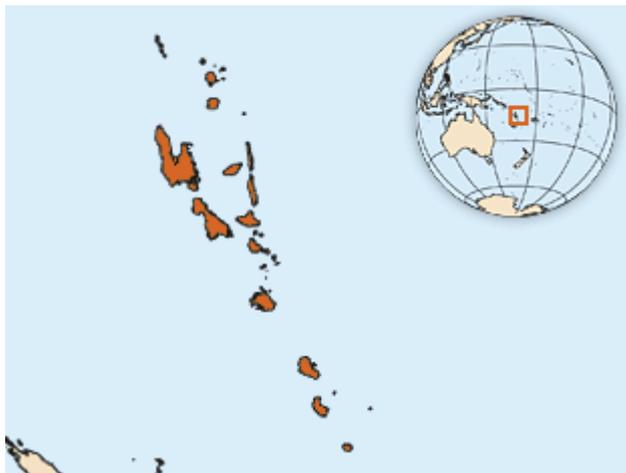


## Vanuatu



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Lower-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2013)	72.6
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	64
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	70.1 (Male) 72.0 (Both sexes) 74.0 (Female)
Population (in thousands) total (2015)	264.7
% Population under 15 (2015)	36.5
% Population over 60 (2015)	6.5
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ( )	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	83
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	134
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	5.02
Private expenditure on health as a percentage of total expenditure on health (2014)	10.21
General government expenditure on health as a percentage of total government expenditure (2014)	17.94
Physicians density (per 1000 population) (2012)	0.186
Nursing and midwifery personnel density (per 1000 population) (2012)	2.218
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	11.8 [6.9-19.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	27.6 [18.3-41.6]
Maternal mortality ratio (per 100 000 live births) (2015)	78 [36 - 169]
Births attended by skilled health personnel (%) (2013)	89.4
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) ( )	
Population using safely managed drinking water services (%) ( )	

Sources of data:  
Global Health Observatory May 2017  
<http://apps.who.int/gho/data/node.coc>

### HEALTH SITUATION

Vanuatu faces a triple burden of increasing rates of noncommunicable diseases (NCDs), emerging threats from climate change, and communicable diseases and conditions affecting mothers and children. NCDs, particularly circulatory system diseases, diabetes, cancers and chronic respiratory disease, are among the leading causes of adult morbidity and mortality. In children, respiratory infections, diarrhoeal disease and neonatal conditions continue to account for most childhood illnesses and under-five deaths. While the prevalence of malaria has declined remarkably, that of other communicable diseases such as tuberculosis (TB) and sexually transmitted infections (STIs) has not and the population is at risk from outbreaks such as dengue, measles and other vaccine-preventable diseases.

Access to quality health services and the delivery of essential health care to scattered populations also remains a challenge. Increasing urbanization is causing overcrowding and creating environmental conditions that catalyse the emergence of disease and other health problems such as NCDs, STIs, unplanned pregnancies, childhood malnutrition and domestic violence. In addition, lack of an adequately skilled workforce, limited financial capacity and other health systems issues continue to hinder the delivery of quality services for all.

### HEALTH POLICIES AND SYSTEMS

Health sector development is guided by an overarching *National Sustainable Development Plan 2016–2030*, which outlines the overall national development priorities. Society Goal 3 of the Plan addresses quality health care and aims for “a healthy population that enjoys a high quality of physical, mental, spiritual and social well-being”. The four health policy objectives include: ensuring that the population of Vanuatu has equitable access to affordable, quality health care through the fair distribution of facilities that are suitably equipped; reducing the incidence of communicable and NCDs; promoting healthy lifestyle choices and health-seeking behaviour to improve population health; and building health sector management capacity and systems to ensure the effective and efficient delivery of quality services.

The *National Health Sector Strategy 2017–2020* is in development and will align closely with the policy objectives of the Sustainable Development Plan. It will provide the strategic directions for improved services that are accessible to all without financial hardship. Primary health care and strengthening core components of the health system are key elements of the Ministry of Health strategy to build a system that is resilient to NCDs, communicable diseases and climate change.

### COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

**WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)**

Strategic Priorities	Main Focus Areas for WHO Cooperation
<b>STRATEGIC PRIORITY 1:</b> To reduce morbidity and mortality from communicable diseases and continue to integrate disease-specific programmes into broader health system structures	<ol style="list-style-type: none"> <li>1.1. Continue the malaria elimination agenda through effective surveillance, information management systems and mobilization of resources.</li> <li>1.2. Improve access to diagnostic facilities for TB among outer islands populations; implement measures to increase detection; improve referral systems and follow-up among scattered populations; and improve engagement of civil society organizations in TB control.</li> <li>1.3. Reduce burden of STIs/HIV by improving health promotion, screening and patient services.</li> <li>1.4. Reduce NTD burden and implement measures to avoid reintroduction of eliminated NTDs.</li> <li>1.5. Achieve and maintain high coverage of vaccination, fill immunity gaps, strengthen laboratory capacity, and improve surveillance/preparedness for outbreak response.</li> </ol>
<b>STRATEGIC PRIORITY 2:</b> To address NCDs, mental health and substance abuse, injury and violence, disability and rehabilitation, and nutrition	<ol style="list-style-type: none"> <li>2.1. Provide essential services for prevention, screening and management of NCDs, implement the Healthy Islands initiative and expand primary health care services.</li> <li>2.2. Conduct a STEPS survey and improve routine data collection of NCDs.</li> <li>2.3. Decrease the service provision gap for mental health.</li> <li>2.4. Prevent and respond to violence, road traffic accidents and injuries by supporting the development and implementation of evidence-based intersectoral action plans.</li> <li>2.5. Improve access to health-care, rehabilitation and data collection for people with disabilities.</li> <li>2.6. Strengthen nutrition governance/coordination across sectors; improve coverage/delivery of nutrition services; strengthen interventions to reduce the risk of obesity, undernutrition and other deficiencies; and promote and sustain national and household food security.</li> </ol>
<b>STRATEGIC PRIORITY 3:</b> Support reproductive, maternal, newborn, child and adolescent health, older people and disability-related health programmes	<ol style="list-style-type: none"> <li>3.1. Eliminate preventable deaths of mothers and newborns, and preventable deaths/illness of children; reduce unintended pregnancies; strengthen preventive and curative health services for young people and healthy ageing; and reinforce health systems for RMNCAH.</li> <li>3.2. Mainstream gender, equity and human rights.</li> <li>3.3. Strengthen institutional capacity in environmental health risk assessment/management and improve multisectoral coordination mechanisms in water, sanitation and hygiene.</li> </ol>
<b>STRATEGIC PRIORITY 4:</b> To strengthen the core components of the health system towards the achievement of universal health coverage	<ol style="list-style-type: none"> <li>4.1. Review, revise and update the health sector policy framework.</li> <li>4.2. Implement the health information system strategic plan.</li> <li>4.3. Review, revise and define the core service packages and delineate roles for health institutions at different levels.</li> <li>4.4. Improve sector coordination and aid through effective engagement with partners.</li> <li>4.5. Support professional development/education of the workforce through Pacific Open Learning Health Network and facilitate the integration of foreign-trained health graduates.</li> <li>4.6. Strengthen workforce management in collaboration with key stakeholders</li> <li>4.7. Improve access to services by rolling out primary health care interventions in all provinces.</li> </ol>
<b>STRATEGIC PRIORITY 5:</b> To build capacities in responding to and mitigating public health threats and risks posed by emergencies and disasters	<ol style="list-style-type: none"> <li>5.1. Review, develop and update legislation, policies and guidelines in accordance with International Health Regulations (2005).</li> <li>5.2. Coordinate national health clusters in emergencies and strengthen response, recovery, and preparedness plans and procedures.</li> <li>5.3. Strengthen surveillance systems and border control in alignment with IHR (2005).</li> <li>5.4. Strengthen infection control procedures in hospitals and health facilities.</li> <li>5.5. Build resilience to climate change within the health system through adaptation projects.</li> </ol>

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