2. Policy Statements

2.1 Problem Statement

The major problem in health service delivery is the limited availability and accessibility of services particularly in remote rural communities and outer islands. Many rural health centres and dispensaries are poorly equipped, and some are not fully functional due to lack of trained health workforce. Unequal distribution of resources including budget allocations, human resources and supplies of medicines and commodities ultimately leads to poor health services delivery. In addition, the health information system has weakened in the past three years due to frequent change of senior staff, making it difficult to maintain the functional roles of the health information unit. Other management and systems issues include weak linkages and coordination between public health programmes; inadequate communication and coordination between national, provinces, and communities; and lack of policy and strategic direction to implement national health programmes at provincial level and community levels.

2.2 Purpose

This policy document aims to provide the strategic direction to operationalise the Healthy Islands vision, applying the primary health care revitalisation approach as a tool to realise this vision, and health promotion functions as the driving vehicle behind the agenda.

The implementation of the policy will assist the Health Sector Strategy to:
• Accomplish its goals and objectives to bring about improved availability and accessibility of health services.
• Accomplish its mission to protect and promote the health of all people in Vanuatu
• Accomplish its vision for an effective and efficient integrated and decentralized health system that promotes equitable health services.

2.3 Mission and Vision

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

Mission: To protect and promote the health of all people in Vanuatu

Vision: Among the islands in Vanuatu:
• 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

2.4 Goal and Objective

The goal of the policy is to promote better health through the Healthy Islands vision based on the values of primary health care. Its objective is to strengthen access to health services through the functions of Health Promotion to lead HI/PHC Revitalisation

2.5 Applying the Health Promotion Approach

In order to achieve its goal and objective, the policy calls for commitment and action among national leaders, policy makers, planners and managers. The vision of Healthy Islands needs to be translated into feasible and practical actions, applying primary health care and health promotion tools. Health promotion is built on six fundamental functions including:
1. Build healthy public policies to guide and support actions
2. Develop inter-personal skills to facilitate communications in health
3. Reorient health services to bring about better results in light of changing environments
4. Create supportive environments, such as healthy islands settings to enhance behaviour change
5. Strengthen community actions to maximise community mobilisation and ownership
6. Move into the future by strengthening health systems through the primary health care revitalisation agenda.

2.6 Applying a multi-level approach – at national, provincial and community level

In order to engage the whole country, the Healthy Islands policy will be implemented across the six provinces in a multi-level approach involving the national level and sub-national levels at provincial and community level. The Health Promotion Unit is the driving agent for the implementation of Healthy Islands and primary health care revitalisation. It is responsible for ensuring the policy and its strategies are implemented, coordinated and monitored.

![Health Promotion structure](image)

Figure 4: Health Promotion structure

2.7 Engaging a multi-sectoral approach to Partnerships

The Healthy Islands approach is a multi-sectoral way of harnessing collaborative efforts to achieve health goals. The implementation of the policy requires the participation of stakeholders including development partners, other government sectors, NGOs and the private sector, with the Ministry of Health taking lead role in the process. The contribution and participation of different sectors is necessary to stage a whole-of-society approach to address the social and environmental determinants of health which are well beyond the scope of the health sector.
2.8 Top-down and Bottom-up approach

Figure 5: Multi-sectoral Approach

Figure 6: Top-down and Bottom-up approach
The early phase of primary health care in Vanuatu introduced a community-based village health workers programme which over the years has met with both achievements and challenges. The renewed focus on Healthy Islands, primary health care revitalisation and health promotion provides opportunities for strengthened community-based action and engaging the village health workers programme as a key activity for the bottom-up approach to mobilise villages, community-based groups, NGOs and other traditional structures to the common goal of healthy islands. The top-down approach encompasses the translation of the policy into action through strategic direction, national leadership, guidance, support and ongoing supervision from national to provincial level. It operates alongside the revised ministry of health organizational structure to drive this process of filtering national level support down to the provinces so that provinces develop capacity and enabling environment to function optimally.

2.9 Linking national and provincial

The model of top-down and bottom-up pathways ensure that actions are operating in both directions simultaneously; and each complementing the other to achieve the overall PHC goal.

At national level, the Ministry of Health coordinates the national policy and strategy and ensures it is translated into provincial health action plans. It also guides, supports and supervises the provincial health team in its implementation in respective provinces.

At provincial level, the provincial team engages the participation of the provincial health office, provincial hospital, health centres, dispensaries and aid posts so that their respective activities and action plans are linked to the provincial health plan. Provincial hospitals are referral facilities and provide secondary care at provincial level. Referral linkages must be functional between each level of care to ensure continuity of care and optimize health delivery.

3. Strategy to translate Vision to Action

3.1 The Roll-out Plan

The purpose of the roll-out plan is to ensure that the Healthy Islands vision and primary health care revitalisation plans are implemented in all six provinces in Vanuatu in incremental phases, starting with SHEFA Province on the main island. Rolling-out means that the implementation of the policy starts at national level and extends to each province in a phased approach.

As each province becomes actively involved, support will be mobilised through a number of processes and initiatives including:

- Discussion of the policy document at provincial level for better understanding of the principles of Healthy Islands, primary health care revitalisation and health promotion.
- Delegation of clearly defined roles for implementing the policy at both national and provincial levels, and linkages between the two levels.
- Capacity building of staff and health partners at all levels to assist the implementation process.
- Allocation of adequate resources and staffing
- Development of a clear but feasible M&E plan to ensure the roll-out plans are implemented and coordinated.
- Conduct of on-going supportive supervision for provincial teams
- Document processes and experiences at every phase of the implementation plan as part of the monitoring plan.
3.2 Key Strategic Areas

The key strategic areas revolve around the six core components of health systems strengthening, as follows:

1: Leadership/Governance (National)
Integrate HI/PHC Concept into Public Health Policy and Strategies
- HP1: Build Healthy Public Policy
- HP4: Create Supportive Environments
- HSS5.3.2: Better Coordination with Partners

2: Leadership/Governance (Province)
Translate National Policy into Provincial Action Plan
- HP4: Create Supportive Environments
- HP5: Strengthen Community Actions
- HSS5.3.1: Restructuring and Strengthening Province

3: Access to services
Develop IEC strategy
- HP2: Develop Personal Skills
- HP3: Reorient Health Services
- HSS5.2.1: Access to Services

4: Health Financing
Resource Mobilization Financial Sustainability
- HP6: Moving into the Future

5: Health workforce
Capacity Building of PH Staffs for HI/PHC
- HP6: Moving into the Future
- HSS5.2.2: Key Health Professionals

6: Health Information
Good Cycle for M&E
### 3.3 PHC Activities

In order to address the need for access to health services, a number of activities are outlined under each health systems component.

#### STRATEGY 1: National Leadership & Governance in PHC
- **A1.1:** Establish regular public health meetings to dialogue on PHC implementation, monitoring and support, and discuss ways for reducing vertical programmes
- **A1.2:** Train and capacity build all programme managers at national and provincial levels
- **A1.3:** Develop advocacy and educational tools for HI/PHC in Bislama
- **A1.4:** Establish national PHC steering committee
- **A1.5:** Establish appropriate healthy settings for creating supportive environments

#### STRATEGY 2: Provincial Leadership/Governance in PHC
- **A2.1:** Hold PHC biannual meetings for working towards programme harmonisation
- **A2.2:** Organise provincial workshops in each province to translate policy into action plan
- **A2.3:** Launch provincial Action Plans in six provinces
- **A2.4:** Establish provincial HI steering committee and formulate it

#### STRATEGY 3: Access to PHC services
- **A3.1:** Develop and distribute PHC Package to all information providers
- **A3.2:** Train service provides in adequate numbers and competency to deliver PHC services
- **A3.3:** Upgrade facilities and supplies to enable health facilities deliver prescribed PHC functions
- **A3.4:** Develop effective mechanisms for referral within the existing health care levels
- **A3.5:** Establish standard procedures for IEC development, pre-test and distribution
- **A3.6:** Develop communication channels with media
- **A3.7:** Develop communication channels with CBO

#### STRATEGY 4: PHC Financing
- **A4.1:** Develop annual PHC costing plan to be incorporated into MOH annual business plan
- **A4.2:** Establish Health Promotion Fund for financial sustainability
- **A4.3:** Develop resource mobilization to support implementation of strategy on an on-going basis

#### STRATEGY 5: Health workforce for PHC
- **A5.1:** Recruit national staffs for HI/PHC and Health Promotion
- **A5.2:** Recruit provincial staffs for HI/PHC
- **A5.3:** Develop HI/PHC resource package for training and capacity building
- **A5.4:** Arrange national and provincial staffs to undertake short term PHC training or online courses
- **A5.5:** Conduct on-going capacity building in-country training for PHC staff

#### STRATEGY 6: Health Information
- **A6.1:** Support Health Workers to understand data collection, analysis, reporting and use of data
- **A6.2:** Conduct supportive and supervisory activities to monitor province and community
- **A6.3:** Undertake timely collection of M&E indicators, analysis and use of information
- **A6.4:** Conduct evaluation activities to assess results