



 **VANUATU**
NON-COMMUNICABLE
DISEASE

POLICY & STRATEGIC PLAN

Ministry of Health | Government of Vanuatu 2021-2030

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

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

FOREWORD



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

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

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

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



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ACRONYMS

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

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

INTRODUCTION

The global prevalence of NCDs is still stable with estimated 15 million annual deaths from NCDs in the age group 30-70 that defined as premature death. The risk of premature death from diabetes showed a 5% increase which is associated with- among other factors- the increasing prevalence of obesity. Since 2000, the prevalence of obesity among adults (18 years and older) globally has increased 1.5 times and the prevalence in children (5-18 years) more than doubled (from 2.9% to 6.8%) in 2016¹.

In Vanuatu, mortality rate from NCDs are estimated to account for 74% of all deaths². The NCD community screening organized in Tanna and Efate islands of Vanuatu (9,809 people aged above 25 years were involved) found that 42% of people were with hypertension, 16% were with diabetes, 59% were with overweight and obesity and 96% of people who were screened had any risk starting from low to very high CVD risk which is alarming³.

Despite being the major cause of mortality and morbidity for years, NCDs have recently been prioritized on the global political agenda, most notably when the United Nations General Assembly convened three high-level meetings on the prevention and control of NCDs in 2011, 2014 and 2018, countries agreed to include a specific SDG target 3.4 – by 2030 reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being in the 2030 Agenda for Sustainable Development as part of Goal 3. In 2019, the United Nations High-level Meeting on UHC targeted SDG 3.8 on Universal Health Coverage and the ‘triple billion’ goals in the WHO Thirteenth General Programme of Work⁴.

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

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

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

² NCD Country profile for Vanuatu 2018

³ MOH NCD screening database, 2019.

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

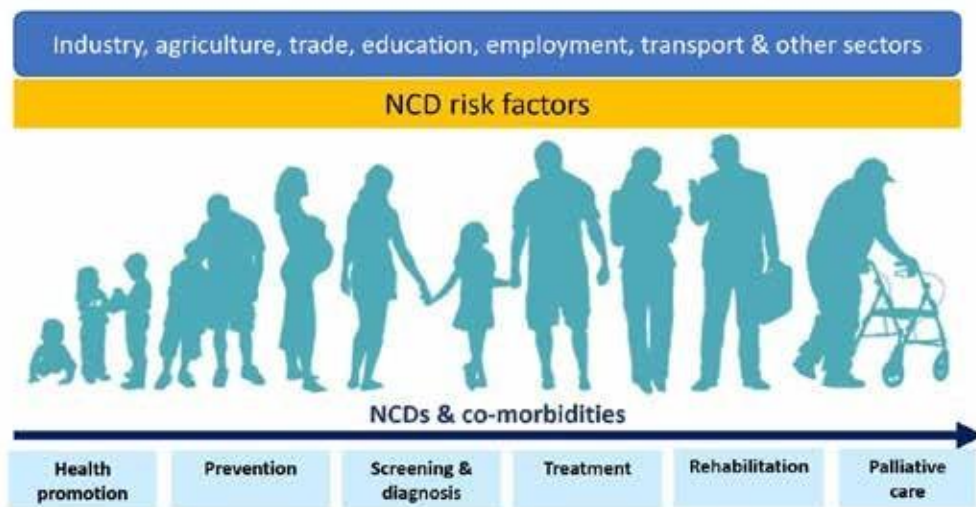
environmental determinants (Figure 1).

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



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

Figure 2. NCDs: multi-sectors, life-course, co-morbidities and interaction with the health system⁵



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

Figure 3. Components of WHO PEN package⁶



The evidence-based cost-effective interventions to reduce the premature mortality from NCDs started

⁵ Source: Presentation slides from WHO meeting

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

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

Table 1. Roadmap for NCD PEN interventions for primary health care⁷

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

*HTN- Hypertension; DM- Diabetes Mellitus

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

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

MPOWER to reduce tobacco use

SAFER to reduce the harmful use of alcohol

SHAKE to reduce salt intake

REPLACE to eliminate industrially produced trans fatty acids from the food supply

⁷ Source: Presentation slides from WHO meeting

| | |
|-------------------|--|
| ACTIVE | to promote physical activity |
| HEARTS | to reduce hypertension and promote CVD management in primary health care |
| HEARTS-D | to reduce diabetes |
| MhGAP | to address mental health conditions and promote mental health |
| LIVELIFE | to prevent suicide |
| INSPIRE | to reduce violence against children |
| SAVE LIVES | to reduce road traffic injuries and deaths |

In addition, for cervical, liver, colon and other cancers interventions such as hepatitis B and HPV vaccination, early detection, screening and treatment of cervical cancers are recommended in WHO ‘best buys’ interventions (Appendix 1). For household air pollution, interventions for household energy for cooking: project design principles (by World Bank) and for indoor air quality: household fuel consumption (WHO guidelines for indoor air quality) are also available⁸.

In the midst of COVID – global pandemic, NCD services were disrupted in many countries. The COVID-19 pandemic has changed our ways of life, disrupting routines and halting economies. The pandemic has upended what we call our “normal”—giving rise to something “new.” This has necessarily and vitally changed the way that we’ve approached health in our efforts to ensure that we lessen the risk of losing lives. The results of rapid assessment for the impact of the COVID-19 pandemic on NCD resources and services -2020 showed that half of countries reported complete or partial disruptions to hypertension (53%) management services, diabetes and diabetic complication management services (59%), cancer treatment (42%), and services for CVD emergencies (31%), unavailability/stock – out of essential medicines, medical diagnostics or other devices⁹.

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

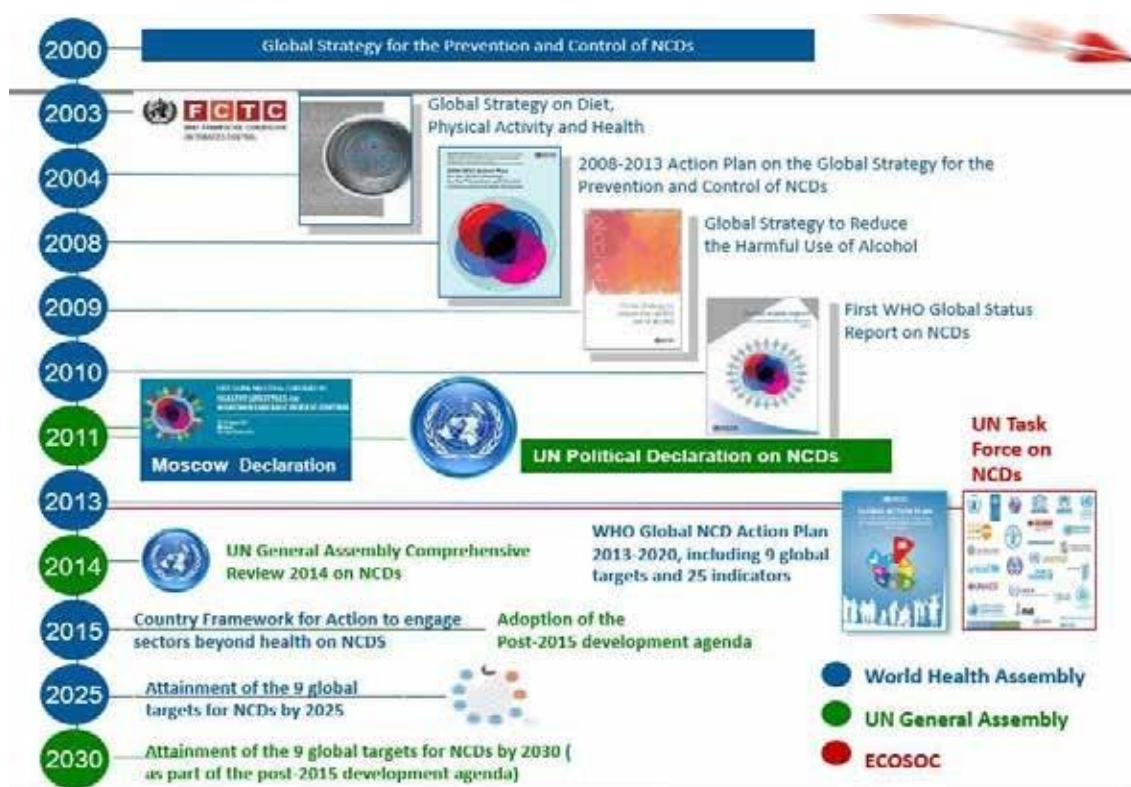
⁸ WHO. WHO Independent high-level commission on noncommunicable diseases: final report: it’s time to walk the talk. Geneva: WHO 2019 (<https://apps.who.int/iris/handle/10665/330023>)

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

Aligned Global, Regional and National Strategies and Action Plans

Through review of progress made against the 2016 – 2020 NCD Policy and Strategic Plan and alignment with current global, regional and national health guidelines and development frameworks, the Vanuatu NCD Policy and Strategic Plan 2021 – 2030 provides clear country-specific direction for NCD prevention and control with strong links to validated national, regional and global structures of relevance. The below information in Figure 4 outlines significant resources used in the review of the national NCD Policy and renewing this Policy for 2021- 2030.

Figure 4. The Global NCD agenda¹⁰



The Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable diseases and mental Health held in Oman in 2019 outcome of which was to sustain investment in development of the health sector, political commitment to prioritization of NCDs as part of UHC, and institutionalization of the SDGs within the national health agenda¹¹.

¹⁰ Source: Presentation slides from WHO meeting

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

Relevant Global and Regional Perspective Documents

- Sustainable Development Goals 2016-2030. *In particular Sustainable Development Goal 3) 'Ensure healthy lives and promote well-being for all at all ages' and target 3.4 – 'By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being'. United Nations, 2015*
- Global Action Plan for the Prevention and Control of NCDs 2013-2020 (extended to 2030), outlining the 9 Global Targets for NCDs. WHO, 2013
- WHO NCD Global Monitoring Framework. WHO, 2013
- WHO Global Strategic on Diet, Physical Activity and Health. WHO, 2004
- WHO Framework Convention on Tobacco Control. WHO, 2003
- WHO Guidelines on Physical Activity and Sedentary Behaviour. WHO, 2020
- Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. WHO, 2020
- WHO Mental Health Action Plan 2013-2020 (extended to 2030). WHO, 2013
- UN Political Declaration on UHC (Commitment from the UN General Assembly - 2019)
- WHO Global Strategy to Reduce the Harmful use of Alcohol. WHO, 2010
- Pacific Islands' NCD Roadmap Report. World Bank, 2014
- Yanuca Island Declaration on Health in Pacific Island Countries and Territories. WHO & SPC, 2015
- Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region 2015-2020. WHO, 2015
- Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014-2020 (extended to 2030). WHO, 2014
- Western Pacific Regional Action Framework on protecting Children from the Harmful Impact of Food Marketing in the Western Pacific, 2020-2030
- Western Pacific Regional Action Plan on Health Promotion in the SDGs: 2018-2030
- Regional Action Plan for Tobacco Control in the Western Pacific, 2020-2030
- For the Future Towards the Healthiest and Safest Region. WPRO, 2020

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

Figure 5. For the Future Agenda of the Western Pacific for 2019-2023¹²



Relevant National Policies and Action Plans

- Vanuatu NCD Roadmap 2015-2018
- Vanuatu National Sustainable Development Programme 2016-2030
- Vanuatu NCD Policies and Strategic Plans 2004 – 2009 & 2010 – 2015 & 2016-2020
- Vanuatu Mental Health Policy and Strategic Plan 2016 – 2020 & 2021-2030
- Vanuatu National Nutrition Policy and Strategic Plan 2016 – 2020

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

- Vanuatu NCD Crisis Response Strategic Framework 2014 – 2015
- National Policy & Strategy for Healthy Islands 2011-2015 & 2017-2020
- Vanuatu Guidelines for Health Promoting Schools, Ministry of Education & Ministry of Health, 2016
- Vanuatu Priorities and Action Agenda 2006 – 2015
- Vanuatu Health Sector Strategy 2017 – 2020 & 2021-2030
- | Vanuatu Oral Health Policy 2019-2023
- | Vanuatu National Community-based Rehabilitation (CBR) Action Plan 2014-2024
- | Vanuatu Disability Inclusive Development Policy 2018-2025
- Vanuatu Public Health Act – Chapter 234, Laws of the Republic of Vanuatu
- Vanuatu Food (Control) Act – Chapter 228, Laws of the Republic of Vanuatu
- Vanuatu Food (Control) Regulations – Order 37 of 2007
- Vanuatu Liquor Licensing Act – Chapter 52, Laws of the Republic of Vanuatu
- Vanuatu Road Traffic (Control) Act – Chapter 29, Laws of the Republic of Vanuatu

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

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

The UN General Assembly -2019 adopted UN Political declaration on UHC which aims to cover 1 billion additional people with essential health services and medicines for NCDs; increase public spending on PHC (recommended WHO target of additional 1% of GDP); prioritize PHC as a cornerstone of an integrated health system and the foundation for achieving UHC; integrate traditional and complementary medicine services with PHC; and PHC is the most

inclusive, effective and efficient approach to enhance people’s health^{13, 14}.

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

Figure 6. Roadmap of WHO PEN disease interventions for primary health care¹⁵



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

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

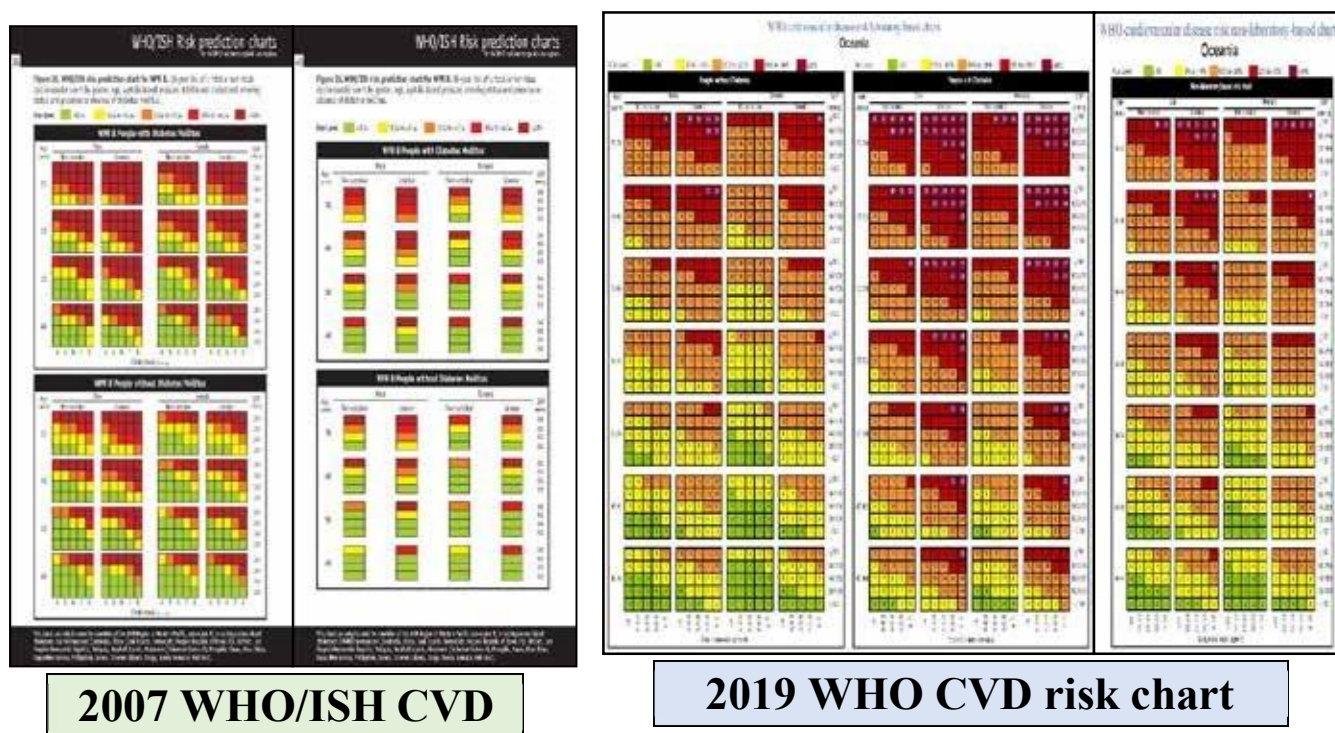
¹⁴ <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

¹⁵ World Health Organization. (2020). WHO package of essential noncommunicable (PEN) disease interventions for primary health care.

[https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-\(pen\)-disease-interventions-for-primary-health-care](https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care)

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

Figure 7. NCD CVD risk charts 2007 and 2019

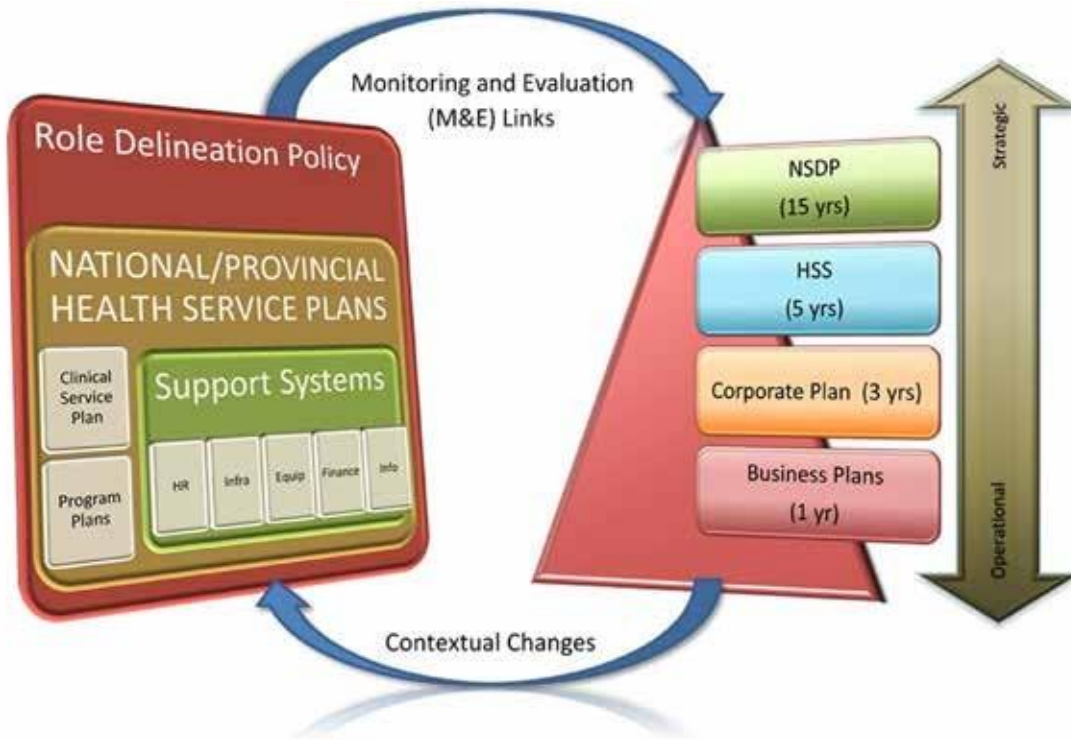


This Vanuatu National NCD Policy and Strategic Plan for 2021-2030 involves an integrated approach that links planning, development and delivery of services, workforce and infrastructure. This will provide consistent, practical tools and standards for planning health services and the staffing, facilities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

Figure 8 below shows the planning hierarchy, highlighting the links between the different levels and types of plans. Note that this new Policy is built upon initial NCD Policy and Strategic Plan for 2016-2020 to continue implementing and monitoring NCD multisectoral Agenda for another 10 years covering the period from 2021 to 2030 so that to align with the National

Sustainable Development Programme and Health Sector Strategy time frame, but also with MOH corporate planning for 3 years and business planning for 1 year.

Figure 8. Vanuatu health service structure and planning



NCD POLICY

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

VISION

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

MISSION

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

GUIDING PRINCIPLES

Multisectoral collaboration

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

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

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

Community Engagement

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

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

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

Equity

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

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

Preventative Approach

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

Whilst primary prevention, which delivers broad community-focused strategies for risk-reduction pre-disease, is ideal and proven to be most cost effective; utilising of this three-tiered preventative approach to NCDs acknowledges that avoidance of disease is not possible in all cases and thus, control of conditions, through primary/universal, secondary and tertiary prevention, is paramount in ensuring equity in health care provision. Evidence has proven high costs associated with NCD progression and significant correlation between NCDs and

vulnerability to poverty. Therefore, for the benefit of individuals, families, communities and Vanuatu's larger social and economic systems, prevention at all levels must be understood as an imperative principle of disease control and effective health service delivery.

Evidence-Based Practice

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

Responsive Programming

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

STRATEGIC OBJECTIVES

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

1. Strengthen NCD coordination mechanisms

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

2. Promote improved diet and nutrition nationwide

Diet-related diseases as well as disease risk factors associated with poor dietary choices are on the rise throughout Vanuatu. With a traditionally carbohydrate-heavy diet, the modern Ni-Vanuatu diet is now increasingly supplemented by imported, typically high glycaemic index, sources of refined carbohydrates such as sugar, rice, bread and instant noodles^{16,17}. In

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

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

Vanuatu, the overall salt intake of the population was 7.2g per day and 84.4% of the surveyed people were found to have a salt intake of over 5 grams per day of the WHO target. In addition, a large proportion of imported products with high salt content such as tinned corn beef, sauces and spreads were available in shops of Port Vila, Vanuatu¹⁸. Thus, high salt intake through processed foods and sauces consumption of salt and increased consumption of fat, high-fat and trans-fat foods are remaining a concern, particularly with regards to cardiovascular disease.

Recognising Vanuatu's current double burden of malnutrition, the mitigation of under nutrition must not be overlooked¹⁹. Incorporating insufficient consumption of energy sources as well as nutrient deficiencies, particularly common in women and children; addressing under nutrition as part of the NCD strategy acknowledges the links between inadequate childhood or maternal nutrition, compromised development and an increase risk of chronic diseases in later life²⁰. The prevention of NCDs must start from earlier stages of life thus addressing unhealthy behaviours during early childhood and adolescence by applying the life-course approach. The life-course approach focuses on how multiple social determinants interact to affect health throughout life and across generations. The approach highlights the importance of transitions, linking each stage to the next, of defining protective factors, of prioritizing investment in health and addressing other social determinants of health. Coupled with promotion of physical activity, health and lifestyle interventions must be enacted to curb the diet-related deterioration of the nation's health. A number of low-cost and highly effective strategies have been identified by international and regional health communities and are outlined in the National Policy on Nutrition 2016-2020. It is of benefit to the health sector and wider government to promote these dietary balance strategies as part of primary, secondary and tertiary prevention of NCDs and their related complications. Acknowledging the holistic approach required to ensure balanced nutrition for all demographic in Vanuatu, nutrition components of this renewed document incorporate aspects of improved legislation, increased taxation on unhealthy foods as well as avenues of community education and mobilisation with regards to healthy decision-making surround individual, family and community food choices.

¹⁸ Vanuatu Salt Intake Survey report 2017 (sub-national). MOH Vanuatu 2017.

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

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

3. Encourage adequate physical activity across the life course

Whilst strong evidence indicates correlation between adequate physical activity and lower risk of heart disease, stroke, diabetes and cancer; beyond the notably reducing the risk of NCDs, physical activity is also a significant component of positive physical and mental wellbeing, improved social connectedness and can aid in sustaining active living in older adults²¹. Together with balanced nutrition, adequate physical activity has been identified as a core component in maintaining good health and thus preventing disease.

Unfortunately, rates of physical activity have diminished in Vanuatu as the nation moves away from its previous active lifestyle towards a more sedentary style of living; whereby adults now undertake office-based employment and purchase rather than harvest their food sources²². These socio-economic changes have dramatically altered rates of involuntary physical activity and, combined with increased availability of unhealthy dietary choices, ni-Vanuatu now live among an obesogenic environment for the first time in the nation's history. Available data shows a steady decrease in physical activity and subsequent increase in obesity levels across the entire adult population, with women at greatest risk²³.

Like the obesity itself, reversing the current obesogenic environment, particularly with regards to physical activity, is complex and requires multifaceted action. This Vanuatu NCD Policy and Strategic Plan 2021 - 2030 acknowledges this challenge and thus has included internationally and regionally verified physical activity initiatives working on both national and community level interventions as well as those targeted to particular at risk groups. This essential component of NCD risk-mitigation includes developing safe environments conducive to physical activity as well as increasing community education regarding the importance of maintaining an active lifestyle during all life stages. The National Physical Activity Guidelines for Vanuatu "Walk fast, sit less" has been implemented since 2017 to guide in supporting Vanuatu ongoing effort in advocating and promoting physical activity (Appendix 3).

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

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

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

4. Strengthen national tobacco control mechanisms

The reduction of tobacco consumption has been an essential risk-mitigation component of national NCD prevention and control mechanisms over the last 14 years and has again been identified as vitally important under this renewed NCD Policy and Strategic Plan 2021 – 2030. Government responsibility for the control of tobacco is also reinforced by Vanuatu's commitment to the WHO Framework Convention on Tobacco Control, which was ratified by the nation in 2005²⁴.

Tobacco use is the leading cause of preventable death worldwide²⁵. Tobacco use causes NCDs such as heart disease, chronic respiratory disease and numerous forms of cancer to both its users and those impacted by second-hand smoke. It has a high economic burden for families through both the purchasing cost of local and commercially produced sources of tobacco as well as subsequent increased health care expenditure²⁶. Further, tobacco typically kills people in the height of their productivity, hence depriving families of an income and the nation of a healthy workforce. Therefore, measures to reduce the supply of and demand for tobacco will result in a nation in which a higher proportion of individuals abstain from tobacco use and is likely to produce better health and economic outcomes for individuals, families, communities and the nation as a whole.

Cost-effective tobacco control measures have been outlined in the Pacific NCD Roadmap and include: increases in taxation, smoke free environments, increased health warnings and enforced bans on advertisement, promotion and sponsorship²⁷. Likewise, monitoring of tobacco use and prevention policies is important for understanding trends and measuring outcomes of implementing tobacco control actions. As tobacco control is strengthened it will be important to provide support for smoking cessation. Thus, informed by both WHO's FCTC and cost effective (NCD "Best Buys") interventions, country-specific tobacco control measures have been developed and are due for implementation as part of this extended NCD Policy and Strategic Plan to aid in securing a healthy and tobacco free Vanuatu.

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

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

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

²⁷ Pacific NCD Network. NCD Roadmap report. Noumea: Pacific NCD Network 2014

5. Reduce the harmful consumption of alcohol

Harmful consumption of alcohol affects more than the individual drinker as it also significantly impacts families. Excessive alcohol consumption is associated with violence and injury and affects the broader community, health system and, subsequently, the nation's economy and development progression²⁸. Analysing alcohol consumption, the prevalence of the harmful consumption of alcohol; typically defined in terms of episodic binge drinking whereby greater than 4 and 5 standard drinks are consumed in one episode of alcohol consumption by females and males respectively; is of significant concern²⁹. The demographic most at risk of alcohol abuse and subsequent alcohol-associated injuries and violence is Vanuatu's younger male³⁰.

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

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

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

Preventing NCD risk-factors cannot be undertaken in isolation as disease development remains inevitable in some cases. Thus, NCD management and care interventions aimed at

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

²⁹ World Health Organization. Global alcohol report: country profile Vanuatu. Geneva: WHO 2014

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

preventing disease progression and associated complications are also integral components of this NCD Policy and Strategic Plan 2021 – 2030.

This clinical arm of the strategic aims to foster an informed health workforce capable of ensuring early detection of NCDs through screening; delivering evidence-based treatment services; and maintain sufficient NCD follow up and rehabilitation capacities at all health facilities. Given the geographic dispersal of Vanuatu, it is essential that these services are available at primary health care level to best ensure access to quality health care services is equitably available to all ni- Vanuatu nationwide.

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

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

Whilst the profile of mental illness has advanced significantly in the last number of decades, mental health and the impact such has on one's general wellbeing has, unfortunately, still not been given the same level of attention as physical ailments. On the rise in Vanuatu and still engulfed in stigma and discrimination, it is the responsibility of a community-responsive government to ensure mental health concerns are both considered and addressed under this renewed NCD Policy and Strategic Plan 2021 – 2030.

Like the four major physical NCDs, mental illnesses are disabling to an individual and their family, costly in terms of both health care expenses and loss of income, and of detriment to the national workforce, economy and further development progression thus it is considered as the fifth condition through WHO five-to-five approach to address NCDs³¹. Whilst moreover, mental health concerns underpin the development and progression of all major NCDs. For example; there is considerable concurrence between risk factors such as alcohol abuse and mental illness, whilst the diagnoses of chronic disease and, in particular, disabling complications are also likely to contribute to poor mental wellbeing³².

³¹ Vanuatu Ministry of Health, Vanuatu Mental Health Policy and Strategic Plan 2016-2030

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

Aligned with the renewed Mental Health Policy and Strategic Plan for 2021 – 2030, this component of the NCD strategy aims to mainstream mental health issues within the health sector, other institutions typically interacting with mental illness-vulnerable demographics as well as within communities more broadly. It is essential that mental illness is properly understood by the community at large in order to induce sufficient change regarding the care and management of such illnesses.

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

Global disease burden records indicate significant mortality and morbidity attributed to violence, poor safety conditions and compliance, risk-taking behaviour and substance abuse³³. It is important that the MOH work with other stakeholders and the wider community in order to ensure individuals are kept safe and healthy at all times and in all environments.

Included in this renewed NCD Policy and Strategic Plan due to the issues interconnectedness with NCD development, health sector and social burden as well as links to physical and mental wellbeing; this component of the policy incorporates concerns surrounding drink driving, substance abuse, alcohol and drug-fueled violence, domestic violence and occupational health and safety concerns. Whilst these issues span across numerous sectors and are influenced by an array of environmental and social factors; it is the responsibility of the MOH to work with partners to educate individuals and, in particular, at-risk groups regarding safe and healthy behaviours and provide support and services in relations to these concerns and their impact on the health of individuals and the wider population.

9. Strengthen community and clinical responses to oral health

Oral health is a window to the overall health of an individual and, in a similar manner to the four major NCDs, is strongly linked to the modifiable causative risk factors of poor nutrition, tobacco use and the harmful consumption of alcohol³⁴. These broader lifestyle factors as well as oral health-specific behaviours such as daily brushing, flossing and regular dental check ups

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

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

are essential in preventing a range of oral diseases including tooth decay and gum disease.

Collectively affecting more than half of the world's population, the global burden of oral diseases makes it among the most common NCDs³⁵. Moreover, further to these diseases themselves; there is also a strong correlation between oral diseases and the four major NCDs. According to 2017 survey on oral health, the overall status for dental caries in Vanuatu points to very high prevalence (over 60% and above in all age groups except age group 11-13 – 21%). The 11-13 years old had lower prevalence because a high proportion of adult teeth only recently erupted in this age group³⁶. This includes the predisposing role diabetes plays in the development of periodontal disease and the association between such and cardiovascular disease development³⁷. Similarly, respiratory diseases may be influenced by oral microflora³⁸. Whilst further, oral cancers are amongst the world's most common forms of cancer and are largely attributed to tobacco use and the harmful consumption of alcohol³⁹.

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

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

Vision impairment and vision loss contributes significantly to global morbidity and has profound personal implications and impacts upon households, communities and nations. Yet, with early detection and appropriate and timely interventions, more than 75% of global vision impairments and blindness can be prevented or rectified⁴⁰. Vision impairment conditions such as cataracts, glaucoma and diabetic retinopathy are also linked to NCD risk factors, in particular smoking, and can manifest as complications of late-detected or poorly managed

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

³⁶ Vanuatu Oral Health Survey 2017

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

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

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

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

NCDs⁴¹. For instance, diabetic retinopathy which, caused by improper blood flow, weakens blood vessels resulting in vision loss and blindness, is estimated to affect 75% of people with diabetes⁴². Due to the magnitude of the vision impairment and vision loss burden, mitigation through action to prevent and control these diseases and complications is an essential component of response health programming.

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

11. Strengthen NCD research, surveillance and reporting

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

This component of the NCD Policy and Strategic Plan 2021–2030 aims at ensuring longevity in support for, and subsequent action taken towards, addressing NCDs in Vanuatu. Incorporating the collation of multiple data sources as well as the integration of registries to track certain conditions; this component aims to produce consistent reporting which accurately reflect Vanuatu's NCD situation and thus, can be used to analyse disease trends and the impact of interventions. The strengthening of research, surveillance and reporting

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

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

also includes the monitoring and evaluation of the strategy itself; an integral process for tracking progress and using feedback to inform planning adaptations to meet changing demands.

12. Implement sustainable cancer early detection and diagnosis programmes

Cervical cancer is a preventable disease and it is a global public health problem. It is also curable if detected early and adequately treated. A major contribution to attaining SDG target

will come from WHO's new initiative to eliminate cervical cancer as a public health problem in the next 100 years and reaching the 90-70-90 triple-intervention target by 2030⁴³:

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

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

For Vanuatu, good initiatives have already been taken in place. This includes evidence-based interventions such as human papillomavirus (HPV) vaccination, cervical cancer awareness, and screening through HPV DNA test and PAP smear (cervical cytology) and management of detected cases. The HPV vaccination and cervical cancer screening and treatment are also 'best buy' interventions recommended by WHO⁴⁵. Thus, it is time to scale it up at national level by integrating it to the existing health system and health services in the context of universal health coverage, accordingly it is timely to address it through the national NCD Policy and Strategic Plan 2021-2030.

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

⁴⁴ Vanuatu MOH data system on cervical cancer screening and treatment, MOH 2020

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

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

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

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

Objective 1. Strengthen NCD coordination mechanisms

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies | | |
|---|---|--|---|--|------|------|------|------|------|--------------------|---------------|---------------|
| | | | | | | | | | | Lead | Supporting | |
| 1.1 Strengthen coordination and impact of NCD activities through continued support for the Integrated NCD Management Team | 1.1.1 Tasks progressed by the Integrated NCD Management Team are consistent with direction provided in this NCD strategic plan. | Review conducted and results outlined within updated and endorsed Integrated NCD Management Team TOR | Integrated NCD Management Team TOR; | Review TOR for the Integrated NCD Management Team ensuring alignment with all components of this NCD strategic plan. | X | | | | | MOH | NCD Taskforce | |
| | | | NCDU Annual Report | Any major amendments to the TOR are outlined and presented to the MOH Exec. for endorsement. | | | | | | | | |
| | 1.1.2 Composition of the Integrated NCD Management Team is consistent and reflects the multisectoral nature of NCDs. | Role delineation mapping carried out; Team composition documentation available | Integrated NCD Management Team TOR Annex; | Expand membership to include greater range of clinical and NGO partners in line with identified areas of need outlined in this NCD strategic plan. | X | X | | | | | MOH | NCD Taskforce |
| | | | NCDU Annual Report | Officially document and regularly update team composition information as an annex to the TOR ensuring membership is based on HR roles rather than personnel in order to circumvent disruptions in instances of staff redistribution or turnover. | | | | | | | | |
| 1.1.3 Consistent reporting reflects progress made by the Integrated NCD Management Team | Meeting minutes evidence progress against NCD strategic plan; Progress against activities is reflected in NCDU Annual Report | Integrated NCD Management Team meeting minutes; NCD Annual Report | Convene Integrated NCD Management Team meetings on a monthly basis based on reviewed TOR with at least 75% membership attendance. Ensure meeting minutes are disseminated to all members, partners and PHD as well as kept | X | X | X | X | X | | MOH | NCD Taskforce | |

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

| | | | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|------------|--------------------------------|--|
| | | | | qualified and sufficiently capable in to enforce relevant legislation within communities. | | | | | | | |
| | 1.2.3 An annual schedule pertaining to compliance monitoring of business houses in relation to food, tobacco and alcohol legislation guides systematic monitoring. | Compliance check schedule developed and utilised | EHU Annual Report; NCDU Annual Report | Coordinate consultations with all relevant stakeholders in order to develop an annual compliance monitoring schedule. | X | X | X | X | EHU | NCDU, MCs, PGs, VPF, DCIR, PHD | |
| | | | | Ensure consistent utilization of the schedule through routine reporting against such. | | | | | | | |
| 1.3 Promote a national response to NCD prevention and control through the mobilisation of provincial level technical support. | 1.3.1 Provincial NCD HR capacity is strengthened under MOH HR structure. | Positions for provincial NCD focal points are allocated under the MOH HR structure TOR for provincial NCD focal points developed | NCDU Annual Report; MOH H | In collaboration with PHOs draft TOR for provincial NCD focal points. Advocate for the inclusion of provincial NCD focal points under MOH HR plan through the outlining of such within NCDU and PHOs annual business plans. Ensure appropriate provincial and national support inclusive of financial and resource allocations for these positions. | X | | | | NCDU | PHOs | |
| | | | | In collaboration with PHOs draft membership and TOR for provincial NCD committees ensuring provincial specific alignment with this NCD strategic plan. | | | | | | | |
| | | | R Annual Report; PHOs Annual Reports | Advocate for the development of these committees in each province. Support activities conducted by committees and ensure consistent reporting up to national level. | X | | | | NCDU, PHOs | NCD Taskforce | |
| | 1.3.2 Provincial NCD programming is strengthened and contributing towards province specific identified goals aligning with national strategy. | Number of provincial level NCD committees are established comprised of members from both the clinical | NCDU Annual Report; PHOs Annual Reports | | | | | | | | |

| | | | | | | | | | | | |
|--|---|--|---|--|---|---|---|---|---|----------------------|-----------------------------------|
| 1.4 Engage media outlets and community groups in fostering greater awareness surrounding NCDs. | 1.4.1 The pre-established MOH NCD media network is regularly engaged in increasing community awareness of NCDs. | and public health services Number of NCD events in which the MOH NCD Media network is engaged | NCDU Annual Report; HPU Annual Report | Expand media network connections down to provincial levels circulating relevant contact details with all national and provincial NCD personnel. | X | X | X | X | X | HPU | NCDU National key stakeholders |
| | The HPU facilitated radio show and talk back partnership is consistently utilized in providing a platform for increasing both general and specific NCD prevention and control community health awareness. | Number of NCD Related radio talk-back shows allocations utilised | NCDU Annual Report | Ensure consistent engagement with the media network and regular dissemination of NCD related information. Ensure NCD related issues are routinely discussed during the HPU radio talk-back segment. | X | X | X | X | X | HPU | NCDU |
| | Annual events are conducted to promote NCD relevant world days of celebration. | Number of events carried out; General estimates of attendance or awareness impact | NCDU Annual Report | Advocate for a diversity of NCD clinical and public health focal areas to be included in the talk-back segments. Develop and undertake national activities to coincide with NCD relevant world days of celebration inclusive of World Health Day (April 7th), World Diabetes Day (November 14th), World Heart Day (September 29th), World Cancer Day (February 4th), World Food Day (October 16th). | X | X | X | X | X | NCDU, HPU PHOs | National key stakeholders |
| | 1.4.4 Vanuatu Diabetes Association is remobilized and aids in facilitating advocacy and support for people with | MOU with VDA developed and endorsed | NCDU Annual Report VDA Event Reporting | Through consultation with pre-established health-related community organization support the mobilization of the VDA through a joint MOU with the MOH. | | | | | | X | MOH NCDU HPU |

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

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| | <p>1.5.3 Collaboration with finance partners allows for the identification of additional funding sources, new project proposals and a Health Promotion Fund</p> | <p>Number of additional funding sources identified;</p> <p>Number of additional funding sources utilized</p> | <p>NCDU Annual Report</p> | <p>gaps to development partners. Hold ongoing discussions with MFEM and other partners to discuss the feasibility of additional funding sources.</p> <p>Present identified funding options to PHD and MOH Exec. for endorsement and to garner support in following through such recommendations at a national leadership level.</p> <p>Support and lobby for greater internal MOH funding allocations, increased health sector funding ceilings and increased development partner support for NCDs.</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>NCDU, HPU, MFEM, MOH Exec.</p> | <p>NCD Taskforce</p> |
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Objective 2. Promote improved diet and nutrition nationwide

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies | |
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| | | | | | | | | | | Lead | Supporting |
| 2.1 Ensure holistic and collaborative approaches to nutrition nationwide. | transitioned into the Vanuatu National Nutrition Committee, reporting to the MOH Exec. and with links to the Codex and Food Security Coordinating Council | <p>Membership defined and TOR adopted</p> <p>Achievements made against activities outlined in the National Nutrition Policy and Strategic Plan</p> <p>Minutes and annual report</p> <p>Working Group</p> <p>Groups</p> | <p>NU Annual Report;</p> <p>NCDU Annual Report</p> | <p>Define TOR and VNNC membership</p> <p>Conduct regular VNNC meetings</p> <p>Ensure adequate resources are available under the NU annual business plan in order to complete tasks outlined under TOR</p> <p>Provide annual reports on the undertaking and completion of activities</p> | X | X | X | X | X | Nutrition Working Group | Nutrition Unit, MOH |
| | | | | | | | | | | MOH Exec. | CODEX Committee |

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| <p>ty Coordinating Council oversees completion of the Multi-sectoral Vanuatu Plan of Action for Nutrition and Food Security and Safety</p> | <p>Progress on nutrition and health activities outlined under the Vanuatu Plan of Action for Nutrition and Food Security</p> | <p>Codex and Food Security Coordinating Council Reporting; NU Annual report</p> | <p>Ensure continued engagement with multisectoral body responsible for the plan of action through regular attendance at meetings.</p> <p>Integrate nutrition and health requirements under the plan of action into NU annual business planning and TOR of the VNNC.</p> <p>Secure adequate resources through the VNNC and the NU annual business plan to complete nutrition and health specific tasks outlined in the plan of action.</p> <p>Provide annual reports to the committee on the undertaking and completion of activities</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>CODEX</p> | <p>VNNC, NU</p> |
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| | <p>2.1.3 Nutrition activities aligned with national direction are integrated into provincial planning ensuring multi-level oversight of nutrition promotion.</p> | <p>Number of provincial level-led nutrition activities undertaken</p> | <p>PHOs Annual Reports; NU Annual Report</p> | <p>aligned with the plan of action. Provide technical support and guidance to PHOs in developing and implementing nutrition activities and programmes at provincial level.</p> <p>Ensure PHOs have ongoing access to adequate nutrition resources and are made aware of all guidelines, policies and action plans related to population nutrition (in line with strategies 2.2, 6.1 and 6.2)</p> <p>Assist PHOs in securing resources required to undertake provincial nutrition activities and support them in drafting provincial nutrition business plans.</p> | <p>X</p> | <p>PHOs, NU, VNNC</p> | <p>NGO partners; hospitals</p> |
| | <p>2.1.4 National legislation enables retailers and consumers to make healthy decisions regarding nutrition</p> | <p>Legislation is in place and enforced; Nutrition-related guidance provided in the drafting of future legislation</p> | <p>SLO documentation; NU Annual report</p> | <p>Support enforcement and evaluations of legislation pertaining to the fortification of flour and iodisation of salt under the Food Regulations amendment as well as the 2015 introduced Soft drink Taxation (in line with Strategy 1.2)</p> <p>Advocate for the adoption of additional legislation preventing the marketing of food and non-alcoholic beverages to children under the latest draft amendments to the Food Regulations.</p> <p>Provide technical guidance and support to future avenues of government reform and the</p> | <p>X X X X X</p> | <p>EHU, SLO</p> | <p>NU, VNNC, CODEX, PHD, MOH Exec.</p> |

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| 2.2 Improve national nutritional status through a public health approach that acknowledges the importance of healthy diets across the life course | 2.2.1 The National Dietary Guidelines form the basis of all nutrition IEC materials and campaigns | Develop National Dietary Guidelines endorsed by the MOH Exec.; | NU Annual Report | enforcement of legislation that either directly or indirectly addresses population nutrition | X | X | X | X | X | NU, VNNC | NCDU, HPU FAO | |
| | | Develop current national dietary guidelines ensuring alignment with relevant international standards | | Produced summarised versions of the guidelines for distribution to stakeholder in order to ensure consistency in nutrition related health messaging | | | | | | | | |
| | | Establish mechanism ensuring the HPU clearing house are aware of the guidelines and are able to assess proposed IEC materials for applicability to such. | | | | | | | | | | |
| | 2.2.2 Government Ministries, Departments and private workplaces encourage healthy eating through adoption of workplace catering policies | Standardised catering policy developed; | NU Annual Report | Develop standardised catering policy framework to mainstream healthy catering across workplaces | | | | | | X | NU, DLES | NCDU, PSC |
| | | Number of workplaces who have adopted the catering policy | | Promote adoption of the catering policy through PSC and other workforce oversight bodies | | | | | | | | |
| | | | | Provide continued support and promotional materials demonstrating practical implementation to engaged workplaces | | | | | | | | |
| 2.2.3 School environments are conducive to healthy eating | Number of schools enforcing the Sweet Drink Policy | HPS Reporting; | Support the HPS committee and MOE, and Provincial HPS Committees in developing mechanisms to encourage schools to adopt the School | X | X | X | X | X | MOH, MOE, HPS Committee, | Participating Schools and Health centres/Dispensaries | | |
| | | NU Annual Report | | | | | | | | | | |

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

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

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

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies | |
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| | | | | | | | | | | Lead | Supporting |
| 3.1 Support the development and ongoing facilitation of multi-sectoral physical activity committee | Ensure continuous and effective functioning of across sectoral stakeholder-comprised Physical Activity Committee (PAC) whose mandate entails active promotion and facilitation of physical activity initiatives nationwide | Membership defined and TOR adopted Achievements made against activities outlined in this NCD strategic plan | NCDU Annual Report | Define TOR and membership of the PAC Conduct regular meetings of the PAC utilising this NCD strategic plan to guide direction Ensure adequate resources are available under the NCD annual business plan in order to complete tasks outlined under TOR Provide annual reports on the undertaking and completion of activities | X | X | X | X | X | PHD | NCD Taskforce |
| | Vanuatu specific guidelines for mainstreaming physical activity that guides government sectors, development partners and community groups on increasing community's participation in physical activity | Physical activity guidelines available; Number of stakeholders implementing activities in accordance with the guidelines | NCDU Annual Report | Work with relevant health and sporting stakeholders to produce physical activity guidelines which address the need for physical activity throughout the life course Distribute the guidelines nationally to government bodies, development partners and community groups ensuring adequate training on their use is provided. | | X | X | | | | PAC, HPU |

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| 3.2 Support and promote safe community environments conducive to physical activity | 3.2.1 World Environment day (June 5th) and clean up campaigns are encouraged as a means of ensuring safe natural and built environments | Number of events conducted; Number of participants taking part in clean-up events | NCDU Annual Reports EHU Annual Report | Plan and implement programmes to celebrate World Environment Day. | X | X | X | X | X | PAC, HPU | DOEC |
| | 3.2.2 Urban parks and recreational spaces are accessible to all people inclusive of people with disabilities | Number of urban parks and recreational spaces accessible to various target populations (e.g., women, people with disabilities, etc.) | Assessment reports | Support the assessment of existing urban parks and recreational spaces to identify any obstacles preventing better utilisation (including ensuring such spaces are accessible to people with disabilities) Develop and support the implementation of improvement plans aimed at remedying identified obstacles. | | X | X | X | X | PAC | PWD-MIPU, PGs, MCs |
| 3.3 Increase opportunities for participation in physical activity for all demographics | 3.2.3 MCs and PGs are publicly encouraged to designate physical activity-specific spaces and allocate funding for necessary maintenance of such spaces when undertaking urban development projects | Resources are dedicated to support physical activity and recreational spaces | PWD, PGs and MCs' urban development project reporting | Develop and deliver campaigns targeted at MCs and PGs to allocate funding for construction and maintenance of spaces designated for physical activity | X | X | X | X | X | PAC, PGs, MCs | PWD-MIPU |
| | 3.3.1 The "Walk for Life" programme continually engages the national workforce in physical activity | Number of departments and businesses registered and carrying out weekly physical activities in line with the "Walk for Life" programme | Registry of participating organizations | Re-fresh "Walk for Life" programme to start after work hours – 4.30 – 5.30 pm initiated and owned by agencies/institutions/provinces Introduction of Zumba programme every Wednesday | X | X | X | X | X | PAC, NCDU | |

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

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

Objective 4. Strengthen national tobacco control mechanisms

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies Lead | Supporting |
|---|--|---|--------------------|--|------|------|------|------|------|----------------------------|----------------|
| 4.1 Monitor tobacco use and compliance with current policies and legislation regarding use and sale of tobacco products | 4.1.1 The pre-established Tobacco Control Sub-Committee (TCSC) is supported by adequate resource and financial allocations to sustain the committee and its activities | Membership defined and TOR adopted Achievement against the Tobacco Control portion of the NCD strategy | NCDU Annual Report | <p>Review TOR for the TCSC ensuring alignment with this NCD Strategic Plan</p> <p>Ensure TCSC functions are included in annual business planning and aligned to the EHU or NCDU to facilitate appropriate funding</p> <p>Convene TCSC meetings on a quarterly basis ensuring at least 75% membership attendance</p> <p>Ensure progress made by the TCSC is reflected NCDU and EHU annual reports and fed into international reporting mechanisms (in line with intermediate outcome 4.1.3).</p> <p>Include amendment on banning of FCTC non-compliant actions of tobacco industry under the Vanuatu Tobacco Control Act</p> <p>Include amendment to regulate restrictions on emerging tobacco products –HTPs, ENDS and ENNDS under the Vanuatu Tobacco Control Act</p> <p>Include amendment on tobacco licensing on imported and domestic tobacco products and for retailers under the Vanuatu Tobacco Control Act</p> | X | | | | | EHU, HPU, NCDU | PHD, MOH Exec. |

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| | | | | <p>To collaborate with Customs and Trade to accede to and implement the WHO Protocol on the Elimination of Illicit Trade of Tobacco products</p> <p>Have tobacco provision – to be included and enforced under the by-laws of the Municipal Councils and Provincial Governments</p> <p>Conduct quarterly tobacco retailer inspections particularly targeting: tobacco advertisement, improper labelling and the sale of singular cigarettes</p> <p>Support MOU agreements between the MOH, VPF and MCs allowing for comprehensive monitoring and the collation and reporting of violation statistics (in line with Intermediate Outcomes 1.2.3 & 5.1.4).</p> | | | | |
| 4.1.2 Reduction in violations or regulations regarding tobacco advertising; the sales of single cigarettes and the sale of tobacco products with improper labelling. | Number of violations recorded by combined regulatory enforcement bodies | EHU Annual Report W consolidating incidents recordings by MOH compliance officers, VPF and relevant MCs | | X X X X | TCSC, EHU | NCDU, PHD, MCs, DCIR, NCD Taskforce | | |
| 4.1.3 Accurate and timely tobacco control reporting is compiled on a biennial basis in compliance with FCTC and other international reporting mechanisms. | Vanuatu FCTC reporting available; Vanuatu profile within WHO Global Tobacco Epidemic report is updated | WHO FCTC WHO Global Tobacco Epidemic Report | | X X X | TCSC | PHD, NCDU, EHU | | |
| 4.1.4 Progress and shortcomings identified in FCTC reporting is used to inform and direct future tobacco control activities | Updated MANA Dashboard (once in 2 years); Number of components marked 'red' (not achieved) versus 'yellow' | Vanuatu MANA Dashboard | | X X X X X | TCSC | PHD, NCDU, EHU | | |

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| | | (partially achieved) or 'green' (achieved) | | Ensure information available in the Vanuatu Tobacco Free Pacific 2025 Dashboard informs annual TCSC, NCDU and EHU business planning in order to rectify any identified shortcomings | | | | | | | | |
| 4.2 Protect ni-Vanuatu population from the harmful effects of tobacco use and second-hand smoking | 4.2.1 Communities are aware of pre-existing public smoking bans | Number of community presentations made; | NCDU Annual Report | Undertake a multisectoral campaign using varied forms of media and information dissemination channels to increase community awareness of the pre-existing public smoking bans in all government buildings and enclosed public areas as outlined in the Public Health Act and Tobacco Control Act and Regulations | X | X | X | X | X | TCSC, HPU | EHU, NCDU | |
| | | Number of people reached via EC material distribution | | | | | | | | | | |
| | 4.2.2 In partnership with DLES, workplaces are encouraged to implement self-regulated smoke-free policies | Number of workplaces reached via outreach campaign; | Event reporting; | NCDU Annual Report | Undertake a targeted campaign informing government departments and business houses of the dangers associated with tobacco use and second hand smoking | | X | X | X | X | TCSC, HPU, DLES | EHU, NCDU, PSC |
| | | Number of workplaces with smoke-free policies | | | Develop a standardised smoke-free workplace policy framework to mainstream smoke-free environments across workplaces nationally | | | | | | | |
| | | | | Promote adoption of the smoke-free workplace policy through PSC and other workforce oversight bodies | | | | | | | | |
| | | | | Provide continued support and practical examples of implementation to engaged workplaces | | | | | | | | |
| | 4.2.3 Through education and engagement with community leaders, communities are supported in developing and | Number of community leaders reached via outreach campaigns | NCDU Annual Report | Develop and deliver brief presentations and accompanying information tools to inform communities of the dangers of | | X | X | X | X | TCSC, HPU | EHU, NCDU, MCC, VCC, VNCW, VYC, | |

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| | implementing tobacco control measures | | | tobaccouse, second hand smoke and their role in preventing exposure and supporting community members in quitting | | | | | | VASANOC, MOYS |
| | 4.2.4 Legislation is strengthened to expand smoke-free public places | National legislation prevents smoking in, at a minimum, all public places designated in the WHO FCTC | SLO documentation WHO FCTC WHO Global Tobacco Epidemic Report | From partnership with schools, youth groups, sporting bodies to promote smoke-free community environments and sporting events. Draft amendments to Tobacco Control regulations extending the locations included in smoke-free environments | X | X | X | X | TCSC, EHU, SLO | NCDU, MOH Exec. |
| 4.3 Offer clinical and community support for smoking cessation | 4.3.1 National protocols and training allow health workers at hospital and health centres to facilitate smoking cessation counselling | National smoking cessation protocols are available Number of health workers trained in delivering cessation counselling and, if required, NRT prescription | Training reports; NCDU Annual Report | Facilitate formal endorsement by MOH Executive and other relevant stakeholders Support SLO in ensuring drafted amendments is endorsed by relevant bodies and legislated. Develop tailored smoking cessation protocols ensuring endorsement by necessary bodies is obtained Disseminate tailored smoking cessation protocols to all health facilities providing relevant information regarding smoking cessation counselling to different levels of health care provision Facilitate intensive smoking cessation counselling training with identified health workers in hospitals and health centres nationally Include intensive smoking cessation counselling training in the basic and | X | X | X | | TCSC, EHU, NCDU, NDTC | Hospitals, PHOs |

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| 4.4 Warn populations of the dangers associated with tobacco use through | 4.3.2 Nationally-funded NRT importation and dispensing options are explored | Comprehensive NRT costing study undertaken | NCDU Annual Report; | post-basic nursing training programmes Convene multi-sectoral discussions exploring the need for NRTs | X | X | X | TCSC, NDTC | EHU, NCDU |
| | 4.3.3 Smoking cessation counselling protocols and NRT guidelines are integrated into VCNE nursing curriculum | Training integrated into VCNE nursing curriculum | Vanuatu MOH's Tobacco Free Pacific 2025 Dashboard | Based on multisectoral discussions, support the NTDC in undertaking an analysis of community use and impact of NRTs requesting technical support to particular components inclusive of a costing study | | | | | |
| | | | VCNE Curriculum; | Hold discussions with VCNE regarding integrating smoking cessation protocols into the curriculum of all offered programmes | X | X | X | TCSC, VCNE | NCDU, NDTC |
| | | | NCDU Annual Report | Support VCNE and provide technical assistance in integrating tobacco awareness and smoking cessation counselling components into nursing education curriculum | | | | | |
| 4.3.4 VHWs are aware of the dangers associated with tobacco use and facilitate community awareness activities related to such | Number of VHWs trained in tobacco awareness in-service training | Training reports; | | Develop tobacco awareness in-service training for VHWs including information pertaining to effective community health awareness surrounding tobacco and how to facilitate brief smoking cessation interventions | | | | | |
| 4.4.1 All tobacco products sold in Vanuatu have appropriate pictorial and local language text health warnings on the packaging | Legislation requiring graphic health warnings on tobacco products is enacted | NCDU Annual Report | Conduct tobacco awareness in-service training with VHWs nationally ensuring referral avenues and continued support is available. | | X | X | | TCSC, VHWP | NCDU, HPU |
| | | SLO documentation; | Draft tobacco legislation amendment to impose plain/standardized packaging on all tobacco product packaging | X | X | | TCSC, EHU, SLO | PHD, NCDU, HPU | |
| | | | WHO FCTC Report | | | | | | |

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| effective community awareness campaigns | 4.4.2 Increased awareness among youth about the dangers of tobacco use | Survey on knowledge, attitude, beliefs and behaviours about tobacco Number of schools with tobacco awareness programmes | NCDU Annual Report | Support SLO and relevant stakeholders in ensuring drafted legislation amendment is endorsed by relevant bodies and legislated | | | | | | | |
| | | | | Provide support to local authorities in ensuring enforcement of amendment once legislated | | | | | | | |
| | | | GSHS and GYTS | Develop and provide educational tools regarding tobacco use to the HPS mechanism for dissemination | X | X | X | X | TCSC, HPU, MOE | NCDU, EHU, MOYS, VYC, VCC, WSB | |
| | 4.4.3 A comprehensive campaign specifically targets the prevention of tobacco use amongst youth | Number of radio spots Number of public events conducted Number of community presentations made | NCDU Annual Report | Hold discussions with the Ministry of Education and HPS Committee to further integrate education on the dangers of tobacco into school health curriculum | | | | | | | |
| | | | | Support and provide technical assistance to the HPS Committee and MOE in developing relevant educational materials | | | | | | | |
| | | | NCDU Annual Report | Develop and deliver a youth-targeted tobacco awareness campaign to be delivered through the general public and pre-existing youth forums | X | X | X | X | TCSC, HPU | NCDU, EHU, MOYS, VYC, VCC, WSB | |
| | 4.4.4 Increased exposure to awareness about the harmful effects of second hand smoke specifically targeting smoking at kava bars and around children | Number of second hand smoke IEC materials distributed to community establishments | NCDU Annual Report | Support youth forums in the continuous delivery of targeted tobacco reduction awareness to youth and young people | | | | | | | |
| | | | NCDU Annual Report | Develop and disseminate IEC materials regarding the harmful effects of second hand smoke targeting numerous settings inclusive of kava bars and places frequented by children | X | X | X | X | TCSC, HPU | NCDU, EHU, VCC, MCC, VNCW | |

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| | 4.4.5 Annual events are conducted to promote World No Tobacco Day (31 st May) | Number of events conducted; | Event reporting; | Plan and implement public awareness campaigns to coincide with World No Tobacco Day | X | X | X | X | X | TCSC | NCDU, EHU, HPU, PHD, VCC, MOYS, MCC |
| | 4.4.6 Increased exposure to awareness of the harmful effects of all tobacco inclusive of locally produced or grown varieties | Number of people reached Number of radio talk back shows on the subject matter Number of community awareness programmes conducted | NCDU Annual Report Event reporting; NCDU Annual Report | Health messaging regarding the harmful effects of locally produced tobacco are developed and distributed to communities using various means and displayed at local markets in line with the Healthy Islands' framework for healthy villages and healthy markets Develop and disseminate public awareness messaging regarding the Tobacco Control Act's applicability to local tobacco | | X | X | X | X | TCSC, HPU | |
| | 4.4.7 Legislative regulations on the control of the commercial sale of locally produced tobacco is pursued | Number of public awareness messages disseminated informing the public of the Tobacco Control Act's applicability to local tobacco Number of local tobacco retailers informed of Tobacco Control Act applicability | NCDU Annual Report EHU Annual Report (information from MOH compliance officers, VPF, and relevant MCs consolidated) | Produce and disseminate materials to all compliance officers regarding applicability of local tobacco to the Tobacco Control Act and Regulations. Ensure compliance officers inform local tobacco retailers of their need to comply with the Tobacco Control Act and Regulations as part of retailer inspections | | | X | X | X | TCSC, EHU, HPU | VPF, MCS, NCDU, PSC |
| 4.5 Enforce bans on tobacco advertising, promotion and sponsorship nationwide | 4.5.1 Increased compliance of retailers with legal obligations with regards to tobacco advertisement bans and mandatory health warning | Number of retailer provided with tobacco legislation reminding IEC materials Number of compliance checks undertaken | EHU Annual Report (information from MOH compliance officers, VPF, and relevant MCs consolidated) | In accordance with current tobacco control legislation, provide retailers with up-to-date IEC materials reminding them on their legal obligations with regards to tobacco advertisement bans and mandatory health warnings | X | | X | | X | TCSC, EHU, HPU | VPF, MCs, NCDU, PSC |

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

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| 4.6 Raise taxes on tobacco in order to reduce community demand for tobacco products | 4.6.1 Tobacco excise tax is increased to at least 70% of retail price as recommended in the Pacific NCD Roadmap | Tobacco excise tax as a percent of retail price | WHO Global Tobacco Epidemic Report | <p>tobacco industry and highlight alternatives</p> <p>Conduct awareness presentations with MFEM, COM and other relevant stakeholder to advocate for an increase in tobacco excise taxation</p> <p>Support MFEM and, if required, provide or request technical assistance to support the increase in excise taxation on tobacco</p> <p>Establish mechanism to use 2% of excise tobacco tax for NCD and Health Promotion activities</p> <p>Conduct community awareness regarding the benefits of increased tobacco excise taxation to garner community support for the increase</p> | X | | TCSC, MFEM | EHU, NCDU, DCIR |
| | 4.6.2 Review and analysis of the impact of taxation on tobacco use, import, and revenue is undertaken | Analysis of revenue and import data is available Report on impact of tobacco taxation and consumption is available | MFEM Reporting; NCDU Annual Report | <p>Advocate and support MFEM in conducting an analysis of tobacco revenue and import data</p> <p>Undertake and, if necessary, request technical assistance to support impact analysis of tobacco tax increases and tobacco consumption (review once in 3 years)</p> <p>Utilise reporting finds in future national tobacco control interventions</p> | X | X | TCSC, MFEM | EHU, NCDU, DCIR |
| 4.7 Strengthen laboratory testing of tobacco products | 4.7.1. Explore and establish mechanism to improve laboratory testing for tobacco products sold in Vanuatu | Analysis of tobacco products performed at VCH laboratory | Annual laboratory test results available | Explore testing possibility in Vanuatu (explore VCH laboratory testing through GenExpert testing) | | | | |

Objective 5. Reduce the harmful consumption of alcohol

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies | | |
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| | | | | | | | | | | Lead | Supporting | |
| 5.1 Review and ensure enforcement of legislation pertaining to sale of alcohol. | 5.1.1 Based on 2009 external legislative development assessments; an alcohol legislation is developed and endorsed by the COM | Number of different departments and organisations consulted during drafting of the alcohol legislation | NCDU Annual Report; | Review the 2009 external policy development assessment and mapping previously conducted and updated. | X | X | | | | NCDU, SLO | EHU, MOH Exec. | |
| | | Drafted alcohol legislation is endorsed by the COM | Records from COM sittings | In collaboration with SLO and other relevant stakeholder consult and draft proposed alcohol policy in line with recommendations set out in the 2009 assessment | | | | | | | | |
| | | | SLO Alcohol Legislation | Support SLO in ensuring drafted amendment is endorsed by relevant bodies and legislated | | | | | | | | |
| | 5.1.2 Review of alcohol taxations, alcohol legislation and health and economic stakeholder bodies provide direction on alcohol taxation increases | Review on current alcohol taxation is undertaken; Taxations on alcohol are increased in line with alcohol legislation and stakeholder recommendations | DCIR Tariff documentation and records | Work with economic and health stakeholder to prepare presentation and advocacy tools on the benefits of taxation increases on alcohol Support and provide technical assistance to MFEM in increasing alcohol taxations in line with alcohol legislation. Request collaboration from MFEM and economic stakeholders in undertaking an analysis of revenue, manufacturing and import data related to alcohol taxation increases. | | X | X | | | EHU, MFEM | NCDU, DCIR, SLO, external consultants | |
| | 5.1.3 In accordance with current liquor licensing legislation, retailers are provided with up-to-date IEC materials reminding them on | Number of retailers reached | Activity reporting; NCDU | Prepare up-to-date lists of alcohol retailers and licensees are sought by the EHU and provided to authorised compliance officers annually. | | X | X | | HPU | | | NCDU, EHU |
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| | their legal obligations with regards to the sale of alcohol | | Annual Report | | | | | | | | |
| | 5.1.4 Compliance with liquor licensing and other alcohol control laws including age restrictions and restrictions on the sale of alcohol to intoxicated individuals | Number of violations of the alcohol control laws including age restrictions and restrictions on the sale of alcohol to intoxicated individuals | EHU Annual Report (incl. consolidation of incidents recorded by VPF and relevant WCs) | Conduct quarterly alcohol retailer inspections particularly targeting age restrictions and restrictions on the sale of alcohol to intoxicated individual (In line with Intermediate Outcome 1.2.3). Support MOUs between the MOH, comprehensive monitoring and the collation and reporting of violation statistics (in line with Intermediate Outcome 4.1.2). | X | X | X | X | EHU, VPF, MCs | NCDU, PHD | |
| | 5.1.5 Communities are aware of the dangers of alcohol industry interference and avenues for restricting alcohol advertisement legislatively are pursued | Number of presentations made on alcohol industry interference Alcohol advertisement legislation is in place | Event reporting; NCDU Annual Report | Explore options for restricting alcohol advertisement and sponsorship through multisectoral consultations with stakeholders. Inform stakeholders about alcohol industry interference and advocate for restricted advertisement and sponsorship. In collaboration with SLO draft legislation to restrict alcohol advertisement and sponsorship and support the endorsement of such by MOH Exec. and the COM. | | X | X | X | NCDU, SLO | EHU, PHD, external consultants | |
| 5.2 Develop and implement campaigns aimed at increasing community awareness of the health | 5.2.1 Communities are encouraged to develop their own alcohol control measures | Number of communities reached by outreach awareness activities Number of community-led alcohol control measures enacted | Event reporting; NCDU Annual Report | Carry out awareness presentations and discussions with community leaders in potential community-based measures to reduce the harmful consumption of alcohol. Support communities in the development of community-level alcohol control measures. | X | X | X | X | HPU | TCSC, EHU, NCDU, MCC, VYC, VCC, VNCW, VPF, MCs | |

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| effects associated with alcohol abuse | 5.2.2 Annual events are conducted to promote World No Alcohol Day (October 2nd). | Number of events conducted; Number of people reached | Event reporting; NCDU Annual Report | Work with women's organizations, law enforcement and support services to encourage the protection of women and families acknowledging the correlation between the harmful consumption of alcohol and domestic violence Plan and implement programmes to align with the celebration of World No Alcohol Day | X | X | X | X | X | HPU | NCDU, MHU, EHU, PHD |
| | 5.2.3 Increased awareness among students about the harmful consumption of alcohol. | Alcohol education in schools is reviewed Knowledge, attitudes, and behaviours of students | NCDU Annual Report GSHS | Develop and provide educational tools about the harmful use of alcohol using the HPS mechanism for dissemination. Hold discussions with the Ministry of Education and HPS Committee to integrate education on the dangers of alcohol consumption into school health curriculum | | X | X | X | X | HPU, MOE | NCDU, MHU |
| | 5.2.4 Increase public awareness on the dangers of alcohol consumption including homebrew | Number of radio spots; Number of public events conducted; Proportion of surveyed kava bars displaying alcohol awareness materials | NCDU Annual Report | Support and provide technical assistance to the HPS committee and MOE in developing relevant educational materials. Develop IEC materials aimed at increasing community awareness of the added dangers associated with home-brewed alcohols (targeted at young males). Develop and implement alcohol harm reduction campaigns during Independence Day and Christmas periods. Develop and distribute alcohol awareness materials at kava bars nationwide | X | X | X | X | X | HPU | NCDU, EHU, HPU, PHD, VPF, MCs, PGs |

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| 5.3 Develop appropriate clinical and community avenues for treating alcohol-dependence | 5.2.5 Increased understanding of social patterns (and their extent) associated with kava drinking that have potential health impacts | Kava and social patterns study conducted and results available | Kava and social patterns study report; NCDU Annual Report | Design and conduct a research study to identify the social patterns and extent of those patters associated with kava drinking including tobacco use and increased consumption of alcohol | X | X | NCDU | EHU, MHU, PHD | |
| | 5.3.1 Increased health facilities' capacity to deliver brief interventions and refer cases of alcohol dependence | Referral pathway and intervention guidelines regarding alcohol dependence are available Number of health workers trained in the MhGAP unit on alcohol dependence, especially to be based on community MhGAP approach | Activity reporting; MHU Annual Report; NCDU Annual Report | Utilise findings in the development of risk mitigation interventions Conduct MhGAP alcohol dependence unit with health workers nationwide Based on the MhGAP alcohol dependence unit, develop and disseminate clinical care guidelines and referral pathways to health services nationwide (in line with Strategy 7.2). Integrate MhGAP with the VHW programme to ensure referral is taken place for needed | | X | X | MHU | NCDU, external consultants |
| | 5.3.2 Increased services available at community-level for supporting individuals with alcohol dependence | Number of community leaders involved in alcohol dependency support training; Number of community alcohol support channels available | Training reports; MHU Annual Report | Develop presentation and advocacy tools to increase community awareness of alcohol dependency and support options. Train identified community leaders in alcohol dependence support them in delivering community-level support. Develop, print and disseminate IEC materials on alcohol dependence including community awareness Develop referral pathways for the escalation of support to clinical services and disseminate information regarding this pathway to community leaders (in line with Intermediate Outcome 7.3.3). | X | | | MHU | NCDU, HPU, PHD, MCC, PGs, MCs |

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

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2022 | 2023 | 2024 | 2025 | Responsible Bodies | |
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| | | | | | | | | | Lead | Supporting |
| 6.1 Strengthen clinical care and tertiary prevention mechanisms at all provincial and referral hospitals in order to reduce both the prevalence and risk associated with NCD related complications | 6.1.1 Strengthened capacity for NCD service delivery through development of standardised NCD protocols. | Level specific 'National NCD Guidelines for Health Workers' is available | NCDU Annual Report | <p>Review the drafted diabetic inpatient management and insulin infusion protocol and endorse their formal adoption nationwide</p> <p>Develop, publish and disseminate standardised information and tools required by the health work force in the form of 'National NCD Guidelines for Health Workers' ensuring the resource complies with responsibilities assigned to different levels of health workers under the MOH's RDP</p> <p>Provide training for health workers on use of the 'National NCD Guidelines for Health Workers' resource.</p> <p>Hold discussions with VCNE regarding the 'National NCD Guidelines for Health Workers' resource and support the integration of such into VCNE curriculum</p> <p>Ensure the diabetic inpatient management and insulin infusion protocol available and followed in all provincial hospitals</p> | X | X | X | X | NCDU | NDTC, VCNE |

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

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

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

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| 6.2 Promote community NCD screening as an effective form of early detection and secondary prevention of disease | 6.2.1 Community NCD and CVD screening aids through Centres of Excellence in early detection of disease and increases community health awareness regarding prevention and control | National NCD screening protocols are in place Standardised counselling materials available | Vanuatu NCD screening protocols NCDU Annual Report | referral pathways and the allocation of future clinical funds and resources Ensure all health facilities to report on their population catchment for NCD screening Introduce digital health in NCD services in all provinces Establish Centres of Excellence at Health centre level in every province/major islands | X | X | X | X | X | NCDU, HPU | HPOs, PHOs, External Partners, VPF |
| | 6.2.2 All provincial health offices have the capacity and resources to conduct regular community NCD screening | Number of PHOs where standardised NCD screening tools are available | NCDU Annual Report | Develop and disseminate Vanuatu NCD screening protocol modelled on the WHO NCD STEPS framework and relevant publications to be applied to all NCD screening conducted by the MOH, partners or external organisations. Produce standardised counselling messages and information handouts which, while accessible to all demographics, clearly provide information on lifestyle modifications for reducing NCD risk (in line with Intermediate Outcomes 6.1.2 & 6.1.4). In line with the NCD screening protocols develop and disseminate standardised NCD screening tools to all PHOs. Support PHOs in all provinces with developing screening schedules, undertaking screening and collating results. On-going capacity building programme for health workers | X | X | X | X | X | PHOs, NCDU | HIS Unit, HPU |

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| 6.3 Build the capacity of the primary health care sector to detect, treat and refer NCD patients to higher care. | 6.3.1 NCD PEN training is strengthened in existing provinces and expanded to additional provinces | <p>Training conducted with health workers in Penama and Torba provinces</p> <p>Supervisory visits conducted across all provinces</p> | Report against annual NCD business plan | <p>and community group such as faith-based groups in conducting NCD screening</p> <p>Ensure collated data from all provincial NCD screening is fed up to the national NCDU.</p> <p>Undertake NCD PEN training in All provinces X</p> <p>Conduct regular supervisory visits in all provinces undertaking knowledge retention assessments, providing supervisory support, and including in-service trainings (regular clinical audits to review health care workers' compliance to local clinical guidelines).</p> <p>Continually encourage and assisted NCD PEN trained health workers in facilitating community NCD screening (in line with intermediate Outcomes 6.2.2)</p> <p>Through collaboration with the CMS and NDTC, map national distribution of NCD related medications identifying any under-resourced areas</p> | | HPU | HPOs, NCDU |
| | 6.3.2 Assessment of access to NCD medication is undertaken in order to evaluate the availability of prescribed NCD medications in rural communities and during humanitarian emergencies (like COVID-19) | Assessment of NCD medication availability is undertaken | NCD Medication Availability Report; NCDU Annual Reporting | <p>Ensure all provincial health officers to have master folder on all NCD PEN tools to be budgeted, printed and disseminated X X</p> <p>With the support of CMS and NDTC compile report of findings from NCD capacity assessment survey for health facilities</p> | | NDTC, CMS | NCDU, Hospitals, HPOs |

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| | 6.3.3 Health system referral mechanisms for NCD patients are strengthened | <p>Assessment report on NCD essential services and supplies during humanitarian emergencies</p> <p>NCD referral mechanisms are available and known to health workers</p> | <p>National NCD Guidelines for Health Workers;</p> <p>NCDU Annual Report</p> | <p>ensuring recommendations for rectifying under-resourced areas are outlined (regular assessment of stockouts, number of patients per health facility and therefore forecast required number of stocks).</p> <p>Present report findings to MOH Executive and relevant stakeholders</p> <p>Support and evaluate rectification actions and work with communities to ensure increased equitability in medication access</p> <p>During humanitarian emergencies to organize ad hoc assessment of NCD essential services and supplies to ensure these services are not interrupted</p> <p>Through collaboration with relevant stakeholders and in line with the MOH RDP, outline the referral protocols linking the escalation of NCD care from all health care levels</p> <p>Ensure community referral mechanisms are utilised by hospitals to inform community health workers of community members who require ongoing monitoring post-discharge</p> <p>Ensure health workers are confident to use the referral policy based of the existing NCD referral forms</p> | <p>X</p> <p>X</p> | <p>NCDU</p> | <p>Hospitals, HPOs, MOH, Exec., HPU</p> |
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| 6.4 Improve collection and utilisation of routine NCD information and statistics ensuring national reporting is aligned with international standards and global reporting mechanisms | 6.3.4 Strengthened NCD related VHWP pre-service training curriculum | NCD component of VHWP pre-service training curriculum is reviewed | NCDU Annual Report | Review of NCD VHWP pre-service training curriculum | X | X | X | | | NCDU, VHWP | HPU |
| | 6.4.1 Collected facility-based NCD information aligns with regional and global indicators providing routine snapshots of Vanuatu's NCD situation | Number of Vanuatu specific NCD indicators routinely measured through HIS | HIS Annual Report; NCDU Annual Report | Develop and distribute appropriate IEC materials, which compliment information outlined in the adapted 'National NCD Guidelines for Health Workers' resource to assist VHWs. Integrate NCD PEN with VHW programme to ensure referral takes place In relation to international measurement frameworks, support the HIS unit in identifying Vanuatu specific NCD indicators, data sources and data collection mechanism for routine HIS collection. Provide technical oversight to the review of HIS data collection books and forms ensuring consistency in NCD information collected Support the analysis of collected NCD data ensuring results are disseminated back to health facilities and up to the MOH Exec. | X | X | | | | NCDU, HIS Unit | Hospitals, HPOs |
| | 6.4.3 information pertaining to NCD risk factors and disease trends in Vanuatu is published annually and feeds into WHO NCD progress monitoring mechanisms | NCD risk factor and disease data is available | HIS Annual Report; NCDU Annual Report | Work with the HIS unit to ensure timely and accurate NCD and NCD risk factor data is collated from all health facilities and reported as a component of the HIS Annual Report. | X | X | X | X | X | NCDU, HIS Unit | |

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

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies | |
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| | | | | | | | | | | Lead | Supporting |
| 7.1 Support the development and functioning of a national mental health committee, provincial sub-committees | <p>Continuous and effective functioning of across sectoral stakeholder-comprised National Mental Health Committee and its mandate to actively promote mental wellbeing and ensure equitable access to quality mental health services.</p> <p>Provincial Mental Health Committees provide multisectoral oversight to mental wellbeing promotion as well as mental illness prevention and care in their respective provinces as directed by the NMHC.</p> | <p>Achievements made against activities outlined in the MH and NCD strategic plans</p> <p>Achievements made against identified mental health improvement plans developed at provincial level</p> | <p>NCDU Annual Report;</p> <p>MHU Annual Report</p> | <p>Define TOR and membership of the NMHC</p> <p>Conduct regular meetings of the NMHC using the MH and NCD strategic plans to guide direction</p> <p>Ensure adequate funding provisions are available under the MH annual business plan in order to complete tasks outlined under TOR</p> <p>Provide annual reports on the undertaking and completion of activities</p> | X | X | X | X | X | MHU | NCDU, PHD |
| | | | <p>NCDU Annual Report;</p> <p>MHU Annual Report;</p> <p>PHOs Annual Reports</p> | <p>Define TOR and membership of the PMHCs.</p> <p>Conduct regular PMHC meetings ensuring meeting minutes are provided to the NMHC.</p> <p>Secure funding for activities through national MHU and PHOs.</p> <p>Undertake tasks outlined in TOR ensuring progress and completion reports are filed with the NMHC.</p> | X | X | X | X | X | NMHC | NCDU, MHU, PHD, PHOs |

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| 7.2 Strengthen clinical care mechanisms and assure equitable availability of mental health care services throughout Vanuatu. | 7.2.1 Mental health service provision assessments provide direction all mental health bodies nationally. | Assessments conducted at all provincial and referral hospitals; Development of improvement plans | MHU Annual Report; | Develop mental health service assessments to be conducted at all provincial and referral hospitals in line with international standards of Conduct assessments with oversight from national psychiatrist. Analyse results obtained and ensure they are presented to all key stakeholders w/ MHU, NMHC, MOH Exec, provincial and referral hospital management. | X | | | | | MHU, NMHC | MOH Exec. |
| | 7.2.2 Mental health trained nurses facilitate quality in-patient and out-patient mental health services through building capacity of staff at provincial and referral hospitals. | Number of trained mental health nurses assigned to mental health services - disaggregated by hospital and full/part time allocation to services | Provincial hospital annual reports; HIS data on mental health consultations | Develop strategic improvement plans in relation to assessment shortcomings. In line with outcomes of the service provision assessment, conduct consultations with provincial and referral hospitals' management to ascertain mental health HR limitations. Present findings to the MOH Exec. seeking that provisions are made to assign mental health trained nurses to in-patient and out-patient mental health service relative to the identified need at each facility under the national MOH staffing structure | X | X | X | X | | MHU, MOH Exec. | NCDU, Hospitals |
| | 7.2.3 Quality acute mental health units are | Assessments of acute mental health units are | VCH & NPH Annual Reports; | Conduct assessments of acute mental health units at VCH and NPH | X | X | X | X | | MHU, NMHC, VCH, NPH | CMS, NDTC, MOH Exec. |

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

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| 7.3 Strengthen social mechanisms in order to enhance the capacity of community stakeholders to detect and intervene in mental health deterioration in a timely manner. | 7.2.8 VHWs are aware of mental health concerns in their communities and are able to refer community members for further support | staff in attendance at MHPSS training Mental health in-service training is conducted with VHWs nationally | Training report; MHU annual report | to provide mental health assistance to individuals with disabilities. Provide ongoing support to community-based rehabilitation staff and ensure awareness of mental health referral guidelines. Develop a tailored mental health in-service training package based on MhGAP programme which focuses on community mental health awareness and referral pathways | | | | X | X | X | MHU, VHWP | NMHC |
| | 7.3.1 National legislation protects all rights of people with mental illnesses | Legislation is in place protecting the rights of people with mental illnesses | SLO documentation; MHU annual report | Conduct developed training with VHWs. Conduct stakeholder consultation to identify current limitations in the protection of rights for people with mental illnesses. In collaboration with SLO and external consultants, draft legislation amendments or new legislation to remedy current limitations. Ensure community support for legislation amendments is garnered Submit drafted legislation to the SLO to be processed through appropriate channels for national endorsement and subsequent enforcement. | X | X | X | | | | MHU, SLO | MOH Exec., NMHC |

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| | 7.3.2 Staff of community service organizations working with at-risk demographics have adequate skills to identify and provide support to people at risk of or who have mental illness | Number of community organization staff members trained in MHPSS and counselling | MHU annual report; Training reports | <p>Conduct consultations with community service organisations in order to identify mental health training needs.</p> <p>Utilising the MhGAP programme, develop tailored mental health training which focuses on MHPSS and counselling capacity building, especially during emergencies (COVID-19, climate change and etc.)</p> <p>Conduct tailored training and provide ongoing support and information regarding referral channels.</p> | X X X X X | MHU | NMHC, PMHCs, VITE, VPF, VCSD, DLES, VWD, VYC, VCC |
| | 7.3.3 Clear referral pathways ensure the timely and responsive provision of mental health care | National referral pathways are in place covering community and clinical mental health services | MHU annual report | <p>Develop clear referral guidelines to encourage early referral up to clinical care during condition deterioration and referral back to community care for individuals and their families post discharge from clinical services.</p> <p>Ensure information pertaining to mental health referral pathways are widely disseminated amongst mental health stakeholder groups and the general public.</p> <p>Develop accessible mental health-specific IEC materials and distribute amongst communities.</p> | X X X X X | MHU | NMHC, PMHCs, PHOs, Hospitals, VITE, VPF, VCSD, DLES, VWD, VYC, VCC |
| | 7.3.4 Mental health awareness of | Number of awareness raising campaigns | MHU Annual Report | Engage media outlets in publishing articles and undertaking campaigns to | X X X X X | MHU | NMHC, PMHCs, PHOs, VITE, VPF, |

the community raised through national education and stigma reduction campaigning

raise awareness of mental illness and reduce stigma

In collaboration with existing community networks mental illness awareness messaging is undertaken with communities acknowledging the positive mental health outcomes attributable to supportive environments

VCSD, DLES, VWD, VYC, VCC

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

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies | |
|---|---|---|--------------------|--|------|------|------|------|------|---------------------|---------------------------|
| | | | | | | | | | | Lead | Supporting |
| 8.1 Reduce avoidable injuries through effective health messaging and assuring adherence with associated legislation | Communities are aware of the dangers associated with driving when under the influence of alcohol and law enforcement and reform protects communities from avoidable road traffic injuries | Number of community presentations made; | NCDU Annual Report | Develop and deliver a campaign to increase community awareness of the danger associated with drink driving or being a passenger in a vehicle where the driver has consumed alcohol. | | | X | X | | HPU, VPF | NCDU, VCC, MCC, VNCW, VYC |
| | | Number of people reached via IEC material distribution | HPU Annual Report | | | | | | | | |
| | | Enforcement strategy developed | NCD Annual report | Work with both affected and responsible bodies to advocate for greater enforcement of road safety legislation; in particular Part 14 of the Public Health Act (Seat Belts and Safety of Infants in Motor Vehicles) and Section 16 of Road Traffic Act (Driving When Under Influence of Drinks or Drugs). | X | X | X | X | X | NCDU, HPU, EHU, VPF | |
| | | Legislation drafted to restrict mobile device use while operating a motorized vehicle | SLO Documentation | Support law reform to reduce road traffic accidents and provide technical assistance to previously identified areas of reform regarding mobile phone | | | | | | | |
| Legislation amended to include provision to enhance enforcement of drink driving prevention | | | | | | | | | | | |

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| 8.2 Develop and implement targeted violence reduction health campaigns | 8.1.3 Employers and employees are aware of their rights and responsibilities in ensuring safe workplaces | Number of employers and employees reached by workplace health and safety materials; Number of workplace presentations undertaken | NCDU Annual Report Reports on community events | use in motor vehicles and amendments to Section 16 of Road Traffic Act to specific a measurable definition of intoxication (blood alcohol level). In collaboration with responsible bodies, develop and disseminate IEC materials encouraging improved occupational health and safety practices to business houses, factories and other places of employment within the formal employment sector. Integrate presentations on workplace health and safety and the rights of workers into NCD screening of business houses and other health outreach services. | | | | | | | X | X | HPU, MOIA-DLES | |
| | 8.2.1 Communities are aware of the correlations between drugs, alcohol and violence. | Number of radio spots; Number of public events conducted Number of community presentations made | NCDU Annual Report; Reports on community events | In collaboration with relevant stakeholders, develop and undertake a targeted drug and alcohol related violence campaign. | | | | | | | X | X | HPU | NCDU, VYC WSB, MCC, VCC, VNCW, VPF – FPU, VVC |
| | 8.2.2 MOH support domestic violence reduction strategies and organizations | Number of domestic violence reduction strategies and initiatives involving consultation with MOH | MHU Annual Report | The MOH actively support domestic violence reduction strategies and organisations involved in activities related to such acknowledging the negative impact of domestic violence on mental wellbeing. Regular liaison between the MOH and domestic violence | X | X | X | X | X | MHU, HPU | | | | NCDU, MHU, PHD, HPU, VWD, VNCW, VPF – FPU, VVC |

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

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| | 8.3.4 Communities are aware of the negative and cyclical effect of substance abuse and mental wellbeing | <p>Number of radio spots;</p> <p>Number of public events conducted</p> <p>Number of community presentations made</p> <p>Number of community organizations engaged</p> | <p>NCDU Annual Report;</p> <p>Reports on community events;</p> | <p>developing and undertaking targeted drug-awareness programmes acknowledging the increased risk of drug use amongst youth and young adults.</p> <p>Develop and disseminate community health messages focused on the negative and cyclical effect of substance abuse and mental wellbeing</p> | X | | | | | | MHU, HPU | VYC, MCC, VCC, VNCW |
| | 8.3.5 Drug-free environments are encouraged | <p>Number of community events explicitly drug-free</p> | <p>NCDU Annual Report;</p> <p>Reports on community events;</p> | <p>Work with and encourage youth and sporting bodies to promote drug free environments (in line with Intermediate Outcome 4.2.3)</p> | X | X | X | X | X | | HPU, MOYS, VASANOC | TCSC, EHU, NCDU, MHU |

Objective 9. Strengthen community and clinical responses to oral health

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

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

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

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

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

| Strategy | Intermediate Outcomes | Indicator (s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies Lead | Bodies Supporting |
|--|---|--|--|--|------|------|------|------|------|-------------------------|-----------------------|
| 10.1 Support the development and facilitation of a telemedicine network which links diabetic retinopathy screening nationally. | resources are available for the telemedicine network and its use for eye care screening. | Adequate equipment regularly maintained and serviced | Hospital Annual Reports; | Procure retinal cameras and associated equipment for pilot site VCH and NPH. | X | X | | | | ECU, FHF | NCDU |
| | | | NCDU & ECU Annual Reports; | Expand procurement of retinal cameras and equipment to include remaining provincial hospitals; Lenakel, Norsup and Lolowai, and Sola mini-hospitals. | | | | | | | |
| | | | Available inventory on serviced items produced by biomedical engineering team | Facilitate equipment maintenance and repair through MOH biomedical engineering mechanisms. | | | | | | | |
| | | | | Review the accessibility of telemedicine network including training of health workers in the use of digital health | | | | | | | |
| | | | | Conduct diabetic retinopathy screening by introducing latest cost-effective screening tools | | | | | | | |
| | Identified eye care staff in each province are sufficiently trained in the use of the telemedicine eye care screening equipment and system. | Number of eye care and/or telemedicine trainings conducted | Eye care and telemedicine training reports; | Expand eye care training to all nurses working at health centre/dispensary levels | X | X | | | | ECU | Hospitals, NCDU, TVET |
| NCDU & ECU Annual Report | | | Provide training to identified health workers in each province to ensure provided retinal cameras are operated according to necessary standards. | | | | | | | | |
| | | Proportion of eye care staff in attendance at training | | | | | | | | | |

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| | | | | Ensure that health workers conducting eye care screening have sufficient IT abilities through the provision of IT training sessions. | | | | | | | | |
| | 10.1.3 The telemedicine system receives sufficient and ongoing IT support | Percentage of available screening results analysed | National Telemedicine System annual report OGCIO/MOH IT Annual Report | Review capacity of IT support Include oversight and the provision of assistance to telemedicine projects in the scope of service of MOH IT Unit; ensuring the accommodation of additional staffing if required. | X | X | X | X | X | MOH IT, OGCIO | MOH Exec. | |
| | 10.1.4 Human resource capacities are expanded to deliver eye care screening and associated administration duties related to the telemedicine system. | Number of staff assigned to ECU | NCDU&ECU Annual Reports; MOH HR Unit Annual Report | Advocate for additional staffing allocations to the VCH ECU under the MOH staffing structure to increase the unit's screening capacities. Need to improve human resource capacity to deliver eye care screening | | X | | | | ECU, VCH, MOH Exec. | NCDU | |
| 10.2 Strengthen clinical care mechanisms for early detection and treatment of vision loss. | 10.2.1 Routine community eye care outreach is nationally available. | Number of outreach eye care visits conducted annually disaggregated by province and by urban and rural locale; | Eye care outreach reports | Review and integrate eye care package into VCNE curriculum to support primary eye care services Conduct and provide support for partners engaging in urban and rural outreach visits in order to provide sight saving laser procedures. | X | X | X | X | X | ECU | FHF, PEI | |

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| | <p>10.2.2 Strengthened eye care referral systems are in place</p> | <p>Number of individuals treated during outreach visits Eye care specific referral protocols in place; Number of international eye care partnerships forged;</p> <p>Number of people referred to national and international emergency laser services</p> | <p>NCDU & ECU Annual Report; MOUs signed between the MOH and international eye-care partners; HIS Annual Report</p> | <p>Develop and standardise systems for clearer national referral pathways for vision loss.</p> <p>Develop referral protocols and partnerships between the MOH ECU and international partners providing blindness-preventing and sight-restoring treatments internationally.</p> | <p>X X X X X</p> | <p>ECU</p> | <p>NCDU, PEI, FHF, MOH Exec., NGO partners</p> |
| | <p>10.2.3 Clinical skills of eye care staff are comparable to the burden of disease.</p> | <p>Number of eye care staff who participated in in-service training Number of eye care staff undertaking further study</p> | <p>ECU annual report; Scholarships registry</p> | <p>Conduct in-service training for eye care staff with national and visiting eye care specialists</p> <p>Ensure national ophthalmologist completes international specialist training.</p> <p>Support two identified health workers with an interest in eye care to work with the ECU.</p> <p>Provide opportunities for identified health workers to undertake postgraduate study in ophthalmology.</p> <p>Assist identified health workers with prior training in ophthalmology to undertake further study</p> | <p>X X X X X</p> | <p>ECU, FHF, PEI</p> | <p>NCDU, MOH Exec.</p> |

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| 10.3 Enhance health workers' capacities with regards to eye health and, in particular, vision impairment linked to NCD complications | 10.3.1 National eye care guidelines, protocols and prevention and care information is available to all health workers in an eye care manual. | <p>Eye care manual available; proportion of formal health facilities with a copy of the manual;</p> <p>Proportion of formal health facilities with the manual who have also received training on its use</p> | NCDU & ECU Annual Report | <p>towards a Master of Medicine in Ophthalmology. Develop an eye care manual providing information on best practice for preventing and treating vision loss and eye concerns.</p> <p>Ensure the eye care manual clearly outlines role delineation with regards to eye care for different levels of health care provision.</p> <p>Ensure to have nurses well trained on eye care guidelines and protocols and ensure equitable distribution of these services in all health facilities</p> <p>Distribute the eye care manual to all formal health facilities and ensure it is complimented with necessary training on its use.</p> | X X X X X | ECU | NCDU, HPU, PHOs |
| | 10.3.2 Health workers understand their responsibilities with regards to community eye health and have adequate skills to provide sufficient eye care services. | Number of health workers who have participated in eye care in-service training | <p>Eye care training reports;</p> <p>NCDU & ECU Annual Report</p> <p>Ensure in-service education conducted with health workers increases awareness of the effects of diabetes on eye health.</p> <p>Provincial health offices to ensure that health workers are trained to provide basic clinical eye care services</p> | <p>Provide eye health in-service training to health care workers ensuring adequate prevention, diagnosis and treatment skills.</p> | X X X X X | ECU, HPU | NCDU, PHOs |

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| 10.4 Increase community awareness of the correlation between diabetes and vision loss and provide information on support services available to affected individuals | 10.4.1 Increased community awareness of eye care, vision loss and associated support services. | Number of radio spots; Number of public events conducted; Number of community presentations made | Event reporting; NCDU Annual Report; ECU Annual Report | Develop and distribute eye care IEC materials to raise community awareness of vision loss, the importance of early intervention and available support services. To develop appropriate IEC materials to support community awareness on primary eye care | X X X X X | ECU, HPU | NCDU, PHOs |
|---|--|--|--|--|-----------|----------|------------|

Objective 11. Strengthen NCD research, surveillance and reporting

| Strategy | Intermediate Outcomes | Indicator(s) | Sources | Activities | 2021 | 2022 | 2023 | 2024 | 2025 | Responsible Bodies Lead | Bodies Supporting |
|--|---|--|------------------|---|------|------|------|------|------|-------------------------|-------------------|
| 11.1 Ensure decision making surrounding NCD prevention and control is informed by information collated during timely NCD specific and NCDR sensitive surveys | CDSTEPS survey is undertaken as scheduled with collated data made available in a timely manner | NCD STEPS survey conducted with at least a 60% response rate | NCD STEPS report | <p>Conduct NCD STEPS planning workshops including questionnaire development; data collection planning and management training.</p> <p>Request technical assistance, if required, to support trainings, data analysis and report drafting.</p> <p>Adhering to randomised sampling, conduct survey nationwide utilising adequately trained personnel.</p> <p>Disseminate the final report and ensure that it is used to inform relevant health baselines and future planning.</p> | | X | | | | NCDU | HPU, WHO, VNSO |
| | combined Global Youth Tobacco and Global School Based Health Surveys are undertaken ensuring continued commitment to health surveillance. | GSHS & GYTS conducted with at least a 60% response rate | GSHS/GYTS report | <p>Conduct GSHS/GYTS planning workshops including questionnaire development; data collection planning and management training.</p> <p>Undertake implementation to ensure quality data collection is carried out across all randomly assigned schools nationwide.</p> <p>Conduct both surveys nationwide utilising adequately trained personnel.</p> | | | | | | NCDU | TCSC, HPU |

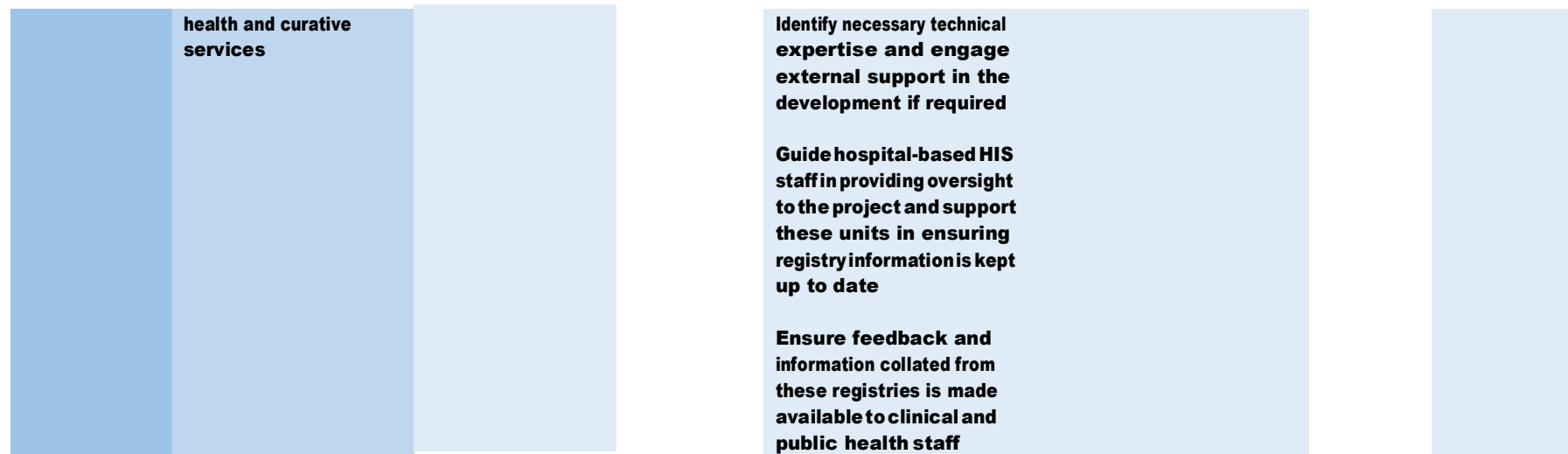
| | | | | | | |
|--|--|--|---------------------------|---|------------------------------------|------------------|
| <p>11.2 Encourage Vanuatu specific research into NCD risk factors disease epidemiology and potential interventions and provide direction to research and consultative bodies</p> | <p>11.1.3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

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|---|--|---|---------------------------|--|------------------|-------------|--|
| <p>11.3 Ensure timely review of the strategy is undertaken to map progress against expected goals</p> | <p>-All findings and reports of any surveys conducted need to be presented to MOH authority first</p> <p>11.3.1 Shortcomings against outlined goals are addressed through adaptation of annual planning or reallocation of available resources and funds</p> | <p>Annual review of achievements against strategic plan is undertaken</p> | <p>NCDU Annual Report</p> | <p>priority areas and support the review process of any proposed studies.</p> <p>Ensure those undertaking NCD-related health research are aware of the need for results to be filtered back to the MOH to inform future planning.</p> <p>Incorporate external research findings into evaluation of interventions and future planning.</p> <p>Conduct review of NCD Strategic Plan annually prior to business planning for the following year.</p> <p>Ensure incomplete activities from previous years are incorporated into planning for the forthcoming years.</p> <p>Develop an end of term report reflecting all outcomes and shortcomings to guide future direction inclusive of the 2021-2025 NCD Strategy.</p> | <p>X X X X X</p> | <p>NCDU</p> | |
|---|--|---|---------------------------|--|------------------|-------------|--|

Objective 12. Implement sustainable cancer early detection and diagnosis programmes

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

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













Note: Activity costing for the NCD Strategic Plan 2016-2020 (extended to 2030) will be available on an annual basis in accordance with the national health sector business planning cycle. Annual budget projections will allow for greater accuracy in financial allocations as well as flexibility in activity expansion or contraction based on the level of government and donor support for the NCD program in any given year.

APPENDIX 1 WHO Best Buys

| Risk Factor/Disease | Interventions |
|---|--|
| Reduce tobacco use | <ul style="list-style-type: none"> Increase excise taxes and prices on tobacco products Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke |
| Reduce the harmful use of alcohol | <ul style="list-style-type: none"> Increase excise taxes on alcoholic beverages Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media) Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale) |
| Reduce unhealthy diet | <ul style="list-style-type: none"> Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided Reduce salt intake through a behavior change communication and mass media campaign Reduce salt intake through the implementation of front-of-pack labelling |
| Reduce physical inactivity | <ul style="list-style-type: none"> Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels |
| Manage cardiovascular disease (CVD) and diabetes | <ul style="list-style-type: none"> Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and non-fatal cardiovascular event in the next 10 years Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk ($\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years |
| Manage cancer | <ul style="list-style-type: none"> Vaccination against human papillomavirus (2 doses) of 9-13 year old girls Prevention of cervical cancer by screening women aged 30-49, either through: <ul style="list-style-type: none"> o Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions o Pap smear (cytology) every 3-5 years linked with timely treatment of pre-cancerous lesions o Human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions |

APPENDIX 2. Vanuatu NCD Baseline and 2025 and 2030 goals

| 2025 NCD Global Goal | 2015 Vanuatu baseline | Vanuatu 2025 Goals | Vanuatu 2030 Goals |
|---|--|--|---|
|  25% Relative Reduction in Premature NCD Mortality | Men – 52% Women – 60% | Men ≤ 39% Women ≤ 45% | - |
|  10% Relative Reduction in Harmful use of Alcohol | Men – 11.5% Women – 3.5% Overall – 7.5% | Men ≤ 10.4% Women ≤ 3.2% Overall ≤ 6.8% | - |
|  10% Relative Reduction in Prevalence of Physical Activity | Men – 10.1% Women – 13.2% Overall – 11.7% | Men ≤ 9.1% Women ≤ 11.9% Overall ≤ 10.5% | - |
|  30% Relative Reduction in mean population Intake of Salt/Sodium | Men – 87.6% Women – 81.1% *Average salt consumption – 7.2 g per day | | - |
|  30% Relative Reduction in the Prevalence of Tobacco use | Men – 45.8% Women – 4% Overall adults – 23.7% Boys – 39.3% Girls – 18.6% | Men ≤ 32.1% Women ≤ 2.8% Overall adults ≤ 16.6% Boys ≤ 27.5% Girls ≤ 13.0% | - |
|  25% Relative Reduction in the Prevalence of raised Blood Pressure | Men – 30.8% Women – 26.7% Overall – 28.6% | Men ≤ 23.1% Women ≤ 20.0% Overall ≤ 21.5% | - |
|  0% Increase in Obesity | Men – 13.9% Women – 23.3% Overall – 18.8% | Men ≤ 13.9% Women ≤ 23.3% Overall ≤ 18.8% | 0% Increase in Obesity relative to 2025 figures |
|  0% Increase in Diabetes | Diabetic – 9.3% 2015- 23 Diabetic related lower-limb amputations (excluding digits) | Diabetic ≤ 9.3% | 0% Increase in Diabetes and in diabetic related amputations relative to 2025 figures (excluding digits) |
|  50% Coverage of Drug Therapy and Counselling | 30% of national health facilities have received NCD PEN training (38 facilities) | 50% maintained coverage ≥ 69 trained and compliant health facilities | - |
|  80% Coverage of NCD Medicines and Technologies | 25.4% of health facilities have adequate NCD medicines and technologies (32 facilities) | 80% maintained coverage ≥ 111 have required NCD medicines and technologies | - |

*Vanuatu Salt Intake Survey 2017 (sub-national)

APPENDIX 3. WHO (2020)⁴⁶ and Vanuatu (2017) recommendations on Physical Activity⁴⁷

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

⁴⁶ WHO guidelines on Physical Activity and Sedentary Behaviour. Geneva 2020.

⁴⁷ Vanuatu Guidelines on Physical Activity. Port Vila 2017

APPENDIX 4. Acknowledgement

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