



GOVERNMENT OF VANUATU

Ministry of Health Corporate Plan

2022 - 2025

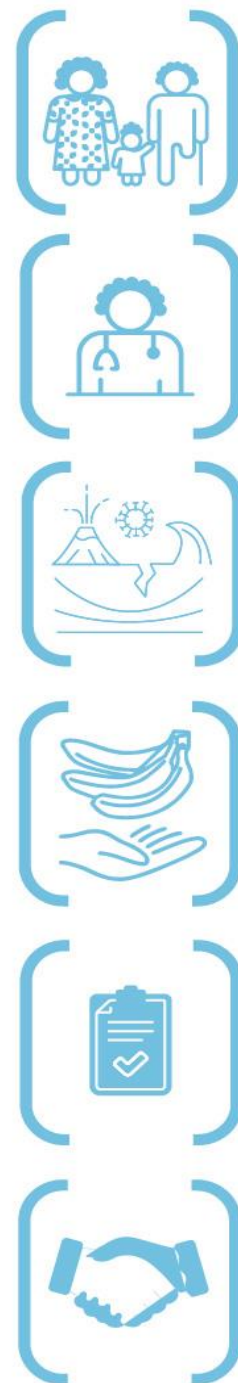


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PREFACE

From the Health Minister



“This medium-term or corporate plan articulates a “leap” of strategic visions of what we believe, should have been accomplished some years ago to respond to the global threats of disease patterns, influences of global trades, new cultures and lifestyles and threats of environment and climate change. It is therefore imperatively important to reconsider the architecture of our health system and structure so to respond effectively to the health expectations of our people. The accomplishment of this plan, is to me the beginning of a new journey!”

The discussion to have a corporate plan of the Ministry of Health (MoH) has been ongoing for years and, to finally have it completed is an achievement. We are delighted that the broad objectives of the 10 years Health Sector Strategic (HSS) plan (2020 to 2030) have now been scaled down to specific priority objectives to accomplish over the next five years.

What made this medium-term plan so unique is that; the aspirations, ideas, thoughtfulness and ambitions were driven by local health professionals and workers through a rigorous process of consultations at all health tiers.

This medium-term or corporate plan articulates a “leap” of strategic visions of what we believe, should have been accomplished some years ago to respond to the global threats of disease patterns, influences of global trades, new cultures and lifestyles and threats of environment and climate change. It is therefore imperatively important to reconsider the architecture of our health system and structure so to respond effectively to the health expectations of our people. The accomplishment of this plan, is, to me the beginning of a new journey!

I call on our good partners to join the government to implement this medium term corporate plan with no hesitation as it is in line with the 10 years HSS plans (2021/2030) and the National Sustainable Development Plan (NSDP) (2020/2030), the “people’s plan”. I am very confident that this plan will drive the Vanuatu health system to new heights where we will see positive health impacts and transformations among Ni Vanuatu in the next four years.



Hon. Bruno Leingone (MP)
Minister of Health

OVERVIEW & INTRODUCTION

From the Health Director General



"This is the second corporate plan developed by the Ministry of Health, which we all worked hard to complete. I wanted to congratulate everyone for their efforts and time for this great achievement, a plan that will provide guidance in our annual planning process in the next four years"

The recent establishment of the new Ministry of Health Sector Strategy (HSS) 2021 – 2030 and its contemplating document, the Monitoring and Evaluation Framework provides a timely opportunity for the Ministry of Health to align the Ministry's new Corporate Plan 2022 -2025 to the strategic objectives of the HSS goals to achieve the development goals and Policy Objectives of the National Sustainable Development Plan (NSDP). The Corporate Plan is our medium-term framework of addressing health issues in Vanuatu.

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

The Ministry of Health Corporate Plan sets out the vision, mission, values and strategic approach for the four-year period 2022 to 2025. According to Vanuatu Government Public Service Act (1988), Directors General are required to provide "Corporate Plan in a form, content and at a time directed by the Public Service Commission." This corporate plan is the product of an effective consultation and cooperation between the Director General's Office; the Director, Department of Corporate Services, Policy and Planning; Director, Department of Curative and Hospital Services; Director, Public Health; National and Provincial Health Teams & Managers, Hospitals, all health partners and stakeholders. Our Health Corporate Plan is in line with the government of Vanuatu National Planning Framework for integrated planning with all line MOH units, departments and other relevant government stakeholders to align and achieve common goals and targets.

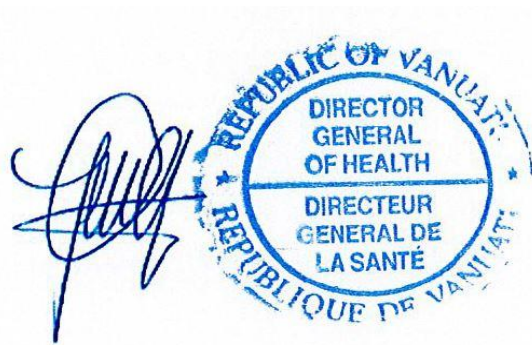
The Corporate Plan of the Ministry of Health sets out the strategic directions and priorities of the Ministry for the coming four (4) years. This provides a solid foundation for the ministry to develop and establish its annual Business Plans and budget narrative for effective reporting as required by the Public Service Commission (PSC). Our progress against the strategic objectives and expected outcomes of the Corporate Plan will be measured through Performance Indicators of the HSS, NSDP and the SDGs M&E frameworks. Some of them will help monitor the

implementation of the Plan; other indicators will be used to evaluate the final results of our activity outputs or service targets produced annually.

This is the second corporate plan developed by the Ministry of Health, which we all worked hard to complete. I wanted to congratulate everyone for their efforts and time for this great achievement, a plan that will provide guidance in our annual planning process in the next four years.

To the Public Service Commission for your continued assurance, the Policy and Planning unit of the Ministry of Health for your guidance and to all health workers who have contributed to speak their “hearts” of what they wish to see happen in the next four years, thank you. Really, this mid-term corporate plan is the output of your contributions over the months of intense consultations

Congratulations again and thank you.

The image shows a handwritten signature in blue ink on the left. To its right is a circular official stamp. The outer ring of the stamp contains the text "REPUBLIC OF VANUATU" at the top and "REPUBLIQUE DE VANUATU" at the bottom, separated by two small stars. The inner circle is divided horizontally by a line. Above the line, it reads "DIRECTOR GENERAL OF HEALTH". Below the line, it reads "DIRECTEUR GENERAL DE LA SANTÉ".

Mr. Russel Taviri Tamata

Director General, Health

INTRODUCTION

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

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

Depicted on table below is a SWOT analysis on the current health situation of Vanuatu.

SWOT ANALYSIS

STRENGTHS		WEAKNESSES	
Internal	External	Internal	External
<ul style="list-style-type: none"> • Legislation and policies in place to guide workers • National plans in place (HSS and NSDP) providing overall guidance • Qualified staff in leadership and management positions to lead • Relevant historical data and information • Committed staff across three directorates • Executive Committee providing top level advice, decisions and support • Timely Reporting and communication • Public Service Staff Manual • Staff willingness to step up to managing Emergency and Disaster situations 	<ul style="list-style-type: none"> • Strong collaboration and partnership with development partners, private sector, civil society organisations and other government line agencies • Access to technical support and capacity building opportunities • Strong partnership with provincial governments • Strong partnerships with community gatekeepers (chiefs, Churches, Women and Youth) • Funding support from development partners to support service delivery 	<ul style="list-style-type: none"> • Delays in staff recruitment • GRT issues • Delays in timely Reporting and communication • Inadequate budget support for HR & operations • Lack of reliable Health Information and Data to inform Planning • Lack of library & information resource • Poor time management • Coordination of and communication among the three directorates (no link) • Lack of clear, harmonized budgets and plans. 	<ul style="list-style-type: none"> • COVID-19 redirecting focus away from plans and business as usual • Impact of Natural Disasters budgets and operations • TAs not well coordinated • Shortage of funds to undertake activities and operations • Lack of capacity to implement inclusion • Continuous changes in Leadership within the MoH • Lack of proper establishment of partner coordination system

		<ul style="list-style-type: none"> • Lack of review update on health legislations and policies • Duplication of efforts especially through Public Health Programs 	
OPPORTUNITIES		THREATS	
Internal	External	Internal	External
<ul style="list-style-type: none"> • Established National Health Emergency Operation Center at national office linking information and reporting with Provincial Health Emergency Operation Centers. • Response to COVID-19 harmonized the health directorates functions • Disaster Risk Management system is strengthened with COVID-19 response and operations • Health Sector Strategy roadmap to 2030 with other branching policies and strategies in place • Strengthen private sector, civil society, regional, provincial, Aid in Kind organizations and community partnerships 	<ul style="list-style-type: none"> • Willingness and support from MoH Development partners • Improved & broadened stakeholder relationships • Projects (funding opportunities) • Technical support and Assistance • Training opportunities for COVID-19 operations • COVID-19 provides an opportunity for stronger links and communications with regional institutions 	<ul style="list-style-type: none"> • Limitations to fulfill the revised organizational structure to ensure there is enough HR to operate • Lack of implementation plans on most MoH policies and plans • Shortage of Health care workers • Lengthily process to access emergency funds • Clarification needs and plans for proper career pathways for specialties within the health workforce • The challenges of managing disease outbreaks and responding to the current global pandemic and providing essential health services 	<ul style="list-style-type: none"> • Increasing spread of disease burden and outbreaks redirecting focus versus service delivery as usual • Ambitious targets of the NSDP and insufficient funding allocations from the recurrent funds to execute Business Plans • COVID-19 Pandemic and other disease burdens and outbreaks

Table 1: MOH SWOT Analysis

VISION, MISSION, VALUES

VISION

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

MISSION

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

VALUES

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

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

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

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

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

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

OVERVIEW

Organizational Structure

Our corporate organizational structure:

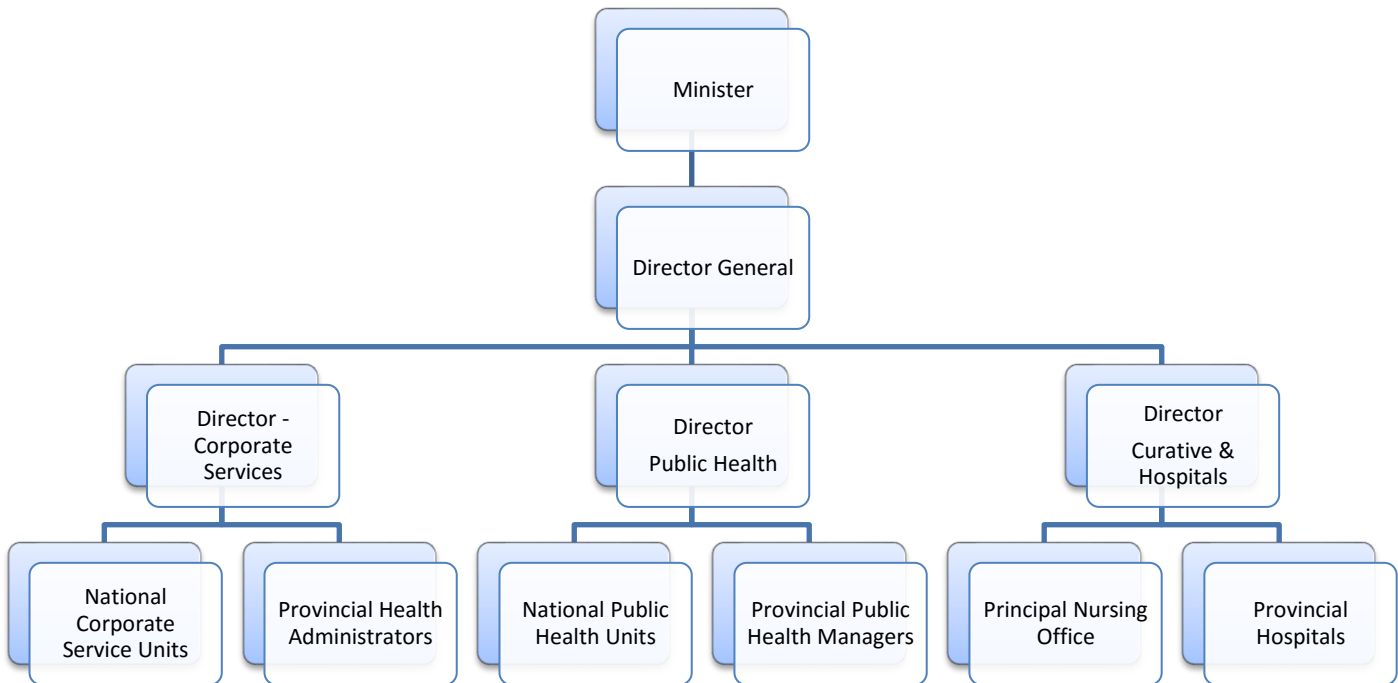


Figure 1: MOH Organizational Structure

Affiliated SOEs

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

Statutory Authorities

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

Audit and Finance Committee

Health Practitioners Board

Health Partnership Committee

Health Steering Committee

Health Emergency and Advisory Committee

Health Research and Ethics Committee

Health Technical Advisory Group

National Assets Committee

National Health Emergency Operation Centre

National Health Training Committee

National Immunization Coordinating Committee

Pharmacists Practitioners Commission

Pre-Registration Training Committee

Projects, Planning and AID Coordination
Committee

Public Health Emergency Operation Centre

Vanuatu College of Nursing Education Board

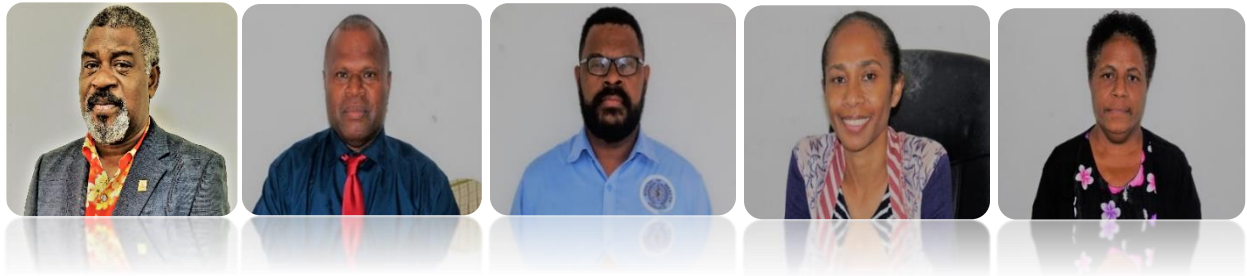
Vanuatu Medical and Dental Association

Vanuatu Nursing Council

Vanuatu Nursing Association

FUNCTIONS

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



The main pioneers of the MOH Corporate Plan Development from 2022 – 2025

[From L-R: Minister of Health (Hon. Bruno Tau Leignkone), Director General (Mr. Russel Taviri Tamata), Director of Policy, Planning & Corporate Services (Dr. Posikai Samuel Tapo), Acting Director of Curative & Hospital Services (Dr. Sereana Natuman) and Acting Director Public Health (Dr. Jenny Stephen)]

Minister

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

Director General

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

Departments

I. Policy, Planning and Corporate Services

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

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

II. Public Health

The Department of Public Health has been established to support sound strategic policy and planning documentations with a consistent national direction with the curative and hospitals at the provincial levels. The national public health directions are represented through its thirteen (13) national public health programs. Each program establishes policy and strategic planning documentation to assist with a consistent national direction, with the ability to deliver through the community health services and hospitals at the provincial level.

Additionally, within the Department of Public Health are the six (6) Provincial Public Health Managers (PHMs), each supporting a myriad of health professionals, providing health services out of Health Centre's and Dispensaries around the country.

III. Curative and Hospitals Services

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

STRATEGIC APPROACH

Of the 15 NSDP Goals, 5 relevant goals are associated with the MOH HSS goals and strategic objectives. The five associated NSDP goals SOC 3, SOC 4, ENV 1, ENV 3 and ECO 2 are directly link to the policy objectives of the Society Goal 3 for 'Quality Health Care'.



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

Program	Activity	Cost Centre	HSS Goals Alignment	NSDP Goals Alignment
MHA – Cabinet Support	MHA – Portfolio Management	61AA - Cabinet	1,2,3,4,5 & 6	SOC 3
MHB – Executive Management and Corporate Support	MHBA – Ministry Executive	61BA – DG’s Office	1, 5 & 6	SOC 3
	MHBB – Corporate Services	61VA – Planning and Administration	1,5,6	SOC 3 SOC 4 ENV 3
		61VH - Capital Projects	5&6	SOC 3 ECO 3
	MHBC – Health Sector Human Resources Development (HRD)	61VY - Training and Development	1, 2,5 & 6	SOC 3
		61VZ – Vanuatu College of Nursing Education	5 & 6	SOC 3
MHC – Health Services	MHCA – Hospital Services	61QA - Director Hospitals & Curative Services	1, 2, 5 & 6	SOC 3 SOC 4 ENV 3 ECO2
		61QB - Doctors Visitation	2	SOC 3 SOC 4 ENV 3
		61QR – Hospital Referrals	1,5,6	SOC 3 ECO 2
		61RC – External Medical Support	1,5,6	SOC 3

Program	Activity	Cost Centre	HSS Goals Alignment	NSDP Goals Alignment
		61RB - Vila Central Hospital	1,2,3,5 & 6	SOC 3 SOC 4 ENV 3 ECO2
		61RG - Lenakel Hospital	1,2,3,5 & 6	SOC 3 SOC 4 ENV 3 ECO2
		61SB – Northern Provincial Hospital	1,2,3,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61SD – Qaet Vaes Hospital	1,2,3,5 & 6	SOC 3 SOC 4 ENV 3 ECO2
		61SF - Norsup Hospital	1,2,3,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61SG - Lolowai Hospital	1,2,3,5 & 6	SOC 3 SOC 4 ENV 3 ECO2
	MHCB – Community Health Services	61RJ – Health Administration – Shefa Province	1,2,3,5&6	SOC 3 SOC 4 ENV 3 ECO 2
		61RH – Shefa Provincial Public Health	1,2,3,4,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61RK – Health Administration – Tafea Province	1,2,3,5&6	SOC 3 SOC 4 ENV 3 ECO 2
		61RI – Tafea Provincial Public Health	1,2,3,4,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61SL – Health Administration – Torba Province	1,2,3,5&6	SOC 3 SOC 4 ENV 3 ECO 2
		61SH - Torba Provincial Public Health	1,2,3,4,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61SM – Health Administration – Sanma Province	1,2,3,5&6	SOC 3 SOC 4 ENV 3 ECO 2
		61SI – Sanma Provincial Public Health	1,2,3,4,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61SN – Health Administration – Penama Province	1,2,3,5&6	SOC 3 SOC 4 ENV 3 ECO 2
		61SJ – Penama Provincial Public Health	1,2,3,4,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61SO – Health Administration – Malampa Province	1,2,3,5&6	SOC 3 SOC 4 ENV 3 ECO 2
		61SK – Malampa Provincial Public Health	1,2,3,4,5 & 6	SOC 3 SOC 4 ENV 3 ECO 2
	MHCC: Public Health Services	61UA – Director of Public Health	1, 3,4 & 6	SOC 3 SOC 4 ENV 3 ECO 2
		61UB – Health Promotion	2&4	SOC 3
		61UC – Malaria & Other Vector-Borne Diseases	3	SOC 3
		61UD - Nutrition	4	SOC 3 ENV 1
		61UE – NCD & Mental Health & Eye	4	SOC 3 ENV 1
		61UF – Extended Programme on Immunization (EPI)	2	SOC 3

Program	Activity	Cost Centre	HSS Goals Alignment	NSDP Goals Alignment
		61UH – TB/Leprosy	3&4	SOC 3
		61UI – Reproductive Health & Family Planning	1&2	SOC
		61UJ – STI & HIV/AIDS	3	SOC 3
		61UK – Environmental Health	4	SOC 3 ECO 2
		61UL – Neglected Tropical Diseases	3	SOC 3
		61UM – Disease Surveillance and Response	3	SOC 3
		61VW – Management of Medical Supplies	3&5	SOC 3 ECO 2
	MHD – Medical Supplies	61VX – Purchase of Drugs	3&5	SOC 3
MHK - Emergency	MHKB – Emergency & Response	61KA - Response	3	SOC 3 ENV3

Table 1: Summary of HSS alignment to NSDP for each MOH Programme cost centers

CORPORATE PLAN MATRIX

1. PROGRAM: CABINET SUPPORT (MHA)

ACTIVITY: Portfolio Management (MHAA)

61AA– Cabinet

NSDP Policy Objective: Society Goal 3, Policy Objectives 3.1, 3.2, 3.3 and 3.4

NSDP Target(s):

SOC 3.1.1: By 2025, Vanuatu has a density of 31 HWs per 10,000 population

SOC 3.1.2: By 2025, the national maternal mortality ratio has been reduced to less than 75 per 100,000 live births (moving average)

SOC 3.1.3: By 2025, 75% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.

SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits).

SOC 3.2.2: By 2025, the incidence of TB in Vanuatu has reduced by 50% compared to 2015

SOC 3.2.3: By 2025, the Annual Parasitic Incidence (API) rate for all cases of malaria is no more than 0.5 per 1,000 population

SOC 3.3.1: By 2025, 95% of the population of children aged between 12 – 23 months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health professional.

SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures

SOC 3.3.3: By 2025, under 5 mortality rate is reduced to at least as low as 29 per 1,000 live births

SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS

SOC 3.4.2: By 2025, 70% of corporate positions within MOH filled on permanent basis

SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes maintained over 5 consecutive years

SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Ministry Policy: HSS (2021-2030) Goals 1 to 6, Health Legislations, and Policies.

Strategic Objective (MOH):

1. Ensure people with disability are recognized and supported by the health system: (i) public health and preventive services are accessible for, and can be accessed by people with disability and (ii) provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services. [HSS G1:1.1]
2. Provide targeted health frameworks, programming, guidelines and budgets for inclusive health priorities (inclusive of gender equality, sexual and gender-based violence and child protection, SOGIE, disability, mental health, and adolescent health). [HSS G1:1.5]
3. Ensure health workforces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture. [HSSG1: 1.6]
4. Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances healthcare delivery, staff satisfaction, motivation and work performance. [HSSG2:2.1]
5. Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements. [HSS3:3.1]
6. Strengthen the MOH's mandate, capacity and authority to ensure sector-wide compliance with public health legislation, including resourcing and mechanisms to ensure coverage. [HSS4:4.9]
7. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors. [HSS G5:5.1]
8. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination. [HSS G6:6.1]

Program (MHA): Cabinet Support

Outcome (61AA):

1. Reviews and Amendment to Health Legislations and Policies to support effective healthcare service delivery.
2. COM and parliamentary decisions and approvals on health legislations and policies

3. Participate and represent Ministry of Health in high level ministerial meetings at national, regional and international levels.				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Establish key health policies and legislations to support delivery of quality health care throughout the country	<ul style="list-style-type: none"> - Number of Gazettes - Number of health legislative bills passed 	Minister and 1 st PA	2022 -2025	Risk: Change of Ministerial Portfolio Mitigation: DG update briefings to new minister
2. Attend and participate to DCO, COM meetings and parliamentary sittings	<ul style="list-style-type: none"> - Number of COM decisions - COM minutes and gazettal on orders and legislations 	Minister and 1 st PA	2022 -2025	Risk: Change of Ministerial Portfolio Mitigation: DG update briefings to new minister
3. Represent Ministry of Health in international, regional and national level meetings	<ul style="list-style-type: none"> - Number and type of meetings attended 	Minister and 1 st PA	2022 -2025	Risk: Change of Ministerial Portfolio Mitigation: DG update briefings to new minister

1. PROGRAM: EXECUTIVE MANAGEMENT AND COPORATE SUPPORT (MHB)

ACTIVITY: Ministry Executive (MHBA)

61 BA – Director General

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 and SOC 4
NSDP Target(s): <i>SOC 3.1.1:</i> By 2025, Vanuatu has a density of 31 HWs per 10,000 population <i>SOC 3.1.2:</i> By 2025, the national maternal mortality ratio has been reduced to less than 75 per 100,000 live births (moving average) <i>SOC 3.1.3:</i> By 2025, 75% of government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements. <i>SOC 3.2.1:</i> By 2025, there is no increase in the prevalence of diabetes as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits). <i>SOC 3.2.2:</i> By 2025, the incidence of TB in Vanuatu has reduced by 50% compared to 2015 <i>SOC 3.2.3:</i> By 2025, the Annual Parasitic Incidence (API) rate for all cases of malaria is no more than 0.5 per 1,000 population <i>SOC 3.3.1:</i> By 2025, 95% of the population of children aged between 12 – 23 months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health professional. <i>SOC 3.3.2:</i> By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures <i>SOC 3.3.3:</i> By 2025, under 5 mortality rate is reduced to at least as low as 29 per 1,000 live births <i>SOC 3.4.1:</i> By 2025, 100% of units have current strategic plans in place that link with HSS <i>SOC 3.4.2:</i> By 2025, 70% of Corporate positions within MOH filled on permanent basis <i>SOC 3.4.3:</i> By 2025, 100% of IHR Component 2 attributes maintained over 5 consecutive years <i>SDG 3.8:</i> Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

<p><i>ECO 2.3.1&2:</i> By 2025, 75% of new and existing health infrastructure facilities are in compliance with the building code</p> <p><i>SDG 3.8:</i> Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>
Ministry Policy: HSS (2021-2030) Goal 5 & 6, Role Delineation Policy
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS: 5: 5.1] 2. Strengthen MOH capacity at all levels to ensure operational plans; annual business plans, budget, periodic program and activity reporting reflect HSS priorities [HSS: 5: 5.3]. 3. Strengthen Primary Healthcare through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS: 5: 5.4]. 4. Ensure a needs-based primary health care structure and resource allocation to reflect the standards at each health service level in accordance with the Role Delineation Policy [HSS 5: 5.5] 5. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS 5: 5.5]. 6. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS 5:5.9] 7. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS 6: 6.1]. 8. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS 6: 6.2]. 9. Develop and resource partnerships to deliver sustainable inclusive health outcomes for targeted groups [HSS 6 6.3].
Program (MHBA): Ministry Executive
Outcome (61BA):

1. An effective and efficient implementation of the HSS with adequate support and resourcing allocations to achieve Vanuatu government NSDP target priorities.
2. Harmonization of the MOH and DLA Framework for effective Primary Healthcare Implementation under the decentralization policy.
3. Establish health promotion foundation
4. Role Delineation Policy standards fully enforced in all provinces
5. Review and update health legislations (Health Practitioners Act & Health Committee Act)
6. An approved concept note and framework for a Health Service Commission
7. Review of MOH Organizational structure base on service needs of the new HSS 2021-2030
8. New College of Nursing plus Health Science Faculty
9. Strengthened Joint Partnership Arrangement (JPA) and number of Joint Partners Working Group (JPWG) meetings convened annually.

Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Utilize HSS priorities for increase coordination and support to deliver quality service throughout Vanuatu	<ul style="list-style-type: none"> - Primary Healthcare Implementation under the decentralization policy between MOH and DLA - Approved restructure of MOH Organization - Approved Health Insurance framework 	DG, Directors and Partners	2022 - 2025	Risk: Outdated JPA Mitigation: Annual review update of JPA
2. Review and update health policies and legislations to support effective and efficient health service delivery	<ul style="list-style-type: none"> - RDP standards fully enforced 	DG, Internal Auditor and Principal Compliance Officer	Annually 2022-2025	Risk: Change of Ministerial Portfolio

	<ul style="list-style-type: none"> - Minutes of COM decisions on health legislations and policies - Number of internal Audit report produced - 100% of recommendations implemented - Updated Health Practitioners Act - Updated Health Committee Act - Updated Pharmacy Act - Concept framework for Health Commission legislation - Establish National Health Insurance Act 			Mitigation: DG update briefings to new minister
3. Ensure appropriate budget allocation and management in delivering quality healthcare services throughout the country.	<ul style="list-style-type: none"> - MBC presentation and NPP confirmation - Increase government budget resource allocation to health sector 	DG and Minister	2022 - 2025	Risk: Change of Ministerial Portfolio Mitigation: Annual Budget Narrative reflecting priorities

4. Maximize utilization of donor partner funding support on health sector priorities.	- Update Joint Partnership Arrangement (JPA) and number of Joint Partners Working Group (JPWG) meetings convened annually.	DG, EO and Directors of Health	Annually 2022 - 2025	Risk: Outdated JPA Mitigation: Annual review update of JPA
5. Represent Health Executive in high level management meetings locally, regionally and internally.	<ul style="list-style-type: none"> - Number of minutes of: <ul style="list-style-type: none"> • MOH Executive meetings • Health Practitioners Board • VCNE Board • Pharmacy Board • Health Emergency Advisory Committee - Annual MOH Corporate Planning review meeting - WHO – WPRO Meeting - WHO Assembly 	DG and EO	Annually 2022 - 2025	Risk: Budget Constraint Mitigation: Conduct meetings through Zoom
6. Ensure health services are delivered according to NSDP and HSS.	- Annual Program reports endorsed and submitted	Minister, DG, EO and Directors of Health	2022 - 2025	Risk: Delays due to emergency response

	<p>to PSC for parliamentary information and updates.</p> <ul style="list-style-type: none"> • Annual Reports • Business Plans • Corporate Plans • Health Policies 			<p>Mitigation: Delegate tasks with clear coordination mechanisms to meet PSC datelines.</p>
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2. PROGRAM: EXECUTIVE MANAGEMENT AND CORPORATE SUPPORT

ACTIVITY: Corporate Services (MHBB)

61VA – Planning and Administration

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, 3.4, SOC 4, ENV 3, ECO 2 and SDG 3.8
<p>NSDP Target(s):</p> <p>SOC 3.1.1: Vanuatu has a density of 31 Health Workers (HWs) per 10,000 population</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements (SDG).</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS.</p> <p>SOC 3.4.2: By 2025, 70% of corporate positions within MOH filled on permanent basis</p> <p>SOC 3.4.2: By 2025 100% if IHR Component 2 attributes maintained over 5 consecutive years</p> <p>SOC 4: By 2025, increase inclusive health awareness within MOH organization</p>

ENV 3.3.1: By 2025, 100% of healthcare facilities have support plans available to communities for coordination, planning, preparedness, response and recovery

ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure facilities are in compliance with the building code

ECO 2.9.1: By 2025, 50% of health infrastructure facilities have access to broadband connection

ECO 2.9.2: By 2025, increase annual change in total number of users of on-line government users in the healthcare facilities

SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Ministry Policy: HSS (2021-2030) Goal 1, 3, 5 & 6, Role Delineation Policy

Strategic Objectives (MOH):

1. Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS G1:1.3]
2. Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive work place culture [HSS G1: 1.6].
3. Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS G3: 3.1]
4. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5: 5.6].
5. Expand the health information system and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting [HSS5: 5.8]
6. Improve personnel management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans [HSS G5: 5.12].

7. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS G6:6.1] 8. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6: 6.2] 9. Develop and resource partnerships to deliver sustainable inclusive health outcomes for targeted groups [HSS G6: 6.3]				
Program (MHBB): Executive Management and Corporate Support				
Outcome (61VA): 1. Standard data and information reporting systems in place (HRMIS, DHIS and VBMS) to support decisions, management and planning at National and Provincial levels 2. Increase Percentage of Corporate positions within MOH filled on permanent basis. 3. Increase Percentage of Corporate units with current strategic plans in place that link with Health Sector Strategy (HSS) 4. Increase Percentage of fully functional Health Facilities according to Role Delineation Policy 5. Increase Number of new annual recruitments to MOH workforce. 6. Increase Percentage of attributes attained based on International Health Regulation Index (IHR) Component 2 7. Increase Proportion of new health infrastructure buildings in compliance with the building code 8. Increase Proportion of existing health infrastructure buildings repaired in compliance with the building code 9. Increase Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population) [SDG 3.8.1]				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Continuous HSS awareness at MOH National and Provincial Executive level to inform priorities	- An Annual MOH budget narrative to inform COM decisions	DG, Directors, Corporate Service Units and partners	Annually, 2022 - 2025	Risk: Mitigation:

for resource support and allocations.	<ul style="list-style-type: none"> - Proportion of Annual Cost Centre Business Plan activities linking to HSS priorities - Proportion of Cost Centre Progress update reports 			
2. Enhance evidence-based knowledge capacity for health managers to utilize HSS	<ul style="list-style-type: none"> - Number of trainings/information sessions on guidance to Directorates, program units, provincial and clinical teams. - MOH Cost Centre Business Plans 	PPU and Health Sector Analyst (PMO)	Annually 2022 -2025	Risk: Budget constraints Mitigation: seek partners support
3. Establish MOH 4-Year Corporate Plan	- Launch MOH Corporate Plan 2022 – 2025 and 2026 - 2030	PPU, MOH Executives & Partners	June, 2022 & 2025	Risk: Mitigation:
4. Conduct Monitoring and Evaluation on Development Partner Funded Health Projects/Programs	- Number of Project Impact Evaluation and number of monitoring reports	PPU, MOH Directors & Partners	2022-2025	Risk: Mitigation:
5. Establish MOH Annual Business Plans by Cost Centers	- Proportion of Cost Centre Business Plans submitted annually and approved compiled document submitted to PSC.	DG, Directors, Unit Managers, PPU and Finance Units	Annually June, 2022 - 2025	Risk: Mitigation:

6. Submit consolidated Quarterly and Annual Reports to PSC	- Compiled and MOH approved Reports submitted to PSC	DG, Directors, MOH Unit Managers, EO, HIS Unit and PPU	Annually 2022 - 2025	Risk: Mitigation:
7. Establish programmatic Strategic Plans linking to HSS to deliver key performance outputs.	- Number of corporate Units with established strategic plans linking to the HSS.	Director and Corporate Managers, PHAs and partners	2022 - 2025	Risk: Mitigation:
8. Conduct annual Digital Health Steering Committee Meetings	- Number of SC meetings and endorsed decisions.	Director, HIS and partners	2022-2025	Risk: Mitigation:
9. Improve Health Information System (HIS) Data Source	<ul style="list-style-type: none"> - Integrated DHIS2 routine Health Information System - Integrated Medical Death and Birth Registry with Civil - Integrate routine vaccine to Birth Registry - Number of Appointed of permanent HIS officer - Number of local staff for training/scholarships to establish and maintain databases 	HIS Unit, Civil status, scholarship office, MOH HRM&D, and partners	2022 - 2025	Risk: Mitigation:
10. Enhance Data Management	- Procedures and regulation for data management including data security	HIS Unit, MOH Executive, Provincial	2022 - 2025	Risk: Limited HIS staff availability

	<ul style="list-style-type: none"> - Number of HIS Post-Training - Supervision and reporting Mechanism - Review Digital Health Strategy - Reporting repository - A staff training plan 	Managers and Partners		Mitigation: Recruitment of provincial HIS officers
11. Improve HIS data dissemination	<ul style="list-style-type: none"> - 100% dissemination of HIS report to provincial managers - 100% Incorporate of HIS data for MOH planning 	MOH, HIS, Provincial Managers, Public Health program	2023 - 2025	Risk: Mitigation:
12. Strengthen the Assets and Logistics Management Information System and data visibility for distribution and use of drugs and non-drugs at all levels of health care facilities.	<ul style="list-style-type: none"> - Assets, Inventory and Logistics - Management Information System in place. 	HIS and Assets Unit and partners	2023 - 2025	Risk: Mitigation:
13. Establish Government Broadband Network connections in all health facilities, including provincial hospitals, health centers and dispensaries.	<ul style="list-style-type: none"> - Number and proportion of health facilities with installed broadband network and VOIP. - Number of Primary Health Care Facilities with Tele-medicine set up 	ICT Unit, OGCIO, PHAs and partners	2022 - 2025	Risk: Mitigation:

14. Implement MOH Workforce Development Plan 2018 to 2025	<ul style="list-style-type: none"> - MOH Succession Plan - Recruitment Plan - Number and proportion of recruitments against staffing standards for healthcare facilities - Approved GRT Framework - Medical Workforce Plan - Nursing Workforce Plan with VCNE and PNO - Public Health Career Workforce Plan - Development of the Career Workforce Plan - Development of the Career and workforce plan for corporate services policy and planning 	HRM&D Unit, MOH Executive Directors, Hospital Medsups, HODs, PNO, VCNE, Provincial HROs and PSC Development Partners support	2023 - 2025	Risk: Mitigation:
15. Undertake periodic audits to assess progress against the minimum standards in the RDP.	<ul style="list-style-type: none"> - Annual Health Facility Audit Report - Update health facility master list. 	Assets, PPU and PHAs	2023 - 2025	Risk: Mitigation:

16. Strengthen HRMIS Performance management system	<ul style="list-style-type: none"> - Quarterly update of the HRMIS system - MOH Direct access to upload changes and update files 	HRM&D unit, Provincial HROs and PSC/VIPAM	2022 - 2025	Risk: Mitigation:
17. Incorporate participation on inclusivity and inclusion in MOH Workforce Plans leadership positions and people with disabilities.	<ul style="list-style-type: none"> - Recruit an Inclusion officer - Proportion of inclusive workforce at health sector - Create a disability position within the MOH organization structure 	HRM&D Unit and MOH Directors	2022 - 2025	Risk: Mitigation:
18. Support employees affected by domestic, family violence and inappropriate workplace behaviors.	<ul style="list-style-type: none"> - Number of Continuous awareness on MOH Code of Conduct. - HRM&D Annual reports 	HRM&D Unit and MOH Directors	2022 - 2025	Risk: Mitigation:
19. Strengthen MOH Financial management process	<ul style="list-style-type: none"> - Approved and endorsed MOH financial SOPs to strengthen PFEM compliance processes. - SOPs in place - Timely expenditure reports - Number of Managers trained on the New SOPs. - Decentralization of Project Management 	Finance Unit, Health Expenditure Analyst and Provincial FOs	2022 - 2025	Risk: Mitigation:

20. Ensure health financing and service delivery in Vanuatu is more accountable, efficient, equitable and sustainable through linked, annual and multi-year business planning and budgeting.	<ul style="list-style-type: none"> - Annual MOH Financial Reports - Number of annual supplementary budgets - Annual Budget Narrative - Medium –Term Expenditure Framework 	Finance Unit, Provincial FOs, Health Expenditure Analyst and partners	2022 - 2025	Risk: Mitigation:
21. Strengthen post-disaster systems in MOH planning, preparedness, response and recovery.	<ul style="list-style-type: none"> - Number of Provincial Health Disaster Plans developed - Timely implementation of the Climate Change Disaster Risk Reduction and Adaptation Plan 	PPU, Surveillance Unit Emergency Officer and Partners	2022 - 2025	Risk: Budget Constraint Mitigation: seek partners support or urgent supplementary budget

61VH – Capital Projects

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, ENV 3 and ECO 2
NSDP Target(s): SOC 3.1.1: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for infrastructure functional space and equipment requirements (SDG). ENV 3: By 2025, 100% of healthcare facilities have support plans available to communities for coordination, planning, preparedness, response and recovery ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code
Ministry Policy: HSS (2021-2030) Goal 5 & 6, Role Delineation Policy and National Infrastructure Standards

Strategic Objective (MOH): <ol style="list-style-type: none"> 1. Prioritize and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond [HSS H5:5.14] 2. Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment [HSS G5: 5.15] 3. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6: 6.2] 4. Develop and resource partnerships to deliver sustainable inclusive health outcomes for targeted groups [HSS G6: 6.3] 				
Program (MHB): Executive Management and Corporate Support				
Outcome (61VH): <ol style="list-style-type: none"> 1. Increase percentage on improved health infrastructures and equipment functional space per Role Delineation Policy 2. In place systems to track and monitor procurement and maintenance management of operational equipment. 3. Increase proportion of standard Health building infrastructures in compliance with the building code of Vanuatu 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Establish a long-term Capital and procurement Plan on priority infrastructure investment projects	- Capital Plan 2023 – 2030	DG, Director – DoCSPP, Finance, PPU, Assets Unit and partners	2023	Risk: Mitigation:
2. Establish a Capital Works Oversight Committee for Capital Plan reviews.	<ul style="list-style-type: none"> - Works Oversight Committee - Number of meetings convened - Records of committee decisions and approvals 	DoCSPP, Finance and Assets Units	2023	

3. Upgrade existing and establish new standard provincial storage facilities.	<ul style="list-style-type: none"> - Number of health facilities with Vaccine and equipment storage facilities - Construction of a national central medical store 	Assets Unit and partners	2022 - 2025	Risk: Budget constraint Mitigation: Seek partner support
4. Conduct audit and update Master Health Facility (MHF) list per Role Delineation Policy annually	<ul style="list-style-type: none"> - Master Health Facility List 	PPU, Assets Unit and partners	2022- 2025	Risk: Budget constraint Mitigation: Seek partner support
5. Establish management systems for procurement and maintenance of operational equipment	<ul style="list-style-type: none"> - Annual update on Assets & Inventory database 	Assets Unit, Finance and development partners	2022 - 2025	Risk: Mitigation:

10. PROGRAMME: EXECUTIVE MANAGEMENT AND CORPORATE SERVICES (MHB)

ACTIVITY: Health Sector Human Resources Development (HRD) (MHBC)

61VY – Training & Professional Development

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 and 3.4
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health Workers (HWs) per 10,000 population</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing</p> <p>SOC 3.4.2: By 2025, 70% of Corporate positions within MOH filled on permanent basis.</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6, Role Delineation Policy, Clinical Services Plan, Workforce Development Plan and National Human Resource Development Plan.
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Strengthen technical skill and capacity in the application of inclusive health strategies [HSS G1: 1.4] 2. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9] 3. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10] 4. Through implementation of the MOHs Workforce Development Plan, ensure an effective, well managed health sector workforce at national and sub-national levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and the Role Delineation Policy [HSS G5: 5.10]

5. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6: 6.2]				
Program (MHB): Executive Management and Corporate Support				
Outcome (61VY):				
1. Increase number of skilled health professionals (Doctors, Nurses, mid-wives, Allied Health, Public Health) to 10,000 population 2. Review and promote career pathways for all cadres of health care professions including nurses, doctors, allied health and public health staff.				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Establish and implement structured guidance for managers to ensure new personnel are appropriately trained and briefed to deliver against their responsibilities aligned to Vanuatu Institute of Public Administration and Management (VIPAM) training and development activities.	<ul style="list-style-type: none"> - Training Plan - Career Pathways (workforce plan) for all cadres of healthcare - Internship programs for all cadres of healthcare - Develop short training packages against the staff performance appraisals 	HRD Unit, National Training Committee, PNO, Hospital HODs, NSMs and Partners	2023 -2025	Risk: Budget constraints Mitigation: Seek partner support
2. Establish scheduled resourcing of formal pre-service training for the clinical, nursing and allied health	<ul style="list-style-type: none"> - Clear Career Pathways on nursing and allied health 	HRD Unit, National Training Committee, VCNE Board and partners	2023 - 2025	Risk: Mitigation:

workforce (inclusive of multi-year financial support) for VCNE to expand its capacity and throughout of graduates to meet projected workforce need	- Increase the number of nursing educators with attractive salary packages			
3. Maintain optimal service quality of the existing workforce, such as opportunities for upgrading of qualifications and scheduled and managed, periodic refresher/in-service training.	- In-service training plan - Workforce directory/Calendar	HRD Unit, National Training Committee HRD Unit, National Training Committee, PNO, Hospital HODs, NSMs and Partners	2023 - 2024	Risk: Mitigation:
4. Guidance and training on development of annual performance assessment criteria with managers for accountability and delivery of activities per HSS and other planning priorities.	- Number of refresher training on Performance Assessments and Appraisal processes.	HRD Unit and PSC	2022 - 2023	Risk: Mitigation:

61VZ – Vanuatu College of Nursing Education (VCNE)

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 and 3.4
NSDP Target(s): SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health Workers (HWs) per 10,000 population SOC 3.4.2: By 2025, Vanuatu has a density of 24 health workers (Nurses and Midwives etc.) to 10,000 populations.

Ministry Policy: HSS (2021-2030) Goal 5 & 6, Role Delineation Policy, Clinical Services Plan, Workforce Development Plan and National Human Resource Development Plan.				
Strategic Objective (MOH): <ol style="list-style-type: none"> Through implementation of the MOHs Workforce Development Plan, ensure an effective, well managed health sector workforce at national and sub-national levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and the Role Delineation Policy [HSS G5: 5.10]. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6: 6.2] 				
Program (MHB): Executive Management and Corporate Support				
Outcome (61VZ): <ol style="list-style-type: none"> Increase number of skilled health workers (Nurses and mid-wives) to 10,000 populations. Increase number of nursing graduates annually to meet service demands per NSDP and SDG targets. 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Review and establish courses for pre and advance nursing program including allied health training programs.	- Approved VQA Accreditation of programs	VCNE, HRD Unit, PNO, VCNE Board and Partners	2023	Risk: Budget constraints Mitigation: Seek partner support
2. Ensure effective delivery for accredited courses	- Student progress and academic results	VCNE and VCNE Board	2025	Risk: Availability of educators Mitigation: Seek partners support

3. Ensure sufficient training resources for effective course delivery	- Training resource inventory list and LPO copy	VCNE and Finance Unit	2023 - 2024	Risk: Budget constraint Mitigation: supplementary budget support
4. Ensure all trainers acquired relevant vocational and training qualification to deliver accredited courses	- List of certified trainers	VCNE, PNO and partners	2023-2024	Risk: Mitigation:
5. Establish a VCNE Operational 6 Master Plan incorporating the academic planning, physical infrastructure needs and future resourcing of the institution.	- Endorsed VCNE Master Plan - Construction of a new VCNE facilitate to accommodate 100 students	VCNE, VCNE Board, PNO, Assets Unit and partners	2023	Risk: Mitigation:

6. PROGRAM: HEALTH SERVICES (MHCC)

ACTIVITY: Hospital Services (MHCA)

61 QA– Director Curative & Hospital Services

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, ENV3 and ECO2
<p>NSDP Target(s):</p> <p>SOC 3.1: By 2025, 100% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing requirements (SDG).</p> <p>SOC 3.4: By 2025, Vanuatu has a density of 24 health workers (Doctors, Nurses and Midwives etc.) to 10,000 populations.</p> <p>ENV 3: By 2025, 100% of healthcare facilities have support plans available to communities for coordination, planning, preparedness, response and recovery</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6, Clinical Services Plan, Role Delineation Policy, Referral Policy, Health Services Act, Health Practitioners Act, Vanuatu Nursing Services Act, Nurses Act and National Nursing Workforce Policy.
<p>Strategic Policy (MOH):</p> <ol style="list-style-type: none"> 1. Ensure people with disability are recognized and supported by the health system: provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and 5 groups such as people with disability to access both general and impairment/issue specific health services [HSS 1: 1.2. 2. Ensure systems to collect, analyze and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS 1: 1.3]. 3. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS 5:5.2]

<ol style="list-style-type: none"> Strengthen national referral systems in line with the Role Delineation and Referral Policies through systematic chains of authority, approval and communication, adequate resourcing, and logistics management [HSS 5: 5.7]. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation. Form a Health Services Commission tasked with healthcare worker welfare, safety, discipline and advocacy [HSS 5:5.11]. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross –sectoral engagement and coordination [HSS G6:6.1] Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2] Develop and resource partnerships to deliver sustainable inclusive health outcomes for targeted groups [HSS G6: 6.3] 				
Program (MHCC): Health Services				
Outcome (61QA): <ol style="list-style-type: none"> Standard Referral Procedures from Primary, Secondary, to Tertiary Healthcare facilities per Role Delineation and Referral policies. Health Services Commission supported with relevant health legislation to administer Health Service workforce in Vanuatu. Inclusivity in healthcare and clinical leadership roles and positions. Strengthen Nursing, medical and allied health welfare issues. Increase number of skilled health workers (Nurses, mid-wives, doctors, dentists and allied health) to 10,000 populations. Increase number of nursing graduates annually to meet service demands per NSDP and SDG targets. Increase number of specialists nursing, specialist clinicians and medical graduates to meet NSDP and SDG targets. 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Review and implement standard referral procedures for emergency referrals from lower levels of care to	- Updated Standard Operational Procedures (SOPs) on	Director CHS, PNO, Medsups, NSMs, PHMs and	2023 - 2025	Risk: Mitigation:

higher levels i.e., primary to tertiary facilities.	emergency/elective referrals	healthcare workers, Development Partners		
2. Administer the Nursing Acts and regulations to strengthen nursing in Vanuatu	<ul style="list-style-type: none"> - Nursing and Midwifery Log Books - Continuous Development (CPD) framework for Nursing In-Service points - Research training offered to provinces - Number of nurses participating in research presentations, locally, regionally and internationally 	Director CHS and PNO	2023 - 2025	Risk: Mitigation:
3. Support development of nursing, doctors, dentists, allied health and support services career pathway to enhance staff training and development	<ul style="list-style-type: none"> - Clear nursing career pathways for nurses, doctors, dentists, allied health staff and support staff. - Clinical educators in hospitals 	Director CHS, PNO, VCH Medsup VCNE, HRD unit & partners	2022	Risk: Mitigation:

	<ul style="list-style-type: none"> - Training Programme and committee in place 			
4. Support clinical leadership in management positions and professional learning & development	<ul style="list-style-type: none"> - Increase number of trained doctors/nurses in clinical leadership roles at national and provincial level - A register of qualified clinicians with appropriate skills to deliver services, Job descriptions adjusted to support these additional responsibilities - Increase number of clinical leaders who have received leadership and management training 	Director CHS, HRM&D unit Development Partners	2023 -2025	<p>Risk: Low number of skilled HWs/10,000 population.</p> <p>Mitigation: Coach & Mentor support.</p>

61 QB – Doctors Visitations

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 and Society Goal 4				
NSDP Target(s): SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health Workers (HWs) per 10,000 population SOC 3.1.3 By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing requirements. SOC 4.1.1: By 2025, increase awareness within MOH organization on the importance of inclusion to achieve Universal Health Care (UHC) so that no one and their needs is left behind.				
Ministry Policy: HSS (2021-2030) Goal 2, Clinical Services Plan, Role Delineation Policy				
Strategic Objective (MOH): <ol style="list-style-type: none"> 1. Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, and motivation and work performance [HSS G2: 2.1]. 2. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9] 3. Strengthen training processes for doctors, nurse practitioners, midwives, nurses and allied health workforce, including (new clinical and leadership training programs) and continuing education [HSS G2:2.10] 				
Program (MHCC): Health Services				
Outcome (61QB): <ol style="list-style-type: none"> 1. Increase specialist (Doctors, Nurses and Allied staff) support to provincial health facilities through visits and healthcare workers supervisory support. 2. Average number of outpatient visits to primary, secondary and tertiary healthcare facilities i.e., Aid posts, dispensaries, health centers and hospitals 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation

1. Coordinate medical officer/specialist nurse outreach visits to health centers with a focus on screening for referral and training.	<ul style="list-style-type: none"> - Number of doctors/specialists visit reports - Number of trainings conducted during the visit 	Director CHS, Medsup and partners	2022 - 2025	Risk: Mitigation:
2. Conduct doctor's visitation to each rural hospital with a focus on specialty referral needs and training	<ul style="list-style-type: none"> - Number of Doctors visits reports per province 	Director CHS, Medsup and partners	2022 - 2025	Risk: Mitigation:
3. Enhance staff capacity through professional advice and support in delivery of care	<ul style="list-style-type: none"> - Survey on staff satisfaction through outreach and supervisory support services - Roll out of continuing clinical education program 	Medsup, health specialists and partners	2022 - 2024	Risk: Budget Constraint Mitigation: Seek partner funding support

	- Continuing education requirement			
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61 QR– Hospital Referrals

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, Vanuatu has a density of 31 HWs per 10,000 populations and the number of patients referred overseas for medical support is reduced.</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements to reduce number of patients referred for overseas medical support.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing hospitals and health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 5 & 6, Clinical Services Plan, Role Delineation Policy
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Ensure inclusive and supportive referral systems which enable vulnerable groups such as people with disability to access both general and impairment/issue specific health services [HSS G1: 1.2]. 2. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G4: 5.4] 3. Ensure a needs-based primary healthcare structure and resource allocation to reflect the standards at each health service level in accordance with the Role Delineation Policy [HSS G5: 5.5] 4. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5: 5.6] 5. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing, and logistics management [HSS G5:5.7].

Program (MHCC): Health Services				
Outcome (61QR): <ol style="list-style-type: none"> Healthcare facilities throughout Vanuatu have standard infrastructures, functional space, staffing and equipment to deliver quality healthcare services. Strengthen national referral systems based on 'emergency and elective needs' only. Develop an overseas referral guide 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Ensure Standard Operational Procedures (SOPs) for referrals are fully complied when referring patients from one facility level to another level including internationally.	<ul style="list-style-type: none"> - Referral SOPs in place - Number of patient referral report - Referral Audit Reports - Communication strategy in all hospitals - Regular doctor visitation reports 	Director CHS, Provincial Hospital Medsups, Provincial Hospital NSMs and healthcare workers Development Partners	2022 – 2025	Risk: Mitigation:
2. Improve health service infrastructure facilities	<ul style="list-style-type: none"> - RDP audit report - Assets and Infrastructure Report 	Director CHS, PPU and partners	2022 – 2025	Risk: Mitigation:

3. Develop guidelines for international referrals	<ul style="list-style-type: none"> - Referral SOPs in place - Overseas referral criteria - Overseas referral Committee 	DC&HS Development Partners	2022-2025	Risk: Political Interference Mitigation:
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61 RC– External Medical Support

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1
NSDP Target(s): SOC 3.1.1: By 2025, Vanuatu has a density of 31 HWs per 10,000 populations and the number of patients referred overseas for medical support is reduced. SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements to reduce number of patients referred for overseas medical support.
Ministry Policy: HSS (2021-2030) Goal 1, 5 & 6, Clinical Services Plan, Role Delineation Policy
Strategic Objective (MOH): <ol style="list-style-type: none"> 6. Ensure inclusive and supportive referral systems which enable vulnerable groups such as people with disability to access both general and impairment/issue specific health services [HSS G1: 1.2]. 7. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G4: 5.4] 8. Ensure a needs-based primary healthcare structure and resource allocation to reflect the standards at each health service level in accordance with the Role Delineation Policy [HSS G5: 5.5] 9. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5: 5.6]

10. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing, and logistics management [HSS G5:5.7].				
Program (MHCC): Health Services				
Outcome (61QR):				
1. Healthcare facilities throughout Vanuatu have standard infrastructures, functional space, staffing and equipment to deliver quality healthcare services. 2. Increase number of health sector workforce for all levels of care per Role Delineation Policy				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Management of Ad-hoc staff placement	<ul style="list-style-type: none"> - Number of MoU agreements - Succession planning for clinicians (nursing, medical and allied health) 	Director CHS, DG, HRM&D, and partners	2022 – 2025	Risk: Mitigation:

61 RB – Vila Central Hospital

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
NSDP Target(s): SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at VCH. SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75% SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.

SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS

SOC 4: By 2025, strengthen inclusivity at Vila Central Hospital Health care setting.

ENV 3: By 2025, VCH is strong and resilient towards climate change and disaster risks.

ECO 2: By 2025, Vila Central Hospital infrastructure is a standard for National Referrals in Vanuatu.

ECO 2.3.1&2: By 2025, 75% of new and existing hospitals and health infrastructure buildings are in compliance with the building code

Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6 , Clinical Services Plan, Role Delineation Policy

Strategic Objective (MOH):

1. Strengthen technical skill and capacity in the application of inclusive health strategies [HSS G1: 1.4]
2. Ensure workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1: 1.6]
3. Build a positive and supportive, sustainable workplace culture the promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance [HSS G2:2.1]
4. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
5. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]
6. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
7. Ensure a needs-based primary health care structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
8. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]

<p>9. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5:5.9]</p> <p>10. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5: 5.10]</p> <p>11. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]</p>				
Program (MHCB): Health Services				
Outcome (61RB): <ol style="list-style-type: none"> 1. Increase number of skilled professionals to deliver standard of health care services 2. Standard National Referral Hospital resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards. 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Strengthen Management of health services at VCH	<ul style="list-style-type: none"> - Improved infrastructure facilities - Appropriated budget allocation - Number of skilled professionals - VCH HR audit report and recommendations - Permanent HOD positions 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:

	<ul style="list-style-type: none"> - Medical services manager for VCH - Management, planning and budget training - Standard reporting template across 			
2. Establish and implement hospital strategic plans to inform HSS priorities	<ul style="list-style-type: none"> - Clinical Management Records to guide hospital management planning - Professional development and clinical leadership - VCH strategic plan in place - Training programme and committee in place 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Hospital emergency disaster response plans in place - Functional space for Emergency and Disaster Response 	Medsup, Hospital Management Team and partners	2023 -2025	Risk: Mitigation:

61RG – Lenakel Hospital

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at VCH.</p> <p>SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75%</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Lenakel Hospital Health care setting.</p> <p>ENV 3: By 2025, Lenakel Hospital is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, Lenakel Hospital infrastructure is a standard for Provincial Referrals in Vanuatu.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing hospitals and health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6, Clinical Services Plan, Role Delineation Policy
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Strengthen technical skill and capacity in the application of inclusive health strategies [HSS G1: 1.4] 2. Ensure workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1: 1.6] 3. Build a positive and supportive, sustainable workplace culture the promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance [HSS G2:2.1] 4. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]

<ol style="list-style-type: none"> 5. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2] 6. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4] 7. Ensure a needs-based primary health care structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5] 8. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7] 9. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5:5.9] 10. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5: 5.10] 11. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2] 				
Program (MHCB): Health Services				
Outcome (61RG): <ol style="list-style-type: none"> 1. Increase number of skilled professionals to deliver standard of health care services 2. A Standard Provincial and National Referral Hospital resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards. 3. Lenakel Hospital has an established Strategic Plan linking to HSS 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation

1. Strengthen Management of health services at Lenakel Hospital	<ul style="list-style-type: none"> - Improved infrastructure facilities - Appropriated budget allocation - Number of skilled professionals - Management, planning and budget training - Standard reporting templates across 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:
2. Establish and implement hospital strategic plans to inform HSS priorities	<ul style="list-style-type: none"> - Clinical Management Records to guide hospital management planning - Professional development and clinical leadership - Strategic plan in place 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Hospital Emergency and disaster response plans in place 	Medsup, Hospital Management Team and partners	2023 -2025	Risk: Mitigation:

	<ul style="list-style-type: none"> - Functional space for Emergency and Disaster Response 			
4. Conduct medical officer/specialist nurse outreach visits to health centres with a focus on screening for referral and training.	<ul style="list-style-type: none"> - Number of visits per province - Target service/support and number of patient visits 	Director CHS, Medsups and partners	2023 -2025	Risk: Mitigation:

61SB – Northern Provincial Hospital

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
NSDP Target(s): SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at VCH. SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75% SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements. SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS SOC 4: By 2025, strengthen inclusivity at Northern Provincial Hospital Health care setting. ENV 3: By 2025, Northern Provincial Hospital is strong and resilient towards climate change and disaster risks.

ECO 2: By 2025, Northern Provincial Hospital infrastructure is a standard for Provincial Referrals in Vanuatu.

ECO 2.3.1&2: By 2025, 75% of new and existing hospitals and health infrastructure buildings are in compliance with the building code

Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6, Clinical Services Plan, Role Delineation Policy

Strategic Objective (MOH):

1. Ensure workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1: 1.6]
2. Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance [HSS G2:2.1]
3. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
4. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]
5. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
6. Ensure a needs-based primary health care structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
7. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]
8. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5:5.9]
9. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5: 5.10]

10. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]				
Program (MHCB): Health Services				
Outcome (61SB): <ol style="list-style-type: none"> 1. Increase number of skilled professionals to deliver standard of health care services. 2. A Standard Provincial and Regional Referral Hospital resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards. 3. Northern Provincial Hospital has an established Strategic Plan linking to HSS 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Strengthen Management of health services at Northern Provincial Hospital	<ul style="list-style-type: none"> - Improved infrastructure facilities - Appropriated budget allocation - Number of skilled professionals - Management, planning and budget training - Standard reporting templates across 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:
2. Establish and implement hospital strategic plans to	<ul style="list-style-type: none"> - Clinical Management Records to guide hospital management planning 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:

inform HSS priorities	<ul style="list-style-type: none"> - Professional development and clinical leadership - Strategic plan in place 			
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Hospital Emergency and disaster response plans in place - Functional space for Emergency and Disaster Response 	Medsup, Hospital Management Team and partners	2023 -2025	Risk: Mitigation:
4. Conduct medical officer/specialist nurse outreach visits to health centres with a focus on screening for referral and training.	<ul style="list-style-type: none"> - Number of visits per province - Target service/support and number of patient visits 	Director CHS, Medsups and partners	2023 -2025	Risk: Mitigation:

61SD – Qaet Vaes (Torba) Hospital

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at VCH.</p> <p>SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75%</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Qaet Vaes Hospital Health care setting.</p> <p>ENV 3: By 2025, Qaet Vaes Hospital is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, Qaet Vaes Hospital infrastructure is a standard for Primary Healthcare referrals in Torba Province and Vanuatu.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing hospitals and health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6, Clinical Services Plan, Role Delineation Policy
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Ensure workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1: 1.6] 2. Build a positive and supportive, sustainable workplace culture the promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance [HSS G2:2.1] 3. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10] 4. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]

5. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
6. Ensure a needs-based primary health care structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
7. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]
8. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5:5.9]
9. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5: 5.10]
10. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCB): Health Services

Outcome (61SD):

1. Increase number of skilled professionals to deliver standard of health care services.
2. Standard Provincial Hospital resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards.
3. Qaet Vaes Hospital has an established Strategic Plan linking to HSS

Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Strengthen Management of	- Improved infrastructure facilities	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:

health services at Qaet Vaes Hospital	<ul style="list-style-type: none"> - Appropriated budget allocation - Number of skilled professionals - Management, planning and budget training - Standard reporting templates across 			
2. Establish and implement hospital strategic plans to inform HSS priorities	<ul style="list-style-type: none"> - Clinical Management Records to guide hospital management planning - Professional development and clinical leadership - Strategic plan in place 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Hospital Emergency and disaster response plans in place - Functional space for Emergency and Disaster Response 	Medsup, Hospital Management Team and partners	2023 -2025	Risk: Mitigation:

4. Conduct medical officer/specialist nurse outreach visits to health centres with a focus on screening for referral and training.	<ul style="list-style-type: none"> - Number of visits per province - Target service/support and number of patient visits 	Director CHS, Medsups and partners	2023 -2025	Risk: Mitigation:
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61SF – Norsup Hospital

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Norsup.</p> <p>SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75%</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Norsup Hospital Health care setting.</p> <p>ENV 3: By 2025, Norsup Hospital is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, Norsup Hospital infrastructure is a standard for Primary Healthcare referrals in Malampa Province and Vanuatu.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing hospitals and health infrastructure buildings are in compliance with the building code</p>

Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6, Clinical Services Plan, Role Delineation Policy

Strategic Objective (MOH):

1. Ensure workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1: 1.6]
2. Build a positive and supportive, sustainable workplace culture that promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance [HSS G2:2.1]
3. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
4. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]
5. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
6. Ensure a needs-based primary health care structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
7. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]
8. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5:5.9]
9. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5: 5.10]
10. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCb): Health Services				
Outcome (61SF): <ol style="list-style-type: none"> 1. Increase number of skilled professionals to deliver standard of health care services. 2. Standard Provincial Hospital resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards. 3. Norsup Hospital has an established Strategic Plan linking to HSS 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Strengthen Management of health services at Norsup Hospital	<ul style="list-style-type: none"> - Improved infrastructure facilities - Appropriated budget allocation - Number of skilled professionals - Management, planning and budget training - Standard reporting templates across 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:
2. Establish and implement hospital strategic plans to inform HSS priorities	<ul style="list-style-type: none"> - Clinical Management Records to guide hospital management planning 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:

	<ul style="list-style-type: none"> - Professional development and clinical leadership - Strategic plan in place 			
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Hospital Emergency and disaster response plans in place - Functional space for Emergency and Disaster Response 	Medsup, Hospital Management Team and partners	2023 -2025	Risk: Mitigation:
4. Conduct medical officer/specialist nurse outreach visits to health centres with a focus on screening for referral and training.	<ul style="list-style-type: none"> - Number of visits per province - Target service/support and number of patient visits 	Director CHS, Medsups and partners	2023 -2025	Risk: Mitigation:

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Lolowai Hospital.</p> <p>SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75%</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Lolowai Hospital Health care setting.</p> <p>ENV 3: By 2025, Lolowai Hospital is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, Lolowai Hospital infrastructure is a standard for Primary Healthcare referrals in Penama Province and Vanuatu.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing hospitals and health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2, 5 & 6, Clinical Services Plan, Role Delineation Policy
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Ensure workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1: 1.6] 2. Build a positive and supportive, sustainable workplace culture the promotes inclusion, honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance [HSS G2:2.1] 3. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10] 4. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]

5. Strengthen Primary Health Care through supported, decentralized health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
6. Ensure a needs-based primary health care structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
7. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]
8. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5:5.9]
9. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5: 5.10]
10. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCB): Health Services

Outcome (61SG):

1. Increase number of skilled professionals to deliver standard of health care services.
2. Standard Provincial and Regional Referral Hospital resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards.
3. Lolowai Hospital has an established Strategic Plan linking to HSS

Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Strengthen Management of	- Improved infrastructure facilities	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:

health services at Lolowai Hospital	<ul style="list-style-type: none"> - Appropriated budget allocation - Number of skilled professionals - Management, planning and budget training - Standard reporting templates across 			
2. Establish and implement hospital strategic plans to inform HSS priorities	<ul style="list-style-type: none"> - Clinical Management Records to guide hospital management planning - Professional development and clinical leadership - Strategic plan in place 	Medsup, Management team and partners	2022 - 2025	Risk: Mitigation:
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Hospital Emergency and disaster response plans in place - Functional space for Emergency and Disaster Response 	Medsup, Hospital Management Team and partners	2023 -2025	Risk: Mitigation:

4. Conduct medical officer/specialist nurse outreach visits to health centres with a focus on screening for referral and training.	<ul style="list-style-type: none"> - Number of visits per province - Target service/support and number of patient visits 	Director CHS, Medsups and partners	2023 -2025	Risk: Mitigation:
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7. PROGRAM: HEALTH SERVICES (MHCC)

ACTIVITY: Community Health Services (MHCB)

61 RJ – Health Administration – Shefa Province

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
NSDP Target(s): SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Shefa Provincial Health Setting. SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75% SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements. SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS SOC 3.4.2: By 2025, 70% of corporate positions within MOH filled on permanent basis

<p>SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting.</p> <p>ENV 3: By 2025, Shefa Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Shefa Health facility infrastructures meets the standards per Role Delineation and Referral Policies</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code</p>
<p>Ministry Policy: HSS (2021-2030) Goal 1, 2,3, 5 & 6, Clinical Services Plan, Role Delineation Policy</p>
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Ensure people with disability are recognized and supported by the health system: - provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services [HSS G1: 1.1] 2. Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS G1:1.3] 3. Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1:1.6] 4. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9] 5. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10] 6. Utilize the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS G3:3.1] 7. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5:5.1] 8. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSSG5:5.2]

9. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
10. In-line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Expand the Health Information System (HIS) and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting [HSS G5: 5.8]
12. Establish and strengthen systems and oversight mechanism for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5: 5.9]
13. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5:5.10]
14. Improve personnel performance management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans [HSS5:5.12]
15. Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels [HSS G5:5.13]
16. Prioritize and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond [HSS G5:5.14]
17. Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment [HSS G5:5.15]
18. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS G6:6.1]
19. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCb): Health Services				
Outcome (61RJ): <ol style="list-style-type: none"> 1. Increase number of skilled professionals to deliver standard of health care services. 2. Standard Provincial healthcare facilities resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards. 3. Shefa Provincial Health has an established Strategic Plan linking to HSS to deliver priorities within Shefa Province 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Shefa Provincial Health Administration	<ul style="list-style-type: none"> - Proportion of Annual Submission of staff appraisals - Number of annual recruitments - Number of staff trainings/capacity development - Annual Business Plan and budget allocation - Reporting (Quarterly & Annually) 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:
2. Establish and implement provincial health	<ul style="list-style-type: none"> - Shefa Provincial Health Strategic Plan link to HSS 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:

strategic plan linking to HSS				
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Shefa Provincial Health Emergency and disaster response plans in place 	PHA, Administration team and partners	2023 -2025	Risk: Mitigation:
4. Strengthen Role Delineation and Referral Policy standards at Provincial level setting	<ul style="list-style-type: none"> - Provincial Facility list update - Provincial SOPs in place for facility approval and registration 	PHA, Administration team, Health Workers and partners	2022 - 2025	Risk: Mitigation:
5. Health Information systems connected to all levels of care for health reporting and communication links to HSS	<ul style="list-style-type: none"> - Proportion of healthcare facilities with ICT installed - Number of HIS reports received from healthcare facilities 	PHA, Administration team, Health Workers, ICT and HIS Units and partners	2023 - 2025	Risk: Mitigation:

61RH – Shefa Provincial Public Health

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, 3.2, 3.3 & 3.4, Society Goal 4, Environment Goal 1, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health workers per 10,000 populations.</p> <p>SOC 3.1.2: By 2025, the national maternal mortality ration has been reduced to less than 75 per 100,000 live births (moving average)</p> <p>SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes and as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits)</p> <p>SOC 3.2.2: By 2025, the incidence of TB in Vanuatu has reduced by 50%</p> <p>SOC 3.2.3: By 2025, the annual parasitic incidence rate (API) for all cases of malaria is no more than 1 per 1,000 populations.</p> <p>SOC 3.3.1: By 2025, 95% of the population of children aged between 12 – 23months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health provisional.</p> <p>SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures</p> <p>SOC 3.3.3: By 2025, under-5 mortality rate is reduced to at least as low as 27 per 1,000 live births</p> <p>SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes is attained and maintained over 5 consecutive years.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting.</p> <p>ENV 1: Number of children under 5 who are stunted is less than 20%</p> <p>ENV 3: By 2025, Shefa Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Shefa provincial healthcare facilities have improved infrastructures.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2,3,4 & 5 & 6, Clinical Services Plan, Role Delineation Policy and Referral Policy
Strategic Objective (MOH):

1. Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship [HSS G1 Strategic objectives]
2. Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality healthcare [HSS G2 Strategic objectives]
3. Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases [HSS G3 Strategic objectives]
4. Optimize real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and seeking behaviors [HSS G4 Strategic objectives]
5. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5: 5.1]
6. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]:
7. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
8. Strengthen Primary Healthcare through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
9. Ensure a needs-based primary healthcare structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
10. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]
12. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCb): Health Services				
Outcome (61RH): <ol style="list-style-type: none"> 1. Increase Public Health staffing and skilled healthcare workers at the provincial healthcare setting 2. Strengthen Public health programs at the provincial healthcare setting 3. Strengthen primary healthcare services at the provincial healthcare setting 4. Strengthen partners and provincial stakeholders' collaboration 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Provincial Public Health Programs and assets	<ul style="list-style-type: none"> - Staff performance management - Annual Business Plan and budget - Timely Reporting (Quarterly & Annually) 	PHM, Provincial Public Health Staffs and healthcare workers	2022 - 2025	Risk: Mitigation:
2. Establish and implement Provincial Public Health Strategic Plans	<ul style="list-style-type: none"> - Provincial Health Strategic plan in place 	PHM and Provincial Public Health staffs and partners	2022 - 2025	Risk: Mitigation:
3. Response to public health emergency	<ul style="list-style-type: none"> - Provincial public health emergency plans in place - Clear emergency and response SOPs 	PHMs, Province, Hospitals and partners	2022 -2025	Risk: Mitigation:

1. Maintain and create provincial partnership	- Number of NGO and Humanitarian organization	PHM and Partners Provincial Governance	2022 – 2025	Risk: Mitigation:
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61 RK – Health Administration – Tafea Province

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
NSDP Target(s): SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Tafea Provincial Health Setting. SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75% SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements. SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS SOC 3.4.2: By 2025, 70% of corporate positions within MOH filled on permanent basis SOC 4: By 2025, strengthen inclusivity at Tafea Provincial Health care setting. ENV 3: By 2025, Tafea Health is strong and resilient towards climate change and disaster risks. ECO 2: By 2025, 75% of Tafea provincial healthcare facilities have improved infrastructures. ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code
Ministry Policy: HSS (2021-2030) Goal 1, 2,3, 5 & 6, Clinical Services Plan, Role Delineation Policy
Strategic Objective (MOH): 1. Ensure people with disability are recognized and supported by the health system: - provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services [HSS G1: 1.1]

2. Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS G1:1.3]
3. Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1:1.6]
4. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9]
5. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
6. Utilize the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS G3:3.1]
7. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5:5.1]
8. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSSG5:5.2]
9. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
10. In-line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Expand the Health Information System (HIS) and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting [HSS G5: 5.8]
12. Establish and strengthen systems and oversight mechanism for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5: 5.9]

<p>13. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5:5.10]</p> <p>14. Improve personnel performance management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans [HSS5:5.12]</p> <p>15. Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels [HSS G5:5.13]</p> <p>16. Prioritize and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond [HSS G5:5.14]</p> <p>17. Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment [HSS G5:5.15]</p> <p>18. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS G6:6.1]</p> <p>19. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]</p>				
Program (MHCB): Health Services				
<p>Outcome (61RK):</p> <p>1. Increase number of skilled professionals to deliver standard of health care services.</p> <p>2. Standard Provincial healthcare facilities resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards.</p> <p>3. Tafea Provincial Health has an established Strategic Plan linking to HSS to deliver priorities within Tafea Province</p>				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation

1. Manage Tafea Provincial Health Administration	<ul style="list-style-type: none"> - Proportion of Annual Submission of staff appraisals - Number of annual recruitments - Number of staff trainings/capacity development - Annual Business Plan and budget allocation - Reporting (Quarterly & Annually) 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:
2. Establish and implement provincial health strategic plan linking to HSS	<ul style="list-style-type: none"> - Tafea Provincial Health Strategic Plan link to HSS 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Tafea Provincial Health Emergency and disaster response plans in place 	PHA, Administration team and partners	2023 -2025	Risk: Mitigation:
4. Strengthen Role Delineation and Referral Policy standards at Provincial level setting	<ul style="list-style-type: none"> - Provincial Facility list update - Provincial SOPs in place for facility approval and registration - 	PHA, Administration team, Health Workers and partners	2022 - 2025	Risk: Mitigation:
5. Health Information systems connected to all levels of care for health reporting and	<ul style="list-style-type: none"> - Proportion of healthcare facilities with ICT installed - Number of HIS reports received from healthcare facilities 	PHA, Administration team, Health Workers, ICT and	2023 - 2025	Risk: Mitigation:

communication links to HSS		HIS Units and partners		
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61RI - Tafea Provincial Public Health

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, 3.2, 3.3 & 3.4, Society Goal 4, Environment Goal 1, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health workers per 10,000 populations.</p> <p>SOC 3.1.2: By 2025, the national maternal mortality ration has been reduced to less than 75 per 100,000 live births (moving average)</p> <p>SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes and as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits)</p> <p>SOC 3.2.2: By 2025, the incidence of TB in Vanuatu has reduced by 50%</p> <p>SOC 3.2.3: By 2025, the annual parasitic incidence rate (API) for all cases of malaria is no more than 1 per 1,000 populations.</p> <p>SOC 3.3.1: By 2025, 95% of the population of children aged between 12 – 23months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health provisional.</p> <p>SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures</p> <p>SOC 3.3.3: By 2025, under-5 mortality rate is reduced to at least as low as 27 per 1,000 live births</p> <p>SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes is attained and maintained over 5 consecutive years.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting.</p> <p>ENV 1: Number of children under 5 who are stunted is less than 20%</p> <p>ENV 3: By 2025, Shefa Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Shefa provincial healthcare facilities have improved infrastructures.</p>

ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code

Ministry Policy: HSS (2021-2030) Goal 1, 2,3,4 & 5 & 6, Clinical Services Plan, Role Delineation Policy and Referral Policy

Strategic Objective (MOH):

1. Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship [HSS G1 Strategic objectives]
2. Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality healthcare [HSS G2 Strategic objectives]
3. Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases [HSS G3 Strategic objectives]
4. Optimize real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and seeking behaviors [HSS G4 Strategic objectives]
5. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5: 5.1]
6. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]:
7. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
8. Strengthen Primary Healthcare through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
9. Ensure a needs-based primary healthcare structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
10. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS [HSS G5:5.6]

11. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7] 12. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]				
Program (MHCB): Health Services				
Outcome (61RI): 1. Increase Public Health staffing and skilled healthcare workers at the provincial healthcare setting 2. Strengthen Public health programs at the provincial healthcare setting 3. Strengthen primary healthcare services at the provincial healthcare setting 4. Strengthen partners and provincial stakeholders' collaboration				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
2. Manage Provincial Public Health Programs and assets	<ul style="list-style-type: none"> - Staff performance management - Annual Business Plan and budget - Timely Reporting (Quarterly & Annually) 	PHM, Provincial Public Health Staffs and healthcare workers	2022 - 2025	Risk: Mitigation:
3. Establish and implement Provincial Public Health Strategic Plans	<ul style="list-style-type: none"> - Provincial Health Strategic plan in place 	PHM and Provincial Public Health staffs and partners	2022 - 2025	Risk: Mitigation:

4. Response to public health emergency	<ul style="list-style-type: none"> - Provincial public health emergency plans in place - Clear emergency and response SOPs 	PHMs, Province, Hospitals and partners	2022 -2025	Risk: Mitigation:
5. Maintain and create provincial partnership	<ul style="list-style-type: none"> - Number of NGO and Humanitarian organization 	PHM and Partners Provincial Governance	2022 – 2025	Risk: Mitigation:

61SL – Health Administration – Torba Province

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Torba Provincial Health Setting.</p> <p>SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75%</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 3.4.2: By 2025, 70% of Corporate positions within MOH filled on permanent basis</p> <p>SOC 4: By 2025, strengthen inclusivity at Torba Provincial Health care setting.</p> <p>ENV 3: By 2025, Torba Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Torba provincial healthcare facilities have improved infrastructures.</p>

ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code

Ministry Policy: HSS (2021-2030) Goal 1, 2,3, 5 & 6, Clinical Services Plan, Role Delineation Policy

Strategic Objective (MOH):

1. Ensure people with disability are recognized and supported by the health system: - provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services [HSS G1: 1.1]
2. Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS G1:1.3]
3. Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1:1.6]
4. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9]
5. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
6. Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS G3:3.1]
7. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5:5.1]
8. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSSG5:5.2]
9. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
10. In-line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5:5.6]

11. Expand the Health Information System (HIS) and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting [HSS G5: 5.8]
12. Establish and strengthen systems and oversight mechanism for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5: 5.9]
13. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5:5.10]
14. Improve personnel performance management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans [HSS5:5.12]
15. Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels [HSS G5:5.13]
16. Prioritize and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond [HSS G5:5.14]
17. Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment [HSS G5:5.15]
18. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS G6:6.1]
19. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCB): Health Service

Outcome (61SL):

1. Increase number of skilled professionals to deliver standard of health care services.

<p>2. Standard Provincial healthcare facilities resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards.</p> <p>3. Torba Provincial Health has an established Strategic Plan linking to HSS to deliver priorities within Torba Province</p>				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Torba Provincial Health Administration	<ul style="list-style-type: none"> - Proportion of Annual Submission of staff appraisals - Number of annual recruitments - Number of staff trainings/capacity development - Annual Business Plan and budget allocation - Reporting (Quarterly & Annually) 	PHA, Administration team and partners	2022 - 2025	<p>Risk:</p> <p>Mitigation:</p>
2. Establish and implement provincial health strategic plan linking to HSS	<ul style="list-style-type: none"> - Torba Provincial Health Strategic Plan link to HSS 	PHA, Administration team and partners	2022 - 2025	<p>Risk:</p> <p>Mitigation:</p>

3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Torba Provincial Health Emergency and disaster response plans in place 	PHA, Administration team and partners	2023 -2025	Risk: Mitigation:
4. Strengthen Role Delineation and Referral Policy standards at Provincial level setting	<ul style="list-style-type: none"> - Provincial Facility list update - Provincial SOPs in place for facility approval and registration 	PHA, Administration team, Health Workers and partners	2022 - 2025	Risk: Mitigation:
5. Health Information systems connected to all levels of care for health reporting and communication links to HSS	<ul style="list-style-type: none"> - Proportion of healthcare facilities with ICT installed - Number of HIS reports received from healthcare facilities 	PHA, Administration team, Health Workers, ICT and HIS Units and partners	2023 - 2025	Risk: Mitigation:

61SH – Torba Provincial Public Health

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, 3.2, 3.3 & 3.4, Society Goal 4, Environment Goal 1, Environment Goal 3 and Economy Goal 2
NSDP Target(s): SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health workers per 10,000 populations.

<p>SOC 3.1.2: By 2025, the national maternal mortality ration has been reduced to less than 75 per 100,000 live births (moving average)</p> <p>SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes and as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits)</p> <p>SOC 3.2.2: By 2025, the incidence of TB in Vanuatu has reduced by 50%</p> <p>SOC 3.2.3: By 2025, the annual parasitic incidence rate (API) for all cases of malaria is no more than 1 per 1,000 populations.</p> <p>SOC 3.3.1: By 2025, 95% of the population of children aged between 12 – 23months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health provisional.</p> <p>SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures</p> <p>SOC 3.3.3: By 2025, under-5 mortality rate is reduced to at least as low as 27 per 1,000 live births</p> <p>SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes is attained and maintained over 5 consecutive years.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting.</p> <p>ENV 1: Number of children under 5 who are stunted is less than 20%</p> <p>ENV 3: By 2025, Shefa Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Shefa provincial healthcare facilities have improved infrastructures.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code</p>
<p>Ministry Policy: HSS (2021-2030) Goal 1, 2,3,4 & 5 & 6, Clinical Services Plan, Role Delineation Policy and Referral Policy</p>
<p>Strategic objective (MOH):</p> <ol style="list-style-type: none"> 1. Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship [HSS G1 Strategic objectives] 2. Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality healthcare [HSS G2 Strategic objectives]

3. Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases [HSS G3 Strategic objectives]
4. Optimize real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and seeking behaviors [HSS G4 Strategic objectives]
5. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5: 5.1]
6. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]:
7. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
8. Strengthen Primary Healthcare through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
9. Ensure a needs-based primary healthcare structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
10. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]
12. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCB): Health Services

Outcome (61SH):

1. Increase Public Health staffing and skilled healthcare workers at the provincial healthcare setting
2. Strengthen Public health programs at the provincial healthcare setting

3. Strengthen primary healthcare services at the provincial healthcare setting 4. Strengthen partners and provincial stakeholders' collaboration				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Provincial Public Health Programs and assets	<ul style="list-style-type: none"> - Staff performance management - Annual Business Plan and budget - Timely Reporting (Quarterly & Annually) 	PHM, Provincial Public Health Staffs and healthcare workers	2022 - 2025	Risk: Mitigation:
2. Establish and implement Provincial Public Health Strategic Plans	<ul style="list-style-type: none"> - Provincial Health Strategic plan in place 	PHM and Provincial Public Health staffs and partners	2022 - 2025	Risk: Mitigation:
3. Response to public health emergency	<ul style="list-style-type: none"> - Provincial public health emergency plans in place - Clear emergency and response SOPs 	PHMs, Province, Hospitals and partners	2022 -2025	Risk: Mitigation:
6. Maintain and create provincial partnership	<ul style="list-style-type: none"> - Number of NGO and Humanitarian organization 	PHM and Partners Provincial Governance	2022 – 2025	Risk: Mitigation:

61SM – Health Administration – Sanma Province

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Sanma Provincial Health Setting.</p> <p>SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75%</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 3.4.2: By 2025, 70% of Corporate positions within MOH filled on permanent basis</p> <p>SOC 4: By 2025, strengthen inclusivity at Sanma Provincial Health care setting.</p> <p>ENV 3: By 2025, Sanma Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Sanma provincial healthcare facilities have improved infrastructures.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2,3, 5 & 6, Clinical Services Plan, Role Delineation Policy
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Ensure people with disability are recognized and supported by the health system: - provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services [HSS G1: 1.1] 2. Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS G1:1.3] 3. Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1:1.6]

4. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9]
5. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
6. Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS G3:3.1]
7. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5:5.1]
8. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSSG5:5.2]
9. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
10. In-line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Expand the Health Information System (HIS) and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting [HSS G5: 5.8]
12. Establish and strengthen systems and oversight mechanism for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5: 5.9]
13. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5:5.10]

14. Improve personnel performance management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans [HSS5:5.12] 15. Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels [HSS G5:5.13] 16. Prioritize and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond [HSS G5:5.14] 17. Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment [HSS G5:5.15] 18. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS G6:6.1] 19. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]				
Program (MHCB): Health Service				
Outcome (61SM): 1. Increase number of skilled professionals to deliver standard of health care services. 2. Standard Provincial healthcare facilities resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards. 3. Sanma Provincial Health has an established Strategic Plan linking to HSS to deliver priorities within Sanma Province				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Sanma Provincial Health Administration	<ul style="list-style-type: none"> - Proportion of Annual Submission of staff appraisals - Number of annual recruitments 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:

	<ul style="list-style-type: none"> - Number of staff trainings/capacity development - Annual Business Plan and budget allocation - Reporting (Quarterly & Annually) 			
2. Establish and implement provincial health strategic plan linking to HSS	<ul style="list-style-type: none"> - Sanma Provincial Health Strategic Plan link to HSS 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Sanma Provincial Health Emergency and disaster response plans in place 	PHA, Administration team and partners	2023 -2025	Risk: Mitigation:
4. Strengthen Role Delineation and Referral Policy standards at Provincial level setting	<ul style="list-style-type: none"> - Provincial Facility list update - Provincial SOPs in place for facility approval and registration - 	PHA, Administration team, Health Workers and partners	2022 - 2025	Risk: Mitigation:

5. Health Information systems connected to all levels of care for health reporting and communication links to HSS	<ul style="list-style-type: none"> - Proportion of healthcare facilities with ICT installed - Number of HIS reports received from healthcare facilities 	PHA, Administration team, Health Workers, ICT and HIS Units and partners	2023 - 2025	Risk: Mitigation:
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61SI – Sanma Provincial Public Health

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, 3.2, 3.3 & 3.4, Society Goal 4, Environment Goal 1, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health workers per 10,000 populations.</p> <p>SOC 3.1.2: By 2025, the national maternal mortality ration has been reduced to less than 75 per 100,000 live births (moving average)</p> <p>SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes and as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits)</p> <p>SOC 3.2.2: By 2025, the incidence of TB in Vanuatu has reduced by 50%</p> <p>SOC 3.2.3: By 2025, the annual parasitic incidence rate (API) for all cases of malaria is no more than 1 per 1,000 populations.</p> <p>SOC 3.3.1: By 2025, 95% of the population of children aged between 12 – 23months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health provisional.</p> <p>SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures</p> <p>SOC 3.3.3: By 2025, under-5 mortality rate is reduced to at least as low as 27 per 1,000 live births</p> <p>SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes is attained and maintained over 5 consecutive years.</p>

<p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting.</p> <p>ENV 1: Number of children under 5 who are stunted is less than 20%</p> <p>ENV 3: By 2025, Shefa Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Shefa provincial healthcare facilities have improved infrastructures.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code</p>
<p>Ministry Policy: HSS (2021-2030) Goal 1, 2,3,4 & 5 & 6, Clinical Services Plan, Role Delineation Policy and Referral Policy</p>
<p>Strategic Objective (MOH):</p> <ol style="list-style-type: none"> 1. Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship [HSS G1 Strategic objectives] 2. Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality healthcare [HSS G2 Strategic objectives] 3. Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases [HSS G3 Strategic objectives] 4. Optimise real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and seeking behaviors [HSS G4 Strategic objectives] 5. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5: 5.1] 6. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]: 7. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3] 8. Strengthen Primary Healthcare through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]

<p>9. Ensure a needs-based primary healthcare structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]</p> <p>10. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS [HSS G5:5.6]</p> <p>11. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]</p> <p>12. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]</p>				
Program (MHCB): Health Services				
Outcome (61SI): <ol style="list-style-type: none"> 1. Increase Public Health staffing and skilled healthcare workers at the provincial healthcare setting 2. Strengthen Public health programs at the provincial healthcare setting 3. Strengthen primary healthcare services at the provincial healthcare setting 4. Strengthen partners and provincial stakeholders' collaboration 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Provincial Public Health Programs and assets	<ul style="list-style-type: none"> - Staff performance management - Annual Business Plan and budget - Timely Reporting (Quarterly & Annually) 	PHM, Provincial Public Health Staffs and healthcare workers	2022 - 2025	Risk: Mitigation:
2. Establish and implement	<ul style="list-style-type: none"> - Provincial Health Strategic plan in place 	PHM and Provincial Public Health staffs and partners	2022 - 2025	Risk: Mitigation:

Provincial Public Health Strategic Plans				
3. Response to public health emergency	<ul style="list-style-type: none"> - Provincial public health emergency plans in place - Clear emergency and response SOPs 	PHMs, Province, Hospitals and partners	2022 -2025	Risk: Mitigation:
7. Maintain and create provincial partnership	<ul style="list-style-type: none"> - Number of NGO and Humanitarian organization 	PHM and Partners Provincial Governance	2022 – 2025	Risk: Mitigation:

61SN – Health Administration – Penama Province

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Penama Provincial Health Setting.</p> <p>SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75%</p> <p>SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 3.4.2: By 2025, 70% of Corporate positions within MOH filled on permanent basis</p>

SOC 4: By 2025, strengthen inclusivity at Penama Provincial Health care setting.

ENV 3: By 2025, Penama Health is strong and resilient towards climate change and disaster risks.

ECO 2: By 2025, 75% of Penama provincial healthcare facilities have improved infrastructures.

ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code

Ministry Policy: HSS (2021-2030) Goal 1, 2,3, 5 & 6, Clinical Services Plan, Role Delineation Policy

Strategic Objective (MOH):

1. Ensure people with disability are recognized and supported by the health system: - provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services [HSS G1: 1.1]
2. Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS G1:1.3]
3. Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1:1.6]
4. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9]
5. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
6. Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS G3:3.1]
7. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5:5.1]
8. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSSG5:5.2]

9. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
10. In-line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Expand the Health Information System (HIS) and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting [HSS G5: 5.8]
12. Establish and strengthen systems and oversight mechanism for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5: 5.9]
13. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5:5.10]
14. Improve personnel performance management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans [HSS5:5.12]
15. Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels [HSS G5:5.13]
16. Prioritize and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond [HSS G5:5.14]
17. Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment [HSS G5:5.15]
18. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS G6:6.1]
19. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCB): Health Services				
Outcome (61SN): <ol style="list-style-type: none"> 1. Increase number of skilled professionals to deliver standard of health care services. 2. Standard Provincial healthcare facilities resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards. 3. Penama Provincial Health has an established Strategic Plan linking to HSS to deliver priorities within Penama Province 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Penama Provincial Health Administration	<ul style="list-style-type: none"> - Proportion of Annual Submission of staff appraisals - Number of annual recruitments - Number of staff trainings/capacity development - Annual Business Plan and budget allocation - Reporting (Quarterly & Annually) 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:
2. Establish and implement provincial health	<ul style="list-style-type: none"> - Penama Provincial Health Strategic Plan link to HSS 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:

strategic plan linking to HSS				
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Penama Provincial Health Emergency and disaster response plans in place 	PHA, Administration team and partners	2023 -2025	Risk: Mitigation:
4. Strengthen Role Delineation and Referral Policy standards at Provincial level setting	<ul style="list-style-type: none"> - Provincial Facility list update - Provincial SOPs in place for facility approval and registration - 	PHA, Administration team, Health Workers and partners	2022 - 2025	Risk: Mitigation:
5. Health Information systems connected to all levels of care for health reporting and communication links to HSS	<ul style="list-style-type: none"> - Proportion of healthcare facilities with ICT installed - Number of HIS reports received from healthcare facilities 	PHA, Administration team, Health Workers, ICT and HIS Units and partners	2023 - 2025	Risk: Mitigation:

61SJ – Penama Provincial Public Health

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, 3.2, 3.3 & 3.4, Society Goal 4, Environment Goal 1, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health workers per 10,000 populations.</p> <p>SOC 3.1.2: By 2025, the national maternal mortality ration has been reduced to less than 75 per 100,000 live births (moving average)</p> <p>SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes and as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits)</p> <p>SOC 3.2.2: By 2025, the incidence of TB in Vanuatu has reduced by 50%</p> <p>SOC 3.2.3: By 2025, the annual parasitic incidence rate (API) for all cases of malaria is no more than 1 per 1,000 populations.</p> <p>SOC 3.3.1: By 2025, 95% of the population of children aged between 12 – 23months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health provisional.</p> <p>SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures</p> <p>SOC 3.3.3: By 2025, under-5 mortality rate is reduced to at least as low as 27 per 1,000 live births</p> <p>SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes is attained and maintained over 5 consecutive years.</p> <p>SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS</p> <p>SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting.</p> <p>ENV 1: Number of children under 5 who are stunted is less than 20%</p> <p>ENV 3: By 2025, Shefa Health is strong and resilient towards climate change and disaster risks.</p> <p>ECO 2: By 2025, 75% of Shefa provincial healthcare facilities have improved infrastructures.</p> <p>ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code</p>
Ministry Policy: HSS (2021-2030) Goal 1, 2,3,4 & 5 & 6, Clinical Services Plan, Role Delineation Policy and Referral Policy
Strategic objective (MOH):

1. Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship [HSS G1 Strategic objectives]
2. Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality healthcare [HSS G2 Strategic objectives]
3. Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases [HSS G3 Strategic objectives]
4. Optimise real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and seeking behaviors [HSS G4 Strategic objectives]
5. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5: 5.1]
6. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]:
7. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
8. Strengthen Primary Healthcare through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4]
9. Ensure a needs-based primary healthcare structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5]
10. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7]
12. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]

Program (MHCb): Health Services				
Outcome (61SJ): <ol style="list-style-type: none"> 1. Increase Public Health staffing and skilled healthcare workers at the provincial healthcare setting 2. Strengthen Public health programs at the provincial healthcare setting 3. Strengthen primary healthcare services at the provincial healthcare setting 4. Strengthen partners and provincial stakeholders' collaboration 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Provincial Public Health Programs and assets	<ul style="list-style-type: none"> - Staff performance management - Annual Business Plan and budget - Timely Reporting (Quarterly & Annually) 	PHM, Provincial Public Health Staffs and healthcare workers	2022 - 2025	Risk: Mitigation:
2. Establish and implement Provincial Public Health Strategic Plans	<ul style="list-style-type: none"> - Provincial Health Strategic plan in place 	PHM and Provincial Public Health staffs and partners	2022 - 2025	Risk: Mitigation:
3. Response to public health emergency	<ul style="list-style-type: none"> - Provincial public health emergency plans in place - Clear emergency and response SOPs 	PHMs, Province, Hospitals and partners	2022 -2025	Risk: Mitigation:

4. Maintain and create provincial partnership	- Number of NGO and Humanitarian organization	PHM and Partners Provincial Governance	2022 – 2025	Risk: Mitigation:
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61SO – Health Administration – Malampa Province

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 & 3.4, Society Goal 4, Environment Goal 3 and Economy Goal 2
NSDP Target(s): SOC 3.1.1: By 2025, increase number of skilled health professionals (including specialist doctors and nurses) at Malampa Provincial Health Setting. SOC 3.1.2: By 2025, number of national maternal mortality ratio has been reduced to 75% SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements. SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS SOC 3.4.2: By 2025, 70% of Corporate positions within MOH filled on permanent basis SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting. ENV 3: By 2025, Malampa Health is strong and resilient towards climate change and disaster risks. ECO 2: By 2025, 75% of Malampa provincial healthcare facilities have improved infrastructures. ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code
Ministry Policy: HSS (2021-2030) Goal 1, 2,3, 5 & 6, Clinical Services Plan, Role Delineation Policy
Strategic Objective (MOH): 1. Ensure people with disability are recognized and supported by the health system: - provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services [HSS G1: 1.1]

2. Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups [HSS G1:1.3]
3. Ensure health workplaces are inclusive through establishment of an inclusive leadership framework, inclusive recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture [HSS G1:1.6]
4. Ensure a trained and supported health sector workforce through the establishment of supportive leadership mechanisms and skills, and the systematic roll-out of periodic in-service training for managers and public health personnel [HSS G2:2.9]
5. Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education [HSS G2:2.10]
6. Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS G3:3.1]
7. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5:5.1]
8. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSSG5:5.2]
9. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans, and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]
10. In-line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralized levels to support delivery of health services and the HSS [HSS G5:5.6]
11. Expand the Health Information System (HIS) and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting [HSS G5: 5.8]
12. Establish and strengthen systems and oversight mechanism for the promotion and support of structured, operational and clinical research to inform program/service delivery planning and implementation [HSS G5: 5.9]

<p>13. Through implementation of the MOH's Workforce Development Plan, ensure an effective, well managed health sector workforce at national and provincial levels that is sufficient to meet current and future health needs, and which supports the implementation of the Clinical Services Plan and Role Delineation Policy [HSS G5:5.10]</p> <p>14. Improve personnel performance management systems at all levels which draw on and hold personnel to account for delivering against the strategic priorities of the HSS, Role Delineation Policy standards, Corporate Plans and Business Plans [HSS5:5.12]</p> <p>15. Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels [HSS G5:5.13]</p> <p>16. Prioritize and strengthen capital projects and procurement to meet projected needs across the health sector to 2030 and beyond [HSS G5:5.14]</p> <p>17. Ensure equipment and resourcing meets and supports strategic targets through the establishment of multi-year pipeline procurement and maintenance systems including the supply of essential medicines and operational equipment [HSS G5:5.15]</p> <p>18. Use of the HSS, and key non-health sector strategies, to strengthen MOH's donor, stakeholder and cross-sectoral engagement and coordination [HSS G6:6.1]</p> <p>19. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]</p>				
Program (MHCB): Health Service				
<p>Outcome (61SO):</p> <p>1. Increase number of skilled professionals to deliver standard of health care services.</p> <p>2. Standard Provincial healthcare facilities resourced with skilled staffing, equipment, infrastructure and functional space according to Role Delineation and Referral Policy standards.</p> <p>3. Malampa Provincial Health has an established Strategic Plan linking to HSS to deliver priorities within Malampa Province</p>				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation

1. Manage Malampa Provincial Health Administration	<ul style="list-style-type: none"> - Proportion of Annual Submission of staff appraisals - Number of annual recruitments - Number of staff trainings/capacity development - Annual Business Plan and budget allocation - Reporting (Quarterly & Annually) 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:
2. Establish and implement provincial health strategic plan linking to HSS	<ul style="list-style-type: none"> - Malampa Provincial Health Strategic Plan link to HSS 	PHA, Administration team and partners	2022 - 2025	Risk: Mitigation:
3. Respond to Emergency and Disasters	<ul style="list-style-type: none"> - Malampa Provincial Health Emergency and disaster response plans in place 	PHA, Administration team and partners	2023 -2025	Risk: Mitigation:
4. Strengthen Role Delineation and Referral Policy	<ul style="list-style-type: none"> - Provincial Facility list update - Provincial SOPs in place for facility approval and registration 	PHA, Administration team, Health Workers and partners	2022 - 2025	Risk: Mitigation:

standards at Provincial level setting				
5. Health Information systems connected to all levels of care for health reporting and communication links to HSS	<ul style="list-style-type: none"> - Proportion of healthcare facilities with ICT installed - Number of HIS reports received from healthcare facilities 	PHA, Administration team, Health Workers, ICT and HIS Units and partners	2023 - 2025	Risk: Mitigation:

61SK – Malampa Provincial Public Health

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1, 3.2, 3.3 & 3.4, Society Goal 4, Environment Goal 1, Environment Goal 3 and Economy Goal 2
<p>NSDP Target(s):</p> <p>SOC 3.1.1: By 2025, Vanuatu has a density of 31 Health workers per 10,000 populations.</p> <p>SOC 3.1.2: By 2025, the national maternal mortality ration has been reduced to less than 75 per 100,000 live births (moving average)</p> <p>SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes and as such in diabetic lower-limb amputations relative to 2020 figures (excluding digits)</p> <p>SOC 3.2.2: By 2025, the incidence of TB in Vanuatu has reduced by 50%</p> <p>SOC 3.2.3: By 2025, the annual parasitic incidence rate (API) for all cases of malaria is no more than 1 per 1,000 populations.</p> <p>SOC 3.3.1: By 2025, 95% of the population of children aged between 12 – 23months have received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health provisional.</p> <p>SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures</p> <p>SOC 3.3.3: By 2025, under-5 mortality rate is reduced to at least as low as 27 per 1,000 live births</p>

SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes is attained and maintained over 5 consecutive years.

SOC 3.4.1: By 2025, 100% of units have current strategic plans in place that link with HSS

SOC 4: By 2025, strengthen inclusivity at Shefa Provincial Health care setting.

ENV 1: Number of children under 5 who are stunted is less than 20%

ENV 3: By 2025, Shefa Health is strong and resilient towards climate change and disaster risks.

ECO 2: By 2025, 75% of Shefa provincial healthcare facilities have improved infrastructures.

ECO 2.3.1&2: By 2025, 75% of new and existing health infrastructure buildings are in compliance with the building code

Ministry Policy: HSS (2021-2030) Goal 1, 2,3,4 & 5 & 6, Clinical Services Plan, Role Delineation Policy and Referral Policy

Strategic objective (MOH):

1. Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship [HSS G1 Strategic objectives]
2. Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality healthcare [HSS G2 Strategic objectives]
3. Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases [HSS G3 Strategic objectives]
4. Optimise real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and seeking behaviors [HSS G4 Strategic objectives]
5. Strengthen awareness of, and adherence to the HSS at all levels and across all relevant sectors [HSS G5: 5.1]
6. Support effective corporate and clinical governance at national and provincial levels including involving clinical leadership in decision making processes [HSS G5:5.2]:
7. Strengthen MOH capacity at all levels to ensure Corporate Plans, Business Plans and periodic program and activity reporting reflect HSS priorities [HSS G5:5.3]

8. Strengthen Primary Healthcare through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritization and resource allocation [HSS G5:5.4] 9. Ensure a needs-based primary healthcare structure and resource allocation to reflect standards at each health service level in accordance with the Role Delineation Policy [HSS G5:5.5] 10. In line with the Role Delineation Policy, ensure adequate financial resources are available, linked to planning and equitably managed at national and decentralised levels to support delivery of health services and the HSS [HSS G5:5.6] 11. Strengthen national referral systems in line with the Role Delineation and National Referral Policies through systematic chains of authority, approval and communication, adequate resourcing and logistics management [HSS G5:5.7] 12. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]				
Program (MHCb): Health Services				
Outcome (61SK): <ol style="list-style-type: none"> 1. Increase Public Health staffing and skilled healthcare workers at the provincial healthcare setting 2. Strengthen Public health programs at the provincial healthcare setting 3. Strengthen primary healthcare services at the provincial healthcare setting 4. Strengthen partners and provincial stakeholders' collaboration 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Manage Provincial Public Health Programs and assets	<ul style="list-style-type: none"> - Staff performance management - Annual Business Plan and budget - Timely Reporting (Quarterly & Annually) 	PHM, Provincial Public Health Staffs and healthcare workers	2022 - 2025	Risk: Mitigation:

2. Establish and implement Provincial Public Health Strategic Plans	<ul style="list-style-type: none"> - Provincial Health Strategic plan in place 	PHM and Provincial Public Health staffs and partners	2022 - 2025	Risk: Mitigation:
3. Response to public health emergency	<ul style="list-style-type: none"> - Provincial public health emergency plans in place - Clear emergency and response SOPs 	PHMs, Province, Hospitals and partners	2022 -2025	Risk: Mitigation:
4. Maintain and create provincial partnership	<ul style="list-style-type: none"> - Number of NGO and Humanitarian organization 	PHM and Partners Provincial Governance	2022 – 2025	Risk: Mitigation:

8. PROGRAM: HEALTH SERVICES (MHC)

ACTIVITY: Public Health (MHCC)

61UA – Director of Public Health

NSDP Policy Objective: Society Goal 3 especially Policy Objective 3.4.
NSDP Target(s): SOC 3.4.1: By 2025, 100% of Public Health units have current strategic plans in place that link with HSS. SOC 3.4.2: By 2025, 70% of Public Health positions filled on permanent basis. SOC 3.4.3: By 2025, 100% of IHR Component 2 attributes maintained over 5 consecutive years.
Ministry Policy: HSS (2021-2030) Goal 1, 3, 4 & 6, Public Health Act, Health Legislations and Public Health Strategic Plan.
Strategic Objective (MOH): <ol style="list-style-type: none">1. Ensure people with disability are recognized and supported by the health systems: (i) public health and preventive services are accessible for, and can be accessed by people with disability and (ii) provision of suitable, accessible services to meet the specialized health needs of people with disability, inclusive of rehabilitation, and prosthetic and orthotic services [HSS G1: 1.1]2. Utilise the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services,) and the protection of long-term investments in health system improvements [HSS G3:3.1]3. Strengthen health-related policies and legislation across relevant sectors that address NCDs and associated risk factors (such as the Public Health and Tobacco Acts, or regulations for alcohol, nutrients of concern and marketing of unhealthy foods) to influence an enabling environment that promotes healthy behaviors and reduces harmful practices [HSS G4: 4.8]4. Strengthen the MOH's mandate, capacity and authority to ensure sector-wide compliance with public health legislation, including resourcing and mechanisms to ensure coverage [HSS G4: 4.9]

5. Strengthen partnerships and innovations through contributing MOH resources and identifying key partners who can contribute to resourcing gaps [HSS G6:6.2]				
Program (MHCC): Health Services				
Outcome (61UA): <ol style="list-style-type: none"> 1. Number of Public Health Units with established updated Strategic Operational Plans in Place. 2. Number of Public Health Positions filled on permanent positions including VHW 3. Number of skilled health professionals (Public Health, VHW, Nurses and Mid-wives) to 10,000 population 4. Enforcement of Regional and International Public Health Obligations (IHR, WHO FCTC, CD & NCD) over the 5 years 5. Effective enforcement and compliance of the Public Health Acts and legislations (i.e., Public Health Act, Tobacco Control Act, Food Safety Act, Mental Health Act, Alcohol Act) 6. Established M&E framework for Public Health Programs to ensure key Public Health performance Indicators are achieved 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Produce Public Health Regulations, Orders to strengthen enforcement and compliance on related public health legislations (Public Health Act, Tobacco Control Act and Food Control Act.	<ul style="list-style-type: none"> - COM gazettes on regulations, orders for enforcing public health legislations. - Reviewed and Amend Public Health Act 	DPH, DG, DCO, SLO, Parliament and COM Development Partners	2022 - 2025	Risk: Mitigation:
2. Establish Standard Operational Procedures for compliance and enforcement of Public Health legislations.	Number of approved SOPs to strengthen public health services per relevant PH legislations.	DPH and Partners	2022 - 2025	Risk: Mitigation:

3. Ensure Public Health Units have Strategic Plans in place to guide public health service operations and performance outputs.	<ul style="list-style-type: none"> Finalize draft Public Health Strategic Plan and Launch Number of Public Health Units with approved updated Strategic Plans in place, inclusive of PH Cost Centre Unit Annual Business Plans. Number of Provincial Public Health approved Strategic Plans in place inclusive of PPH Cost Centre Annual Business Plans Review VHWP curriculum for recognition in the health system 	DPH, PH Units, DoCSPP and Partners	2022 - 2025	Risk: Mitigation:
4. Established M&E framework for Public Health Performance Indicator	<p>M&E Officer Recruited</p> <p>M&E Framework develop and implemented</p> <p>Number of Quarterly, Half yearly and Annual Reports submitted</p>	DPH, DoCSPP and PH Units	2022 – 2025	Risk: Mitigation
5. Established Staff Performance framework for PH Officers	<ul style="list-style-type: none"> Establish clear expectations Set performance goals Develop self-monitoring tool 	DPH, DoCSPP and PH Units	2022 – 2025	Risk: Mitigation:

61UB – Health Promotion

NSDP Policy Objective: Society Goal 3, Policy Objective 3.2					
NSD Target(s): SOC 3.2.1: By 2025, reduction in communicable and non-communicable diseases.					
Ministry Policy: HSS (2021-2030) Goal 2 & 4, Role Delineation Policy, Healthy Islands Policy, RCCE Policy and Clinical Services Plan, National Oral Health Policy					
Strategic Objective (MOH): <ol style="list-style-type: none"> 1. Ensure staff are kept informed, positive health sector change is highlighted to the communication and dialogue is encouraged through the implementation of a communications strategy [HSS G2: 2.2] 2. Transform the state of oral health, especially amongst vulnerable children, through targeted, systematic outreach to schools and urban communities, and the maintenance of active data collection and analysis [HSS G4:4.3] 3. Promote community ownership, leadership and engagement in community health promotion and disease prevention processes, based on their assessment of health and social needs, and implementation of their plans to address these [HSS G4:4.7] 					
Program (MHCC): Health Services					
Outcome (61UB): <ol style="list-style-type: none"> 1. Timely Risk Communications on public health issues 2. Health promotion at all levels of the healthcare system on disease prevention, protection and safety. 					
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation	
1. Strengthen Primary healthcare and community engagement to achieve Universal Health coverage in Vanuatu	<ul style="list-style-type: none"> - Review and amend of Healthy Island and RCCE Policy - Review National Oral Health Policy 	DPH, MOH Executive, HPU, Integrated Unit and partners	2022 - 2025	Risk: Mitigation:	

	<ul style="list-style-type: none"> - Develop VHW policy & strategic plan - Develop Eye Care policy & strategic plan - Develop Ear, Nose & Throat policy & strategic plan - Revise VHW curriculum for recognition in the health system 			
2. Identify and Train provincial leaders and key stakeholders including Village Health Workers (VHWs) health promotion, community mobilization and disease prevention initiatives.	<ul style="list-style-type: none"> - Number of provincial leaders and key stakeholders /VHWs trained for mobilization and prevention initiatives in communities. - Number of Training of Trainers (TOT) - Number of GNST (Gudfala Smiles Nurses Training) - Number of In-service training - Number of Pre-service Training 	HPU and Provincial Health Teams, Integrated Oral Health Unit	2022 - 2025	Risk: Mitigation:

3. Conduct integrated surveys on effectiveness of community engagement activities	<ul style="list-style-type: none"> - Number of surveys conducted on Knowledge, Attitudes, Practices and Behaviors (KAPB) for communities involved in Community Engagement. 	HPU	2022 - 2025	Risk: Mitigation:
4. Conduct baseline data surveys and community outreaches	<ul style="list-style-type: none"> - Basic oral health survey - Review Key Indicators for Oral Health - Rapid Assessment of Avoidable Blindness as baseline data - Baseline data for Ear, Nose & Throat (ENT) - Identify Key Indicators for Eye Care & ENT - Number of community outreaches 	Integrated Oral Health Unit, DPH, HIS, Partners	2023 - 2025	Risk: Mitigation:
5. Produce, coordinate health communication and promotional activities to promote healthy islands policy	<ul style="list-style-type: none"> - Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions 	HPU and partners	2022 - 2025	Risk: Mitigation:

6. Raise awareness on disease outlooks	<ul style="list-style-type: none"> - Number of communities reached - Number of people reached - Number of schools reached - Number of children reached - Number of outreaches - Number of press releases 	HPU and partners	2023-2025	Risk: Mitigation:
7. Establishment of Health Promotion Foundation	<ul style="list-style-type: none"> - Dedicated % of SINS excise tax to the foundation fund 	HPU and partners	2022-2025	Risk: Mitigation:

61UC – Malaria & Other Vector-Borne Diseases

NSDP Policy Objective: Society Goal 3, Policy Objective 3.2
NSDP Target(s): SOC 3.2.1: By 2025, the Annual Parasitic Incidence Rate (API) for all cases of malaria is no more than 0.1 per 1,000 populations nationally.
Ministry Policy: HSS (2021-2030) Goal 3, Role Delineation Policy and National Strategic Plan for Malaria Elimination 2021-2026.
Strategic Objective (MOH): <ol style="list-style-type: none"> 1. To reduce the incidence of communicable and non-communicable diseases [NSDP SOC 3: 3.2] 2. Maintain progress towards elimination targets for malaria and selected neglected tropical diseases, through continued resourcing, surveillance and monitoring [HSS G3: 3.3]
Program (MHCC): Health Services
Objective:

1. Maintain progress towards elimination targets for malaria through continued resourcing, surveillance and monitoring. 2. Strengthen detection, diagnosis and management of Malaria and other Vector Borne Diseases.				
Outcome (61UC): Reduction of Malaria Annual Parasite Incidence Rate (API) in Vanuatu.				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Update and Implement VBDC Policy/Strategic Plan.	<ul style="list-style-type: none"> - Number of LLINs and Households that receive bed nets through mass campaigns. - Proportion of suspected Malaria cases that receive a parasitological test and appropriately treated as per the treatment guideline. - Number of communities reached through mass campaigns - Percentage of confirm cases fully investigated and classified. - Preparedness and response plan. 	Malaria & VBDC, Surveillance Units, HPU and partners	2022 – 2025	Risk: Mitigation:
2. Promote and maintain high level political commitments on elimination targets for provinces to meet by 2025.	<ul style="list-style-type: none"> - Decisions (COM/Parliamentary) on elimination of Malaria and other VBDs. - Elimination of Malaria in Vanuatu. - Number of Malaria Elimination Steering Group Committee Meetings conducted 	Director PH, Malaria & VBDC unit and partners.	2022 – 2025	Risk: Mitigation:

3. Establish monitoring and innovations on knowledge generation	Number of research publications of Malaria & other VBDs in Vanuatu.	Malaria & VBDC unit and partners.	2022 – 2025	Risk: Mitigation:
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61UD – Nutrition

NSDP Policy Objective: Society Goal 3 and Environment Goal 1
NSDP Target(s): SOC 3.1: By 2025, reduce number and rate of stunting to less than 20% for children under five (5) years old. SOC3.1: By 2025, reduction of underweight children under five years of age. ENV 1.2: By 2025, promote breast feeding and aelan kakai as a key part of a sustainable and nutritionally balance diet.
Ministry Policy: HSS (2021-2030) Goal 4, Role Delineation Policy and Vanuatu National Food and Nutrition Policy.
Strategic Objective (MOH): <ol style="list-style-type: none"> 1. Ensure that the population of Vanuatu has equitable access to affordable, quality healthcare through the fair distribution of facilities that are suitably resourced and equipped [NSDP SOC 3: 3.1] 2. To ensure the national well- being of the total population and to increase the consumption of local food [NSDP ENV 1]. 3. Improve health and development outcomes of communities (with an emphasis on children-especially the reduction of stunting – adolescents, women of child-bearing age and the elderly) through improved health security, nutrition awareness and practices, and availability of healthier food options [HSS G4: 4.4].
Program (MHCC): Health Services
Outcome (61UD): <ol style="list-style-type: none"> 1. Reduction rate and number of stunting for children under five (5) years old.

2. Promotion of breastfeeding until six months of age.
3. Reduction of underweight children under five years of age.

Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Establish roll-outs of nutrition guidelines and early childhood development initiative.	Approved guidelines on: <ul style="list-style-type: none"> - Vanuatu Dietary Guideline - Mother, Infant and Young Child Feeding - Integrated Management of Acute Malnutrition - Review and finalization of the Nutrition and Food Safety Policy 	Nutrition Unit, Environmental Health, and Partners	2022 - 2025	Risk: Mitigation:
2. Promote High Impact nutrition interventions for maternal and early childhood development.	<ul style="list-style-type: none"> - Number of Children under 5 years reached during routine supplementation of MNP, Vitamin A and Deworming - Registry for dieticians in Vanuatu 	Nutrition, NCD, Mental Health Units and Partners	2022 - 2025	Risk: Mitigation:
3. Support other Government sectors for food and nutrition.	<ul style="list-style-type: none"> - MOH as active member in Food and Nutrition cluster committee during emergencies. 	Nutrition Unit, NGO's and Development Partners.	2022 - 2025	Risk: Mitigation:

61UE – NCD & Mental Health & Eye

NSDP Policy Objective: Society Goal 3, Policy Objective 3.2 and 3.3, SDG 3
NSDP Target(s): <p>SOC 3.2.1: By 2025, there is no increase in the prevalence of diabetes and as such in diabetic lower-limb amputation relative.</p> <p>SOC 3.3.2: By 2025, there is no increase in the prevalence of adult obesity relative to 2020 figures.</p> <p>SDG 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.</p> <p>SDG 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</p> <p>SDG 3.6: By 2025, reduce the number of national deaths and injuries from road traffic accidents.</p>
Ministry Policy: HSS (2021-2030) Goal 4, Public Health Act, Tobacco Control Act, Food Act, Role Delineation Policy, NCD Policy and Strategic Plan, Mental Health Policy, Traffic Law and Clinical Services Plan.
Strategic Objective (MOH): <ol style="list-style-type: none"> 1. Promote healthy lifestyle choices and health seeking behavior to improve population and well-being [NSDP SOC3: 3.2] 2. A nation that ensures our food and nutrition security needs are adequately met for all people through increasing production systems and improving household production [NSDP ENV1] 3. Reduce the onset of Lifestyle Diseases through promoting individual's awareness, confidence and opportunities to make informed, healthy behavioral choices [HSS G4:4.1] 4. Reduce the burden of NCDs through improved quality and coverage of prevention and management interventions [HSS G4: 4.2] 5. Improve the well-being and productivity of individuals and communities through the promotion of mental health awareness and community dialogue, and the establishment of mental health outreach services (inclusive of assessment, counseling, referral and treatment) [HSS G4: 4.6]
Program (MHCC): Health Services
Outcome (61UE):

1. Reduce incidence of Non-Communicable Diseases (NCD) 2. Reduce mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease [SDG: 3.4.1] 3. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders [SDG:3.5.1] 4. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol [SDG 3.5.2] 5. Reduce death rate due to road traffic injuries [SDG 3.6.1].				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Review and update Vanuatu NCD roadmap	- NCD roadmap Policy launched	Director PH and NCD Unit	2023	Risk: Mitigation:
2. Establish NCD-PEN protocols for early diagnosis and NCD management	- NCD-PEN protocols approved - Number of Nurses trained on PEN	NCD Unit	2023 - 2025	Risk: Mitigation:
3. Enhance community outreach of NCD and their complications	- Awareness tools on prevention and management	NCD Unit	2022-2025	Risk: Mitigation:
4. Enhance frequency and coverage of community outreaches	- NCD key messages, screening and clinical services	NCD Unit and VCH specialists	2022-2025	Risk: Mitigation:
5. Integrate NCD activities with other PH programs	- Number of outreaches with other PH programs	NCD Unit, Other PH Units, Customs department	2022-2025	Risk: Mitigation:

	<ul style="list-style-type: none"> - COM paper from Review of tariffs for imported goods, excise in duty tax - Multi-sector MoUs/MoAs to address NCD 			
6. Re-activate National/Provincial Mental Health Committee (NMHC)	<ul style="list-style-type: none"> - MOH endorsement of NMHC. 	Mental Health (MH) Unit	2023	Risk: Mitigation:
7. Conduct trainings of Trainers on Mental Health Issues	<ul style="list-style-type: none"> - Number of Provincial Health Staff trained 	MH Unit	2022 - 2025	Risk: Mitigation:
8. Strengthen Mental Health data collection and reporting	<ul style="list-style-type: none"> - MOH decisions based on mental health data. - Train mental health nurses to enter data into HIS database 	MH	2022 - 2025	Risk: Mitigation:

61UF – Extended Programme on Immunization (EPI)

NSDP Policy Objective: Society Goal 3, Policy Objective 3.3				
NSDP Target(s): SOC 3.3: By 2025, 95% of the population of children aged 12-23 months has received three doses of combined diphtheria, tetanus toxoid and pertussis vaccine in a given year, administered by a trained health professional.				
Ministry Policy: HSS (2021-2030) Goal 2, National Immunization Policy				
Strategic Objective (MOH): <ol style="list-style-type: none"> Promote healthy lifestyle choices and health seeking behavior to improve population and well-being [NSDP SOC3: 3.3] Improve immunization coverage through demand creation, the filling of staff vacancies in the community care facilities, and the resourcing of facility based and outreach services, including the supply of essential medicines and vaccinations, and cold chain management [HSS G2: 2.7]. 				
Program (MHCC): Health Services				
Outcome (61UF): <ol style="list-style-type: none"> Increase national immunization coverage by percentage for Diphtheria, tetanus toxoid and pertussis (DTP3) among 1-year-olds. Installation of vaccine cold-chains and storage facilities in all six provinces. Review of the EPI Key Policies 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Develop a National EPI policy & strategic plan	Drafting of policy & strategic plan	DPH, EPI	2023 -2025	Risk: Mitigation:
2. Strengthen and implement the National	Vaccine coverage for:	EPI Unit, HPU, HIS, RMNCAH, HIV unit and Development Partners	2022-2025	Risk: Mitigation: Seek Donor partners support

Immunization Policy and multi-year plan.	<ul style="list-style-type: none"> - Diphtheria, tetanus toxoid and pertussis (DTP3) - Polio - New vaccines – Rota, HPV and PCV - Measles and Rubella - Hepatitis B within 24 hours - COVID-19 			
3. Resource coverage of immunization services	- Procure and maintain operational cold-chain equipment	EPI Unit and Development Partners	2022-2025	Risk: Budget constraint Mitigation: Seek donor partner's support.
4. Ensure compliance of health worker and outreach team	- Approved standards of immunization schedules and procedures.	EPI Unit, PHMs, NSMs, Healthcare workers and partners	2022-2025	Risk: Mitigation:
5. Strengthen capacity of vaccine providers on new vaccines.	- Training on standards and guidelines including micro planning and implementation.	EPI Unit, healthcare workers, PHMs and partners	2022-2025	Risk: Budget constraint Mitigation: Seek donor partner's support.
6. Establish community networks to	- Proportion of annual immunization coverage	Director PH, EPI Unit and PHMs	2022-2025	Risk: Budget constraint Mitigation: Community engagements as leads

mobilize immunization services				
7. Integration of EPI with nutrition, Surveillance, NTD and RMNCAH programs	- Establish 6 monthly Child Health Week	EPI, RAMNCAH, NUTRITION, HIV, NTD and SURVEILLANCE	2022-2025	Risk: Mitigation:

61UH - TB/Leprosy

NSDP Policy Objective: Society Goal 3, Policy Objective 3.2.
NSDP Target(s): SOC 3.2.: By 2025, the prevalence of TB and Leprosy is reduced to 50%.
Ministry Policy: HSS (2021-2030) Goal 3 and 4, Role Delineation Policy, TB/Leprosy Strategic Plan and Clinical Services Plan.
Strategic Objective (MOH): <ol style="list-style-type: none"> 1. Strengthen detection, diagnosis and management of target communicable diseases, including TB and Leprosy [HSS G3:3.5] 2. Reduce the onset of Lifestyle Diseases through promoting individual's awareness, confidence and opportunities to make informed, healthy behavioral choices [HSS G4: 4.1] 3. Improve health and development outcomes of communities (with an emphasis on children – especially the reduction of stunting – adolescents, women of child-bearing age and the elderly) through improved health security, nutrition awareness and practices, and availability of healthier food options [HSS G4: 4.4]

4. Strengthen health-related policies and legislation across relevant sectors that address NCDs and associated risk factors (such as Public Health and Tobacco Acts, or regulations for alcohol, nutrients of concern and marketing of unhealthy foods) to influence an enabling environment that promotes healthy behaviors and reduces harmful practices [HSS G4:4.8]				
Program (MHCC): Health Services				
Outcome (61UH):				
1. Reduction on incidence of TB/Leprosy Communicable Diseases in Vanuatu.				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Develop TB & Leprosy policy /strategic plan	Revisit draft and finalize for consultation	DPH, TB & Leprosy Unit	2022 -2025	Risk: Mitigation:
2. Early, rapid, quality diagnosis treatment and reporting of TB & Leprosy inclusive of active case finding in key affected populations and households DOTS, Community DOTS and TB Cases management	Early detection, rapid diagnosis and reporting of cases	TB& Leprosy Unit, Surveillance &Response Unit, Healthcare facilities and Partners	2022-2025	Risk: Insufficient HR Mitigation: Ensure TB Officers are recruited and resource for community visits.
3. Conduct trainings on supervisory support for healthcare workers and communities.	- Number of Supervisory supports conducted - Number of trainings conducted	TB& Leprosy Unit, Surveillance &Response Unit, Healthcare facilities and Partners	2022-2025	Risk: Mitigation:

4. Revise ACSM Strategy for TB	- ACSM Strategy finalized and launched	TB& Leprosy Unit and Partners	2022-2025	Risk: Mitigation:
5. Leprosy rehabilitation and mass administration of PEP in Hotspot areas.	- Number of rehabilitation services provided	TB & Leprosy Unit and NTD Unit	2022-2025	Risk: Mitigation:
6. Multi-drug resistant TB	- Number of confirm MDR TB cases	TB & Leprosy Unit	2022-2025	Risk: Mitigation:

61UI – Reproductive Health & Family Planning

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1
NSDP Target(s): SOC 3.1.1: By 2025, Vanuatu has a density of 31 health workers (HWs) per 10,000 populations. SOC 3.1.2: By 2025, the national maternal mortality ratio has been reduced to less than 75 per 100,000 live births (moving average).
Ministry Policy: HSS (2021-2030) Goal 1 & 2, RMNCAH Policy, Nutrition Policy and EPI Policy.
Strategic Objective (MOH): <ol style="list-style-type: none"> 1. Ensure inclusive and supportive referral systems which enable vulnerable groups such as people with disability to access both general and impairment/issue specific health services [HSS G1: 1.2] 2. Provide targeted health frameworks, programming, guidelines and budgets for inclusive health priorities (inclusive of gender equality, sexual and gender-based violence and child protection, SOGIE, disability, mental health, and adolescent health) [HSS G1:1.5]

<ol style="list-style-type: none"> 3. Improve quality maternal and child health service coverage through the filling of staff vacancies in all community care facilities, and the resourcing of facility-based and outreach services [HSS G2: 2.3] 4. Reduce maternal, under-five children, infant and neonatal mortality through the establishment and resourcing of comprehensive facility-based and integrated outreach antenatal and child health services and emergency referral systems [HSS G2: 2.4] 5. Ensure a suitable acute, and long-term health sector response to the prevention and management of sexual and gender-based violence and child protection issues, including systematic protocols and resources for receiving and supporting survivors [HSS G2: 2.5] 6. Increase awareness and uptake of family planning services through targeted, evidence-informed communication approaches, accessible commodities and skilled personnel [HSS G2: 2.6] 7. Improve quality, range and accessibility of targeted health messaging and services for adolescents and young people, with a particular focus on mental, sexual and reproductive health services [HSS G2: 2.8] 				
Program (MHCC): Health Services				
Outcome (61U): <ol style="list-style-type: none"> 1. Reduction in maternal mortality ratio. 2. Reduction in mortality rate for children under five (5). 3. Reduction in Neonatal mortality rate (infants less than 1 month). 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Establish RMNCAH workforce plan.	- Number of National RMNCAH Committee meetings.	DPH, RMNCAH Unit, PNO, MOH HRM&D Unit		Risk: Mitigation:
2. Establish pathway to reduce maternal deaths	- Number of referred cases to HC or Provincial hospitals	RMNCAH Unit	2022 -2025	Risk: Mitigation:

3. Establish system wide mechanisms for prevention, detection and management of cervical and other reproductive cancers.	<ul style="list-style-type: none"> - Cancer registry in Vanuatu. - Number of cervical cancer screening outreach in the communities. - Number of cervical cancer screening trainings for Midwives 	RMNCAH Unit, Obstetrics & Gynecology (Hospital Doctors/specialist) and partners.		Risk: Mitigation:
4. Establish procurement and maintenance plan for facility based, outreach RMNCAH services and essential emergency obstetrics and neonatal care.	<ul style="list-style-type: none"> - RMNCAH outreach facility base for emergency obstetrics. 	RMNCAH Unit, Director PH, Director CHS, Assets Unit and Partners, CMS	2023 -2025	Risk: Lack of enough specialist doctors Mitigation: Partner funding support for extra specialist arrangements
5. Establish and strengthen child health programs in the provinces	<ul style="list-style-type: none"> - Proportion of child survival rate, good health and healthy child well-being - Number of EENC, KMC and IMCI Trainings for healthcare providers. 	RMNCAH Unit, Nutrition Unit, Primary Health Care Staffs, Hospital Specialists, MOET, MOJ, VSPD and Partners	2022-2025	Risk: Lack of enough specialist doctors Mitigation: Partner funding support for extra specialist arrangements

	<ul style="list-style-type: none"> - Number of Early Childhood Development (ECD) / Growth Monitoring Promotion (GMP+) Trainings for healthcare providers - Disability registry for 6 weeks to 5 years 			
6. Strengthen family health planning programmes in the provinces.	<ul style="list-style-type: none"> - Percentage of contraceptive availability and use, especially amongst young people. 	RMNCAH Unit and partners	2022 - 2025	Risk: Budget Constraints Mitigation: Partnership support
7. Strengthen Risk Communications and Community Engagement teams and interventions on gender-based violence.	<ul style="list-style-type: none"> - Awareness services in communities and encourage prevention 	HPU, RMNCAH, Mental Health Units and partners	2022 - 2025	Risk: Budget Constraints Mitigation: Partnership support
8. Prioritize and establish youth friendly and accessible sexual and reproductive health services for the prevention of unplanned/unwanted	<ul style="list-style-type: none"> - Number of Youth friendly centers in communities with mentoring support. 	STI & HIV/AIDS, RMNCAH and HPU and partners	2022-2025	Risk: Mitigation:

pregnancy (with emphasis on rural settings.				
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61UJ – STI & HIV/AIDS

NSDP Policy Objective: Society Goal 3, Policy Objective 3.2 and 3.3				
NSDP Target(s): SOC 3.2.1: By 2025, there is no increase in the prevalence of STI & HIV/AIDS SOC 3.3:2: By 2025, there is no increase in the prevalence of STI & HIV/AIDS cases relative to 2020 figures.				
Ministry Policy: HSS (2021-2030) Goal 2 &3 and STI & HIV/AIDS Strategic Plan and RMNCAH Policy				
Strategic Objective (MOH): <ol style="list-style-type: none"> To improve quality, range and accessibility of targeted health messaging and services for adolescents and young people, with a particular focus on mental, sexual and reproductive health services [HSS G2: 2.8]. To strengthen detection, diagnosis and management of target communicable diseases, including STI & HIV/AIDS, viral hepatitis [HSS G3:3.5] 				
Program (MHCC): Health Services				
Outcome (61UH): <ol style="list-style-type: none"> Reduction on the prevalence of HIV & STI/AIDs/ Viral Hepatitis in Vanuatu. 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Develop national policy & strategic plan	-		2022 – 2023	Risk: Mitigation

2. Early, rapid, quality diagnosis, treatment and reporting of STI & HIV/AIDS/Viral Hepatitis	- Early detection, rapid diagnosis and reporting of cases	STI & HIV/AIDS Unit, Surveillance & Response Unit, Healthcare facilities	2022-2025	Risk: Mitigation:
3. Conduct trainings on supervisory support for healthcare workers	- Health worker and provincial-level detection, tracing and management of STI & HIV/AIDS disease.	STI & HIV/AIDS unit and partners	2022-2025	Risk: Mitigation:
4. Conduct wider engagement and partnerships with provincial and implementing partners to promote awareness on HIV & STI/AIDs and viral hepatitis in Vanuatu.	- Number of awareness programs and information sessions to reduce societal stigma - Improved case management.	STI & HIV/AIDS unit, health workers, partners and communities	2022-2025	Risk: Mitigation:
5. Prioritize and establish youth friendly and accessible sexual and reproductive health services for the prevention of unplanned/unwanted pregnancy (with emphasis on rural settings.	- Youth friendly centers in communities with mentoring support.	STI & HIV/AIDS, RMNCAH and HPU and partners	2022-2025	Risk: Mitigation:
6. Train health workers on family planning interventions per Role Delineation Policy.	- Early detection, rapid diagnosis and reporting of cases	STI & HIV/AIDS Unit, Surveillance & Response Unit, Healthcare facilities	2022-2025	Risk: Mitigation:

7. Strengthen Risk Communications and Community Engagement teams for reproductive health messages and services.	- Presence of community engagement teams in the provinces.	STI & HIV/AIDS unit, health workers, HPU, partners and communities	2022-2025	Risk: Mitigation:
8. Promote cross-sectoral approach for adolescent health services and programs	- Counseling centers and mentoring support	STI & HIV/AIDS, Mental Health Unit, partners and communities.		Risk: Mitigation:
9. Reduce maternal transmission	- Refresher training with clinicians and provincial health officers			

61UK – Environmental Health

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 and Society Goal 4.
NSDP Target(s): SOC 3.1.1: By 2025, 100% of the population has access to improved water supply SOC 3.1.2: By 2025, 100% of the population has access to improved sanitation facilities SOC 4.3: By 2025, increase proportion of youths, women, the elderly and vulnerable groups' access standard WASH facilities in the health facilities throughout Vanuatu.
Ministry Policy: HSS (2021-2030) Goal 4, Public Health Act, Food Act, Tobacco Control Act, Sanitation and Hygiene Policy and Role Delineation Policy.
Strategic Objective (MOH):

<ol style="list-style-type: none"> 1. Improve health and development outcomes for communities (with an emphasis on children, women of child-bearing age and breast-feeding mothers) through improved environmental health (inclusive of hygiene and sanitation awareness, practices and infrastructure, promotion of hand and face washing, waste disposal and food preparation and storage) [HSS G4: 4.5]. 2. Strengthen the MOH's mandate, capacity and authority to ensure sector-wide compliance with public health legislation, including resourcing and mechanisms to ensure coverage [HSS G4: 4.9] 				
Program (MHCC): Health Services				
Outcome (61UK): <ol style="list-style-type: none"> 1. Increase proportion of people (including children, women of child-bearing age and breast-feeding mothers) with access to improved water supply. 2. Increase proportion of people (including children, women of child-bearing age and breast-feeding mothers) with access to sanitation facilities. 3. Number of penalties imposed under relevant Public Health Legislations 4. Improve WASH in Health Care Facilities 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Develop national policy	- Finalize EH National policy & strategic plan	EH	2023 -2025	Risk: Mitigation:
2. Upgrade and equip healthcare facilities with standard safe drinking water and sanitation infrastructures.	<ul style="list-style-type: none"> - Number of WASH in HF Assessment - Number of HF with improve WASH infrastructures 	EH, Assets units and partners	2022 - 2025	Risk: Mitigation:
3. Training of trainers for health workers on hygiene, infection prevention and control per sustainable WASH policies.	- Number of HCW trained on WASH and IPC guideline	EH and IPC units, HPU and partners	2022 - 2025	Risk: Mitigation:

4. Strengthen awareness coordination and cooperation for WASH in communities.	- Number of TOT on Sanitation and Hygiene	EH unit and partners	2022 - 2025	Risk: Mitigation:
5. Strengthen MOH capacity in responding to emergencies from extreme climate events and build resilience ahead of climate change effects	- Integrated response plans for WASH activities during emergencies. - Lead for Sanitation and Hygiene in WASH cluster during emergencies	EH unit and partners	2022 – 2025	Risk: Mitigation:
6. Conduct training of Public Health Officers for practical health legislations.	- Number of enforcement & compliance trainings for Public Health, Food Control and Tobacco Control Acts	EH unit and partners	2022 - 2025	Risk: Mitigation:
7. Regulate marketing of unhealthy foods high in salt, fats and sugar and breast milk substitute	- Number of regulations and orders on food control safety - Review and Amend Tobacco Control Act	DPH, EH, Nutrition, NCD units and partners	2022 - 2025	Risk: Mitigation:
8. Promote adaptation of public health by-laws for provinces, municipality and area councils.	- Number of WASH by-laws	DPH, EH, Nutrition, NCD units and partners	2022 - 2025	Risk: Mitigation:
9. Strengthen quality of Environmental Health compliance standards.	- Number of street vendors and food	DPH, EH unit and partners	2022 - 2025	Risk: Mitigation:

	<p>handlers complying with food safety requirements.</p> <ul style="list-style-type: none"> - Compliance with sanitation and hygiene codes. - Number of food safety training conducted 			
10. Establish and enforce with Customs and Border Control departments food recall systems and health certificates for exporting and importing goods.	<ul style="list-style-type: none"> - Food control systems in place - Food safety response plan in place 	DPH, EH unit and Customs Dept.	2022-2025	Risk: Mitigation:

61UL – Neglected Tropical Diseases

NSDP Policy Objective: Society Goal 3, Policy Objective 3.2
NSDP Target(s): SOC 3.2.2: By 2025, there is no increase in the prevalence of NTD SOC 3.2.2: By 2025, there is no increase in the prevalence of NTD cases relative to 2020 figures.
Ministry Policy: HSS (2021-2030) Goal 3 and NTD Policy
Strategic Objective (MOH):

1. Strengthen detection, diagnosis and management of target communicable diseases, including Neglected Tropical Diseases [HSS G3: 3.5]				
Program (MHCC): Health Services				
Outcome (61UL): <ol style="list-style-type: none"> Reduction in the incidence of NTD in Vanuatu. Strengthen detection, diagnosis and management of NTDs Achieve and sustain the elimination of lymphatic filariasis, Trachoma and Yaws Sustain control of scabies and STH Sustain the elimination of leprosy by supporting the TB Leprosy program Support the control of dengue fever under Malaria/VBDC and Diseases Surveillance Programme 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Early, rapid, quality diagnosis and reporting of NTD inclusive of active case finding in key affected populations and households	- Number of NTD cases and treatment	NTD Unit, Surveillance & Response Unit, Healthcare facilities	2022-2025	Risk: Mitigation:
2. Conduct trainings of trainers at provincial level	- Number of Health care workers trained	NTD unit and partners	2022-2025	Risk: Mitigation:
3. Integrate wider engagement and partnerships with province and implementing partners to promote awareness.	- Number of awareness conducted at provincial level	NTD unit, health workers, partners and communities	2022-2025	Risk: Mitigation:

4. Conduct MDA in hot spot areas	- 90% treatment coverage	NTD unit, Other Public Health Programs and Partners	2022-2025	Risk: Mitigation:
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61UM – Disease Surveillance and Response

NSDP Policy Objective: Society Goal 3, Policy Objective 3.4				
NSDP Target(s): SOC 3.4.1: By 2025, 100% of International Health Regulations (IHR) Component 2 attributes maintained over 5 consecutive years.				
Ministry Policy: HSS (2021-2030) Goal 3				
Strategic Objective (MOH): <ol style="list-style-type: none"> Strengthen quality and coverage of disease surveillance and alert systems at all levels to ensure resourcing and timing of disease burden, and preparedness and response to outbreaks [HSS G3: 3.2]. Improve national (and regional) capacity to identify threats to, and maintain health security through strengthening oversight and adherence to the International Health Regulations (IHR) [HSS G3:3.3]. 				
Program (MHCC): Health Services				
Outcome (61UM): <ol style="list-style-type: none"> Health Emergency and Response Plans in place Effective Vanuatu Health Security system based on IHR attributes Digital platform established for disease monitoring an alert level at all level 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation

1. Strengthen Early detection of disease alerts and databased management system	<ul style="list-style-type: none"> - Number of New sentinel sites established including training conducted - Updated databased system including reporting forms - Number of alerts detected and response conducted 	Surveillance Unit and partners	2022 - 2025	Risk: Mitigation:
2. Enhance Operational Research capacity and program optimization.	<ul style="list-style-type: none"> - Recruitment of Health Research Officer (TOR already in place) - National Health Research Ethics Guidelines and process in place - Number of health research training conducted 	Surveillance Unit and partners	2022 - 2025	Risk: Mitigation:

3. Establish a national, cross sectoral mechanism to identify and respond to threats to health security	<ul style="list-style-type: none"> - One Health Committee Established (TOR in draft) - One Health SOPs develop 	Surveillance Unit, Environmental Health Unit and partners	2022 - 2025	Risk: Mitigation:
4. Establish a National Action plan for Health Security, inclusive of scheduled processes	<ul style="list-style-type: none"> - National Health Security Plan review and Finalized 	Surveillance Unit and partners	2022 - 2025	Risk: Mitigation:
5. Strengthen and resource improved adherence to and reporting against IHRs.	<ul style="list-style-type: none"> - Appointment of IHR focal in each relevant sectors - Recruitment of National Health Security Officer (TOR in place) 	DPH, Surveillance Unit and partners	2022 - 2025	Risk: Mitigation:
6. Strengthen Field epidemiology program training for both National and Provincial Level	<ul style="list-style-type: none"> - Training Materials developed - Number of National and provincial health officers register to 	Surveillance Unit and Partners	2022 – 2025	Risk: Mitigation:

	undertake Field Epidemiology Program			
7. Established a National Strategy Plan for the Unit	- Strategy Plan for surveillance, research and Emergency Response finalized	Surveillance Unit and Partners	2022 – 2025	Risk: Mitigation:

8 PROGRAM: HEALTH SERVICES (MHC)

ACTIVITY: Medical Supplies (MHCD)

61 VW: Medical Storage and supplies&61VY: Purchase of Drugs

NSDP Policy Objective: Society Goal 3, Policy Objective 3.1 and SDG 3.8
NSDP Target(s): SOC 3.1.3: By 2025, 75% of Government owned Health Facilities are compliant with Role Delineation and essential health service minimum standards for human resourcing, infrastructure functional space and equipment requirements. SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
Ministry Policy: HSS (2021-2030) Goal 3& 5, Clinical Services Plan, Role Delineation Policy, Essential Drugs List, Pharmaceutical Legislation, Dangerous Drugs Act
Strategic Objectives (MOH):

<ol style="list-style-type: none"> 1. Improve effectiveness and efficiency of the Medical Supply Chain system across all levels of MOH service delivery points including national, provincial & lower levels (HSS 5: 5.13). 2. Prioritize capital projects and procurement of medical supplies to meet projected need across the health sector to 2030 and beyond [HSS G5:5.14]. 				
Program (MHCD): Medical Supplies				
Outcome (61VW & 61VX): <ol style="list-style-type: none"> 1. Achieve zero percent in drug shortages at national and provincial levels. 2. Increase timely stock supplies throughout provincial health facilities in Vanuatu 3. Increase capacity for m-supply chain and equitable distributions 4. Provision of medical supplies to all Primary, Secondary and Tertiary healthcare facilities throughout Vanuatu. 5. Amendment of Sale of Medicine Act, Pharmacist Act and Review of Guidelines. 				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
<ol style="list-style-type: none"> 1. Review and Update Pharmacy policies and legal frameworks 	<ul style="list-style-type: none"> - Approved 5-year National Medicines Policy - Update Control of Pharmacist Act - Update Sale of Medicine Act - Update Health Workers Manual and distribution to healthcare facilities 	Principal Pharmacist, SLO, MOH Executive and partners	2022 - 2025	Risk: Budget Constraint Mitigation: seek partners support

2. Ensure timely stock-take management of supplies to healthcare facilities	<ul style="list-style-type: none"> - monthly m-supply reports from hospitals - 2 monthly stock takes reports - Stock forecast for disease outbreaks 	Healthcare faculties, CMS Unit and Principal Pharmacist	2022 - 2025	Risk: Budget Constraint Mitigation: Partners support
3. Establish a procurement plan for medical supplies.	<ul style="list-style-type: none"> - Procurement of medical supplies 	CMS and Principal Pharmacist	Annually 2022 - 2025	Risk: Budget Constraint Mitigation: Seek partners support
4. Enhance capacity and awareness at provincial health facilities.	<ul style="list-style-type: none"> - Training of Dispensers (Dispenser Course) and supervisory visits to provinces 	CMS and Principal Pharmacist Development partners Provincial Health Managers	Annually 2023 -2025	Risk: Budget Constraint Mitigation: seek partners support
5. Establish medical and equipment storage facilities for all healthcare facilities.	<ul style="list-style-type: none"> - Number of equipment and medical storage facilities at National and Provincial levels. - Construction of a national medical store 	CMS, Assets Units and partners	2023 -2024	Risk: Budget Constraint Mitigation: seek partners support

8. PROGRAMME: EMERGENCY (MHK)

ACTIVITY: Response (MHKB)

61KA – Cost center

NSDP Policy Objective: Society Goal 3, Policy Objective 3.4 and Environment Goal 3
NSDP Target(s): SOC 3.4: By 2025, 100% of International Health Regulations (IHR) Component 2 attributes maintained over 5 consecutive years. ENV 3.3.1: By 2025 80% of the communities have access to MOH preparedness, response and recovery plans
Ministry Policy: HSS (2021-2030) Goal 3, Clinical Services Plan, Role Delineation Policy
Strategic Objective (MOH): <ol style="list-style-type: none"> Utilize the HSS to establish or reinforce appropriate structures and plan for system responses to disasters and climate change which ensure continuity of essential functions (including public health, clinical and primary health care services), and protection of long-term investments in health system improvements [HSS 3: 3.1].
Program (MHK): Emergency
Objective: <ol style="list-style-type: none"> Ensure continuity of public health and primary health care services in the wake of a wide-scale emergencies and natural disasters (inclusive of health emergencies), and the escalating effects of climate change. Improve national (and regional capacity to identify threats to, and maintain health security through strengthening oversight and adherence to the International Health Regulations (IHR). Utilize the HSS to plan for disasters and system responses which ensure continuity of essential functions, and protection of long-term investments in health system improvements.
Outcome (61KA):

1. Strengthen health emergency operations through emergency coordination and response				
Key Activities	Output/Service Targets	Responsibility	Timeframe	Risk & Mitigation
1. Establish a National Action plan for Health Security, inclusive of scheduled processes	<ul style="list-style-type: none"> - National Plan on IHR in Vanuatu - Response to disease outbreak 	Minister, DG, Director PH, Surveillance Unit and partners	2022 - 2025	Risk: Budget Constraint Mitigation: Seek partners support
2. Strengthen post-disaster systems in MOH planning, preparedness, response and recovery.	<ul style="list-style-type: none"> - Number of Provincial Health Disaster Plans developed - Annual reporting per Climate Change Disaster Risk Reduction and Adaptation Plan 	Health Directors, Health Cluster, NHEOC, PHEOC, Disaster, PPU and Partners	2022 - 2025	Risk: Budget Constraint Mitigation: seek partners support or urgent supplementary budget
3. Establish operational working groups to conduct annual reviews of health disaster preparedness plans inclusive of the	<ul style="list-style-type: none"> - National Health Emergency Operation Centre - Public Health Emergency Operation Centre 	Health Directors, Health Managers, Coordinators and partners	2023 -2025	Risk: Budget Constraint Mitigation: seek partners support

health impacts arising from climate change.	- Health Emergency Advisory Committee (HEAC)			
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HUMAN RESOURCES PLAN

Vanuatu has total population of just above three hundred (300) thousand people. Eighty percent of the population live in rural communities throughout the country. In 2017, the Ministry of Health established its organizational structure along with its Workforce Development Plan in 2018 to address health workforce issues on Universal Health Care (UHC). However, the current conditions of remoteness, location of islands, poor accessible infrastructures, climate risks and available staffing in the rural communities requires MOH to deeply reconsider its strategic workforce policies and management.

The launch in December 2019 of the new National Human Resources Development Plan 2020 – 2030 has provided clearly defined NSDP related targets to guide the development of MOH's Human Resource Development Strategy. This initiative is part of the Corporate Services Unit Activities (61VA & 61VY) per Strategic Objectives of goals 1, 2, 5 and 6 of the Health Sector Strategy (HSS).

The Ministry of Health has a total of 2,524 positions altogether in the current approved organizational structure from 2017 to 2030. Approximately more than forty-six (46) percent of these positions have been filled and the remaining forty-four (44) percent are still vacant. Sixty – four (64) percent of our current staffing are nurses, midwives, doctors, dentists, and allied health professionals. However, Vanuatu is still below the required minimum staffing standards with only 15.6/24 skilled health workers per 10,000 populations. The workforce issues in health will be addressed through this corporate plan to meet the minimum standards of the Role Delineation Policy for remoteness, Universal Health Care (UHC), accessible infrastructures and available staffing in the communities.

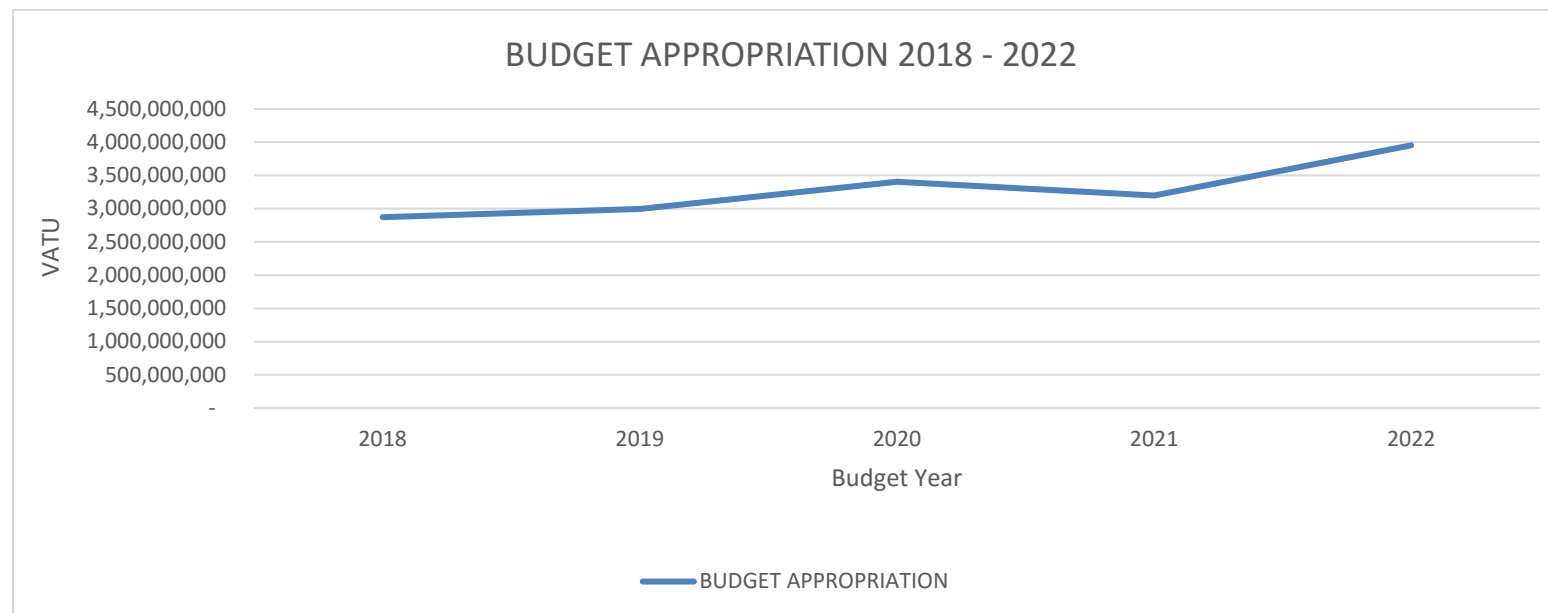
Table 1: Overview of MOH Organizational Staffing

Department		Total Positions	Total Filled	Total Vacant
Director Generals Office	National	11	4	7
Department of Policy, Planning and Corporate Services	National	93	38	55
	Provincial	84	62	22
Department of Public Health	National	62	46	16
	Provincial	235	66	169
Department of Curative and Hospital Services	National	5	2	3
	Provincial	2,034	813	1,221
Total		2,524	1,031	1,493

FINANCIAL FORECASTS

MOH Budget forecast

The Ministry of Health budget experienced a steady increase (37%) from 2018 to 2022, with one off infrastructure NPP in 2019 and 2022, and workforce development NPP where we saw gradual “new money” for the health sector payroll budget in 2019 and 2021.



Ministry of Health budget forecast for 2022 and the next four (4) years will largely be dependent on driving economic factors in the country. For financial year 2023, the Ministry of Health is allocated a recurrent budget of VT3.483 billion, budget to cover normal human resource and operational needs, with no new or additional funding. Appropriation in November 2022 will provide the Ministry of its final appropriation for 2023. Based on the Department of Finance projections and forecast, the Ministry of Health is expected to receive this budget ceiling of VT3.483 billion in the next 5 years, plus approved new recurrent NPPs for each year. Additionally, donor support to the Ministry of Health has contributed a lot to implement of the key policy priorities for the ministry in the past, present and in the future. This year MOH receive VT 1.370 billion as grants and Aid in kind from donor support.

The budget for the next four years will support the implementation of the key priorities for the ministry to strengthen its human resource, health Infrastructure and equipment, ensure an effective and efficient health service.

Program	2022	2023	2024	2025	2026
MHA – Cabinet Support	70,700,000	70,700,000	70,700,000	70,700,000	70,700,000
MHB – Executive Management and Corporate Support	679,600,000	679,600,000	679,600,000	679,600,000	679,600,000
MHC – Health Services	2,732,900,000	2,728,900,000	2,728,900,000	2,728,900,000	2,728,900,000
MHK – Emergency	-	4,000,000	4,000,000	4,000,000	4,000,000
Total	3,483,300,000	3,483,300,000	3,483,300,000	3,483,300,000	3,483,300,000

Revenue collections

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

Other than hospital fees, the Ministry of Health also collects food safety training fees. We saw a drop in the collection of training fees, from VT6 million collected in 2019 to VT1.8 million in 2020 due to COVID-19 restrictions. Training fees collections picked up again in 2021 (VT6 million) and 2022 forecasted to be approximately VT5 million.

Total revenue collections in the Health sector in the last 3 years was;

Year	2019 actual	2020 actual	2021 actual	2022 preliminary forecast
VT	69,177,685	46,848,946	85,302,490	49,648,976

It is anticipated that, with opening of the country's borders, anticipation of other illnesses associated with arrival of border guests, increased requests for food safety and training, forecasted revenue will increase to VT85 million in 2022 and the next 4 years.



MOH

Corporate Plan

2022 - 2025