

# National Policy and Strategy for Healthy Islands 2011-2015

*Promote better health for all people through healthy settings*

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**Ministry of Health**

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## Forward

I am very pleased to present this National Policy and Strategy on Healthy Islands (NPSHI) 2011-2015 as a **guiding framework** for the implementation of the Healthy Islands Vision - a **conceptual approach** to enhance the Mission of the Ministry of Health which is to protect and promote the health of all people in Vanuatu.

The scattered islands of Vanuatu with its much diversity pose numerous challenges for better service delivery across the board – This situation has encouraged specific government sector such as the Ministry of Health in partnership with stakeholders and development partners to carry out ongoing reform of its system in order to identify appropriate and relevant strategies and mechanisms to improve the wellbeing of the people at large – therefore the guiding framework of the NPSHI is an enabling tool to achieve better health service delivery.

The NPSHI 2011-2015 defines the commitments of the Ministry in its endeavor to the Revitalization of Healthy Islands and Primary Health Care (HI/PHC) through the **Health Promotion Advocacy and Strategy** stipulated in the document as a vehicle for smooth implementation of the NPSHI

The NPSHI is a continuum specific strategy to the HSS with a detailed Business Plan and timeframe which therefore could be used as mechanism for performances of the entire health system. I encourage all health workers at all levels to be acquainted with this document and align their work programs accordingly.

The overall objective of the NPSHI is to strengthen the capacity of the Health Promotion Unit including Health Promotion Officers for their everyday –to –day work of **Promoting, Preventing and Protecting Health** through the entire process of the advocacy strategy.

I take this opportunity to thank our partners (JICA, SCA, Peace Corps) and WHO as our lead technical partner for their expertise input to this document. And also, seek their continuous support for the implementation of the NPSHI.

Let's all join our hands together to build a Healthy, Wealthy and Educated Nation

## Executive Summary

National Policy and Strategy for Healthy Islands 2011-2015 is developed as a mechanism to revitalise Primary Health Care in the context of Healthy Islands approach in Vanuatu. The World Health Report 2008 prompted future frameworks proposed by World Health Organization in order to strengthen Health Systems based on the values of Primary Health Care.

This policy focuses on strengthening the principles of Health Promotion and its supportive structure as a vehicle for Primary Health Care Revitalisation. This document is the principle reference for health partners. The **Background** describes the core concept of Primary Health Care, Healthy Islands, Health Promotion, and Health System Strategy 2010-2016. This part helps to understand why this Policy is essential to support health goals. The **Policy Statements** defines the principles of Health Promotion as a vehicle for Primary Health Care Revitalisation. The main principles are; 1. Integrate public health policy, strategies, and activities, 2. Develop communication channels available for all partners, 3. Deliver public health services through the communication channels. The **Rollout Plan to translate Vision to Action** focuses on translating concepts to action, and includes the rollout plan for implementation strategies from national to community level. Key concept of the strategy is how we can involve all partners to our activities for better outcomes. The **Monitoring and Evaluation** aims to ensure that the policy and strategy are implemented as planned. Important points of monitoring and evaluation are how we can integrate monitoring into our regular activities and utilize several National Surveys for indicators.

Finally, this policy is designed to engage health partners to work together to promote better health for all people through healthy settings.

## Policy Development Process

Oct 2010: National Primary Health Care Revitalisation Workshop  
 Feb 2011: First draft of Policy written by Health Promotion Unit  
 Mar 2011: Feedback in National Health Promotion Workshop  
 Mar 2011: Feedback in Public Health Department Meeting  
 Mar 2011: Feedback in Senior Managers' Meeting  
 Apr 2011: Final draft of Policy written by Health Promotion Unit  
 Apr 2011: Final version of Policy submitted to Executive Committee

## List of Acronyms and Abbreviations

<b>HI</b>	Healthy Islands	<b>SO</b>	Sanitation Officer
<b>PHC</b>	Primary Health Care	<b>VHW</b>	Village Health Worker
<b>HSS</b>	Health System Strategy	<b>CN</b>	Community Nurse
<b>HP</b>	Health Promotion	<b>TG</b>	Target Group
<b>HPU</b>	Health Promotion Unit	<b>NGO</b>	Non-Government Organisation
<b>HPO</b>	Health Promotion Officer	<b>UN</b>	United Nations
<b>PHO</b>	Provincial Health Office	<b>IGO</b>	International Government Organisation
<b>TOR</b>	Term of Reference	<b>GO</b>	Government Organisation
<b>WHO</b>	World Health Organization	<b>MoH</b>	Ministry of Health
<b>UNICEF</b>	United Nation Children's Fund	<b>IEC</b>	Information Education Communication
<b>GF</b>	Global Fund	<b>HIP</b>	Healthy Islands Package
<b>SCA</b>	Save the Children Australia	<b>HIS</b>	Health Information System
<b>PHP</b>	Principle of Health Promotion	<b>SWAp</b>	Sector Wide Approach
<b>MOU</b>	Memorandum of Understanding	<b>CBO</b>	Community Based Organisation

## I. Background

### 1. Overview of Primary Health Care

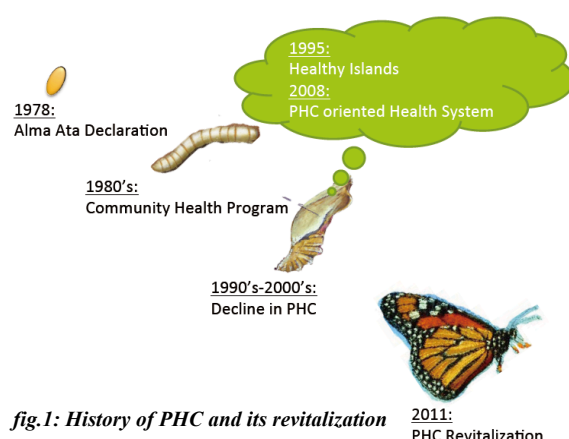


fig.1: History of PHC and its revitalization

At the Alma Ata Declaration in 1978, Primary Health Care was articulated as a set of guiding values for health development, a set of principles for the organization of health services to reach all communities, and a range of approaches for addressing priority health needs and social determinants of health. The declaration broadened the concept of health to include social and economic factors and therefore acknowledged the contribution of non-health sectors including civil society organizations towards health improvement. Access and equity to health care and efficiency in service delivery were overarching goals.

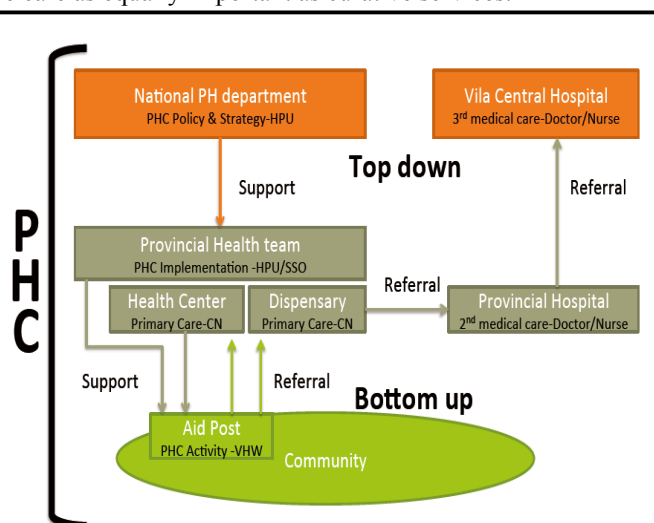
In the last 30 years, experiences in the implementation of primary health care in Pacific island countries have had mixed results depending on how the concept was translated into local settings, incorporated and aligned to existing health services delivery model, how well it was supported, and how it was coordinated and resourced. In Vanuatu, a number of best practices based on the values of primary health care have been implemented and some still have their mark today. At the same time, shortfalls in various aspects of implementing primary health care initiatives have affected the achievement of the full impact of the primary health care approach, in particular mobilising different actors including communities to actively participate in the health development agenda.

The 2008 the World Health Report drew attention to continuing wide disparity of health equity and access within countries and among countries – an indicator of unequal distribution of resources. Since health is a fundamental human right, WHO called on global action to address unequal access to health services and to reduce the current disparity in health status. The report called for a return to primary health care in this endeavour, noting the importance of addressing social, economic, and political determinants of ill health which contribute significantly to inequity. The report also noted that primary health care was also a model for strengthening health systems.

With an emphasis on local ownership, primary health care honours community involvement and mobilisation where communities take lead role in prioritising their needs and working together with other stakeholders in a multi-sectoral way to find solutions to health problems that they can afford and sustain. Primary health care is a guide to organizing the delivery of the full range of health care made available at the household level, to community-based health facilities, to health centres and finally to hospitals. Primary health care highlights the importance of investing resources at every level of the health care system and regards preventive care as equally important as curative services.

fig.2: Framework of PHC in Vanuatu

In Vanuatu, an Aid Post is established by a community to provide PHC. A Village Health Worker is elected by a community and work for the community. Dispensary and Health Center where Community Nurses work function as referral of Aid Post. Provincial Hospitals are referral hospital in provincial level and provide secondary care by Doctor and Clinical Nurse. Villa Central Hospital is referral hospital in national level and provides third care. Public Health Department of MoH develops and coordinates PHC Policy & Strategy and supports and supervises Provincial Health Office. Provincial Health Office implements PHC activities in cooperate with VHW. Concept of PHC includes all levels from national to community with good referral and supportive system.



On 13th April 2010, a PHC seminar was conducted by WHO country office, Vanuatu, in collaboration with the Ministry of Health to discuss the PHC philosophy and the rationale for revitalisation. At the 63<sup>rd</sup> World Health Assembly in May 2010, the topic of health systems strengthening based on the values of primary health care was presented as a tool for improving health services. Further to this global support for primary health care revitalisation, the 61st WHO Regional Committee Meeting in October 2010 endorsed the Western Pacific Region Regional Strategy on Health Systems Strengthening based on the values of Primary Health Care.

In October 2010, the Ministry of Health fully endorsed PHC Revitalisation and conducted a 3-day national workshop on PHC Revitalisation. The concept of Healthy Islands as a vision and PHC as a tool for achieving improved health was discussed and embraced.

### 1. Overview of Health Promotion

The Ottawa Charter on Health Promotion was adopted at the first International Conference on Health Promotion, meeting in Ottawa in November 1986. The Charter was presented as additional means for action to achieve Health for All by the year 2000 and beyond and building on the progress made through the Declaration on Primary Health Care at Alma-Ata in 1978.

Health promotion, which is the process of enabling people to increase control over, and to improve, their health, is also not the responsibility of just the health sector. It goes beyond healthy life-styles to well being. The Ottawa Charter also identified and listed Health Promotion Action as;

1. Build Healthy Public Policy
2. Create Supportive Environments
3. Strengthen Community Actions
4. Develop Personal Skills
5. Reorient Health Services
6. Moving into the Future

Amongst its strategies, the Charter identified Healthy Settings as an approach to further enhance health promotion.

### 2. The Healthy Islands Concept

Two decades later, it is clear that the settings approach has captured the imagination of organisations, communities and policy-makers across the world. Since the Ottawa Charter, a plethora of international and national programmes and networks have emerged, covering settings as diverse as regions, districts, cities, islands, schools, hospitals, workplaces, prisons, universities and marketplaces.

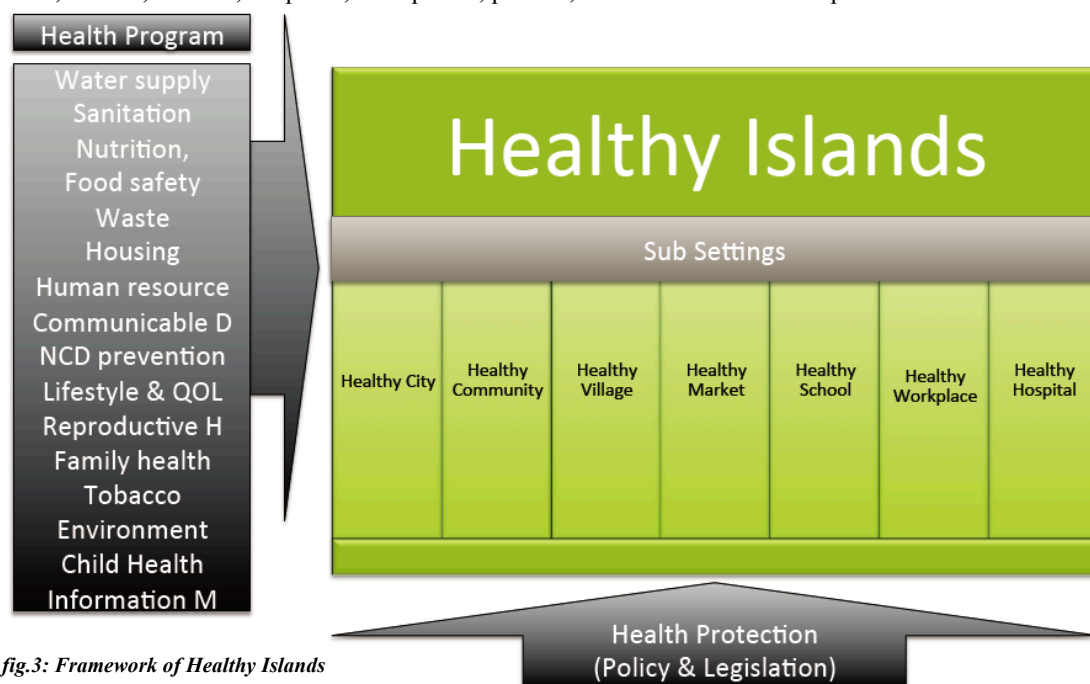


fig.3: Framework of Healthy Islands

Accompanying this, the concept of health promoting settings has become firmly integrated within international health promotion policy. For example, the Jakarta Declaration strongly endorsed the approach within the context of Investment for Health (WHO, 1997); WHO included the term ‘settings for health’ within its Health Promotion Glossary, defining it as ‘the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing’ (WHO, 1998); the new European Health for All Policy Framework, Health 21 included a target focused on settings and most recently, the Bangkok Charter (WHO, 2005) highlights the role of settings in developing strategies for health promotion and the need for an integrated policy approach and commitment to working across settings.

Based on the concepts of the healthy settings promoted in the Ottawa Charter, and in supporting the WHO policy document on New Horizons for Health, the Healthy Island as a setting was declared by Pacific Island Countries Ministers of Health at their meeting at Yanuca Island, Fiji in 1995. The Yanuca Island vision has been hailed as ‘a truly ecological model of health promotion’ (Nutbeam, 1996).

Following Yanuca, the 1997 Rarotonga Agreement stated, ‘The Healthy Islands concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these issues to be addressed in partnerships among communities, organizations and agencies at local, national and regional levels.’

### 3. Health Sector Strategy of MoH

Health Sector Strategy 2010-2016 was launched in August 2010. This is the policy document of the Ministry that defines its vision, mission and goals and provide the strategic direction for improving health services delivery and for achieving better health outcomes. The main strategic objectives of the Ministry are;

1. Improve the health status of the population
2. Ensure equitable access to health services at all levels of services
3. Improve the quality of services delivered at all levels
4. Promote good management and the effective and efficient use of resources

The health sector strategy adopts a systems approach and addresses the six health system blocks including 1. Good leadership, 2. Human resources, 3. Health financing, 4. Health information, 5. Medical technology and 6. Service delivery.

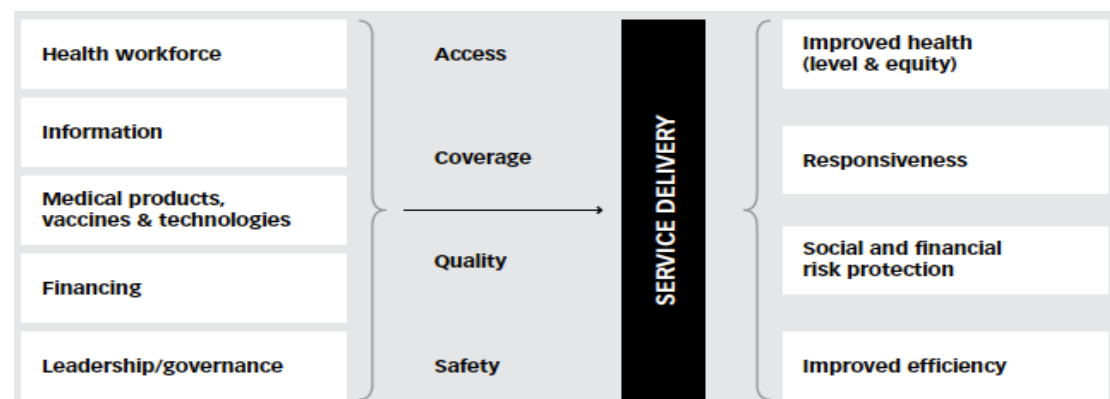


fig.4: WHO framework for health systems strengthening

The MoH has adopted the Regional Strategy for Health Systems Strengthening based on the values of PHC, which was endorsed at WHO Regional Committee Meeting in October 2010. On this basis, the Health Sector Strategy is implemented to address some of the critical gaps of the health sector, especially health service delivery, health work force and products and technologies.



## II . Policy Statements

### 1. Problem Statement

The government, Ministry of Health, is committed to make further improvements in health sector development. These plans are captured in the Health Sector Strategy 2010-2016. However, a number of challenges need to be addressed in order to make progress. These include;

1. No linkage and coordination between public health activities
2. Inadequate communication between national, provinces, and community
3. Shortage of resources to support the vision and goals of Ministry of Health
4. Lack of policy and strategies to roll out PHC revitalisations into action

### 2. Purpose

This Policy is developed to provide the strategic direction to revitalise Primary Health Care as a tool for achieving the Healthy Islands vision in Vanuatu.

### 3. Mission and Vision

The policy aims to support the mission and vision of Ministry of Health and Healthy Islands as follows;

**Mission:** Protect and promote the health of all people in Vanuatu

**Vision:** Our vision is to have an integrated and decentralized health system that promotes an effective, efficient and equitable health services for the good health and general well being of all people in Vanuatu.

**Vision of Healthy Islands:** Healthy Islands are; Children are nurtured in body and mind, Environments invite learning and leisure, People work and age with dignity, Ecological balance is a source of pride, The ocean which sustains us is protected.

### 4. Goal, and Objective

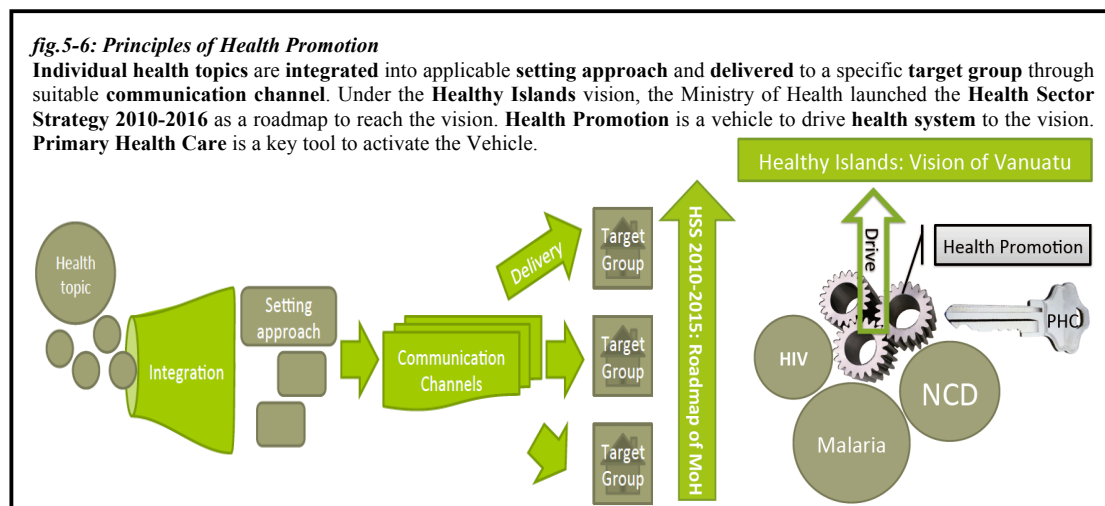
**Goal:** Promote better health for all people through healthy settings

**Objective:** Strengthen functions of Health Promotion to lead HI/PHC Revitalisation

### 5. Principles of Health Promotion

The role of Health Promotion is implementing this policy with the following principles (PHP);

1. Build Healthy Public Policy: Integrate HI/PHC concept into public health policy
2. Develop Personal Skills: Integrate HI/PHC concept into IEC strategy
3. Reorient Health Services: Integrate HI/PHC concept into public health activities
4. Create Supportive Environments: Healthy setting approach
5. Strengthen Community Actions: Translate National Policy into Provincial Action Plan for Community mobilisation
6. Moving into the Future: Drive Health system as a vehicle of PHC





## 6. Structure for Principles of Health Promotion (National, Province and Community level)

In the national level, Health Promotion Unit develops and maintains Policy and Strategy. This unit also conducts technical assistance and supervision to province for monitoring. In the provincial level, Health Promotion Unit develops Action Plan based on the community needs. This unit also communicates with community well for monitoring. In addition, through monitoring activities, community needs are informed to national office for better outcomes.

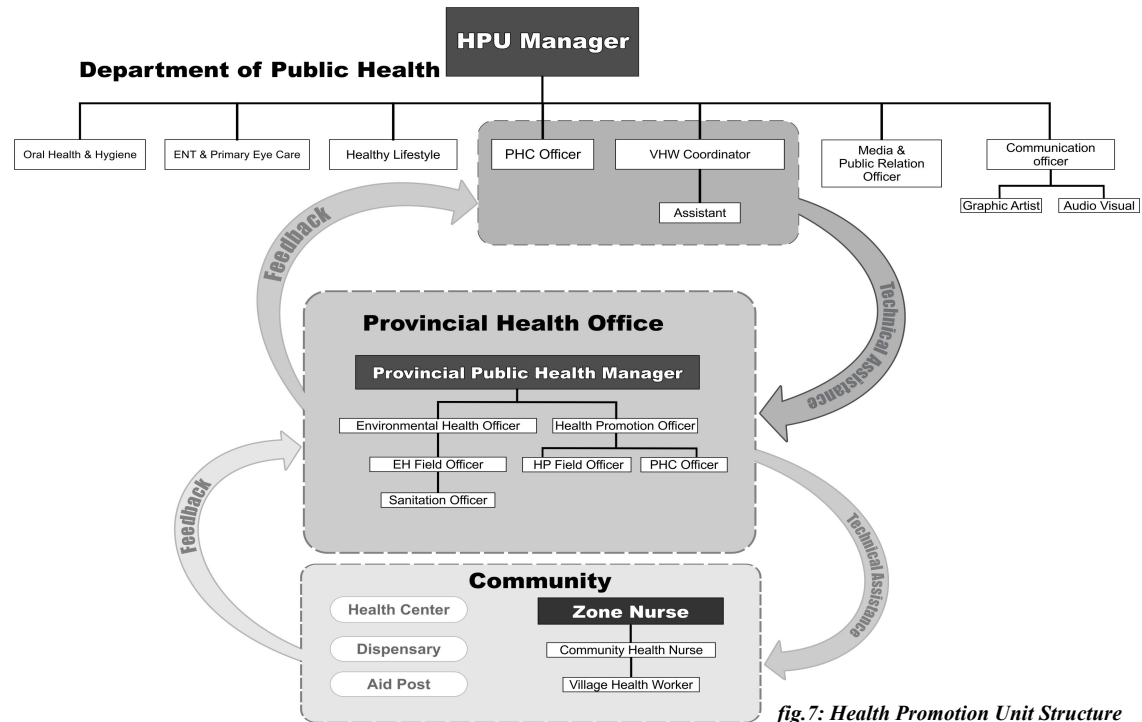


fig.7: Health Promotion Unit Structure

## 7. Engaging HP and PHC Partnerships

Partners in this policy are; All units in Ministry of Health, All Provincial Health Offices, Health Care Service Sectors, Other Ministries related to Healthy Settings, International Government Organizations, United Nation Agencies, Non-governmental Organisations, and some Private Sectors.

To establish healthy settings, contribution of other government organisations is necessary. In addition, for community mobilisation, strong commitment of community based organisations are crucial.

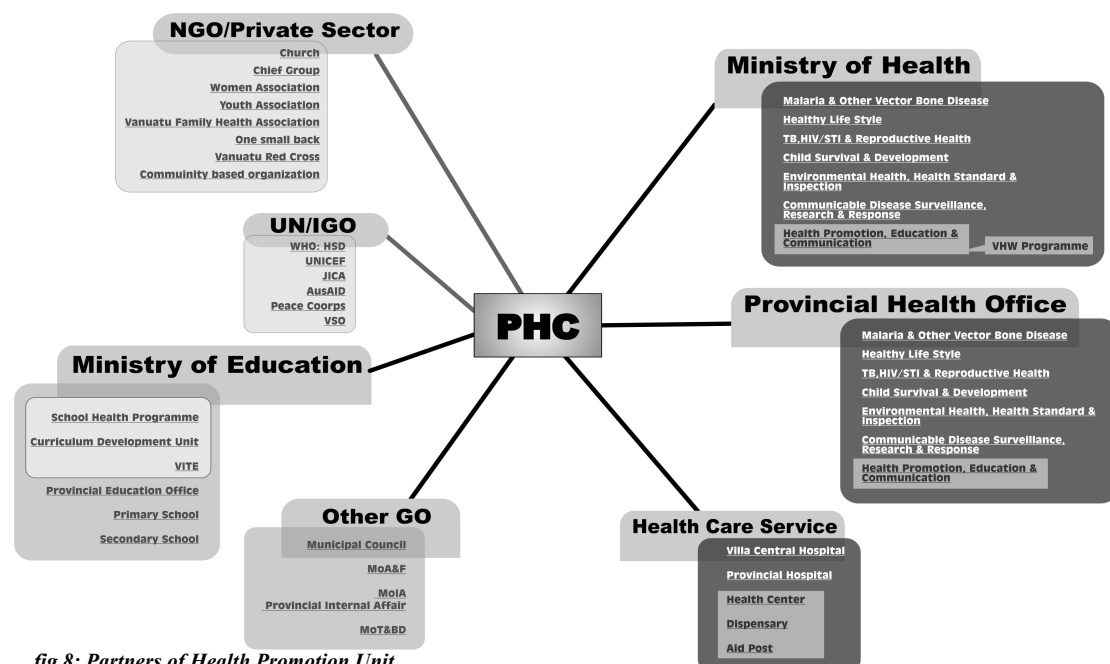


fig.8: Partners of Health Promotion Unit

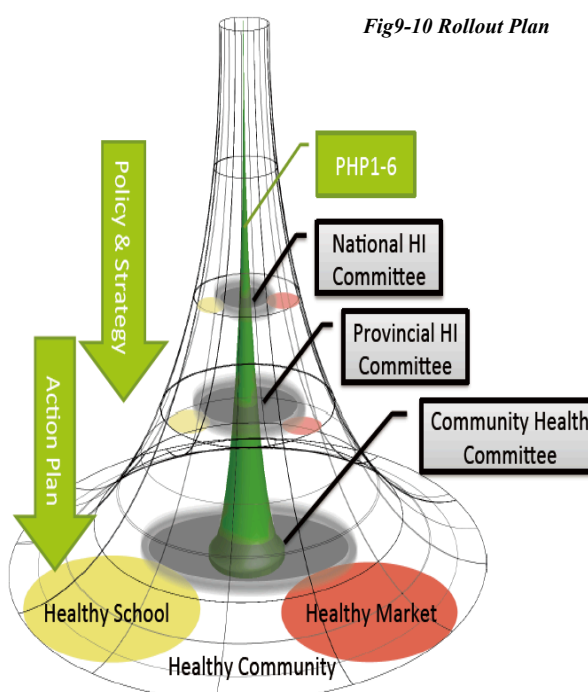
### III. Rollout Plan to translate Vision to Action

#### 1. Framework of Rollout Plan

The Rollout Plan takes into account the following critical functions;

1. Simultaneous top-down and bottom up approach, building on what already exist (e.g. VHVs and Aid Post)
2. Translating the strategic direction through national leadership, guidance support and supervision
3. Allocation of clear roles at both national and provincial levels, with adequate resources and staffing
4. A clear M&E plan to ensure the rollout plans are implemented according to plans
5. Application of the principles of PHC Revitalisation at all levels

Six Strategies of Health Promotion (SHP) based on six blocks of Health System are directly linked to six Principles of Health Promotion (PHP). In addition, since Health Sector Strategy 2010-2016 was developed based on six blocks of Health System, SHPs are also directly linked to some outcome of HSS 2010-2016.



#### SHP1: Leadership/Governance(National)

*Integrate HI/PHC concept into public health policy, strategies, and activities*

- PHP1: Build Healthy Public Policy
- PHP4: Create Supportive Environments
- HSS5.3.2: Better coordination with partners

#### SHP2: Leadership/Governance(Province)

*Translate National Policy into Provincial Action Plan*

- PHP4: Create Supportive Environments
- PHP5: Strengthen Community Actions
- HSS5.3.1: Restructuring and strengthening

#### SHP3: Access to services Develop IEC strategy

- PHP2: Develop Personal Skills
- PHP3: Reorient Health Services
- HSS5.2.1: Access to services

#### SHP4: Health Financing Resource mobilization Financial sustainability

- PHP6: Moving into the Future

#### SHP5: Health workforce Capacity building of PH staffs for HI/PHC

- PHP6: Moving into the Future
- HSS5.2.2: Key health professionals

#### SHP6: Health Information Good cycle for M&E

- PHP6: Moving into the Future

#### 2. Strategy

SHP1 (National Leadership/Governance): Integrate HI/PHC concept into public health policy, strategies, and activities

SHP2 (Provincial Leadership/Governance): Translate national policy into provincial action plan

SHP3 (Access to services): Develop IEC strategy

SHP4 (Health Financing): Resource mobilization and financial sustainability

SHP5 (Health workforce): Capacity building of Public Health staffs for HI/PHC

SHP6 (Health Information): Support good cycle for Monitoring and Evaluation

#### 3. Activity

*SHP1 (National Leadership/Governance): Integrate HI/PHC concept into public health policy, strategies, and activities*

AHP1.1: Activate public health regular meeting for reducing vertical progremees

- AHP1.2: Develop advocacy and educational tools for HI/PHC in Bislama
- AHP1.3: Develop TOR of national steering committee and formulate it
- AHP1.4: Establish appropriate Healthy Settings for supportive environment

*SHP2 (Provincial Leadership/Governance): Translate national policy into provincial action plan*

- AHP2.1: Hold HPU biannual meeting for working towards programme harmonisation
- AHP2.2: Organise provincial workshops in six provinces to translate policy into action plan
- AHP2.3: Launch provincial Action Plan in six provinces
- AHP2.4: Develop TOR of provincial steering committee and formulate it

*SHP3 (Access to services): Develop IEC strategy*

- AHP3.1: Develop and distribute Healthy Islands Package to all information providers
- AHP3.2: Establish standard procedures for IEC development and distribution
- AHP3.3: Develop communication channels with media
- AHP3.4: Develop communication channels with CBO

*SHP4 (Health Financing): Resource mobilization and financial sustainability*

- AHP4.1: Establish Health Promotion Fund for financial sustainability
- AHP4.2: Resource mobilization to support implementation of strategy

*SHP5 (Health workforce): Capacity building of public health staffs for HI/PHC*

- AHP5.1: Recruit national staffs for HI/PHC
- AHP5.2: Recruit provincial staffs for HI/PHC
- AHP5.3: Develop HI/PHC resource package for training and capacity building
- AHP5.4: Send national and provincial staffs to short term PHC training

*SHP6 (Health Information): Support good cycle for monitoring and evaluation*

- AHP6.1: Support Health Workers to understand data collection and read statistic report
- AHP6.2: Conduct supportive and supervisory activities to monitor province and community

#### **4. Implementation Plan**

See Timeline, Business Plan 2011 and Business Plan 2012 in ANEXES.

## IV. Monitoring and Evaluation

### 1. Health Sector Strategy 2010-2016

For routine monitoring, output indicators of Health Sector Strategy 2010-2016 will be included in assessment tool. Routine monitoring activity with the assessment tool will start after all Province launch Action Plan. The monitoring activities are including; Annual report of Ministry of Health, Biannual reports of HPO, VHWS' supervisory checklist, and Annual supervisory visit to Provincial Health Offices by National staffs.

Strategy	Overall Output Indicator	HSS
SHP1:National Leadership/Governance	SWAp convened	HSS5.3.2
	MOU agreed	HSS5.3.2
	Meeting held/agencies participating	HSS5.3.2
SHP2:Provincial Leadership/Governance	Provincial roles and mechanisms defined	HSS5.3.1
	Provinces planning and managing	HSS5.3.1
SHP3:Access to services	IEC distribution ratio	HSS5.2.1
SHP4:Health Financing		
SHP5:Health workforce	Public health officers / 1000 population	HSS5.2.2
SHP6:Health Information		

fig.12: Overall Output indicator of SHP and linkage to HSS 2010-2015

For more detail indicators, see output indicators for monitoring, Business Plan 2011, and Business Plan 2012 in ANEXES.

### 2. Health Outcomes

In addition to the routine monitoring, Health Promotion Unit supports and utilizes National Surveys conducted by other partners in order to evaluate primary outcomes in specific health issue. The outcome indicators are the same as HSS 2010-2016. The potential National Surveys are conducting the following schedule.

Outcome	Overall Outcome Indicator	HSS
Reduce child mortality	Under-five mortality rate	HSS5.1.1
	Infant mortality rate	HSS5.1.1
Improve maternal health	Maternal mortality rate	HSS5.1.2
	Ration of maternal deaths to population by province	HSS5.1.2
Access to safe water and improved sanitation	Proportion of people with access to safe water	HSS5.2.3
	Proportion of people with access to improved sanitation	HSS5.2.3
Promote better health for all people through healthy settings		

fig.13: Overall Outcome indicator of SHP and linkage to HSS 2010-2015

Survey	Field	Responsible Unit / Donor	Date
STEPS	Non Communicable Disease	NCD / WHO	2011
GSHS	Adolescent and Child Health	ACH / WHO	2011
MICS	Maternal and Child Health	MICH/ UNICEF	2012
MIS	Malaria	MVBD/GF	2011
TS	TB	TB/GF	2011

fig.14: Schedule of planned National Surveys 2010-2015

## Timeline 2011-2015

SHP			2011				2012				2013				2014				2015			
AHP			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
SHP1 (National Leadership/Governance)																						
1.1	Activate public health regular meeting for reducing vertical programmees																					
1.2	Develop advocacy and educational tools for HI/PHC in Bislama																					
1.3	Develop TOR of national steering committee and formulate it																					
1.4	Establish appropriate Healthy Settings for supportive environment																					
	Healthy Village pilot programme																					
	Healthy School pilot programme																					
	Healthy Market pilot programme																					
SHP2 (Provincial Leadership/Governance)																						
2.1	Hold HPU biannual meeting for working towards programmes harmonisation																					
2.2	Organise provincial workshops in six provinces to translate policy into action plan																					
2.3	Launch provincial Action Plan in six provinces																					
2.4	Develop TOR of provincial steering committee and formulate it																					
SHP3 (Access to services)																						
3.1	Develop and distribute Healthy Islands Package to all information providers																					
	Develop guideline of HI Package for Partners																					
	Develop contents of HI Package																					
	Distribute HI Package to Health Providers																					
	Distribute HI Package to Teachers																					
	Distribute HI Package to Church and Chiefs																					
	Distribute HI Package to Children																					
3.2	Establish standard procedures for IEC development and distribution																					
	Develop IEC development guideline																					
	Establish IEC distribution system																					
3.3	Develop communication channels with media																					
3.4	Develop communication channels with civil society																					
SHP4 (Health Financing)																						
4.1	Establish Health Promotion Fund for financial sustainability																					
4.2	Resource mobilization to support implementation of strategy																					
SHP5 (Health workforce)																						
5.1	Recruit national staffs for HI/PHC																					
5.2	Recruit provincial staffs for HI/PHC																					
5.3	Develop HI/PHC resource package for training and capacity building																					
5.4	Send a few national and provincial staffs to short term PHC training																					
SHP6 (Health Information):																						
6.1	Support Health Workers to understand data collection and read statistic report																					
6.2	Conduct supportive and supervisory activities to monitor province and community																					
Evaluation																						
	Conduct evaluation in cooperate with Health Partners																					



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MINISTRY OF HEALTH