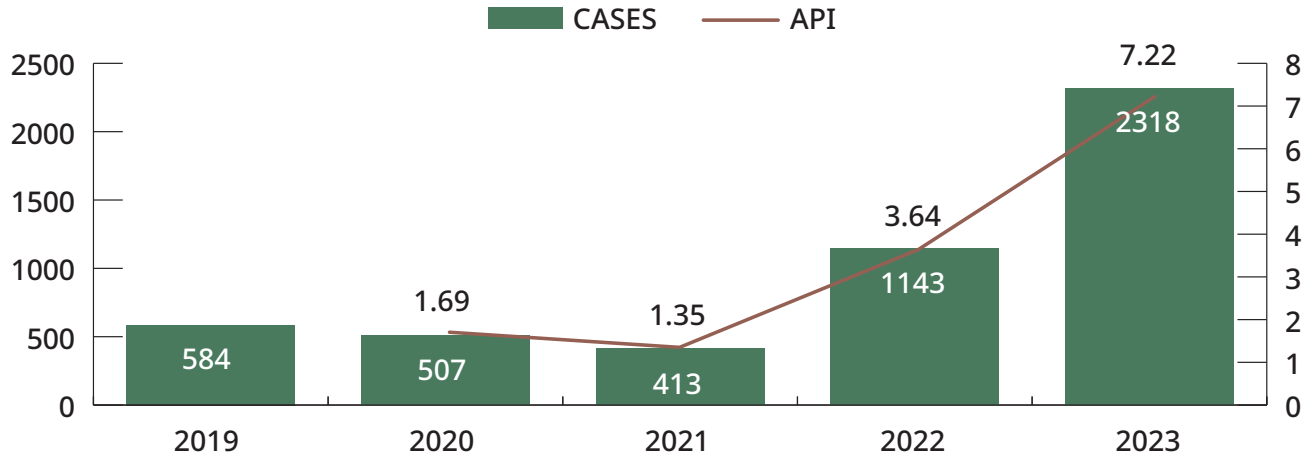
The water security situation in Vanuatu will be impacted by climate change leading to challenges such as an anticipated increase in prolonged droughts [16]. In Vanuatu, one in three households without access to safe drinking water also suffers from food insecurity, in contrast to one in five households with access to safe drinking water that are food insecure [13].Water insecurity will lead to shortages in water for agricultural, domestic and industrial use, which would harm public health, reduce food security and harm the economy. Other extreme weather events, such as cyclones, can also impact water security by damaging water, sanitation and hygiene (WASH) infrastructure. Sea level rise can also cause saltwater intrusion, limiting available water sources. Water insecurity leads to an increase in waterborne diseases such as diarrhoea and salmonella.

2.4.2 Vector-borne diseases, neglected tropical diseases, skin diseases and zoonoses

Climate change is linked to an increased risk of vector-borne diseases, including malaria, which strains Vanuatu's health system. One model estimates that for each increase of 1°C,

an additional 43 cases of malaria will occur in Vanuatu [19]. Vector-borne diseases such as malaria can lead to severe complications and even death. The increased temperatures and rainfall create a suitable environment for vectors such as mosquitoes, which cause dengue and malaria. The changing weather patterns extend the transmission seasons due to warmer winters and earlier springs, increasing the risk of vector-borne diseases being contracted. This can slow the progress of interventions such as insecticide-treated nets. Below is a graph tracking trends in malaria transmission and disease burden using both cases and the Annual Parasite Index between 2019 and 2023 [20].

Fig. 2. Confirmed malaria cases and annual parasite index (2019–2023) [20]



Note: API = Annual Parasite Index

Source: United Nations Development Programme . Malaria Free Vanuatu . UNDP . [Online] 2024. https://www.undp.org/pacific/projects/malaria-free-vanuatu-contributing-good-health-and-well-being-population.

Climate change is impeding efforts to eliminate diseases, often contributing to severe natural disasters that trigger outbreaks of skin conditions such as scabies, as well as neglected tropical diseases (NTDs) namely leprosy and yaws. The World Health Assembly in 2025 adopted resolution WHA78.15 on *Skin Diseases as a Global Public Health Priority.* The resolution underscores the need for countries to strengthen surveillance systems, integrate skin disease management into primary health care, invest in research and innovation, and ensure equitable access to diagnosis, treatment and prevention, particularly for NTDs such as yaws, leprosy and scabies, which are re-emerging.

Lyme disease increased due to range expansion and/or increased reproduction of disease vectors. This is specifically true for the case of Vanuatu, wherein significant gains in malaria prevention, control and management from 15 000 cases in 2003 to 413 cases in 2021 are under threat with a sudden surge of malaria cases to 2318 cases in 2023 [20].

2.4.3 Noncommunicable diseases, food and nutrition insecurity

Climate change exacerbates the risk of noncommunicable diseases (NCDs) due to the impacts of extreme weather events and reduced food security, which can change people's diets.

Climate change affects food availability and quality, which can lead to communities making less healthy food choices, increasing their risk of and management of NCDs. Extreme weather events such as cyclones compound this by disrupting health services, including access to essential medication required to manage NCDs.

Climate change significantly impacts food and nutrition security by altering precipitation, temperatures, and the high rates and intensity of extreme weather events. These changes adversely affect agricultural productivity, leading to reduced crop yields and heightened food insecurity. This food insecurity leads to limited access to nutritious food. These nutritional challenges can severely impair cognitive and physical development and contribute to obesity in children [21]. Climate change reduces fish populations, a vital food source in Vanuatu, due to rising ocean temperatures and acidification [22]. This further limits the diversity of diets and access to nutrition-dense food.

Climate change significantly affects the diversity, quality and quantity of food available and accessible to vulnerable populations, resulting in deterioration of the overall nutrition security and situation. Despite the lack of direct attribution of the impact of climate change to the country's nutrition situation due to a lack of a nutrition surveillance system to measure climate-induced malnutrition, the 2023 Multiple Indicator Cluster Survey report revealed

alarming situation on dietary practices among children wherein only 25% of young children aged 6 to 23 months are meeting the minimum dietary diversity requirements of consuming from at least five out of eight food groups, 23% are meeting minimum meal frequency requirements [23] and only 9% meeting the minimum acceptable diet [24]. Poor dietary practices combined with poor access to quality health-care services, poor WASH practices and poor caregiving capacities are factors contributing to malnutrition [24].

With the frequency and severity of climate-related events in Vanuatu, access to nutrient-dense foods becomes more limited, disruption to health-care services due to health infrastructure damage becomes common, and access to safe WASH facilities becomes a challenge. This perpetuates a vicious cycle of household food insecurity, recurrence of infections and diseases, and malnutrition each time there is a climate-related event. No matter how short-lived these climate-related events are, if the food, health and WASH systems are compromised, communities and families will not be able to recover quickly enough and the situation will worsen over time. In Vanuatu, the nutrition situation deteriorated with almost all forms of malnutrition, except stunting, doubling in a decade marked by a series of climate-related events that affected the country [14]. The 2023 Multiple Indicator Cluster Survey revealed that there was no significant improvement in the stunting prevalence rate among children under 5 years nationwide in the past 10 years – more than a quarter of the children under 5 years of age remain stunted [14]. Around 8% of children suffered from acute malnutrition in 2023, which was double the 4% rate in 2013 [14]. An estimated 4% of young children are severely malnourished and at high risk of dying if left untreated.

While undernutrition remains prevalent in the country, overweight and obesity among young children also doubled from 5 % in 2013 to almost 10% in 2023 [14]. A global analysis has reported that increased average temperature is directly associated with, and may have an independent effect on body mass index, particularly of girls and women, increasing the risk of obesity and overweight due to reduced physical activity and access to healthy diets [25].

2.4.4 Mental health

The increase in extreme weather events, in addition to disasters, negatively affects the mental health of the individuals impacted[26]. These events can lead to long-term psychological effects such as clinical depression and post-traumatic stress disorder. In addition to this, these events also cause displacement, leading to loss of social networks, which can exacerbate mental health issues. In addition to this, the changing climate and disasters also cause financial losses, disruption of livelihoods, food insecurity and damage to infrastructure, which can also lead to mental health problems such as anxiety.

2.5 Equity for people at risk of poor health

Climate change affects human health throughout our lifespan, both directly (for example, heatwaves) and indirectly (for example, food insecurity), which disproportionately impacts people and communities facing barrier to accessing health services. Certain stages within the lifespan make individuals more vulnerable, such as infancy, adolescence and older adulthood, due to biological and social vulnerabilities. This vulnerability is further intensified and worsened by low socioeconomic conditions, with reported increases in domestic violence and child abuse during and after disasters. For example, exposure to extreme heat and pollution during pregnancy is linked to preterm births and developmental delays, while children and older adults face increased risks of diseases such as respiratory illnesses [27]. These impacts often compound over time, with early-life exposures shaping long-term health trajectories.

2.5.1 Gender-based violence

Levels of physical, sexual and GBV against women and children are already extremely high in Vanuatu, and result in major public and personal health, economic and social costs [28] [29]. These high levels of violence increase in the wake of extreme weather events, as women and girls often face disproportionate harm due to their increased vulnerability and existing gender roles [26] [27] [30]. As an example, women's responsibilities in managing natural resources frequently expose them to direct forms of violence, a risk that is amplified by the impacts of climate change. This is particularly evident during the collection of essential resources, such as firewood, water and other materials critical to household survival, where they often face threats and acts of violence. While we know climate change impacts and exacerbates security and violence, GBV can also reduce the ability of communities and families to adapt to climate change, through increased economic hardship, loss of human capital and lack of women's participation in decision-making [31].

2.5.2 Children

Climate change threatens progress and gains made in Vanuatu. The infant mortality rate (deaths per 1000 live births) in the past three decades has halved, from 28 deaths in 1990 to 14 in 2023

[32]. Children in Vanuatu are at high risk of the impacts of climate change affecting their ability to survive, develop and meet their full potential. From conception, climate-related events have the potential to affect pregnancy, resulting in complications and adverse pregnancy outcomes, including pre-term birth. Children face the threat of climate-sensitive diseases, with those at high risk residing in areas where access to quality health care is limited, food insecurity is high, and sanitation and hygiene practices are poor. For these children, climate change worsens their situation, decreasing their ability and their family's capacity to cope. Climate change negatively impacts their health in many ways, including neurological disorders, malnutrition, diarrhoeal diseases, injuries and compounding effects of existing conditions.

In Vanuatu, children in Penama have experienced at least three Category 4 and 5 cyclones in the past five years, which have had a profound effect on their health and well-being. With the frequent disruption to health services due to climate-related events, many children often lack immunity to vaccine-preventable diseases due to missed vaccination schedules. In Penama, around 11% of children aged 12 to 23 months – the second-highest rate across the provinces in the country – did not receive any vaccinations [24].

Children have characteristics that make them particularly vulnerable to climate change [33]. Their developing bodies and low immunity make them vulnerable to the effects of climate change, including extreme weather events such as heat, food insecurity and water insecurity. The health of children is negatively impacted in several ways, including neurological disorders, malnutrition, diarrhoeal diseases and injuries, among other conditions.

2.6 Natural hazards

Located in the Pacific Ring of Fire, Vanuatu is susceptible to natural hazards, including volcanic eruptions, earthquakes, tsunamis, landslides, and coastal flooding due to rising sea levels, according to a 2022 report by the United Nations Office for Disaster Risk Reduction [34]. These events damage infrastructure and the economy and can lead to negative health outcomes such as disabilities, disease outbreaks and death. In December 2024, Vanuatu experienced a 7.3 magnitude earthquake. The earthquake resulted in 14 deaths and more than 26 injuries [35]. Infrastructure was damaged during the earthquake, resulting in damage to buildings, including 570 houses.

Table 3. Natural disasters in Vanuatu

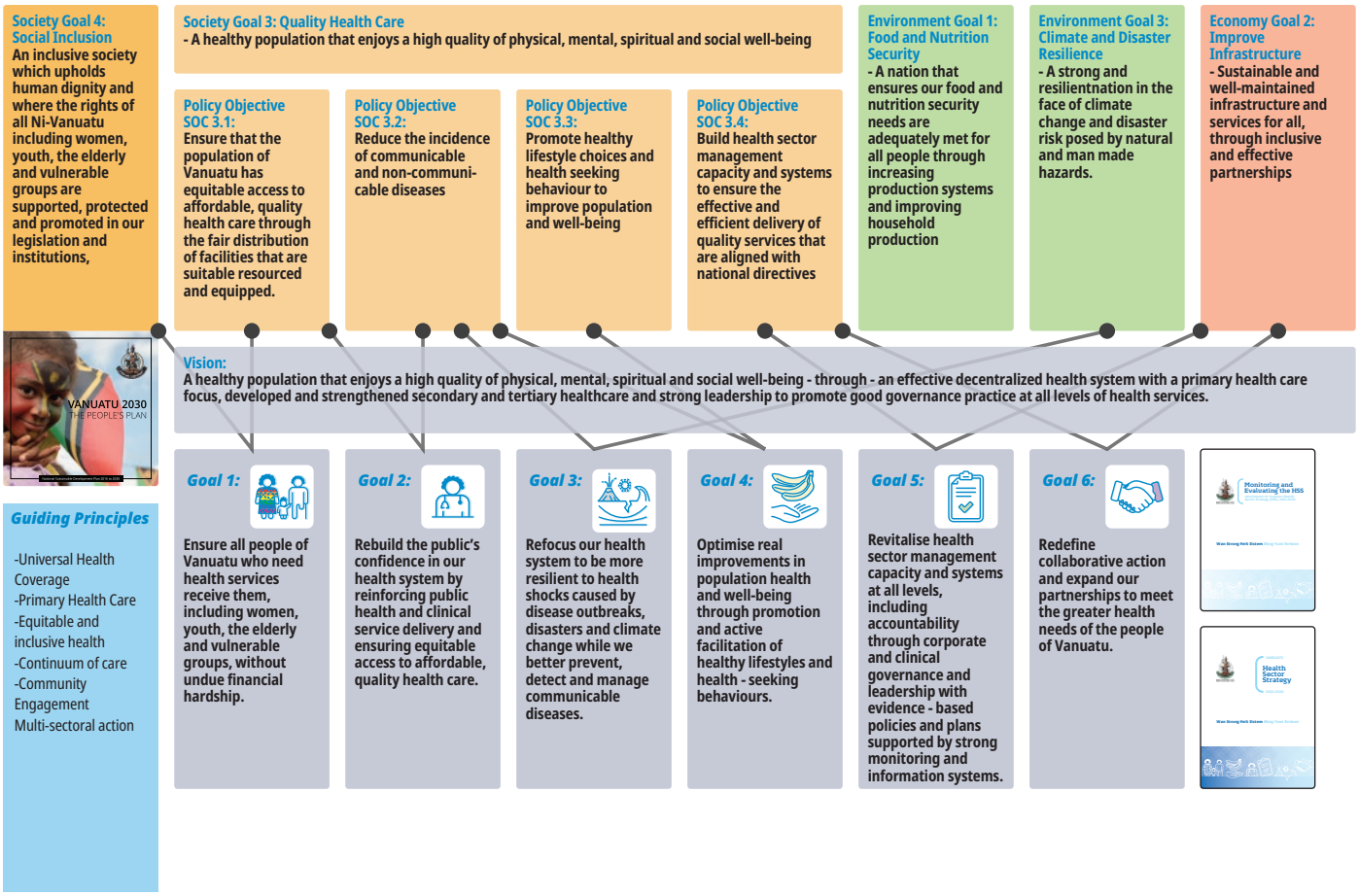
NATURAL DISASTER	LOCATION	EFFECTS
Volcanic eruption	Gaua (Torba), Kuwae (Shefa), Nguna Island (Shefa), Ambae (Penama), Tanna (Tafea), Lopevi, Ambrym (Malampa)	Volcanic ash fall, acid rain, damage to crops and buildings, destruction to infrastructure, damage to water catchments, nutrition, livelihoods and water catchments.
Earthquake	Pacific Ring of Fire between the Pacific and Indo-Australian seismic plates	Disruption of health service delivery, damage to health facility infrastructure, landslides affecting agricultural land
Tsunami	Coastal areas influenced by active volcanoes and a high seismic activity zone	Damage to health infrastructure, widespread destruction

2.7 National policies and frameworks

Vanuatu's long-term vision for sustainable environmental health and its related goals are integral to the core responsibilities outlined in its Constitution: "to protect the Republic of Vanuatu and to safeguard the national wealth, resources and environment in the interests of the present generation and of future generations".

Vanuatu 2030: The People's Plan, also known as the *National Sustainable Development Plan 2016 to 2030* or NSDP, is the overarching framework for all policies in Vanuatu [36]. The People's Plan focuses on environmental and human health to ensure prosperity for current and future generations.

Fig. 3. Link between the Health Sector Strategy 2021–2030 and the NDSP



Source: Excerpted from Health Sector Strategy 2021–2020

2.7.1 Policy and legal framework for climate change and disasters

National climate and disaster management policies and acts

Vanuatu has established several key policies and acts to address the impact of climate change on health services and overall disaster risk management (DRM). The Disaster Risk Management Act (2019) governs disaster responses in Vanuatu. The National Disaster Management Office (NDMO), operating under the Ministry of Climate Change, was created by this Act to coordinate emergency preparedness and responses to disasters in Vanuatu.

Vanuatu's Revised and Enhanced 1st Nationally Determined Contributions 2021–2030 (NDC) guides efforts to reduce greenhouse gas emissions and adapt to climate change, with a focus on health services, especially post-disaster scenarios. The Meteorology, Geological Hazards and Climate Change Act No. 25 of 2016 enhances weather and climate services to assist stakeholders, including MOH, in preparing for and responding to hazards. Additionally, the *Vanuatu National Policy on Climate Change and Disaster-Induced Displacement*, established in 2018, ensures the protection of human rights during displacement and integrates these considerations into all government policies.

The *Vanuatu Climate Change and Disaster Risk Reduction Policy 2016–2030* [37] establishes a comprehensive framework for mainstreaming climate change and disaster risk reduction into development processes. The Disaster Risk Management Act of 2019 [39] provides a framework for DRM that integrates disaster risk reduction and climate change adaptation. It also established the National Disaster Committee and the National Disaster Management Office. Furthermore, the *National Adaptation Programme of Action (NAPA)* [39] focuses on urgent and immediate adaptation measures in key sectors.

Vanuatu's comprehensive approach to integrating climate change considerations into health and DRM policies illustrates the nation's commitment to building resilience against climate-related health emergencies. These policies and strategies underscore the significance of a coordinated, multisectoral response to effectively manage and mitigate the health impacts of climate change.

2.7.2 Policy and frameworks for health

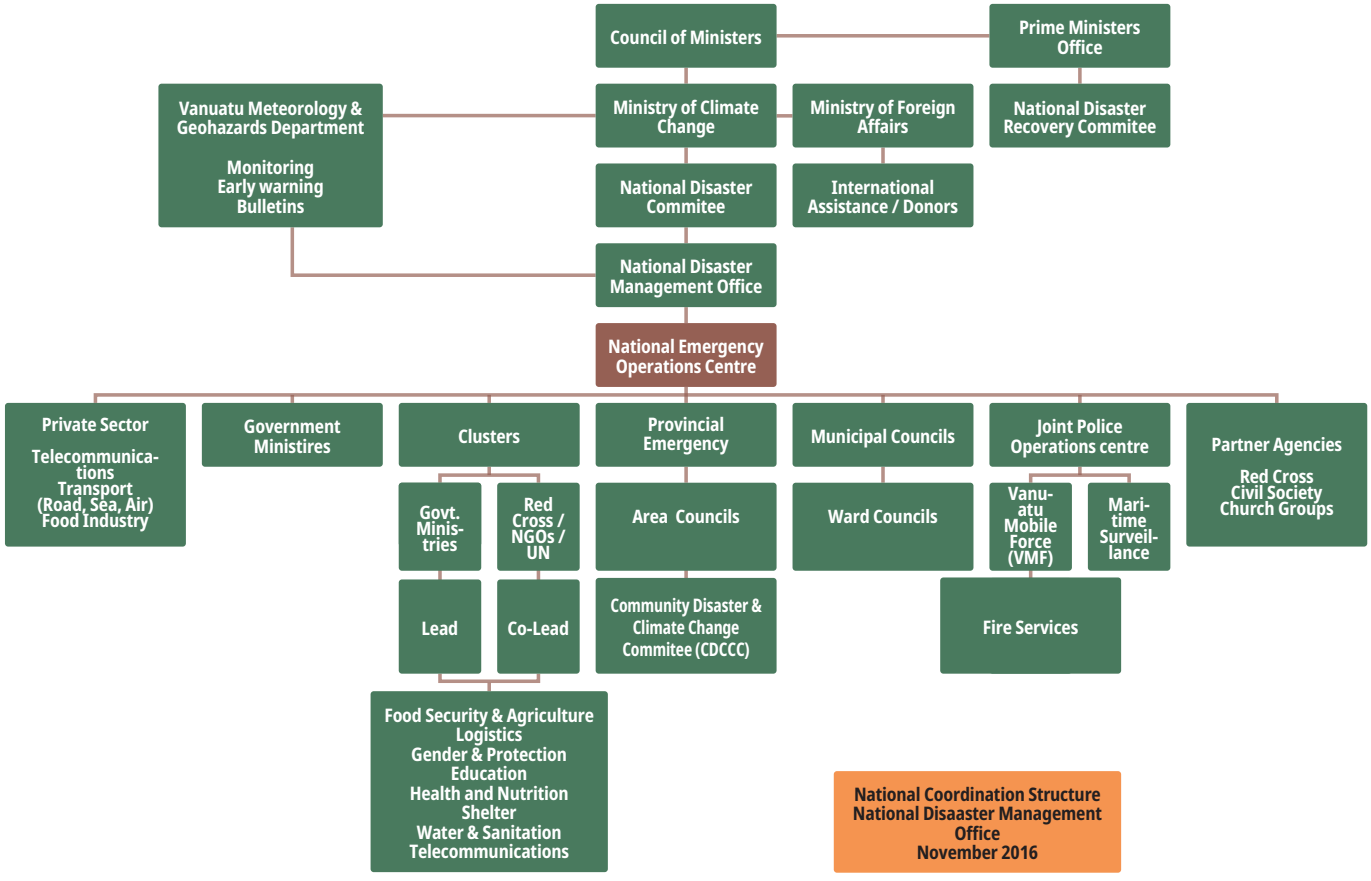
> Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases.
>
> *Vanuatu Health Sector Strategy 2021–2030* [40]

The *Vanuatu Health Sector Strategy 2021–2030* (HSS) aims to ensure that the health system is resilient to shocks caused by disease outbreaks and climate change, enhancing the prevention, detection and management of NCDs and communicable diseases, and the ability to ensure quality health-care services for people with disabilities, women and girls, adolescents, and survivors of GBV. The *National Health Plan for Disaster Risk Management and Climate Change Adaptation 2021–2025* (NHP DRM-CCA) [41] provides the legal framework for implementing disaster management in the health sector. The *Health National Adaptation Plan 2025–2030* replaces the NHP DRM-CCA by refreshing the initial policy and adding a greater emphasis on climate-sensitive diseases.

Ministry of Health Disaster Risk Management Framework

The National Disaster Management Office (NDMO), operating under the Ministry of Climate Change, was created by the National Disaster Act of 2000 to coordinate emergency preparedness and responses to disasters in Vanuatu. Beneath this structure, the National Emergency Operations Centre (NEOC) in Vanuatu is key in coordinating disaster response efforts. It collaborates with local authorities and partner organizations to provide aid and support to communities in need. NEOC has established the cluster system, with each cluster being managed by a government ministry lead and a counterpart from the United Nations and the international nongovernmental organization and civil society organization sectors.

Fig. 4. National coordination structure: National Disaster Management Office Source: National Disaster Management Office



The Ministry of Health leads the Health and Nutrition Cluster, with the World Health Organization (WHO) serving as the co-lead. The primary objective of the Health and Nutrition Cluster is to minimize mortality and morbidity while restoring the delivery of preventive and curative health care as swiftly and equitably as possible. The Director General of the Ministry of Health acts as the lead of the Health and Nutrition Cluster and then delegates to the MOH Incident Controller overall command and control of disaster response activities through the NEOC, which is the operational arm of the Health and Nutrition Cluster, in consultation with the MOH Disaster Risk Management Committee for Health (DRMC).

The MOH Incident Controller has the authority for the coordination, mobilization, direction and control of human, physical and financial resources deemed necessary to respond to a disaster. The MOH Incident Controller will liaise closely with the NDMO and other health partners throughout the disaster response and recovery period. The chain of command structure should be followed for all information sharing and communication, which should flow up and down the chain. This will be implemented through the Incident Management System and its five core functions:

1. management/coordination
2. information management and planning
3. health operations
4. Support and logistics
5. finance and administration.

MOH at both the national and provincial levels will remain informed and involved in the disaster management plans developed by NDMO, other ministries, the private sector and nongovernmental organizations to ensure alignment with MOH expectations and optimal coordination. Each province has its own Provincial Health Disaster Risk Management Plan, which aligns with the National Health Disaster Risk Management and Climate Change Adaptation Plan. The Provincial Health Disaster Plan guides the actions and participation of the Provincial Health Disaster Committee.

Ministry of Health's approach to Disaster Risk Management

The approach of MOH to address prevention, preparedness, response and recovery in the context of DRM can be seen in Table 1.

Table 4. Health Sector Disaster Risk Management: Prevention, preparedness and response actions

PHASE	MAIN AIM	KEY ACTIVITIES	MOH ACTIONS
Prevention	Avoid impacts due to hazards and related disasters by reducing human exposure	Evaluating and reducing disaster risks, identifying disaster-prone areas and vulnerable groups, integrating DRM into planning	Relocate health facilities from disaster risk zones, build new facilities away from such zones, modify existing facilities to withstand severe hazards
Preparedness	Raise awareness and understanding of DRM, develop contingency and operational plans	Risk assessments for health facilities, incorporate DRM into MOH plans, establish health disaster committees, set up emergency operation centres, education and training	Develop contingency plans, conduct emergency drills, provide education and training on disaster preparedness
Response	Provide emergency and public health services during/immediately after a disaster	Coordinate response actions, communicate with health partners, conduct health facility assessments, deploy emergency medical teams, set up temporary health facilities, manage patient referrals, provide additional pharmaceuticals and medical supplies, water-quality testing	Coordinate response, deploy medical teams, set up temporary facilities, manage referrals, provide pharmaceuticals, conduct water-quality testing
Recovery	Restore and improve health services, systems, livelihoods, infrastructure and economies	Adopt build-back- better approach, provide rehabilitation support, strengthen health systems, monitor and evaluate recovery process	Build back better for infrastructure, rehabilitation support, strengthen health systems, monitor and evaluate recovery

Source: Ministry of Health Plan for Disaster Risk Management and Climate Change [41]

3. Climate health adaptation and disaster risk management strategic direction

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3.1 Vision

To safeguard the health of Vanuatu's people by developing a climate-resilient health system through integrated, evidence-based and inclusive approaches – strengthening preparedness, reducing vulnerabilities and ensuring equitable quality service delivery in a changing climate.

3.2 Strategic objectives of the HNAP

The overarching objectives of the HNAP are aligned with the Health Sector Strategy Strategic Objective 3 [42], which aims to "redesign the health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while preventing, detecting and managing communicable diseases and ensuring all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship".

The strategic objectives of the HNAP are:

1. Develop a national framework for a climate-resilient health system using sustainable low-carbon technologies.
2. Establish structures and plans to ensure continuity of essential health functions during disasters and in the face of climate change.
3. Strengthen disease surveillance and alert systems for effective outbreak preparedness and response.
4. Maintain progress towards eliminating climate-sensitive diseases such as malaria.
5. Enhance detection, diagnosis and management of communicable diseases, including NTDs and vector-borne diseases.

Secure sufficient and sustainable funding for climate change, health and DRM.

3.3 HNAP guiding principles

Vanuatu is in the process of executing the HSS) for 2021–2030. The HNAP specifically targets Goal 3 of the HSS: "Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases." Goal 6 calls upon health leaders and stakeholders to "Redefine collaborative action and expand our partnerships to meet the greater health needs of the people of Vanuatu." The HNAP will be following the guiding principles set out in the HSS, which are based on the Government's national and global human rights and development commitments:

Vanuatu is committed to achieving universal health coverage – ensuring all people have access

to quality essential health services regardless of their age, gender, race, beliefs socio-economic status or where they live. This includes people with disabilities, adolescents, children, survivors of GBV, women and girls in remote and rural areas, and other disadvantaged and vulnerable populations.

- Primary health care is a closely located and accessible structure of services to promote and support people's health and well-being.
- The health system should provide a continuum of care through integrated primary, secondary and tertiary care and essential public health functions by working together.
- To achieve universal health coverage, health services must be equitable, affordable and inclusive.
- Empowerment and active community engagement are essential elements of primary health care, encouraging communities and individuals to be responsible for their own health.
- Responsibility for health requires multisectoral action – including partnerships with other government agencies, development partners, civil society and the private sector.

4. Operational framework for building climate resilient and low-carbon health systems

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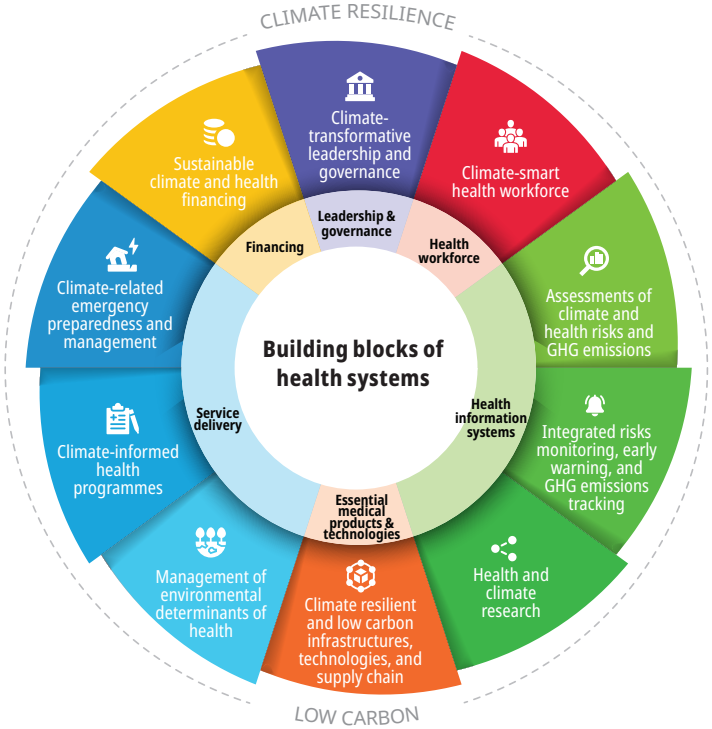
WHO developed an *Operational framework for building climate-resilient and low carbon health systems*. The operational framework has 10 components and serves as a guideline for developing climate-resilient health systems that protects the health of communities [43]. MOH is adapting the Framework to mitigate climate change and disasters and develop specific interventions for the main functions of the health system that are needed to build a resilient health system.

Fig. 6. Building blocks for developing climate-resilient health systems



Source: Adapted from WHO. Operational framework for building climate resilient and low carbon health systems. Geneva: WHO, 2023.

4.1 Health System Building Block 1: Leadership and governance

Component 1. Climate-transformative leadership and governance

Vanuatu is at the forefront of advocating for climate justice on the global stage. MOH plays a crucial role in protecting individuals and communities from the health and social impacts of climate change.

The first component of the Framework focuses on leadership and governance, which are essential for developing a climate-resilient and low-carbon health system. This involves creating effective governance structures to manage the process and integrating climate considerations into existing and future health policies and plans. Building the capacity for cross-sectoral collaboration is necessary to develop a sustainable, climate-resilient health system. MOH must also lead the multisectoral cooperation to address climate change impacts.

To enhance governance and leadership in climate and health initiatives, the following interventions are proposed: 1) appointing a Climate and Health Focal Point at the director level; and 2) establishing a Disaster, Climate Change and Health Unit with designated focal points for coordinating implementation and monitoring progress. Furthermore, developing a Climate and Health Technical Working Group or Steering Committee under the National Advisory Board (NAB) is essential. Ensuring meaningful health sector participation in the NAB, providing input into the next round of Nationally Determined Contributions (NDCs), and reinvigorating the national health DRM committee are crucial.

Table 5. Strategic objectives and interventions

OBJECTIVES	INTERVENTIONS
Governance and leadership	Appoint a Climate and Health Focal Point at the Director level.
	Establish a Disaster, Climate Change and Health Unit with a focal point responsible for coordinating implementation and monitoring progress.
	Integrate climate, health and violence prevention aspects into the One Health Technical Working Group.
	Ensure meaningful health sector participation in the NAB.
	Facilitate the Government of Vanuatu to join the Alliance for Transformative Action on Climate and Health
	Provide input into the next round of NDCs and the upcoming National Adaptation Plan.
	Assign a health delegation to attend the negotiations at the Conference of the Parties to the United Nations Framework Convention on Climate Change, which will be approved under the appropriate MOH structures, such as the Executive Committee.
	Strengthen the relationship with Community Disaster and Climate Change Committee and NDMO
Policy development	Explicitly integrate disasters and climate change into all future health policies, programmes and corporate plans.
	Integrate the health into the National Adaptation Plan, which is currently being developed.
	Ensure the incorporation of climate and health into the next version of the Public Health Act.
Cross-sectoral collaboration	Establish a Framework of Coordination between the MOH and key stakeholders at the national level, including specific roles and responsibilities related to protecting human health from climate change.
	Set up a mechanism to manage and coordinate development partners working on climate and health, as well as OneHealth.
	Develop and strengthen multisectoral coordination mechanisms with other sectors.

4.2 Health System Building Block 2: Health workforce

Component 2. Climate-smart health workforce

Building a fit-for-purpose health workforce is the second component of creating a climate-resilient health system. The health workforce – comprising health- care workers, nutritionists, cleaners and waste handlers, administrative personnel, managers and policy-makers – should be able to respond to changes driven by climate change, such as the increased demand for health, nutrition and social services due to climate-sensitive diseases, climate-induced food and nutrition insecurity, natural hazards and extreme weather events.

Continuous training and professional development are crucial in building a fit-for-purpose health workforce. Training can enhance and develop skills in disease and nutrition surveillance, research, data analysis, health information use, risk communication and fostering community resilience. It is also essential to ensure that adequate health workers have the right technical expertise and information to address climate change effectively. This includes building capacity to recognize, respond to and refer cases of malnutrition, mental health and GBV, particularly in the aftermath of disasters and during displacement. The health workforce also needs sufficient resources, such as finance, to carry out its work adequately. Having a health workforce that can foster strong partnerships with other sectors and local stakeholders can also play a significant role in addressing the impact of climate change and natural hazards.

Table 6. Strategic Objectives and Interventions

OBJECTIVES	INTERVENTIONS
Health workforce capacity	Develop a climate change, health and nutrition curriculum that covers resilience and low-carbon sustainability issues using various training methods, such as on-the-job training, developed for health workers, including data analysis and interpreting health information. The curriculum should be aligned with other government ministry climate curriculum. Integrate training on GBV prevention, identification and survivor-centred response into health worker education, particularly for use during and after climate-related disasters.
	Develop a mechanism to support health workers welfare during and after a disaster.
	Training health workers on disasters, climate and health. Ensuring there is an understanding of the interlinkages between specific health outcomes and climate variability and change.
	Training of managers and health workers in sentinel sites on nutrition surveillance.
Organizational capacity development	Identify human resources and institutional capacity gaps that need to be addressed to build a climate-resilient health system.
	Ensure that a contingency plan for the deployment of sufficient health personnel for acute shocks has been developed at the relevant level, including at the area council level.
Information, awareness and communication	Train health professionals, the media and community leaders on consistent climate change risk communication, including communication of uncertainty using guidance; such guidance will be available in the *Multi-Hazard Risk Communication Strategy,* which is being developed.
	Develop an external health communication plan consistent with the messages from the climate and health curriculum, including risk communication with a focus on raising awareness of climate change risks and health outcomes.
	Include information on preventing and responding to GBV in all health and climate risk communication strategies, especially targeting evacuation centres and high-risk communities.

4.3 Health System Building Block 3: Health information systems

Component 3. Assessments of climate and health risks

To build a climate-resilient health system, Vanuatu needs to develop evidence-based policies and programmes that use a gender-sensitive and human rights-based approach. Various tools, such as vulnerability and adaptation assessments (VAAs), are essential for gathering data on climate-related health risks. These assessments identify people and communities facing barriers to accessing quality health care and/or residing in high-risk areas, establish baseline conditions and predict health impacts from future climate change. They also evaluate health system capacity and performance. Additionally, health facilities require assessments to determine their vulnerability to climate-related hazards. Since health systems contribute to global carbon emissions, measuring these emissions is crucial for developing targeted decarbonization plans aligned with a zero-carbon-emission strategy and energy road map.

Table 7. Strategic objectives and interventions

OBJECTIVES	INTERVENTIONS
Health and nutrition risks	Assess health workers' knowledge on disasters, climate and health to develop a training package using various tools such as questionnaires.
	Conduct climate change and health vulnerability and adaptation assessments, identifying and mapping people and communities facing barriers to accessing quality health care and/or residing in high-risk areas at national and provincial levels.
	Integrate VAA results into health system planning and key climate change processes (for example, HNAP).
	Strengthen data collection and analysis at all levels.
	Assess and monitor climate-sensitive disease trends and share findings with relevant stakeholders using various tools including an early warning system (EWS).
	Assess and monitor the nutrition situation in the country as well as measure climate-induced malnutrition through the establishment of a nutrition surveillance system.
	Ensure that disaggregated data for vulnerable populations, such as people living with disabilities, is included.
	Incorporate GBV and human rights considerations into risk and vulnerability assessments, ensuring that planning and responses address the specific needs and risks faced by women, girls and marginalized groups during climate-related events.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Component 4. Integrated risk monitoring and early warning

The combination of fragile health infrastructure and limited resources in Vanuatu makes it critical to strengthen climate resilience within the health sector. This component aims to enhance climate-informed disease surveillance, EWS and integrated risk monitoring to anticipate and respond to these challenges. By incorporating real-time data in the health information system from epidemiological surveillance, environmental monitoring and forecasting tools, Vanuatu can improve its capacity to detect and address climate-sensitive health threats. Tracking vulnerabilities within communities and health facilities will also ensure targeted interventions, particularly for high-risk populations affected by extreme weather events.

Beyond surveillance, Vanuatu's health sector must also establish partnerships with meteorological and environmental agencies, which will allow health authorities to integrate climate risk information into decision-making and improve preparedness for extreme weather events. Strengthening the country's ability to interpret and act on climate-informed early warnings will enable more proactive responses to emerging health threats. By building a climate-resilient and low-carbon health system, Vanuatu can better protect its population from the increasing health risks posed by climate change, while also contributing to global sustainability efforts.

Table 8. Strategic objectives and interventions

OBJECTIVES	INTERVENTIONS
Integrated disease surveillance and early warning	Establish Vanuatu's climate sensitive diseases for targeted interventions and evidence for climate finance.
	Develop and implement an integrated climate and health surveillance system for specific climate-sensitive and other notifiable diseases.
	Develop and implement a climate-informed EWS that predict the risk of outbreaks of priority infectious diseases (for example, malaria and dengue).
	Use climate and weather information to assess the risk of outbreaks of climate-sensitive diseases (that is, integrated health and climate surveillance systems).
Nutrition surveillance system	Establish a nutrition surveillance system to assess and monitor the nutrition situation of people and communities facing barriers to accessing quality health care in the country, including measuring climate-induced malnutrition.
Monitoring and progress tracking	Monitoring the impact of the main climate-related determinants of health, for example, water availability and quality, air quality and food, using tools such as the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) the health-facility level.
Communication	A communication plan or strategy on climate risks to health (both acute shocks and stresses) should be developed and implemented. It should outline the scope of information for diverse audiences (for example, media, public, health personnel and other sectors) and events, including who should communicate and the means of communication.
Community engagement	Community engagement and feedback mechanisms were established to empower affected populations to respond to warnings and to guide future development of monitoring and warning systems, including regarding the environmental impacts of health care.

Component 5. Disaster, health and climate research

This component emphasizes the critical role of evidence-based research in shaping policy and innovative solutions for natural disasters, climate change and health in Vanuatu. It involves identifying strategic priorities for research agenda development, strengthening research capacity, and integrating research into policy. Despite the clear impact of climate change on human health, accurately estimating climate-sensitive health risks remains challenging.

Building climate resilience requires both basic and applied research to reduce uncertainty about local conditions, gain insights into local solutions and strengthen decision-making. Implementing sustainable low-carbon health systems also needs research support to develop assessment methods for measuring health system resilience and carbon footprint. Key research priorities could include promoting gender equality, health equity, human rights, and social justice, collecting sex-disaggregated data, conducting economic assessments, fostering intersectoral collaboration, bridging the knowledge–action gap, and improving advocacy and communication for climate change mitigation and adaptation.

Research should inform knowledge management platforms, support multidisciplinary networks, and be effectively communicated and translated into practice. Global and regional research agendas, such as those led by WHO, provide guidance on priority knowledge gaps and national research adaptation. A coordinated research agenda on climate change and health is necessary to support evidence-based decisions, identify health co-benefits of adaptation and mitigation initiatives, and guide programmatic, policy and financial choices.

Table 9. Strategic Objectives and Interventions

OBJECTIVES	INTERVENTIONS
Research agenda development and implementation	Finalize a national research agenda on climate change and health with an allocated budget.
	Finalize a national research agenda on the impact of disasters on health with the budget allocated.
	Establish a mechanism for researchers to inform planning, policy and stakeholder groups.
	Establish data-sharing agreements within and outside the health sector to support climate-sensitive disease surveillance and monitoring research.
	Disseminate and use data from research findings on disasters, climate change and health to develop key health plans, policies and strategies.

4.4 Health System Building Block 4: Essential medical products & technologies

Component 6. Climate-resilient infrastructure, technology and supply chain

In Vanuatu, the adaptation of current infrastructure, technologies and supply chains is crucial to ensure they are resilient to climate change and are environmentally sustainable. This involves developing climate-resilient environmentally sustainable health-care facilities (CRESHF). Each health facility should undergo a vulnerability assessment using CRESHF guidelines and WASHFIT, followed by the development of improvement plans based on the findings. Guidelines and specifications for the siting and construction of health facilities should be used, ensuring provisions for energy, water, waste management and sanitation.

Promoting renewable energy and sustainable technologies is another key aspect. Funding renewable energy in health-care facilities is an adaptation measure and a low-carbon sustainable initiative. Enhancing communication technologies within the health system is also vital to improving the overall efficiency and resilience of health services.

Vanuatu has developed Vanuatu Digital Health Strategy 2025–2030 which emphasizes building a climate-resilient health system. The document outlines the steps that Vanuatu will need to take to build an EWS to improve health and DRM. As well as implementing environmental management and monitoring system. Interventions related to digital architecture should closely follow the guidance provided by the Digital Health Strategy.

Table 10. Strategic objectives and interventions

OBJECTIVES	INTERVENTIONS
Adaptation of current and future infrastructure and supply chain	Develop and implement climate-resilient environmentally sustainable health-care facilities (CRESHF)
	Develop specifications for siting and construction of health facilities, energy, water, waste management and sanitation provisions to improve existing infrastructure and develop future facilities that are climate resilient.
	Ensure facility design incorporates safety, accessibility, and gender-sensitive spaces (for example, private consultation areas, secure WASH facilities) to reduce GBV risks during emergencies.
	Development and/or amendment of existing medical equipment and devices list and specifications to consider use of sustainable materials and technologies especially at primary health-care level (for example, solar-powered anthropometric equipment)
	Improvement plan for ensuring health-service delivery during extreme weather events
	Development of recommendations for the prescription of pharmaceuticals during extreme heat
	Fund renewable energy in health-care facilities as an adaptation and low-carbon, sustainable measure
	Develop a plan to diversify supplies and increase stockpile of commodities
Promotion of new technologies	Develop specifications for renewable energy and sustainable technologies for use at the facility level
	Improve communication technologies within the health system, ensuring privacy and confidentiality standards are met
	Strengthen health information systems including data collection, analysis, and capable of integrating climate variables for a climate-based EWS for climate sensitive health risks and diseases and investing in digitizing health records
	Build a climate resilient health information system that has the capacity to recover and respond during disasters.

4.5 Health System Building Block 5: Service delivery

Component 7. Management of environmental determinants of health

This component of the WHO Operational framework for building climate-resilient and low carbon health systems focuses on managing environmental determinants of health. In Vanuatu, this involves implementing integrated monitoring systems to collect data on environmental hazards such as water quality and availability. Developing regulatory mechanisms, such as a national environmental health strategy and clinical waste management guidance, is essential to ensure the health system can effectively manage these risks.

Given Vanuatu's high exposure to natural disasters and climate-related extreme weather events, coordinated cross-sectoral management approaches are crucial. Joint multisectoral risk management strategies should be implemented to address health risks related to climate-related emergencies and disasters, water, waste, food and air pollution. These strategies should integrate GBV prevention and response measures, recognizing that inadequate access to WASH services, overcrowding and displacement can heighten GBV risks. Strengthening multisectoral collaboration on food security is also vital to address its impacts on health.

These measures are particularly important in Vanuatu due to the country's vulnerability to natural hazards and climate-related extreme weather events. The persistent threat of these events exacerbates the vulnerabilities of Vanuatu's communities, impacting the health and economic prosperity of the people with disproportionate impacts on women, girls, and other at-risk groups.

Table 11. Strategic objectives and interventions

OBJECTIVES	INTERVENTIONS
Monitoring	Integrated monitoring systems collect data on environmental hazards (for example, water quality and water availability)
	Include indicators related to protection risks and GBV in environmental health monitoring, especially in relation to WASH access and shelter conditions
Regulatory mechanisms	Develop a national environmental health strategy after reviewing gaps
	Develop activities to minimize environmental impact through waste reduction, increasing energy efficiency, water conservation and sustainable procurement
	Develop clinical waste management guidance using support from the waste manager at the Department of Environment and Urban Planning
Coordinated cross-sectoral management	Implement joint multisectoral risk management approaches to health risks related to climate-related emergencies and disasters, water, waste, food and air pollution to better manage environmental health
	Strengthen multisectoral collaboration by MOH on food security to address its impacts on health including working with the food security cluster, WASH sector and gender sector

Component 8. Climate-informed health programmes

In Vanuatu, integrating climate change considerations into health programmes is essential to address climate-sensitive health risks. This involves several key interventions to ensure the health system is resilient and responsive to climate change impacts.

Firstly, health programming must address the needs of vulnerable populations, including mental health, intimate partner violence, gender-based violence (GBV), and maternal, newborn and child health. Developing emergency preparedness and response plans for extreme weather events and disasters is crucial to protect these groups.

Another critical intervention is implementing and monitoring waterborne and foodborne disease surveillance systems during high-risk periods such as droughts, floods and extreme heat. This helps in early detection and response to potential outbreaks. Integrating climate change considerations into all new major policies and programmes, including mental health policies, is vital. This ensures that the health system remains adaptive and responsive to the evolving climate challenges.

Using data from EWS to inform decision-making and policy development is essential for proactive and informed responses to climate-related health risks. Equipping health facilities with WASHFIT ensures they are prepared for climate-related challenges.

Performing seasonal nutritional screening in high-risk communities helps address food security and nutrition issues exacerbated by climate change.

Table 12. Strategic objectives and interventions

INTERVENTIONS
Enforce the standard for food distributed during emergencies and vulnerable groups, such as people living with disabilities
Address the needs on intimate partner violence; GBV, mental health and psychosocial support; and maternal, newborn and child health by developing emergency preparedness and response plans for extreme weather events and disasters
Scale up of high-impact nutrition interventions including treatment of severe acute malnutrition, prioritizing communities with high food insecurity, disease incidence and undernutrition
Redefine a community outreach service package and schedule to integrate critical health and nutrition services, making it more comprehensive especially in hard-to-reach areas and areas frequently affected by climate-related events
Strengthen village health worker capacity on climate change, health and nutrition through improved pre-service and in-service training, and structured supervision, mentoring, coaching and monitoring by supervising health workers to improve quality of care
Implement and monitor water and foodborne and skin disease surveillance systems during high-risk periods (drought, floods and extreme heat)
Integrate climate change into all new major policies and programmes and refreshers, including climate change and health
Establish a risk communication plan for disasters and extreme weather events

Component 9. Disaster preparedness and management

This component focuses on enhancing health systems and community preparedness, response capacity, and overall health security in the face of climate change. It promotes developing and implementing climate-smart emergency and DRM policies, emphasizing proactive risk reduction, EWS and community empowerment. As extreme weather events increasingly lead to disease outbreaks and public health crises, health systems must go beyond response and integrate climate-informed preparedness and prevention strategies.

It is essential to develop and implement climate-smart emergency and DRM policies. This includes reviewing and improving protocols and standard operating procedures (SOPs) for DRM by integrating climate-sensitive health risks and weather and climate information.

Leveraging climate health risk data is crucial for improving emergency and disaster response plans. It is important to create climate-related response plans for health facilities, ensuring that the emergency operations centre (EOC) is properly equipped. Additionally, securing funding for disaster response and establishing protocols at all health system levels are vital during emergencies.

Table 13. Strategic objectives and interventions

INTERVENTIONS
Review and improve protocols and SOPs for DRM through the integration of climate-sensitive health risks and weather and climate information
Use data from the geographical and seasonal distribution of climate health risks and outcomes to inform emergency and disaster response plans
Develop and implement climate change-related emergency and disaster response plans for individual health facilities
Ensure that space is allocated for the EOC and that it is fully equipped
Ensure disaster response financing is readily available when needed for clear response for public health, including for clinicians during disaster response
Develop clear response plans and protocols, for example, SOPs for different types of emergencies for all levels of the health system and the entire health workforce during disaster response, ensuring the integration of GBV risk mitigation and response
Develop a multidisciplinary psychosocial support teams in place for staff, families of staff and patients available during emergency and disaster situations

4.6 Health System Building Block 6: Financing

Component 10. Sustainable climate and health financing

This component aims to help countries identify and secure sustainable financing to support climate and health interventions. It emphasizes the importance of accessing both health-specific climate funding and financing from health-determining sectors such as agriculture and water. As climate change imposes increasing financial burdens on the health system, Vanuatu must build financial strategies that allow it to access, manage and allocate both domestic and donor funds for health adaptation needs in a timely manner.

As a result of limited domestic resources and high climate vulnerability intersect, this is particularly critical in Vanuatu. The country faces escalating health risks from climate-sensitive diseases, extreme weather events, water and food security threats, and high rates of GBV. Strengthening Vanuatu's ability to mobilize international climate and health financing, including from mechanisms like the Green Climate Fund, will be vital. This also includes ensuring health is prioritized in cross-sectoral climate adaptation funding.

Table 14. Strategic objectives and interventions

INTERVENTIONS
Develop and implement an evidence-informed health financing strategy which also covers financing for climate-related health and nutrition response
Develop and submit climate change and health projects and programmes to the main international climate change funding mechanisms (for example, Green Climate Fund, the Global Environment Facility, Global Green Growth Institute and bilateral donors) in collaboration with NAB
Conduct a scoping exercise to review how the health sector can access existing domestic resources for climate change

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5. Monitoring and Evaluation Framework

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The *Monitoring and Evaluation Framework* for HNAP 2025–2030 is critical for tracking progress, measuring impact and ensuring accountability in building a climate-resilient health system. Rooted in the principles of evidence-based planning and cross-sectoral collaboration, the Framework is designed to complement and enhance the implementation of the HSS by embedding climate resilience across all core health priorities.

The Framework also provides a structured, outcome-oriented approach that defines clear goals, indicators, data sources, baselines and targets for 10 key priority areas. Each of these components not only addresses the health risks posed by climate change but also reinforces national health system objectives outlined in the HSS. Together, they lay the foundation for a resilient, sustainable and equitable health system capable of protecting communities in the face of evolving climate threats.

The policy is expected to be reviewed mid-term in 2027 to incorporate data from vulnerability and adaptation assessment (VAA) and track progress towards results. Progress against the HNAP will be tracked by the following results framework.

Vision

To safeguard the health of Vanuatu's people by developing a climate-resilient health system through integrated, evidence-based and inclusive approaches – strengthening preparedness, reducing vulnerabilities, and ensuring equitable and quality service delivery in a changing climate.

Strategic objectives of the HNAP

The HNAP's overarching objectives are aligned with the HSS Objective 3, which aims to redesign the health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change, while preventing, detecting and managing communicable diseases.

1. Develop a national framework for a climate-resilient health system using sustainable low-carbon technologies.
2. Establish structures and plans to ensure continuity of essential health functions during disasters and in the face of climate change.
3. Strengthen disease surveillance and alert systems for effective outbreak preparedness and response.
4. Maintain progress towards eliminating climate-sensitive diseases such as malaria.
5. Enhance detection, diagnosis and management of communicable diseases, including s and vector-borne diseases.
6. Secure sufficient and sustainable funding for climate change, health and DRM.

Table 15. HNAP Results Framework

	Objective	Outcome indicators	Targets
1. Climate transformative leadership & governance	Develop a national framework for a climate-resilient health system using sustainable low-carbon technologies	- OneHealth Committee established and operational with clear terms of reference - % of health policies integrating climate-health provisions	- 1 functional One Health committee by 2026 - 100% of relevant policies by 2030
2. Climate-smart health workforce	Build a climate-responsive health workforce	- % of preservice health workers trained on climate and health - % of in-service health workers trained	- 80% in-service trained by 2027 - 100% in-service and preservice trained by 2030
3. Assessments of climate and health risks	Strengthen disease surveillance and alert systems for effective outbreak preparedness and response	- # of provincial HNAPs developed using VAA data	- 6 provincial HNAPs in place by 2027
4. Integrated risk monitoring and early warning	Enhance disease surveillance and early warnings	- Functional EWS developed integrating climate data from the Ministry of Climate Change	- 1 operational EWS system by 2027
5. Disaster, health and climate research	Strengthen local research and link it to practice	- # of climate and health research papers approved, published or disseminated by MOH	- 2 research papers by 2027 - 5 research papers by 2030
6. Climate-resilient infrastructure, technology and supply chain	Ensure continuity of essential health functions during disasters and climate change	- % of facilities assessed using CRESHF, WASHFIT and related tools - # of MoH annual business plans that include budgeted improvement plans	- 20% of health facilities assessed by 2027 - 50% by 2030 - 2 business plans by 2027 - 5 business plans by 2030
7. Management of environmental determinants of health	Regulate and monitor environmental health risks	- Environmental strategy developed - % of facilities implementing waste management systems	- Strategy adopted by 2026 - Implementation in 80% of facilities by 2030
8. Climate-informed health programmes	Maintain equitable progress towards eliminating malaria and selected NTDs	- # of programmes integrating climate risk- # of waterborne, foodborne and vector-borne disease outbreaks detected and addressed in a timely manner	- At least 3 integrated programmes by 2028 - 100% of outbreaks addressed within national response timeframe
9. Disaster preparedness and management	Enhance detection, diagnosis, and management of communicable diseases, including GBV response and mental health	- % of staff trained on disaster risk reduction - # of situational reports including GBV, NCDs and mental health and psychosocial support	- 80% staff trained by 2027 - 100% staff trained by 2027
10. Sustainable climate and health financing	Secure sufficient and sustainable funding for climate change, health and DRM	- Funds mobilized from domestic/international sources - % of MOH budget allocated to climate resilience and disaster risk reduction	- US$ 10 million by 2030 - 5% of MOH budget by 2027 - 10% by 2030

6. Workplan


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The costed Climate and Health Workplan (2025–2030), which would require US$ 14.5 million to fully implement, outlines a comprehensive multisectoral approach to strengthen the resilience of Vanuatu's health system to climate change. As outlined below, and it is structured around 10 strategic components, each with targeted interventions, costed activities and implementation timelines.

6.1. Climate-transformative leadership and governance

Strong governance structures are at the core of the workplan. Key activities include:

- creating a climate and health focal point at the director level;
- establishing a Climate Change and Health Unit with four staff members; and
- integrating of climate considerations into all health policies.

These activities, collectively costing approximately US$ 600 000, will institutionalize climate-health leadership and coordination across ministries and with global platforms.

6.2. Climate-smart health workforce

The workplan invests significantly in building a climate-smart health workforce, focusing on training and welfare. Key activities include

- conducting human resources capacity assessments;
- developing a national climate and health training curriculum;
- training approximately 2000 health professionals on climate-sensitive diseases, disaster response, GBV, nutrition and psychosocial support; and

designing worker welfare mechanisms and contingency planning for staff deployment during disasters.

These activities account for approximately US$ 1.7 million in of the budget, reflecting the recognition that a skilled and supported workforce is the backbone of resilience.

6.3. Assessments of climate and health risks

Evidence-based planning will be advanced through the following activities:

- vulnerability and adaptation assessments (VAA) across all provinces;
- integrating VAA results into national planning and enhanced collection of climate-sensitive disease data; and
- developing national health risk assessment tools.

The estimated budget of US$ 470 000 underscores the importance of robust data and analytics for informed decision-making.

6.4. Integrated risk monitoring and early warning

To strengthen preparedness, the following activities have been prioritized:

- emphasizing in the workplan the creation of climate-informed surveillance systems and early warning systems (EWS) for climate-sensitive diseases; and
- utilizing complementary actions, including facility-level monitoring of WASH and nutrition, as well as a national community engagement plan.

US$ 500 000 has been allocated to these interventions, which will improve detection, communication and community response to health risks.

6.5. Disaster, health and climate research

Research and innovation are prioritized through the development of a national research agenda on climate and health, mechanisms for integrating evidence into policy, and dissemination of findings to both policy-makers and communities.

These activities have a budget of US$ 50 000.

6.6. Climate-resilient infrastructure, technology and supply chain

The most resource-intensive component focuses on health infrastructure. Key activities include:

conducting CRESHF- WASHFIT-based facility vulnerability assessments;

- developing and implementing climate-resilient facility improvement plans;
- relocating high-risk facilities and promoting renewable energy technologies;
- strengthening laboratories; and
- ensuring the protection of health commodities.

US$ 4.5 million has been allocated for these activities.

6.7. Management of environmental determinants of health

Strengthening environmental health systems is integral to resilience. Activities include:

developing national waste management SOPs;

- drafting an environmental health strategy; and
- fostering cross-sectoral collaboration with WASH and food security sectors.

The budget allocated for this component stands at US$ 40 000.

6.8. Climate-informed health programmes

To ensure service continuity, the workplan embeds climate adaptation into core health programmes. The following activities have been prioritized:

- scaling up disease surveillance during extreme events;
- strengthening village health worker capacity;
- updating health policies and targeting vulnerable groups with mental health, psychosocial, maternal, newborn and child

health services; and

- offering nutritional screening in high-risk communities.

The overall budget for this component is US$ 670 000.

6.9. Disaster preparedness and management

To ensure that the health system is prepared for disasters the following activities have been prioritized:

- strengthening preparedness through updated SOPs for disaster response;
- utilizing facility-level emergency planning; and
- equipping emergency operations centres (EOCs).

A budget of US$ 215 000 has been allocated for these activities.

Table 16. Costed HNAP workplan

6.10. Sustainable climate and health financing

Finally, sustainable financing will be pursued by developing high-quality proposals for the Green Climate Fund, Global Environment Facility and other donors, as well as exploring domestic financing options. This component, which will cost US$ 60 000, can support MOH to find the necessary funding to conduct successful resource mobilisation activities, including writing proposals.

Overall cost and investment value

The total cost of the workplan is estimated at US$ 14.46 million, with a projected value of 1.67 billion Vatus, the Vanuatu currency. This investment r0epresents a significant step towards climate-resilient health systems, ensuring that Vanuatu's health sector is equipped to protect its population from the accelerating risks of climate change.

STRATEGIC COMPONENT	KEY INTERVENTION	ACTIVITY DESCRIPTION	TIMELINE	UNIT COST (US$)	QUANTITY	TOTAL COST (US$)	VATUS (VANUATU CURRENCY)
1. Climate-transformative leadership & governance	Appoint Climate & Health Focal Point	Assign Climate and Health Focal Point at director level	2025	-	0		
	Establish Disaster, Climate Change & Health Unit	Set up and operationalize a coordination unit with 4 designated staff	2025–2030	60 000	5	300 000	34 800 000
	Health sector participation in NAB	Ensure active participation of health representatives in national climate platforms	2025–2030	15 000	15	225 000	26 100 000
	Integrate climate into health policy	Ensure all policies include climate change considerations	2025–2026	-	0	0	-
	International leadership on climate and health	Join WHO Alliance for Transformative Action on Climate and Health	2026	-	0	0	-
	Health security	Support implementation of OneHealth and climate- and health-related activities	2025–2030	-			
	International leadership on climate and health	Send health delegation to meetings of the Conference of the Parties to the United Nations Framework Convention on Climate Change	2025–2030	15 000	5	75 000	8 700 000
	Combine work on One Health and climate and health	Establish One Health technical working group	2025–2030	-	0	0	-
	Develop coordination mechanisms	Establish framework of coordination across ministries	2025	-	0	0	-
2. Climate-smart health workforce	Identify human resources and institutional capacity gaps	Human resources capacity assessment for responding to climate and natural hazards	2025–2030	20 000	1	20 000	2 320 000
	Develop training curriculum	Develop climate change and health training curriculum	2025	20 000	1	20 000	2 320 000
	Train health workers	Train staff on GBV, intimate partner violence, nutrition, disaster response and climate-sensitive diseases	2025–2026	400	2 000	800 000	92 800 000
	Support worker welfare	Design and establish support mechanism for health worker well-being during disasters	2026	50 000	1	50 000	5 800 000
	Contingency planning	Develop contingency plan for health workforce during emergencies and disasters	2026	20 000	1	20 000	2 320 000
	Risk communication training	Train professionals on climate risk communication, risk communication and community engagement, and mental health and psychosocial support	2025	400	2000	800 000	92 800 000
3. Assessments of climate and health risks	Conduct VAA	Carry out vulnerability adaptation assessments in national and at all provinces	2025	40 000	7	280 000	32 480 000
	National health risk assessments	Support the development and implementation of national risk assessment tools such as the States Parties Self-Assessment Annual Report	2025–2030	15 000	5	75 000	8 700 000
	Integrate VAA into planning	Use VAA results for strategic planning	2025–2026	5 000	3	15 000	1 740 000
	Assess climate-sensitive disease trends	Strengthen data collection and analysis	2026	100 000	1	100 000	11 600 000

STRATEGIC COMPONENT	KEY INTERVENTION	ACTIVITY DESCRIPTION	TIMELINE	UNIT COST (US$)	QUANTITY	TOTAL COST (US$)	VATUS (VANUATU CURRENCY)
4. Integrated risk monitoring and early warning	Develop climate-informed surveillance	Create surveillance and EWS for climate-sensitive diseases	2026-2027	300 000	1	300 000	34 800 000
	WASH and nutrition monitoring	Train and implement monitoring of WASH and nutrition indicators at the facility level	2025–2030	500	360	180 000	20 880 000
	Community engagement	Develop community engagement plan on climate and health	2025	20 000	1	20 000	2 320 000
5. Disaster, health and climate research	Develop research agenda	Draft and implement national research agenda on climate and health	2025	15 000	1	15 000	1 740 000
	Link research to policy	Establish mechanisms to use research in policy formulation	2025	10 000	1	10 000	1 160 000
	Disseminate findings	Share research outcomes with health stakeholders and public	2025–2026	5 000	5	25 000	2 900 000
6. Climate-resilient infrastructure, technology and supply chain	Assess facility vulnerability	Use CRESHF/WASHFIT to assess and retrofit/refurbish 30 facilities	2025–2027	120 000	30	3 600 000	417 600 000
	Relocate health infrastructure	Relocate 5 health facilities	2026–2027	1 000 000	5	5 000 000	580 000 000
	Develop improvement plans	Develop site-specific climate-resilient health infrastructure plans	2025–2030	20 000	30	600 000	69 600 000
	Promote renewable energy	Develop specification and standards for green technologies at health-care facilities	2025–2030	20 000	1	20 000	2 320 000
	Promote renewable energy	Install solar and other green technologies in health facilities	2026–2028	1 000	360	360 000	41 760 000
	Site and construction specification	Develop specifications for siting and construction of health facilities	2025–2027	20 000	1	20 000	2 320 000
	Protect heath commodities	Development of recommendations for the prescription of pharmaceuticals during extreme heat	2025–2027	200 000	1	200 000	23 200 000
	Improve communication technology	Improve communication technologies within the health system for example, Starlink	2025–2030	700	360	252 000	29 232 000
	Improve laboratory capacity	Improve ability for surveillance	2025–2030	100 000	1	100 000	11 600 000
	Stockpile supplies	Diversify and preposition essential health commodities	2025–2030	0	0	0	-
7. Management of environmental determinants of health	Develop waste management SOPs	Create clinical and general waste SOPs	2025	20 000	1	20 000	2 320 000
	Develop national strategy	Draft a national environmental health strategy	2025	20 000	1	20 000	2 320 000
	Implement cross-sectoral risk strategies	Coordinate with WASH and food security sectors	2025–2026	-	3	0	-
	Implement cross-sectoral risk strategies	Strengthen multisectoral collaboration by the MOH on food security	2025–2030	-	0	0	-

STRATEGIC COMPONENT	KEY INTERVENTION	ACTIVITY DESCRIPTION	TIMELINE	UNIT COST (US$)	QUANTITY	TOTAL COST (US$)	VATUS (VANUATU CURRENCY)
8. Climate-informed health programmes	Strengthen surveillance systems	Implement disease surveillance during extreme events	2025	5 000	15	75 000	8 700 000
	Strengthen health workforce	Strengthen village health worker capacity on climate change, health and nutrition	2025–2030	100	200	20 000	2 320 000
	Integrate climate into programmes	Update policies to incorporate climate risks	2025–2026	20 000	1	20 000	2 320 000
	Address vulnerable group needs	Develop mental health and psychosocial support, GBV, maternal, newborn and child health services for climate events	2026	10 000	5	50 000	5 800 000
	Nutritional screening	Screen and support high-risk communities for nutrition	2025–2030	100 000	5	500 000	58 000 000
9. Disaster preparedness and management	Review SOPs	Update SOPs for health disaster response including GBV and climate-sensitive disease	2025	20 000	1	20 000	2 320 000
	Facility disaster planning	Develop facility-level response plans	2025–2026	500	360	180 000	20 880 000
	Equip EOCs	Ensure emergency operations centres are functional	2025	15 000	1	15 000	1 740 000
10. Sustainable climate and health financing	Mobilize climate-health funds	Develop proposals for Green Climate Fund, Global Environment Facility and other donors	2025	20 000	3	60 000	6 960 000
	Access domestic funding	Review and unlock domestic budgets for climate–health initiatives	2026	-	0	0	-
TOTAL						14 462 000	1 677 592 000

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ANNEXES

Annex 1. MOH approach to disaster risk management (DRM)

Disaster Risk Management (DRM) as a concept was outlined in the *National Health Plan for Disaster Risk Management and Climate Change Adaptation 2021–2025* (NHP DRM-CCA) [41]. The DRM framework, as outlined in the NHP DRM-CCA, is used by MOH in addressing prevention, preparedness, response and recovery.

The four phases of the DRM cycle are:

1. prevention
2. preparedness
3. response
4. recovery.

Prevention

Prevention is intended to avoid impacts due to hazards and related disasters. The prevention of disaster-related health effects is best achieved by reducing human exposure to the hazards that may cause illness or injury. Disaster prevention activities include evaluation and reducing the risk of a potential disaster, identifying disaster-prone areas and vulnerable groups, and mainstreaming DRM activities into corporate and business planning.

MOH will undertake the following prevention activities:

1. Develop a long-term relocation plan for health facilities that are situated in disaster risk zones; and
2. Build new health facilities away from disaster zones with the redesign and modification of facilities to withstand category 5 cyclones and other hazards that could cause a threat to health facilities and prevent the provision of quality health services.

Preparedness

Disaster preparedness involves awareness and understanding of DRM in the community and health staff, as well as developing contingency plans, conducting emergency drills and developing operational plans. Using available information is crucial in predetermining current needs and preparing communities and health staff for future disasters. Effective preparedness reduces the impact of the disaster and increases the resilience of the population.

MOH and partners will undertake the following preparedness activities:

1. Conduct a risk or hazard assessment for all health facilities.
2. Include DRM into MOH corporate and business plans.
3. Establish national and provincial health disaster committees.
4. Identify and set up an EOC before a disaster.
5. Identify key disaster position holders, including clear roles and responsibilities, clear lines of authority and communication, and documented procedures.
6. Develop DRM operational plans for hospitals, provincial health and rural health facilities.
7. Provide education and awareness activities to health staff and communities on what to do before and during a disaster.
8. Develop and disseminate information, education and communication materials on disaster preparedness and response activities.
9. Build capacity in DRM activities for health facility and management staff.
10. Conduct simulation/drill exercises for hospitals; public, provincial and rural health facilities; and national EOCs.
11. Allocate annual funds for disaster planning and response under a disaster job code, responsible under the disaster officer.
12. Allocate capital funds for preparedness activities.
13. Collectively develop stronger partnerships with other clusters, the National Disaster Management Office (NDMO), and development and implementing partners to harmonize DRM activities and plans.

The following sections detail specific important areas for disaster preparedness.

Disaster resources and equipment

MOH and partners will prepare a list of resources and equipment needed for disaster response in all the major health facilities. Resources should be available in a timely manner and should have the capability to satisfy their intended functions. Restrictions on the use of resources should be taken into account, and the use of resources should not result in negative outcomes.

Each provincial EOC should prepare disaster kits (public health kits and curative services kits), and they should be centrally located, contain basic supplies, and local resource contacts for staff and equipment. The disaster kits should be checked on a regular basis by a provincial pharmacist or the dispenser, so that outdated supplies are removed and restocked.

Financial preparedness

Key financial preparedness will require:

1. MOH to liaise with the Ministry of Finance to ensure timely financing for disaster responses.
2. Ready access to funds for disaster activities. This is crucial in the event of a disaster to allow the response to occur effectively.
3. Establishment of a Disaster Cost Centre for use by the National DRMC and MOH Incident Controller.
4. Establishment of a separate Project Account for Disastter Management allowing funds from the recurrent budget to be placed in the account and donor funds to be deposited in the account.
5. Creation of designated LPOs for use by the MOH Incident Controller to be committed in advance for expenditures during the disaster response.
6. Procedures, mechanisms and agreements in place to allow the arrangements in this plan to apply in the event of a disaster.
7. MOH to establish mechanisms and agreements for post disaster reallocation of expenditures across departments.

Training and exercises

Training of key personnel is an essential component of disaster planning and preparedness. All personnel involved in a disaster response should have at least the minimum disaster preparedness and response training to understand their roles and responsibilities during a disaster response and be capable of operating all equipment and performing all duties allocated to them in a safe, timely efficient and coordinated manner.

Activities will include:

1. Training on the Introduction to Disaster Risk Management for all key disaster position holders including the MOH DRMC or the NEOC.
2. Preparing a priority training programme encompassing key issues of damage and needs assessment, managing EOCs and exercises management
3. Developing appropriate training guidelines for health personnel that are identified as key players in disasters.
4. Identifying training opportunities in disaster management for key health personnel both locally and abroad.
5. Training guidelines and manual developed for the Vanuatu Medical Assistance Team or VANMAT.

Exercises and Response Drills

Exercises and response drills serve to evaluate the thoroughness and effectiveness of the response component of the disaster plan under simulated conditions.

Important elements of response capability to be tested are:

1. The structure and organization of SOPs for the NEOC, provincial EOCs, VANMAT and the health cluster.
2. Chain of command and communication channels.
3. Equipment capability and availability.
4. Public, industry and media relations.
5. Management of increased patient load at health facilities.
6. VANMAT arrangements and deployments.

Types of exercises to be considered include:

1. Tabletop exercises (a hypothetical scenario conducted inside a conference room).
2. Call-out of personnel who would be involved or contacted during a disaster, incident or an event (including other government department officers, port/harbour and aviation personnel, voluntary agencies personnel, etc.).
3. Full-scale simulation exercises, including exercises conducted in coordination

4. with NDMO and other agencies.
5. VANMAT Simulation Exercises and Drills

A MOH simulation exercise/drill should be held on an annual basis, preferably beginning of every year such exercises should involve the government, nongovernmental organizations and the private sector, and it should aim to further develop these relationships. Responsibility for organizing these in-country exercises rests with the MOH DRMC and partners. NDMO is to provide technical advice and assistance in the development, conduct and monitoring of these exercises.

Response

Disaster response activities include the provision of emergency and public health services during or immediately after a disaster.

MOH will conduct the following response activities:

1. Coordinate all activities and response actions.
2. Communicate with other health partners, provincial health personnel and NDMO.
3. Conduct a technical health-facility needs assessment.
4. Deploy emergency medical teams to the most affected areas.
5. Set up temporary health facilities where required.
6. Coordinate and manage patient referrals and medical evacuations.
7. Provide additional pharmaceuticals and medical supplies to health facilities.
8. Conduct water quality testing at health facilities with the Water Department.
9. Organize and disseminate health promotion materials and activities to health staff and the communities.

Recovery

Disaster recovery includes the restoration and improvement of the health sector, including health services and health systems, livelihoods, infrastructure, rehabilitation and economies that support health towards restoring normality to health services. Efforts to reduce disaster risk factors should also be included in the recovery phase in an attempt to “build back better”.

MOH will undertake the following recovery activities:

1. Adopt a build-back-better approach for all infrastructure recovery.
2. Provide rehabilitation support for any injured persons.
3. Strengthen existing health systems.
4. Monitor and evaluate the recovery process.

Annex 2. Roles and responsibilities during disasters

The following roles and responsibilities are outlined in the *National Health Plan for Disaster Risk Management and Climate Change Adaptation 2021–2025* (NHP DRM-CCA) [41].

MOH Disaster Risk Management Committee

The Director General of Health will appoint members of the National Emergency Operations Centre (NEOC). The chairperson will be the Director General of Health. The following positions will be the members of the NEOC.

1. Director General of the Ministry of Health
2. Director of Planning, Policy and Corporate Services (MOH Incident controller)
3. Director of Public Health
4. Director of Curative Services and Hospital Management
5. Hospital Medical Superintendents
6. Ministry of Health Finance representative
7. Provincial public health administrators
8. WHO representative

NEOC will:

1. ensure that the actions and activities of the *National Health Plan for Disaster Risk Management and Climate Change Adaptation 2021–2025* are carried out;
2. ensure adequate resources are available to support prevention, preparedness, response

and recovery DRM activities; and

3. provide recommendations and advice to the Minister of Health and Director General on heath matters related to DRM and climate change adaptation.

NEOC:

1. develop appropriate strategies and policies and SOPs to prevent, prepare, respond and recover from disasters;
2. review the *National Health Plan for Disaster Risk Management and Climate Change Adaptation 2021–2025*;
3. review and provide recommendations for disaster management in health legislation;
4. identify health service resources within the country;
5. arrange and conduct disaster training and simulation exercises for health service personnel;
6. support capacity development of health service personnel in the area of DRM;
7. provide direction and actions for any disaster response and recovery;
8. support development and review of provincial health disaster plans and any other local health disaster management plans; and
9. meet at least four times a year to discuss any health-related disaster management issues and provide advice to MOH on these issues; in the case of a disaster, the DRMC will meet more frequently.

Annex 3. SOPs for disaster activation response

The following standard operating procedures are outlined in the *National Health Plan for Disaster Risk Management and Climate Change Adaptation 2021–2025* (NHP DRM-CCA) [41].

Readiness/alert stage

- Incident Controller notified of situation
- Incident Controller notifies Director General, MOH
- Incident Controller activates MOH disaster plan to readiness/alert stage
- Incident Controller contacts and advises other controllers to be ready
- Initiate protective advice to relevant health services and health centres
- Contacts NEOC
- Incident Controller monitors the situation

Standby stage

- When a disaster is assessed as imminent, the Incident Controller activates the standby stage, and notifies other controllers, the Director General and NEOC
- MOH EOC made operational, and communication equipment tested
- MOH EOC staff report to the MOH EOC
- Staff prepared for deployment, including notification of standby staff and preparation of a roster for relief staff
- Assets/equipment/resources likely to be needed are assembled, stored, checked and made ready for deployment (including vehicle fuelling and medical supplies stocked)
- Adjoining health services not likely to be affected are notified so that preparation for relief and support roles can commence when required
- MOH Liaison Officer reports to the NEOC.

Activation stage

- When a disaster is under way, the Incident Controller activates the call-out phase, and notifies other controllers, the Director General, NEOC
- MOH EOC readied to receive requests for assistance
- Active monitoring of response commences
- Records of requests, responses and expenditures are commenced at the MOH EOC
- Deployments commence under the control of the Incident Controller
- Other controllers provide regular feedback reports
- Release staff not needed in the immediate situation is released but maintains means of call-back

- Regular information, updates and media releases are prepared.

Stand-down stage

- In consultation with DRMC and NEOC, when the Incident Controller determines activation is no longer required, a "Stand-down order" is issued
- The Incident Controller notifies all other controllers, the Director General and NEOC
- Incident Controller advises DRMC on actions that are to remain to respond to recovery operations
- All information and records are collected and filed in a systematic manner as MOH EOC was deactivated and closed
- Time and place identified for debriefs and lessons learned meetings
- Incident Controller arranges for preparation of a disaster response and establish liaison relations with counterparts
- Report all requests for MOH action/assistance to MOH Disaster Controller in a timely fashion
- Keep communications open with other counterparts
- Regularly brief the Incident Controller.

Annex 4. Relevant policies and acts

POLICY / ACT	DESCRIPTION
National Gender Equality Policy (2020–2030)	The *Vanuatu National Gender Equality Policy (2020–2030)* is a comprehensive framework designed to promote gender equality and empower women and girls within the country.
Revised and Enhanced 1st Nationally Determined Contributions (NDCs) 2021–2030	Vanuatu developed the *Revised and Enhanced 1st Nationally Determined Contributions (NDCs) 2021–2030*, which serves as the guiding document to reduce greenhouse emissions and adapt to the impact of climate change. A key area of adaptation highlighted in the NDCs is the impact of climate change on the provision of health services, particularly after health emergencies and disasters. MOH has responsibilities outlined in the NDCs, which are also linked to NDSP priorities. These will be integrated into the HNAP workplan.
Meteorology, Geological Hazards and Climate Change Act No. 25 of 2016 (Climate Change)	The Act was established to improve weather and climate services available to various stakeholders, including MOH, individuals and other organizations. The Act aims to allow different stakeholders to better prepare and respond to hazards.
National Policy on Climate Change and Disaster-Induced Displacement (2018)	The policy aims to better protect individuals' human rights while facing displacement by providing guidance on both short- and long-term recovery efforts in a coordinated, multisectoral manner across government departments. It seeks to integrate displacement considerations into all government-related policies.
Vanuatu Climate Change and Disaster Risk Reduction Policy (CCDRR) (2016- 2030)	The purpose of this policy is: i) to articulate Vanuatu's vision, principles, strategic goals, priorities and strategies for climate change and disaster risk reduction; ii) to provide the framework for mainstreaming climate change and disaster risk reduction into sustainable development processes; iii) to improve coordination and planning of programmes, projects and funding across ministries, departments, development partners, academia, civil society organizations (CSOs) and the private sector; iv) to ensure that stakeholders, including donors, CSOs, the private sector and communities understand and align themselves and their actions with Vanuatu's policy direction; and v) to strengthen the ability of governance and financial systems to access additional funds, enabling more equitable sharing in resourcing relative to Vanuatu's high level of vulnerability; and facilitate accountability through monitoring, evaluation and reporting.
Disaster Risk Management Act (2019)	The Vanuatu *Disaster Risk Management Act (2019)* establishes a framework for DRM, integrating disaster risk reduction and climate change adaptation. It set up *the creation and implementation of* National Disaster Committee and the National Disaster Management Office (NDMO) which falls under the Department of Climate Change to enhance coordination and response efforts.
National Adaptation Programme of Action	The aim of the National Adaptation Programme of Action project for Vanuatu is to develop a national programme focused on urgent and immediate adaptation measures in key sectors.
Health Sector Strategy (HSS 2021–2030)	Aims to redesign the health system to be more resilient to health shocks caused by disease outbreaks, and climate change. It focuses on better prevention, detection, and management of communicable diseases.

POLICY / ACT	DESCRIPTION
National Health Plan for Disaster Risk Management and Climate Change Adaptation (NHP DRM-CCA) (2021– 2025)	The provides the legal framework for implementing disaster management in Vanuatu.
Mental Health Policy and Strategic Plan (2021–2030)	The policy aims to provide equitable access to quality mental health services with an emphasis on the community's role in prevention, early detection, and treatment of mental disorders.

Key acts and policies related to climate and health

ACTS AND POLICIES	DESCRIPTION
Health Sector Strategy (HSS 2021–2030)	Aims to redesign the health system to be more resilient to health shocks caused by disease outbreaks and climate change. It focuses on better prevention, detection, and management of communicable diseases and the ability to ensure quality health-care services for people with disabilities, women and girls, adolescents and survivors of GBV.
National Health Disaster Risk Management and Climate Adaptation Policy (NHP DRM-CCA) (2021–2025)	It provides the legal framework for implementing disaster management in Vanuatu.
Digital Health Strategy (2025–2030)	The Vanuatu *Digital Health Strategy 2025–2030* outlines a transformative plan to modernize the country's health-care system through digital innovation
Mental Health Policy and Strategic Plan (2021–2030)	The policy aims to provide equitable access to quality mental health services with an emphasis on the community's role in prevention, early detection and treatment of mental disorders.


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Health National Adaptation Plan

2025-2030