



MINISTRY OF HEALTH

ANNUAL REPORT 2025

"Wan Strong Helt sistem blong umi evriwan"

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Acronyms & Abbreviations

Table 1: List of Acronyms and Abbreviations

CHS – Community Health Services	NHEOC – National Health Emergency Operations Center
COM – Council of Ministers	NSDP – National Sustainable Development Plan
DG – Director General	RDP – Role Delineation Policy
DCSPP – Directorate of Corporate Services, Policy and Planning	SDGs – Sustainable Development Goals
DPH – Directorate of Public Health	SOE – State of Emergency
DHCS – Directorate of Hospitals and Curative Services	UNDP – United Nations Development Fund
GoV – Government of Vanuatu	UNICEF – United Nations International Children Emergency Fund
HIS – Health Information System	UHC – Universal Health Coverage
HPU – Health Promotion Unit	UNFPA – United Nations Population Fund
HRM&D – Human Resources Management and Development	VAHP – Vanuatu Australia Health Partnership
HRMIS – Human Resource Management Information System (HRMIS)	VCNE – Vanuatu College of Nursing Education
HSS – Health Sector Strategy (2021 – 2030)	VNH – Vanuatu National Hospital
JICA – Japan International Cooperation Agency	VMF – Vanuatu Mobile Force
PHA – Provincial Health Administrator	WASH – Water, Sanitation and Hygiene
PHC – Primary Health Care	
PHM – Public Health Manager	
PHC – Primary Health Care	
OPSC – Office of the Public Service Commission	
MOH – Ministry of Health	
NCD – Non-Communicable Diseases	

Overview of 2025 Annual Report

This Annual Report will focus on MOH achievements for 2025 financial year. The report includes progress made towards the implementation of the Role Delineation policy, workforce development progress and progress made in terms of battling NCDs and CDs. The MOH overall performance will be shown through the Health Report card indicators progress report. Sections related to legislative context and updates from each COM meeting will also be included to project the Ministry's performance in terms of all that was achieved in 2024. In accordance with the PSC and Financial Management Acts, this annual report provides a report of our performance against the commitments we have made in the corporate plan which translates down to the budget narrative. It also showcases MOH performance towards achieving the goals in our Health Sector Strategy (HSS) 2021–2024, which marks three (3) years of implementing this strategy in alignment with the National Sustainable Development Plan (NSDP).



Figure 1: Official Opening of the CT scan services, VNH – February 2025

Minister's Statement



Under the leadership of our current government, we have maintained stability under the Ministry of Health enabling significant milestones, reinforcing our commitment to strengthening health service delivery that contributes to improving the well-being of our people.

The strategic priorities for 2025 included the decentralization of healthcare, bringing essential services closer to the rural and remote communities and strengthening primary

healthcare through infrastructure development and capacity development for healthcare workers. The priorities also included Specialized clinical services expansion from the national referral hospital to the provincial hospitals.

The Ministry remains devoted to its commitment to contribute to achieving a “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.”

To achieve this vision, efforts continue through expansion of the workforce, continuous collaboration with regional institutions, expansion of specialized services at the Vanuatu National Hospital with efforts to continue decentralizing some services to provincial hospitals along with specialized workforce expansions and growth. Over eighty (80+) health facilities were refurbished with additional developments made to the facility functional spaces. Formalized international partnerships to strengthen workforce capacity, addressing critical gaps in nursing and medical services.

Significant investments dedicated to training and development of healthcare professionals to address staffing shortages expanded the health workforce to ensure there is continuity of care amidst challenges. The continued collaborations with regional institutions to expand educational opportunities for aspiring health workers is a consideration for this Ministry and a lot of investments were made to ensure populations receive the quality and affordable service they need. The continuation collaboration with regional institutions included the signing of MoU between PAU and MoH to deliver Nursing training commencing in 2025.

Our vision for the health sector is ambitious but achievable through collective efforts and strategic collaboration. The decentralization agenda will continue to empower local health services, while ongoing investments in specialized services will provide quality and affordable health care for the population of Vanuatu regardless of where they are in Vanuatu. I strongly believe in the MOH and its partnerships to drive Vanuatu into achieving a health and wealthy Vanuatu.

Finally, I would like to extend my deepest appreciation and gratitude to the MOH Executive along with its dedicated workforce and our development partners for all that was planned and achieved in 2025. Together, we will continue to uphold our commitment to ensuring equitable and affordable healthcare service is delivered to serve the population of Vanuatu.

Your Sincerely,

Hon Johnstill Tariqwetu
Minister of Health

Director General’s Statement



The year 2025 was a defining moment for the Ministry of Health as we concluded our corporate plan and undertook a comprehensive internal review. This review, involving all senior officials, allowed us to reflect on our progress, celebrate achievements, and chart a renewed course for the future. It was a process that encouraged fresh thinking, deeper collaboration, and a shared vision for the next five years.

I am pleased to report that the priorities set out in our corporate plan have seen tangible progress:

- **Decentralization of health services** has extended our reach into remote communities, ensuring that more citizens have access to essential care closer to home. This achievement reflects our commitment to equity and inclusivity in health service delivery.
- **Development of specialized clinical health programs** has begun to strengthen our national capacity to address complex health needs. These programs lay the foundation for advanced care within the country, reducing reliance on external services and improving outcomes for patients.
- **Improvement of the health workforce and training development** has been a central focus. Investments in training, professional development, and workforce expansion are equipping our health professionals with the skills and resilience needed to meet evolving challenges.
- **Reducing cases of communicable and non-communicable diseases** remains a critical priority. Through targeted interventions, awareness campaigns, and strengthened surveillance, we have made progress in lowering disease burdens and promoting healthier lifestyles across communities.

These achievements, outlined in detail in this Annual Report, are a testament to the dedication of our staff, the support of our partners, and the resilience of our communities. They also serve as stepping stones toward our new strategic direction for 2025–2030.

As we move forward, the Ministry will continue to build on these foundations, guided by innovation, collaboration, and accountability. Our vision is clear: a health system that is accessible, specialized, and resilient, one that empowers our workforce and safeguards the well-being of every citizen.

I extend my sincere appreciation to all who contributed to the success of the corporate plan and to the review process. Together, we are shaping a healthier future for our nation.



Dr. Santos Wari
Acting Director General
Ministry of Health

The MOH Executive Committee

Figure 1: MoH Executive Team members of 2025



From L-R: Minister of Health (Hon. Johnstil Tariqetu), Director General (Mrs. Shirley Tokon), Director of Policy, Planning & Corporate Services (Dr. Posikai Samuel Tapo), Director of Curative & Hospital Services (Dr. Sereana Natuman) and Director Public Health (Dr. Jenny Stephen)

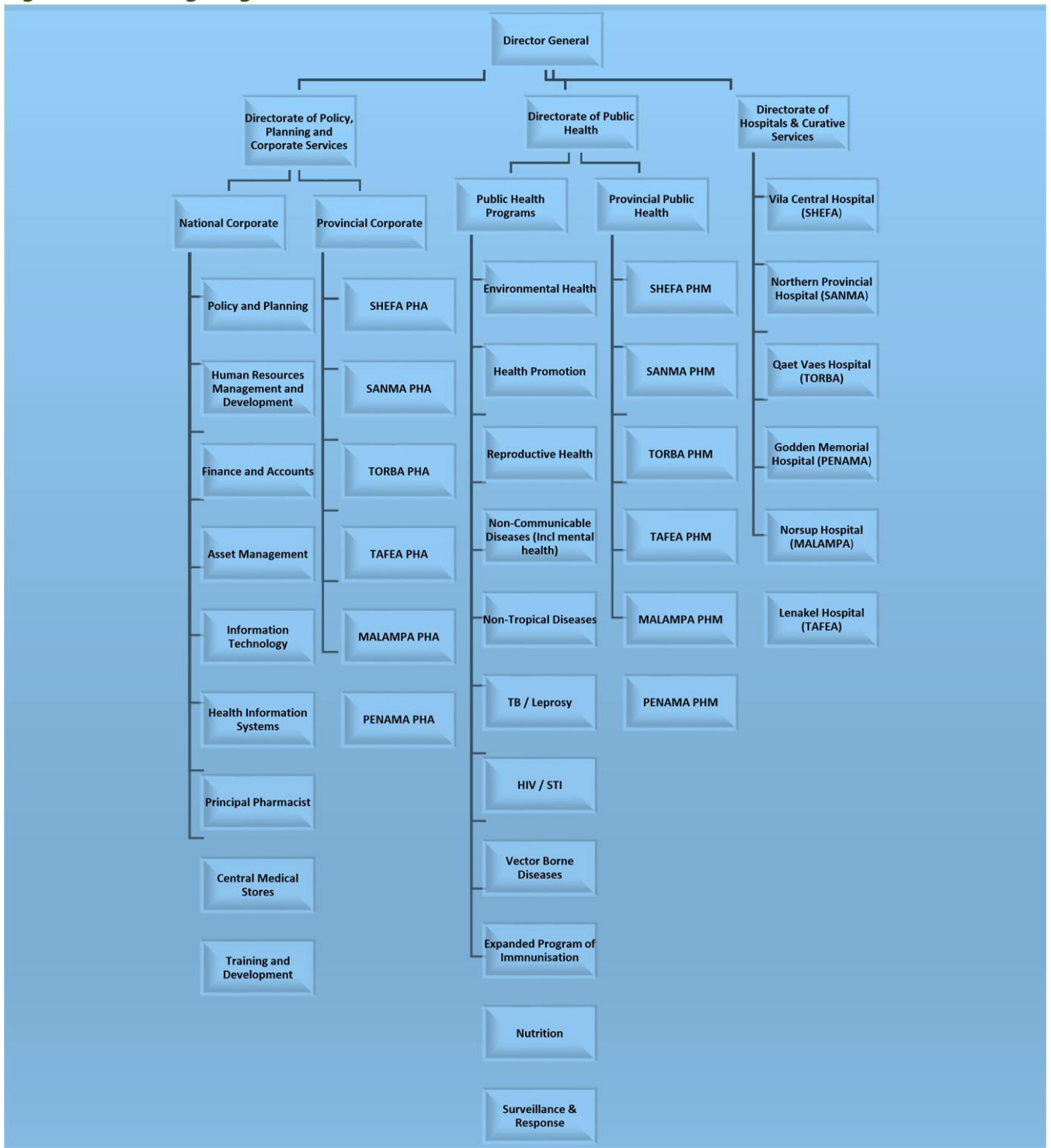
The Ministry of Health Executive team comprise of the Minister who by far has been represented by the first political Advisor to the Minister for Health, the Director General (DG) as chair of the Executive Committee and the three (3) directorate directors of Public Health, Corporate services and Hospital services. The Chair may request the participation of specific Managers at any one Executive Committee meeting in relevance to specific agenda items.

The Directors execute and implement the strategic directions provided by the Director General (DG) through establishment of priority focus areas for each financial year. These also include continuous monitoring through monthly Executive meetings based on overall government policy goals as spearheaded by the Department of Strategic Policy and Aid Coordination (DSPPAC) from the Prime Minister's Office.

The Director General (DG) position has been vacant since July 2022, where numerous senior government officials were appointed to the position of Acting Director General until February 2024 where the Director of Corporate Services served as Acting DG until the new DG took office recently in November 2024. The new Director General of the Ministry of Health, Mrs. Shirley Tokon has served in the Health Sector, both in the government and outside the government supporting health sector over the past twenty (20) years where she a qualified health worker possessing a wealth of knowledge and experience in this sector.

Corporate Structure

Figure 2: MoH Organogram



The Department of Health supports and advises the Minister of Health.

We work across the health sector with our partners, Civil Society Organizations (CSOs), Faith Based Organizations (FBOs) and Non-Governmental Organizations (NGOs) to improve health outcomes and address health inequities for Ni-Vanuatu.

The Ministry of Health is led by the Minister of Health and cabinet in the development of policy direction. The MoH Executive along with the Health Sector Analyst based at PMO and the Expenditure Analyst based at MFEM report directly to the Prime Minister on the performance of the health sector in alignment with the National Sustainable Development Plan (NSDP).

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

Within the Directorate of Corporate Services, national corporate functions have been established which support strategic and operational planning, financial allocations and controls, health information and connectivity, fixed asset support and pharmaceutical management.

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 functions is still retained by the provincial organizations.

Within the Directorate of Public Health, fourteen (14) national Public Health Programs are represented, each program establishing policy and strategic planning documentation to assist with a consistent national direction with the ability to deliver through CHS and Hospitals at the provincial level. Also, within the Public Health Directorate are the six (6) Provincial Public Health Managers (PHMs), each supporting a myriad of health professionals, providing health services out of Health Centers and Dispensaries around the country.

The Directorate of Hospitals and Curative Services has established control of the six (6) provincial hospitals across the country, of which one has been renamed the Vanuatu National Hospital formally known to Vanuatu as Vila Central hospital. Along with VNH in Port Vila is Northern Provincial hospital (NPH) known to the Northern provinces of Sanma, Penama, Torba and Malampa as their regional referral hospital. There are four (4) provincial hospitals namely Norsup in Malekula, Lenakel on Tanna, Quat Vaes in Vanualava and Lolowai hospital on Ambae. 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.

Corporate Overview

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.

Strategic Directions and Objectives

The Ministry of Health (MOH) has three strategic directives derived from the NSDP summit in 2022 and outlined NSDP acceleration plan and aligned to the MOH Corporate plan 2022 – 2025 which has guided our plans from 2022 – 2025:

- Revive and improve primary healthcare
- Implement Role Delineation Policy and Referral Policies
- Address human resources specialization and equipment in hospitals

Report Against Relevant Corporate Plan Objectives

Table 1: The set of tables that follow from ages 10-83 demonstrates cost center updates for activities planned in the 2025 business plan.

Program		Activity		Comment
MHA – Cabinet Support		MHAA – Portfolio Management		
	Performance Indicators	Target	Performance to Date	
Minister to attend weekly COM meetings		52	100% attendance to COM meetings	
Minister to attend parliament sittings and vote for relevant bills affecting the health sector		3	100% attendance to parliament sittings and voted for bills relative to health sector	
Minister to table a health bill in parliament		1	No Bills tabled	
Attend National meetings to discuss health policy and resolutions.		6	100% attendance to meetings	
Minister attends functions and ceremonies in relation to health events.		4	100% attendance to health ceremonies and functions	
Minister to travel to World Health Organization (WHO) and the Pacific Islands Health Minister's Meetings and or other meetings where the Minister has been invited to attend.		3	Minister delegated responsibility First PA to attend WHO Assembly Delegated responsibility to DG and Provincial Administrators to attend Pacific Islands Health Ministers meeting	
Minister to visit two provinces plus own constituency where the Minister has been invited to attend.		3	Minister travelled to all six provinces including his own constituency	
Minister to hold quarterly meetings with all Directors to be briefed and updated on the health situation of the country and the status of the budget execution. In some instances, briefing on actual intervention programs.		4	Minister requests meeting-based need and urgency.	

Program		Activity	
MHB – Executive Management and Corporate Support		MHBA – Ministry Executive	
Performance Indicators	Target	Performance to Date	Comment
Conduct joint partner working group meetings linked MOH planning and budgeting cycles	2	2 development partners meeting	
Evaluate the Ministry of Health Corporate Plan (CP) with lessons carefully documented to improve progress of work	1	Achieved	
Ensure Assets and financial liabilities of the Ministry are identified, audited and properly recorded	0.8	Delayed due to lack of inventory list for MoH	
Conduct monthly MOH Executive meetings ensuring full membership in attendance	12	10 Executive meetings with full membership according to attendance sheets	
Advise and report on progress made on achieving the HSS through the health report card. Produce annual report	1	Annual report produced and submitted on 31 March 2025	
Track Ministry budget expenditure to avoid overspending	12	No information provided	

Program		Activity	
MHB – Executive Management and Corporate Support		MHBB – Corporate Services	
Performance Indicators	Target	Performance to Date	Comment
Ministry Executive and Managers receive quarterly written reports on overall budget performance	4	Strong executive oversight maintained through regular meetings and reporting. However, delayed recruitment of a Finance Manager due to PSC salary scale approval poses a medium-term governance risk to financial control. (100%)	
Ministry Executive receives quarterly written reports on human resources (HR) management issues	4	Significant progress in staffing, including transition of SSA and project staff into permanent roles, strengthening institutional stability. Remaining gaps highlight need for faster PSC processes. (80%)	HR issues managed at level of Managers responsible unless it is a severe issue that requires Executive attention and decision.
Coordinating donor support for complimentary funding modalities to support MOH activities in the Business plan	1	Coordination improved, including during emergency response. However, misalignment between partner budgets and the MOH Business Plan weakens planning visibility and resource harmonisation. (100%)	
Have oversight of the review and implementation of work force plan	1	Plan finalized despite inter-ministerial delays; launch scheduled for 2026. This will be critical for addressing long-term workforce shortages and skills mix challenges.	
Quality GIP development and submissions are developed and submitted	20	Strong pipeline of proposals; however, delayed feedback and funding decisions from DSSPAC/MBC reduce planning certainty and slow implementation. < 20 GIPs submitted and achieved	
Ministry cash flow is monitored and all debts are met within acceptable timeframes	1	New clinical services, disasters (earthquake), disease outbreaks, and risk allowance requests placed severe strain on cashflow, resulting in end-year deficit. Structural response includes creation of Emergency Response Cost Centres for 2026.	
Annual reports are completed on an annual and timely basis.	1	Reporting compliance improved, but timeliness remains an issue. Provincial managers trained on templates, expected to improve reporting discipline from 2026.	
Assets and financial liabilities of the Ministry are identified, audited and properly recorded	1	External audit completed; absence of routine Audit Office audits highlights need for an internal auditor. Establishment of Finance & Audit Committee is a positive mitigation measure. (100%)	

Appraisal of personnel performance occurs for the Ministry of Health staff	100	Decentralized system causes delays. Transition toward digital appraisal systems planned for 2026 to improve efficiency and compliance. (90% of PAs achieved for MoH)	
Ministry cash flow is monitored and all debts are met within acceptable time frames. Donor funding is coordinated, - maximized and utilized to achieved Government policies and strategic directions. Adhere to Joint Partners Agreement (JPA) and JPWG	4	Partner funding largely directed to payroll and infrastructure, leaving recurrent operational gaps. Weak linkage between Business Plan and partner financing remains a systemic issue.	
Ensure flow of information and that informed decisions are made and timely shared	1	DHS reporting available but limited in scope. Data quality challenges persist, particularly in VCH and Shefa, affecting evidence-based decision-making.	
Expenditure and expenditure commitments do not exceed appropriations	1	Zero-based budgeting improved discipline. However, provincial capacity and payroll forecasting for 2026 require strengthening to sustain gains.	
Facilities and Equipment Repairs conducted in accordance with a Capital Plan.	1	Capital Plan completed, but effectiveness depends on strict adherence and alignment of appropriations. Risks remain if capital priorities are overridden.	
Implementation of Health Sector Strategy (HSS) 2021-2030.	1	Corporate Plan developed and aligned with HSS 2021–2030. Finalisation planned for 2026 to support stronger strategic coherence.	
Nursing accredited by VQA	1	Accreditation status requires clearer reporting and follow-up to ensure compliance with national quality standards.	
Output or Service Target	Target	Performance to Date	Comment
Compiled and MOH approved reports (quarterly and annually) submitted to PSC	x3 quarterly reports (April, August, December), and 2024 annual report	Death and birth registry integrated into VanHMIS pending civil registry integration due to delays in developing national civil registry system. HIS will continue collaborating with Civil registry in 2026.	
	3	100% HIS officers both in the provinces and national have received permanent appointments to OPSC.	
Integrated other systems to VanHMIS (DHIS2); Integrated Medical Death and Birth Registry with Civil Registration & Vital Statistics	3	Dashboards completed and available online on VanHMIS. 2024 HIS report to be released on first quarter of 2026.	Low reporting rates from health facilities delayed release of report dissemination.

Number of Appointed of permanent HIS officers to the newly created structure	Apply for newly appointed position to PSC	1	100% maintenance of database and VanHMIS.	
100% dissemination of HIS report to the provincial managers	Dissemination of HIS report to provincial managers	1	Delayed due to funding availability.	MoH Executive requested for a steering committee to coordinate this activity.
Maintain databases and systems	Continues maintenance of the databases and systems within the MOH	1	1 Supervisory visit to each of the six provinces with recommendations compiled in an activity report.	
Management Information Systems in place	Development of systems (EMR, MIS, etc...)		Transitioning to develop the new corporate plan which will determine review of the indicator framework. Launch of the new Digital health strategy	
Supervision & Reporting	Conduction of supervisory visit to Provincial and Hospital HIS office; Conduction of supervisory visit to selected health facilities	1	Continuous management of data and reporting.	
Procedures and regulation for data management	Aligning the core indicator framework with new forms and programs	1	Delayed and prioritised to 2026 due the development of the new Digital health strategy that provides guidance for health data management and reporting.	
Management of data and information	Continues management of data and information (population denominators, health facility listing, mapping, etc...	1	100% alignment of business plans to corporate plan, HSS and NSDP	
Number of SC meetings and endorsed decisions	Conduct 3 Digital Health Steering Committee meeting in 2025	3	2 planning meetings for 2 provinces One national review meeting	
Proportion of Annual Cost Centre Business Plan activities linking to HSS priorities. 43 Cost centre with key priorities completed	Coordinate Key Activities priority settings in line with CP, HSS, NSDP priorities	43	SMRs submitted directly to DSPAC	
Number of trainings/information sessions on guidance to Directorates, program units, provincial and clinical teams.	1. Conduct information session with program managers. 2. Collate Data and produce annual epidemiology report	2	100% cost centres submitted business plans for 2025	
Number of Project Impact Evaluation and number of monitoring reports	Conduct quarterly aid coordination meetings	1	One Quarterly report covering quarter 1-3 of 2025	

Proportion of Cost Centre Business Plans submitted annually and approved compiled document submitted to PSC. 2 quarterly report and 1 annual report produce	Coordinate 2026 Business Planning in line with HSS	43	100% updates and maintenance of Master health facility list	
Update health facility master list. HF Profiling in Place	Finalize, print and disseminate quarterly and annual report Develop Health Facility Profiling for all HF in Vanuatu	1	4 out of six disaster plans developed for 4 provinces	
Number of Provincial Health Disaster Plans developed	Audit and Update Disaster plans accordingly	6	2 provincial planning and customer care workshops included rural Nurses (Sanma and Shefa)	
Number of trainings/information sessions	Conduct Awareness/information session with rural Health nurses in 2 provinces	2	100% registry maintained for SCVs, GIPS and other urgent requests	
Update Records of GIP/SCV/VAT	Prepare and Facilitate VAT Exemption, Special Category Visa, GIP and other urgent request	1	Death and birth registry integrated into VanHMIS pending civil registry integration due to delays in developing national civil registry system. HIS will continue collaborating with Civil registry in 2026.	
			100% HIS officers both in the provinces and national have received permanent appointments to OPSC.	

Program		Activity		
MHB – Executive Management and Corporate Support		MHBC – Health Sector Human Resources Development (HRD) - VCNE		
Output or Service Target	Action	Target	Performance to Date	Comment
Approved VQA Accreditation of programs	<ol style="list-style-type: none"> 1. Conduct Curriculum development Steering Committee to guide courses development 2. Conduct VCNE Clinical Advisory Committee to advise on currency of training 3. Request assistance for the review, development and delivery of Bachelor of Nursing Conversion and Bachelor of Nursing 3-year, 4. Request assistance for developing teaching guide for Bachelor programs, 5. Purchase and deliver VQA accredited certificates courses (Cert.IV Nurse - Aid, Cert IV VHW, Cert.IV Pharmacy Technician, Cert. III Health assistance, Cert II Health Support), 6. Review and deliver Midwifery course 7. Meet VQA course fees 	1	<p>Continuous meetings of the steering committee to guide the accreditation of ADN and PGD midwifery</p> <p>Clinical advisory meetings pre service, during and after trainings</p> <p>Support from UTS 2024 – 2028 to support the development of BN conversion course, ADN and PGD Wid-wifery (5 years support)</p> <p>Vanuatu Skills Partnership and VASS are on standby to support TA to develop the programs. Consultant being recruited</p> <p>Midwifery course delivery to commence in June 2026</p> <p>VQA fees are expensive but being sorted by recurrent budget. Site visit fees are outstanding. Program levels increase as certificates go higher. A technical group was hired from Australia to assess the fees</p>	
Student progress and academic results	<ol style="list-style-type: none"> 1. Deliver nursing, midwifery and allied health courses by qualified trainers 2. Conduct NEAC meetings to monitors students' progress, 3. Conduct Senior Management Review meetings to approve assessment plans, delivery plans, pre& post assessment moderation and make decisions on failure rates. 4. Refer students for final decision to the VCNE Board 5. Provide students support (food allowances & transport as required 	2	<p>Other trainers hired and invited as guest speakers on special occasions</p> <p>Monthly NEAC meetings to monitor student progress including learner support programs</p> <p>Senior management team include Principal, Deputy principal, Quality Audit officer</p> <p>Learner Welfare support committee to cater for student welfare and Academic progress (composition include VNCNE staff and outside selected committee members</p> <p>Food allowance dropped by school management in 2025</p> <p>UTS has a contract with MoH</p> <p>Support from partners such as TA support to</p>	

<p>Training resource inventory list and LPO copy</p>	<p>and clinical uniforms, counselling) 6. Establish VCNE partnership with key stakeholders and PSET providers, NUV and international institutions 7. Develop recognition of prior learning assessment tool to assess current village health workers 8. Recruit 3 nurses & 2 midwives</p>	<p>3</p>	<p>develop programs, funds to support clinical training, salary for certain contractual staff, teaching learning resources Recognition for prior learning exist for current programs delivered by VCNE but not for VHWP 2 midwives recruited for midwifery program delivery in June. One (1) Nurse recruited</p>	
<p>List of certified trainers</p>	<p>1. Purchase all relevant and required inclusive resources to accommodate at 20 learners at a time in the practice for hands on learning 2. Renovate and expand for more spaces to accommodate 130 student and additional staffing in 2025 - library, practice rooms, admin block</p>	<p>4</p>	<p>No progress due to time and lack of budget to cater for all management staff Training delivered by UTS to VCNE management 100% of all instructors and VCNE staff completed TAE (Training and Assessment Evaluation) CERT IV in 2025</p>	

Program	Activity
MHC – Health Services	MHCA – Hospital Services - Director Hospitals & Curative Services
	MHCA – Hospital Services - Doctors Visitation
	MHCA – Hospital Services – Hospital Referrals
	MHCA – Hospital Services – External Medical Support

Program		Activity		Comment
MHC – Health Services	MHCA – Hospital Services - Vila Central Hospital			
Performance Indicators	Target	Performance to Date		
Clinical Management Records (CMR) to guide hospital management planning	0.6	65 – 70 % of patient’s records are complete and accurate 50- 60 % of management decisions is supported by or based on clinical management records 75% of admissions to hospital are through referrals from lower -level health facilities	<p>Strengths Establishment of standardized record-keeping protocols. Increasing recognition of data’s role in management. A high proportion of referrals indicating a functioning referral system. Challenges Data quality and completeness issues. Limited integration of CMR data into strategic planning. Incomplete referral documentation and delays. Insufficient electronic health record (EHR) infrastructure.</p>	
Provision of Health Information reports by units and wards to national level utilizing approved reporting format or DHIS2 database. Currently reporting at 73% across nation.	0.8	91% reporting rate for all hospitals at DHIS as to date	<p>Key Highlights: The hospital continues to improve data submission processes, contributing to the national health data system. Efforts are ongoing to enhance reporting completeness and accuracy. Challenges encountered include delaying in submitting DHIS form, data entry delays, technical difficulties – internet connection, lack of training in understanding DHIS form Recommendations: Strengthen capacity-building for data management staff. Improve data collection workflows at ward and unit levels. Address technical issues related to DHIS2 platform access and usage. Next Steps: Monitor reporting compliance regularly. Provide targeted training sessions.</p>	

Professional development and clinical leadership		<p>Professional Development Dental/Nursing/ Medical & Management</p> <ul style="list-style-type: none"> 1. certificate in Dental assisting 1 nurses training on Gastroenterology focus on endoscopy, hepatology and gastroenterology 1 Nurse training for trainers for trainers on dialysis's nursing 11 nurses – bilateral entry FNU completed bachelor Nursing 3 Nurses with Postgraduate Diploma in Nursing leadership 1 nurse with Bachelor in critical care nursing 2 postgraduate diploma – Medicine, Anaesthesia 3 Masters – Surgery and health service management Laboratory Training on Measles & Rubella – 1 officer Training on Bosting Laboratory Techniques, Laboratory Biosafety management & surveillance system for infectious diseases Emergency response – 1 officer Bio-Risk Management – 1 officer Histology Techniques training – 1 Officer Measles and Rubella Training and Malaria Serotype – 1 officer Measles and Rubella and Influenza Training. – 1 officer Blood Bank & Blood Transfusion – 1 Officer Clinical Microbiology for the Diagnosis of Infectious Diseases Including Emerging and Re-Emerging Infections – 1 officer Bio-Risk Leadership Training – 1 officer Radiology Department Mammography Education – 5 female radiographers In house training sessions on mammography and two CT operations 	<p>Collaborate with national health information teams to resolve bottlenecks</p> <p>Expected Outcomes: Improved clinical competency and confidence among staff Stronger clinical leadership capable of guiding teams and implementing change Enhanced patient safety and care quality A sustainable culture of professional growth and leadership excellence</p> <p>Next Steps: Conduct a needs assessment to identify specific training requirements Develop a calendar of professional development activities Establish a clinical leadership mentorship framework Monitor and evaluate program impact regularly Recruitment of clinical leadership roles</p>
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		<p>Emergency safety and protocols Clinical Leadership General manager's position on acting bases Acting Heads of Departments end 24th November 2025 for Medical, Surgical, Obstetrics/Gynaecology, Anaesthesia, Principal Radiology Acting Nurses In charges – Emergency Department, Paediatric unit, Principal Radiographer, Acting Principal Laboratory officer</p>	
<p>Number of skilled professionals</p>		<p>Nursing Professionals Registered Nurses – 123 Midwives – 16 Nurse Practitioners – Nurse aid – 16 Intern Nurses – 29 Solomon Nurses – 40 Medical Doctors Specialist Consultants - 14 Senior Registrars- 2 Registrar – 27 Medical Interns – 21 Dental Professionals Specialist consultant – 1 General Dentist – 2 Intern - 1 Dental Assistant - 2 Prosthetic lab – 1 dental technician and 1 dentist Allied Health Services Pharmacy Pharmacists - 4 Technician pharmacist – 4 Pharmacy assistant – 5 Physiotherapy Physiotherapist – 6 Physiotherapy assistant – 1 Laboratory Officers Pathologist – 1 Bachelor Laboratory Officers – 15 Diploma – 9</p>	<p>Way forward and recommendation for 2026 Align Staffing Levels with Patient Demand and Service Expansion Implement a Skills Mix Approach to Optimize Workforce Efficiency Integrate Technology and Automation in Workforce Planning Develop Continuous Professional Development (CPD) Programs Plan for Surge Capacity and Flexibility</p>

		<p>Radiology Department Bachelor – 8 Cadet's training – 3 Support services Department Biomedical Engineering Biomedical Engineering – 1 Senior Biomedical Engineering – 1 Certificate IV Biomedical Engineering – 3 Administration General manager – 1 Maintenance supervisor 1 Housekeeping supervisor -1 Finance Officer – 1 HRO – 1 Senior Hospital HIS officer – 1 Kitchen Supervisor – 1 Supervisor OPD – 1 Switch Borad Supervisor – 1 Driver Supervisor – 1 Security Supervisor – 1 Maintenance Officer Supervisor 1 Staff – 9 Transport Services Supervisor – 1 Drivers – 7 Catering Services Supervisor – 1 Staff – 9 Housekeeping Services (Porter, Laundry and cleaning services) Supervisor – 1 Staffs - 25</p>	
<p>Medical services manager for VCH</p>		<p>Not yet achieve – MOH structure was not review this year</p>	<p>For review of structure in 2026 and to add the position during the review of structure and for advertisement and recruitment before end of year 2026</p>
<p>Management, planning and budget training</p>		<p>May 2025 at iririki – Budget training and narrative with support from MOH Budget and planning unit. Not all managers and in charges for hospital attend</p>	<p>February to March 2026 for training on planning, disciplinary process and budgeting to Managers, Heads of department and in charges and their successors.</p>

Improved infrastructure facilities		<p>Phase 1 Redevelopment Program phase 1 and 2 done and approved in December 2024. Phase 3 in November 2025 for master plan development for the hospital Work and progress for 2025 Infrastructures</p> <p>Sewage Treatment plant repairs an upgrade in progress (Through Ministry of climate change, project and recurrent)</p> <p>Repairs and maintenance were done at Antenatal clinic, medical ward, Surgical and paediatric unit (Recurrent/ Project - Private)</p> <p>Minor renovations Mind care clinic.</p> <p>Renovation and repair of Isolation ward (Project)</p> <p>Retrofit work for wards ablation blocks (Project funding)</p> <p>Prosthetic lab for dental unit completion – awaiting equipment's for operation (recurrent)</p> <p>VNH fencing – Jubilee celebration project (Recurrent)</p> <p>Renovation of Cervical screening and women's health clinic (project funding)</p> <p>Commence of VNH Farea (December 2025) (Project)</p> <p>Blood donation Vehicle (Project)</p> <p>Medical Equipment's</p> <p>Mammogram Machine + Mammotomy (Project)</p> <p>CT scan machine (Project)</p> <p>Ultrasound device x 1 (project)</p> <p>Paediatric Echo machine (Funded)</p> <p>Anaesthetic Machine (Project/ Recurrent)</p> <p>Molecular laboratory equipment's</p> <p>Paediatric Ventilator x 2 (Project)</p> <p>Hematology Machines 2 (Recurrent)</p> <p>Tonometer (Rotary)</p> <p>Biochemistry Machines x 3 (Recurrent)</p> <p>Repair and maintenance of Oxygen plant</p>	<p>Recommendations for 2026:</p> <p>Prioritize Sustainable Infrastructure Development: Incorporate eco-friendly designs and renewable energy sources to ensure long-term sustainability and reduce operational costs (work stages by stages)</p> <p>Strengthen Maintenance and Upkeep Programs: Establish routine maintenance protocols to preserve infrastructure quality and prevent deterioration over time.</p> <p>Invest in Training and Capacity Building: Equip hospital staff with skills to operate and maintain new infrastructure effectively, ensuring optimal utilization.</p>
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Program		Activity	
MHC – Health Services		MHCA – Hospital Services - Lenakel Hospital	
Performance Indicators		Target	Performance to Date
Achievement of average length of stay (ALOS) at rural health facility less than six days.		6	2
Number of rural health facilities (Health Centre / Dispensary) that have adequate human resources based on level of health care service provision.		0.95	>95%
Provision of Health Information reports by health facilities to provincial and national level utilizing approved reporting format or DHIS2 database. Currently reporting at 73% across nation.		0.8	0.7
Conduct Area Council supervisory visits per province		50% per province	>50%
Output or Service Target	Action	Target	Performance to Date
Clinical leadership training	number of trainings for Nurse Supervisors . # of Nurse Training, assessment ,and evaluation - Certificate 4	2	1 – for public health – how to conduct health awareness (training assessment) 6 – 1 to 1 on the job training for outer island health facilities 1 refresher training
Clinical leadership training.	Number of Training for Post grad nursing specialize services - Bachelor in Psychiatric Nursing, Bachelor in Critical care and emergency, Post grad Diploma in Nurse Practitioner, Bachelor Nursing, Bachelor Midwifery, Preoperative Care - Theatre Nursing	6	Post grad nursing specialized training – 0 Bachelor in Critical care and emergency, Post grad Diploma in Nurse Practitioner – 0 Bachelor Nursing, - 1 Bachelor Midwifery – 0 Pre-operative Care -Theatre Nursing - 0
Clinical leadership training.	Number of Refresher / Capacity build Training for Nurses- ENT Refresher ,Nursing Process, Basic Nursing skills, midwives refresher , Patient assessment and diagnosing refresher for Nurses	5	ENT Refresher – 0 Nursing Process – 0 Basic Nursing skills – 0 Midwives refresher – 0 Patient assessment and diagnosing refresher for Nurses – 1 (pertussis patients) 5 audit reflection training
Number of skilled professionals with permanent appointments	Number of Training to improve women's health's - HPV (Paps Smear)	1	Conduct awareness to public health staff on how to perform community awareness - 1
			2 staffs who have attended TAE training are also on duty roster. Difficult to conduct clinical leadership training. Limited number of training nurses to attend Post grad nursing specialized training. Limited available training at VNH or staff to conduct training for provincial staff or funds used for other unbudgeted activities
			Some health facilities are not admitting patients as these health facilities are manned by nurse aides All health facilities vacant positions filled in 2025 Delayed reporting from Areas with no or difficulty to network coverage HIS conducted SV to all health facilities in all Area Councils Staff responsible to women health is also

						responsible for clinical leadership. Training conducted during Pertussis outbreak
Clinical leadership training.	Number of IPC Training - Cleaners , Nurse Aides, Nurses, Allied health Staff	1			IPC Training - Cleaners , Nurse Aides, Nurses, Allied health Staff - 1	
Clinical leadership training.	Number of Training for laboratory and X-ray officer	2			Training for laboratory – 0, X-ray officer – 2, pharmacy - 1	Limited training opportunity for provincial hospital staff especially for lab
Improved Infrastructure facilities	Availability of Oxygen to patients	1			Oxygen available to all patients - 1	
Facility and provincial level emergency disaster health response plans in place	Lenakel hospital to have a reliable intermate network access and a hospital administration conduct Number	1			Access to internet, however sometimes connectivity is disrupted - 1 Medical officer and managers available - 1. Hospital number - 0	
Number of skilled professionals with permanent appointments	Improve functional space and fees collections , recordings and reporting	1			Improve secretary admin functional space, improve recording and reporting - 2	
Improved Infrastructure facilities	Improve hospital patients Filing system- Achieve	1			Improve hospital patients Filing system- Archive - 0	Limited space to improve hospital patients Filing system
Improved Infrastructure facilities	Provide Functional Space	1			Provide Functional Space – maternity ward, isolation and malnutrition ward, NICU - 4	New maternity wing has facilitated expended space in the maternity and created space for malnutrition and infection illness wards.
Improved Infrastructure facilities	Improve drugs storage in Hospital wards / Units	1			Improve to additional space in Pharmacy storage space - 1	
Facility and provincial level emergency disaster health response plans in place	Improve agency department entrance - To build an extension for patients' safety during drop offs	1			Improve emergency department entrance - To build an extension for patients' safety during drop offs – 0	Limited funds to make improvements to A&E
Facility and provincial level emergency disaster health response plans in place	Install emergency line	1			Install emergency line - 0	
Improved Infrastructure facilities	Improve Patients Privacy- Bedside curtains	1			All hospital beds have Patients Privacy- Bedside curtains except for new maternity ward - 1	Bedside curtains for new maternity ward
Improved Infrastructure facilities	Improve Doctors ward rounds - Ward round trolleys	1			All wards have ward rounds trolleys - 1	New ward round trolley will be required for new maternity wing
Improved Infrastructure facilities	Improve Patients drugs administration - Drugs administrations Trolleys	1			Drugs administration Trolleys available in A/E & Med/Surg – 1	Drug trolley appeared on annual BP but not funds was allocated

Appropriated budget allocation	Improve Biannual visits to Rural community in Tanna and Tafea outer islands .	2	OPD, Paeds, new maternity wing, malnutrition/isolation ward - 0 Biannual visits to Rural community Tafea outer islands – 2 Physiotherapist visit to Tanna – 1 Visits to health facilities – 1 Pharmacy SV to health facilities – 2 (Tanna), 2 (outer island)	Strengthen medical outreach to all Area Councils with assistance from VCH
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Program	Activity
MHC – Health Services	MHCA – Hospital Services – Northern Provincial Hospital

Program	Activity
MHC – Health Services	MHCA – Hospital Services – Qaet Vaes Hospital

Program	Activity
MHC – Health Services	MHCA – Hospital Services – Norsup Hospital

Program	Activity
MHC – Health Services	MHCA – Hospital Services – Lolowai Hospital

Program		Activity	
MHC – Health Services	MHCB – Community Health Services – Health Administration – Shefa Province		
Performance Indicators	Target	Performance to Date	Comment
Number of rural health facilities that have adequate human resources based on level of care and in line with Role Delineation Policy (RDP)	# Health Facilities meeting standards	<p>22 Dispensary Open (Port Quimi Dispensary, Marowia Dispensary, Erakor (Kalmer Takau), Rufare Mauri (Ifira) Dispensary, Amauri Dispensary, Leimarowia Dispensary, Viap (Prima) Dispensary, Silimoli Dispensary, Tavalapa Dispensary, , Kalwat Memorial Dispensary, Erasa Dispensary, V.F.H.A Dispensary(2), Dick yatika Dispensary (NCD HUB), St Camille, Anabrou Dispensary, Omega (Laknaporo/Ohlen) Dispensary, Kam Pusum Hed (Wan Smol Bag), Amboh Dispensary, Ngala Dispensary, , Burumba Dispensary)</p> <p>5 HC Open Maurifanga-Imere, Saupia HC, Silimauroi HC, Vaemali HC, Vaemauroi HC</p> <p>36 Aid post open (Alesi Aidpost, Emetar, Etas Elang, Montmartre, Eratap, Epau, Surossa, Melemaat, Pele, Ekipe, Epule, Saama, Laka, Manga- Meno, A.O.G Tebakor, Blacksand, Ecole Public Aidpost, Faithbase, Fresh win, Hatulo, INTV AP, NTM, Ohlen AP, Filakra, Nalema, Nulnessa, Taligo, Bongabonga, Nimair, Malvasi, Malemba, Malfilau, Suptiariki Aid post)</p>	<p>NCD HUB earthquake recovery in preparation for Port Vila city Hospital Silimoli : Healthy Island setting for sheaf service package strategic development for our Health I each Area Council outpatient to conduct in each HC since close of OPD at VCH Wan Smol Bag also conducting GOP Shefa Health has work in partnership with Vanuatu Family Health, Specialise Reproductive Health Clinic.</p>
Provision of health information reports by health facilities to provincial administration and national office including utilization rates	100% report rates	<p>Aid post -Molika AP: 83% (highest) -USP AP: 8% (lowest) Dispensary -Lagnaporo: 83% (highest) -Burumba: 25% (lowest) Health centre -Silimauroi: 83% (highest) -Saupia: 50% (lowest)</p>	<p>Reason for lowest reporting rate - timeliness: delay of report submission on the exact month - Geographical location: bad weather, lack of transport affecting report submission</p>

<p>Infrastructure and equipment upgrades for facilities in line with RDP</p>	<p>Proportion of facilities upgraded</p>	<p>Ifira upgrade from Dispensary to Health centre Erakor upgrade to Health centre Erasa upgrade to southern ward HC Makira upgrade from AP to Dispensary NCD Hub to GOP Silimoli to remote Dispensary Malapoa school Dispensary</p>	<p>Ifira one additional MW and one Nurse Erakor one additional MW and Nurse Malapoa Dispensary is a new facility, and Britano AP is closed after the earthquake</p>
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Program		Activity		
MHC – Health Services	MHC – Community Health Services – Health Administration – Tafea Province			
Performance Indicators	Target	Performance to Date	Comment	
Number of rural health facilities that have adequate human resources based on level of care and in line with Role Delineation Policy (RDP)	# Health Facilities meeting standards	80% of health staff stationed at rural health facilities 80% at hospital 95% of Provincial PH staff 97 % of Corporates staff	According to RDP standard . we have RNs in hospital and community health facilities to provide service delivery. We only lack of Medical Officers, Nurse Aids, Nurse Practitioners and Midwives in most of health facilities. VNCE must provide formal training for Nurse Practitioners and midwives since it is hard to station MO at Health Centre level.	
Provision of health information reports by health facilities to provincial administration and national office including utilization rates	100% report rates	All health facilities at Tafea Province (Health Centres, Dispensaries and Aid posts	Ongoing	
Infrastructure and equipment upgrades for facilities in line with RDP	Proportion of facilities upgraded	4 new health facility buildings completed (hospital maternity, MCH renovation, Iqaramanu HF, Iaruaren HF and Futuna HF) 2 renovated health facility buildings completed (Iauanenu HF, Ikiti HF fully painted) 2 new staff house in progress to complete next year (Green Hill HF and Whitesands HF) 20 bed including mattresses for hospital land lower health facilities 3 new Sola System installed x 10000Watts (Ikiti HF, Yorien HF & Green Hill HF) Official opening hospital maternity and MCH building by Hon Minister Of Health Official Declaration of Jet Dispensary to Health Centre level and Official handover of 4VE Land cruiser by Hon Minister of Health	It changes the MOH picture in the Area Councils	
Output or Service Target	Action	Target	Performance to Date	Comment
Tafea Provincial Strategic plan link to HSS	1. Conduct consultation for Strategic Plan	1	Not yet	TA to assist with the drafting doc.

	2. Develop and Finalist strategic Plan			Not yet	TA to assist with the drafting doc 4 hospital nurses received PSC Award and 12 senior staff got President Awards during 2025 PSC Day. Strengthen submission timing Strengthen compliance on staff transfer with including staff rotation SOPs.
Proportion of Annual Submission of staff appraisals	1. Submit all 2024 Provincial staff appraisal to national HRM Office	0.8		Complete and submit all 2025 Tafea health and hospital staff performance appraisal forms to National HRMD	
Number of annual recruitments	1. 1 Annual recruitment	1		Desktop Officer TB officer Surveillance officer 6 RNs transfer from hospital to lower HFs 3 RNs transfer to VCH 4 SJRN fill GAP at hospital, Whitesands HC and Port Resolution Dispensary TB Officer Surveillance Officer Up to date with staff claims allowances	
Number of trainings/capacity development	Conduct 2 refresher training	2		1 Provincial performance appraisal & customers services training sessions for health staff conducted by National HRMD 1 HR and Finance refresher training by National Finance Unit	Completed with written report provided
Annual Business Plan and Budget allocation	Coordination and Training for Annual BP	1		1. National Business Planning workshop attended in Vila Complete and submit of draft 2026 annual Business Plans National Planning 1 PHAs planning to finalize the final draft 2026 BPs (Administration) Unit 3 staff attend stimulation response exercise at Provincial level conducted by National NDMO	Completed
Reporting (Quarterly & Annually)	Conduct 2 Supervisory Visit with report to be submitted	2		Submission of 2024 Annual Provincial Health Report, 2025 quarterly, mid-Year and annual report submitted to National level 2 integrated outreach to Tafea Out Islands with Assistance from HELPER 1 1 high level visit to Tanna main health facilities by Hon Minister of Health, DG, PHA and NSM 1 Visit to Tanna dispensaries and health	Submit quarterly and annual reports in timely manner Strengthen integrated health outreach to Area Councils twice a year depend on the budget

				centres by Manager of Infrastructure and his team	
	Attend short course training	2		No available short courses.	HRMD to assist with staff short training opportunities locally or oversea
Tafea Provincial Health Strategic Plan link to HSS	Develop emergency response plan and RE-Activate PHEOC	2		Development of Emergency Response Plan completed	Completed
	Immediate Response to any disasters	2		PHEOC Pertussis Response meeting conducted including minutes Assist provincial health team to Respond to pertussis outbreak by mid-year until November including weekly SITREPs	Allocate budget line for immediate disease outbreak inside Provincial PH BP
Provincial Facility list update	Health Facility profiling	5		Complete HF Profiling in all rural HF around Tafea with Report submitted to National Planning	Population in each HF catchment are increasing to thousand. It will definitely need to upgrade some dispensaries to Health Centre level to meet health needs.
Provincial SOPs in place for facility approval and registration	Develop SOP's	1		Not require	Develop at the national level
	Health facility Registration			Regular annum registration of New HF's completed	Formality of few dispensaries upgrade to Health Centre level.
	Procure new basic medical instrument for health facilities			Procurements of new basic medical instrument for new maternity ward with assistance from Tafea Health Care Association Procurement of basic medical equipment and instruments for Anethum Dispensary with assistance from Caribbean Cruise Ship Management Procurement of small medical equipment for Green Hill Health Centre and Ikiti Dispensary by HELPER 1 & Global Response	Most of health facilities it Tafea will definitely require new basic medical equipment's and instruments.
Number of HIS reports received from healthcare facilities	1. 1 training conducted on HIS reporting 2. Number of Report collected from healthcare facilities	1		HIS Training contacted with report submitted	Completed
Tafea Provincial Strategic plan link to HSS	1. Conduct consultation for Strategic Plan	1		Up to date with hospital and community health facilities HIS .monthly report Not yet	Up to date TA to assist with the drafting doc.

	2. Develop and Finalist strategic Plan	Not yet	TA to assist with the drafting doc
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Program	Activity
MHC – Health Services	MHCB – Community Health Services – Health Administration – Torba Province

Program	Activity	Target	Performance to Date	Comment
MHC – Health Services	MHCB – Community Health Services – Health Administration – Sanma Province	# Health Facilities meeting standards	Processes: -Transfer Recruitment: 3 permanent submissions, 6 Contract submission Acting allowance submissions Covid Risk allowances for Sanma Officers Staff Engagement Survey 2024 Appraisals 2025 Appraisals	Submission still to reach PSC Approved by PSC Officers received their allowances Completed Completed Submitted 55 Submitted
Performance Indicators Number of rural health facilities that have adequate human resources based on level of care and in line with Role Delineation Policy (RDP)				

Program	Activity
MHC – Health Services	MHCB – Community Health Services – Health Administration – Malampa Province

Program		Activity		
MHC – Health Services	MHC – Community Health Services – Health Administration – Panama Province			
Performance Indicators	Target	Performance to Date	Comment	
Provision of health information reports by health facilities to provincial administration and national office including utilization rates	100% report rates	91% - HC and Dispensary 94% - Aid Post	This excludes the hospital HIS report. GMH will report on their HIS	
Output or Service Target	Action	Target	Performance to Date	Comment
1. Manage Routine administration	Routine Panama Health Admin support and services		100% Admin Routine including financial and logistic support to Public Health and Hospital services	
2. Propotion of submission of staff appraisals	Collection and submission of Staff Appraisal	1	Out of 135 PA, 124 submitted = 91% PA	
3. Number of Annual Recruitments	Priority recruitments are: 1. Admin Secretary 2. Cleaner/Laundress Melsisi Health Centre 3. Driver Handyman - Lolopuepue Health Centre 4. Driver /Handyman - Aute Dispensary 5. Cleaner Laundrtess - Aute Dispensary	5	New Staff recruitment: Community health facility: 4 Nurse Aids, and 1 handyman/driver Public Health: 2 Malaria officers Administration: 1 Finance Officer 1 IT Officer 1 Planner	Reprioritising HR recruitment based on current needs 9 new recruitments
4. Number of Training /Capacity Development	1 Cooperate staff to attend Training abroad	1	Application submitted but no scholarship award	Activity did not happen due to cancellation of Scholarship by MOE – Move forward to 2026
5. Annual Business Plan Budget and Allocation	1 Panama Health Cooperate 2025 Business Plan completed and submitted	1	1 Annual Business Plan produce and submitted	
6. Reporting (Quarterly & Annually)	3 Quarterly reports compiled and submitted 1 Annual Report Completed and submitted	4	1 Quarterly report submitted 1 Annual report submitted	
Penama Emergency Respond Plan in place	Penama Emergency Responds Plan completed and launched	1	Not Started	
1. Provincial facility assets and infrastructure upgrade and maintained	3 Community Health Facilities and staff houses (Nauroro Disp Staff House, Aute Dispensary Staff House, Pointcasts Dispensary Staff House)/renovation and repays	3	Community health facilities : Ambae Lolopuepue HC: – -completion of 2 staff houses. -veranda Out Patient Waiting Area	Activity have been reprioritized according to the most needed health facility repairs needs Supported by Responds

	including Medical and non-medical equipment's (3 Vehicles and 2 Boats)			<ul style="list-style-type: none"> -Installation of water tank and supply system. -Installation of 1 Starlink. -Installation of 10,000Wtt Solar Grid <p>Nduindui HC:</p> <ul style="list-style-type: none"> -Installation of 10,000wtt Solar Grid <p>Lolovenue Aid Post/Disp</p> <ul style="list-style-type: none"> -New building <p>Maewo:</p> <ul style="list-style-type: none"> Nasivso Dispensary -Clinic and Staff House repairs - 5,000wtt Solar installation <p>Kerepei Health Centre</p> <ul style="list-style-type: none"> - 10,000wtt Solar Grid <p>Pentecost:</p> <ul style="list-style-type: none"> -Procurement of Materials for repair and maintenance for Namaram Dispensary 	Global & Help-r -1 Supported by Responds Global & Help-r-1 Supported by Responds Global & Help-r-1 supported by Responds Global & Help-r1
1. Provincial facility assets and infrastructure upgrade and maintained	Health facility vehicle and Boats serviced and maintained (Penama Health Admin 2 Vehicle + 1 Boat). Lolopuepue Vehicle x 1 Kerepei Vehicle x 1, Mesisi Vehicle x 1)	5		<ul style="list-style-type: none"> Vehicle repairs and maintenance <p>Administration:</p> <ul style="list-style-type: none"> 1 Lorry Lolopuepue Vehicle Vandue vehicle Hospital vehicle Community health facilities: Nduindui Vehicle Abwatuntora vehicle Melisis Vehicle 	Exceeding target Admin boat not repaired due to insufficient fund, reappropriated for 2026 Supported by health facility fund
2. Provincial facility approval and registration	Vuiberuku Aidpost - North Ambae, upgraded to Dispensary	1			
1. Proportion of health care facilities with ICT install	Installation of Computer PC in 6 health centres	6			
2. Number of HIS reports received from Health care facilities	Integrated Supervisory Visit (HIS, PHA, HRO, NSM)	1			

Program		Activity		
MHC – Health Services	MHC – Community Health Services – – Shefa Provincial Public Health			
Output or Service Target	Action	Target	Performance to Date	Comment
Annual Business Plan and budget	1. conduct at least 2 outreach/year 2. integrate public health, corporate and clinical service. 3. reaching out to maximum population of 19 areas council	0.7	Report received but no detail	
Annual Business Plan and budget	1. do HR mapping and recruitment 2. train enough human resource 3. administrate and support health officers in health centres	0.02	This year we have recruit a Nutrition Officer and NCD Officer and permanent letter for Planner Officer.	Decentralise services to Area Council.
Annual Business Plan and budget	1. conduct consultation meeting 2. strengthening health partner's coordination	2	We have also recruited a number of Solomon Nurses	Leadership training in place to train nurses. RN and MW position fully occupied. All HF already occupied, according to 2017 structure
Annual Business Plan and budget	1. conduct MIDAs and malaria public health intention 2. Elimination of malaria in zone 1,2&4	2	Ongoing business planning meeting and partner's meeting throughout the year	Staff absenteeism
Annual Business Plan and budget	conduct elimination of malaria in Epi Island	1	Zone 1, 2 & 3 are malaria free.	Malaria elimination strategic plan has been launched at Epi on August 2025 along with Task force and TOR
Annual Business Plan and budget	conduct community profiling for all PH program indicators	0.9	Zone 4 will be malaria free by the end of 2026	
Annual Business Plan and budget	conduct implementation of referral system	0.5	Zone 1, 2 & 3 are malaria free.	Malaria elimination strategic plan has been launched at Epi on August 2025 along with Task force and TOR
Annual Business Plan and budget	conducting decentralization of service	0.9	Zone 4 will be malaria free by the end of 2026	
			This year we have reached up to 80% community profiling	Mental Health and NCD don't have any data base

					NCD need to create its own data base along Nutrition
				This year referral system has reach 45%	Weather can be a problem, transport condition.
					One way referral system and no handing over
				This year which has reached 88% of decentralization of service. Service has reached all Area Councils	Eton and Eratap still need health facility in place

Program		Activity			
MHC – Health Services	MHC – Community Health Services – – Tafea Provincial Public Health				
Output or Service Target	Action	Target	Performance to Date	Comment	
Proportion of annual immunization Coverage	1. To implement Vaccination, roll out and HPV vaccine in Schools.	1	Increased coverage to 99%	Funds utilized from VAHP/Recurrent/UNICEF	
Provincial health strategic plan in place.	1. Recruitment of Nutrition Focal Point. 2. Conducts Trainings and workshop	2	1 Nutrition Officer recruitment on Contract basis.	UNICEF	
Provincial Health Strategic Plan in place	1, To conduct Tracing, 2. Recruitment of TB officer.	3	Recruitment of 3 officers completed this year (TB Officer, Nutrition, Surveillance officers)	Recruitment completed for this year 2025, looking forward to more recruitment next year. Recurrent funds	
Provincial Health strategic plan in place	1. To conduct NCD training, 2. To conduct NCD Screening	2	20 cartons of tooth brush and Colgate given out.		
Provincial Public Health emergency Plan in place	1. To conduct Training for outbreak response. 2. To conduct Training for Nurses at the sentinel sites.	2			
Provincial Health Strategic Plan in place	1. To conduct Trainings for VHW and nurses in the communities.	2	3 nurses at Tanna sentinel sites attended the training 2 training conducted	Funds from VAHP and recurrent. VAHP funds	
Provincial public health emergency plans in place. Clear emergency and response SOPs.	1. To conduct Training for Nurses and VHW.	2	11 staffs attended the Natural disaster response workshop		

Program		Activity		
MHC – Health Services	MHC – Community Health Services – – Tafea Provincial Public Health			
Output or Service Target	Action	Target	Performance to Date	Comment
Stop and eliminate malaria annual parasitic incidences on Vanua lava island	Conduct malaria mass screening & IRS in entire boundaries of both East & West Vanua lava Area Councils	1	Completed	<ul style="list-style-type: none"> . Conduction of IRS, introduction of biological agents for control of vectors, mass screening, investigations and awareness / information dissemination and other control activities were implemented in May – June. . Distribution of LLIN bed nets was conducted in December for both Acs of Vaualava Island. . Malaria cases have dramatically decreased from Over 400 cases last year 2024 to currently 143 cases – a significant drop
Stop and eliminate malaria annual parasitic incidences on Gaua Island	Conduct malaria mass screening & IRS in entire boundaries of both East & West Gaua Area Councils	2	Completed	<ul style="list-style-type: none"> . Conduction of IRS, introduction of biological agents for control of vectors, mass screening, investigations and awareness/information dissemination and other control activities were implemented from end of August through to early September. . Distribution of LLIN bed nets was conducted in December for both Acs of Gaua Island.

Maintain control over the spread of malaria parasitic incidences to other islands of Torba province	Maintain malaria cases management, treatment and control efforts	3	Well Controlled Control measures in the three targeted locations are well maintained	<ul style="list-style-type: none"> Some +ve cases were confirmed at some HFs but were quickly treated and managed. Cases are more central to Gaua and Vanualava Area Councils.
Increased HR Workforce into Public Health for services delivery implementation	Conduct recruitment of Environmental Health, Health Promotion and VHWP Officers	1	Not Fully Realized Env. Health Officer x1 [@ Sanma] formal transfer by end of this year to Torba.	<ul style="list-style-type: none"> Formal processes completed. Awaiting Officer's actual transfer in by early 2026 after his annual leave. HPO and VHW Officers' positions are still to be filled.
Increased HR Workforce into Public Health for services delivery implementation	Conduct recruitment of Emergencies and Disasters Response Officers	2	Not Accomplished	<ul style="list-style-type: none"> Need support from the National HR Unit and PH Directorate to source and process formal recruitment for this dire and needed position
A reduction in sanitation related diseases	Conduct hygiene and sanitation training to community leaders of East & West Gaua Area Councils	1	Completed	<ul style="list-style-type: none"> Hygiene/Sanitation and TOT inclusive of Food safety training conducted in East Gaua Area Council in May 2025 Training covered community leaders of both Area Councils
An Improved and strengthened surveillance system in the province	Conduct early warning, surveillance & response system training for health care workers	1	Completed	<ul style="list-style-type: none"> EMT training for Torba Health staffs was conducted on board HELPER1 in March 2025. Notifiable diseases reporting under Surveillance monitoring system is well up-to date.
An Improved and maintained immunisation coverage by 85% for the province	In collaboration with HF staffs, conduct and maintain mobile immunization outreaches to hard-to-reach islands and areas of South East	1	Completed Ureparapara AC was reached x 3 times as well as NE and east Vanualava. Mota AC and other priority locations were also reached several times.	<ul style="list-style-type: none"> Ureparapara and Mota Ac's Routine Immunization coverages have now reached expected % targets

	- West Gaua, Merelava, Ureparapara and North East Vanualava		MMR & HPV Catch ups was also implemented during the RI outreaches	<ul style="list-style-type: none"> HPV Vaccination coverage for the province has dramatically increased to over 85.5%. Overall RI Coverage have increased significantly
Reduce incidence rate of stunting and malnutrition	Conduct HINI training for Community leaders of Merelava	1	Completed	<ul style="list-style-type: none"> Training target was changed from Community leaders of Merelava to Health care workers of HFs within the province and conducted at Sola in October .
Reduce incidence rate of non-communicable diseases	Conduct NCD screening for early detection of new cases along with eye-care screening for retinopathy related cases	1	Not fully accomplished Planned NCD screening activity was accomplished only for Mota in August.	<ul style="list-style-type: none"> Merelava's NCD screening planned for October was not done due to reprioritisation of its funds for urgent attention to emerged Pertussis outbreak forcing shift in focus toward its preparedness.
Early detection of new TB Cases and control of its spread to contacts	Conduct follow-up of contact tracing and TB screening to known locations in Gaua island and West Vanualava	1	Completed Follow up of TB index case and contact-tracing conducted in June to early July for Gaua and Mota Acs	<ul style="list-style-type: none"> This activity was supported by Sanma through its TB Officer
Reduce incidence rate of oral health problems in children of school age	Conduct oral health hygiene and screening in schools within Banks	1	Partially completed Oral health screening conducted once in March	<ul style="list-style-type: none"> Follow-up activity was not implemented due to Health Officer responsible being transferred to an outer island HF. National Unit Officers also could not make it down to the province to bridge gaps.

Program		Activity			
MHC – Health Services		MHCB – Community Health Services – – Sanma Provincial Public Health			
Output or Service Target	Action	Target	Performance to Date	Comment	
Staff performance management	1. Conduct 1 training in SOP for facilities approval and registration	All public health program officer and Health communities' staffs	80%	Consist of three thematic areas; 1. Leadership & governance strengthening. 2. Effective health services deliveries (both public health and curative services). 3. Strengthen health partnership coordination. Activity completed.	
Annual Business Plan and budget	1. Consultation on business plan with health Planner	15 staffs	100%	Despite of the ongoing challenges this year, 2025 we manage to capitalized on any existing fully funded activities to implement the activity as plan. However, 2 Managers cost centre meeting (first meeting for the first 6 month and second meeting for the second 6 months).	
Timely Reporting (Quarterly & Annually)	1- Each staff submit their report to public health Manager	All public health program officer submit their reports.	100%	Activity completed despite of the delays and challenges encounter to complete the reported as per required timeframe. However, 4 quarterly report and 1 annual report completed and submitted to the planning unit.	
Provincial Health Strategic plan in place	1- Response to any outbreak diseases report by Surveillance officer.				

Number of NGO and Humanitarian organization	Strengthening relationship of ministry of health and health partner by reporting activities done.			
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Program		Activity		
MHC – Health Services		MHC – Community Health Services – – Panama Provincial Public Health		
Output or Service Target	Action	Target	Performance to Date	Comment
Provincial Public Health Strategic Plan in place	1. Conduct consultation for Strategic Plan	1	complete	Integrated 5 year co-operate plan
Number of enforcements & compliance trainings for Public Health, Food Control and Tobacco Control Acts	1. Conduct 2 Trainings in Villa and Santo	2	Completed	integrated with Food safety training on Maewo & Ambae
1 Training/Coordination Meeting	Conduct Training in Schools in Panama	1	completed	Lemus integration with public health & curative
1 Visit to 28 Health Facilities	Supervised 28 HF and staff	2	completed	Integrated for all public health programs
2 Schools in Panama	2 schools for farm to school initiation		completed	Maewo, Sula secondary school
1 Consultation Meeting	zone 5		completed	Consultation meeting for chiefs , Principles, church leaders for Vaccination issues on Pentecost
1 area council with 12 participants	Tabacco cessation training	12	Note done	No funding allocation
9 health zones by 9 surges	Conduct review meeting with in-charge nurses	9	complete	Bwatnapni VDI I review meeting
3 schools across Zone 3, 4 & 1	NCD awareness	3	complete	SPC, Ambaebulu & NduiNdui
Investigation across 3 islands/10 health facilities	Case Investigation	1	Complete	All case investigation
2 Supervisory visits	Supervisory visits to Panama HFs	2	Completed	All Public health Integration
Follow-up in 10 Health Zones	Follow up on cases in Panama	3	completed	Still Monitoring
4 Health Zones	Outreach to 4 health zones	1	Complete	TB, VDI, Malaria
2 Trainings in Panama	Conduct Refresher training for EPI Nurses	2	Complete	2 trainings for 2025
2 Visits	Conduct gold chain assessment	3	Complete	All Panama health Facilities are now equipe with cool chain

1 Visit	Supervise 6 HC on Panama	1	complete	RMNCAH Program
Reproductive Activities	6 Health Facilities to commemorate Health event	2	Complete	RMNCAH
2 Schools in Panama	Conduct Awareness to 2 schools in Panama	3	Complete	HPV & Pertussis awareness
23 occasions across 6 Health facilities	Campaigns to 6 Health Facilities in Panama	4	Ongoing	Still ongoing for every Program
2 Area Councils	Conduct meetings	1	Completed	CP1 only
Target Health Facilities	Supervise target Health Facilities	2	completed	All Program
100% of reported cases	Case instigation and Response	3	completed	Any Public health issues were all investigated
4 Area Councils	Conduct training	4	Not yet Done	No Funding allocations
7 Sentinel Sites catchment areas	Response to Diseases Outbreak	1	completed	Malaria response Pertussis response TB response
6 Sentinel Sites Supervised	Supervise 6 Focal in 6 Sentinel Sites	2	Completed	Surveillance team had completed all Supervisory visit
80% report to submit on time	Report Submission	3	completed	All quarterly report submitted

Program		Activity		
MHC – Health Services		MHC – Community Health Services – – Malampa Provincial Public Health		
Output or Service Target	Action	Target	Performance to Date	Comment
Provincial Public Health Strategic Plan in place	Conduct consultation for Strategic Plan	1	Available draft copy, successfully completed	Complete, complete target meet
Provincial stakeholders' health management committee to oversee stakeholders' input	Establishment of working group and conduct 6 monthly meeting	2	Covered three area councils (South, Southeast Malekula and Paama Area Councils)	Plan for next year to have steering committee at Provincial level
Numbers of staff trained on EMT and digital surveillance, Numbers of sentinel sites maintained and operational	Conduct at least 1 refresher training on EMT and digital surveillance, conduct responses activities base on outbreak	4	7 sentinel sites still maintained. 4 of the public health staff been trained for EMT	Complete, target meet
Number of officers trained to carried out NCD Pen program in the community, numbers NCD screening activities, up to date record system in place	Conduct refresher Trainings for all nurses in Malampa, conduct screening in selected site in Malekula, Ambrym & Paama and establish a good data system in place	4	All nurses in the health facilities attended the PEN training programs	Data for NCD is yet to be strengthened
Number of trainers VHWs and community leaders and Aid post committee trained, maintain number of operation aid post with healthy clinic setting	Conduct 1 Training for VHWs and its committee in Malekula, Ambrym and Paama, improve at least 5 aid post setting	4	Three training conducted in the three areas council that brought together not only aid post but also included Dispensary and health centre staff and its health committees	Complete through integration with stakeholders training.
Number of trainer Health committee and appointments of committee members	Conduct 4 Trainings in Malekula, Ambrym and Paama and reestablishment of health committee and appointments	4	Only three training organized in the three areas councils for health committee	Activity to further strengthen in the next reporting year (2026)
Numbers of community reached by outreach teams in given period	Conduct at least 2 outreach clinics covering three islands	2	More than two outreaches conducted for vaccine catch up and Malaria response in the three islands as planned	Need to improve. next year activities to be integrated for allow outreach fund to use for reaching remotes communities
Numbers of new schools reached, numbers of healthy setting reached, numbers of events celebrated and leaders involved in PCH seating	Conduct 1 training, 1 supervisory visit, observed at least 5 health events and established and strengthen 3 health setting	7	Activities planned under health promotion programs are well implemented on timely manner	Next year 2026, other programs need to involve health promotion to further strengthen their program promotion aspects

Maintain numbers of DOTs site, numbers of cases investigation and new case finding including numbers awareness activities and follow up of cases	Conduct cases investigations, new cases follow up and treatment including numbers of schools and community awareness	8	Activities planned under TB/ Leprosy are well implemented as planned/	Successfully implemented
Maintained PPTCT sites through numbers of site visits and trainings. Numbers of cases identified and treated	Conduct at least 1 training and supervisory visits to all PPTCT sites	5	Activities partly implemented mainly in the two islands of Ambrym and Paama through Helper 1 Mission	To be strengthened in the next year 2026
Numbers of nurses trained and supervised, numbers of out reached services to vacant and remote community, numbers of children and mothers reached	Conduct at least 1 training and supervisory visits to selected areas including outreach to remotes and underserved communities.	5	100% of health facilities and outreach done by both VDI and MCH which result in good coverage of vaccination in the province	Activity well implemented as planned
Numbers of nurses trained and supervised, numbers of schools reached for deworming programs, numbers of cases identified and treated	Conduct at least 1 training and supervisory visits to all PPTCT sites. Collect data from all these sites	4	100 % of deworming in first rounds, 2 nd round deworming less than 70% due to school strike . No training for nurses in this reporting period	Nurses training not carried out due to funding from National NTD programs
Numbers of case investigation and case treatment compliance, numbers of responses in case of outbreak, numbers of community mobilization activity.	Conduct case investigations, new cases and follow up treatment, numbers of responses, numbers of visits to foci areas, conduct community mobilization	7	This year malaria response is 90 % coverage although not in timely manners due to logistic and funding challenges	Next year to work more on community mobilization to assist with rapid response during outbreak
Numbers of nurses and VHWs trained on DWSSP , numbers food safety training, number of shops inspection. Number of improved sanitation site	Conduct at least 1 training on DWSSP and food safety, conduct at least shop inspection and build and improved sanitation on selected site	4	100% of planned activities are implemented with food safety training conducted and shop inspections done in Central area councils	Successfully implemented
Numbers of staff trained on oral health and eye, numbers of supervisory visits, screening and outreach	Conduct at least 1 refresher training oral and eye, conduct supervisory visits and screen and outreach to health facilities, schools and communities.	4	100 % of selected nurses trained on sites through hand on training including screening in schools and selected communities	Successfully implemented
Numbers of nurses trained on IMAM, numbers of community outreaches for distribution for MNP, Vit A	Conduct at least 1 training on IMAM and conduct outreach for distribution of Multivitamin supplements	3	Training was conducted in Santo and only three selected health facilities participated	No outreach conducted not well implemented due to focal staff commitment with other two public health programs
Numbers workers trained on MHGAP, number of supervisory visits to communities and health facilities, numbers awareness in schools and communities	Conduct at least 1 training on MHGAP, conduct supervisory visit and conduct awareness in schools and communities.	3	80 % of staff in Malampa attended the training for MHGAP and 100% awareness in schools and selected communities	Successfully implemented

<p>Numbers of visits to health facilities for maintain cold chain, numbers of outreach, numbers of distributions of vaccines to health facilities, numbers of SSV to health facilities</p>	<p>Conduct at least 1 SSV to all health facilities including maintenance of cold chain system. Provide regular supplies of vaccines to health facilities</p>	<p>4</p>	<p>100 % of supervisory visits to all health facilities in Ambrym and Paama including Malekula health facilities by VDI Officers</p>	<p>Successfully implemented</p>
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Program		Activity	
MHC – Health Services	MHCC: Public Health Services– Director of Public Health		
Performance Indicators	Target	Performance to Date	Comment
Manage the 13 public health programs at national and provincial level	1	This is ongoing throughout the year Another new program, Rheumatic Heart Disease (RHD) is added, totalling up to 15 public health programs For a more transparent & efficient use of allocated funds, the budget structure for public health changed with 4 Programs or Divisions under the following: Health Promotion/Disease control/Health Standards Non-Communicable Diseases Communicable Diseases Family Health An increase of recurrent budget allocated to all programs plus the NPPs for Oral Health, VHWP, NCD and in 2026 the NPP for HPF added.	100% ongoing
Ensure policy implementation to combat NCD	% of Activities	NCD Team are close to completing works on the 14 resolutions from the national Security Council Secured funds for NCD STEP survey	NCD STEP to be conducted in 2026, with secured funds from WHO, Vanuatu Gov and ADB
Revive Primary health care initiatives in community health facilities	% of provinces implementing primary healthcare	Discussion on development of Primary Health Care Framework has been endorsed with workplan by MOH executive Only 2 provinces implementing PHC (Sanma & Shefa) Health Promoting School committees set up in South Santo Area Council for integrated programmes pilot	Ongoing progress and to be completed in Q1 2026 Tasmalum PHC Model are ongoing Shefa Maritime Health Model will be progressing from 2026 onwards Set up completed and pilot is progressing
Number of rural health facilities that have adequate human resources based on level of care and in line with Role Delineation Policy (RDP)	# Health Facilities meeting standards	“Tasking for Corporate”	“Tasking for Corporate”
Provision of health information reports by health facilities to provincial administration and national office including utilization rates	100% report rates	“Tasking for Corporate”	“Tasking for Corporate”

Infrastructure and equipment upgrades for facilities in line with RDP		"Tasking for Corporate"		"Tasking for Corporate"	
Proportion of facilities upgraded		Target		Performance to Date	
Output or Service Target	Action	Target	Performance to Date	Comment	
Gazettes on regulations, orders for enforcing PH legislation. Review, repeal, draft & amend PH Act, Health committees Act, Tobacco Control Act & Mental Health Act.	1. Conduct consultation for the different PH legislations. 2. Drafting /amending of the PH legislations		One consultation meeting with the presence of OAG Ontrack Appointment of 20 authorised officers under the Public Health Act, Tobacco Control Act, Food Control Act and gazetted Schedule duties of the authorised officers Order signed and gazetted Appointment of the Sanitation Board and gazetted	Drafting and amending of PH legislations reprioritize for Q1 in 2026 Completed and Training for Authorised Officers to be conducted in 2026 Completed Completed	
Number of approved SOPs and guidelines to strengthen PH services per relevant PH legislations	1. Approved SOPs/guidelines for all activities/programs implemented under each cost centre		Pre-Departure Briefing package for seasonal workers Operational Manual for Leprosy RCCE SOPs Framework of Cooperation (MOH & MoCC) Framework of Cooperation (MOH & CRIM)	Completed	
Number of PH programs & Provincial PH with approved updated strategic plans in place, inclusive of PH cost centre unit annual BP. Review VHWP curriculum for recognition in the health system	1. 14 program units have updated policy and strategies 2. 6 Provincial PH should have strategic plans in place 3. VHW included in the MOH structure prior to upskilling under VQA recommendation		Launched policies – Health Island policy, Health National Adaptation Plan, Immunization policy, Malaria Elimination Plan for Sanma Province 2026-2030 Policies in draft – National Cervical cancer Elimination Strategy, STI/HIV National Action Plan, National Health Security Plan, Neglected Tropical Disease Action Plan, TB/Leprosy NSP, Healthcare Waste Management & Implementation Plan, RCCE Strategic plan, National Health Research Agenda, Health Promoting School Policy Review of the VHWP Cert IV	Completed On-track and be completed in Q1 2026 Progressing	
M&E Framework developed and implemented. Number of quarterly, half yearly and AR submitted	1. Submit quarterly reports 2. Submit half yearly reports 3. Submit AR 4. PH M&E framework developed		91.3% of public health reports submitted quarter 3, 2025 85.8 % of reports submitted half yearly in 2025	1. Poor timeliness 2. Lack of leadership in program operational planning, monitoring, evaluation & reporting 3. Established PHMERS at the 3 provincial public health facilities	

<p>Establish clear expectations, set performance goals and develop self-monitoring tool</p>	<p>1. 2 Refresher trainings for managers/coordinators 2. 2 planning meetings for managers & coordinators 3. 2 Provincial Supervisory visits 4. 70% of contract officers to be absorbed into the Gov.system</p>		<p>1 Procurement Training for Managers & Coordinators working with Projects provided by VAHP & MOH finance 2 Managers & Coordinators meeting (June in Mangaliliu and December in E'Nauwi Resort) Majority of positions at national PH are occupied, however there is great need for more officers, however the structure does not allow. There is greater need for recruitment in Provincial Public Health Recruitment of the Surveillance Unit Manager</p>	<p>1. Poor timeliness 2. Poor program leadership engagement among program managers and provincial managers 3. Knowledge of PHMERS embarkment</p>
<p>Approved HPF Policy launched & implemented. Develop HPF Act</p>	<p>1. 2 Consultations on HPF policy 2. 3 Consultations on HPF Act 3. Drafting of HPF Act to be tabled in Parliament</p>		<p>Not yet started and to be Reprioritize for 2026 An NPP submission for HPF of 50,000,000VT was done and was approved</p>	<p>Reprioritize for 2026 to recruit a consultant for the taskings On - track for 2026 to establish the HPF Unit with the NPP funding allocated</p>
<p>Number of AC implementing PHC model and number of provinces replicating the model</p>	<p>1. 2 AC implementing PHC model 2. 2 provinces replicating PHC model</p>		<p>There is currently no PHC Framework for Vanuatu. Work-in progress to develop the framework as endorsed by the MOH executive. The National Primary Health Care Framework (NPHCF) for Vanuatu aims to enhance the health system by decentralizing essential services at the primary care level. It defines PHC for Vanuatu and guides its implementation across the country. Tasmalum PHC Model Shefa Maritime Health Care Concept</p>	<p>Reprioritize for 2026 Q1 On-going progress Launched by Hon. PM in June and is on track</p>

Program		Activity			
MHC – Health Services		MHCC: Public Health Services– Health Promotion			
Output or Service Target	Action	Target	Performance to Date	Comment	
Review and amend of Healthy Island and RCCE Policy	Consultation with Public Health Managers to update Healthy Islands IEC package	1	1 stakeholder consultation	On track	
Review and amend of Healthy Island and RCCE Policy	Launch of updated Healthy Island IEC Package	1	Launched completed	On track	
Number of provincial leaders and key stakeholders /VHWs trained for mobilization and prevention initiatives in communities	Consultation workshop with key stakeholders on Health Key messages and HPU work plan.	3	1 x workshop -RCCE strategies presentation to 6 Provincial Public Health Managers 2 x communication refresher workshops- Vaccination microplanning training for community nurses/health workers Malampa (x33) and Torba Province (x 17)	On track- For RCCE- Further stakeholder mapping required- for all stakeholders/partners at community level e.g. Red Cross	
Number of provincial leaders and key stakeholders /VHWs trained for mobilization and prevention initiatives in communities	Consultation to School stakeholders on Health Key Messages (including PHC & HI)	3	1 x HPS MOET strengthening workshop 3 x online meetings in preparation for facilitation of an integrated Health Promoting Schools pilot program due for 2026	Stakeholder commitment challenges Key partners- WHO- Gender based violence program, MOET, DLA (Area Council governance)	
Number of provincial leaders and key stakeholders /VHWs trained for mobilization and prevention initiatives in communities	Consultation with communities on Health key messages (including PHC & HI)	3	2 x consultations meeting for mapping purposes at community level with Area administrators and committee for pilot integrated program involving schools and communities in South East 2 and East Santo Area Councils, Sanma Province. 1 x consultation and RCCE training of 35 VHWs and volunteers- Tafea Province for Pertussis response	Supported by WHO for funding and Tech support Carried out as part of response following Pertussis (Whooping Cough) outbreak on Tanna	
Number of provincial leaders and key stakeholders /VHWs trained for mobilization and prevention initiatives in communities	Consultation with Stakeholders to support and assist mobilization for PH interventions at Provincial level	3	3 x stakeholder consultations at provincial level for integrated pilot for HPS due for 2026- leading to formations of 2 Area Council level HPS committees, Sanma Province	Supported by WHO for funding and Tech support	
Number of surveys conducted on Knowledge, Attitudes, Practices and Behaviours (KAPB)	Conduct mini KAPB Survey for target audiences involved in PH advocacy activities	1	HPV Survey carried out in 3 Provinces; Torba, Penama, Malampa	Analysis and finalizing of data entry being done with team HIS	

for communities involved in Community Engagement.							
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Repeal of tobacco Act No.19 of 2008	1	0	0	Currently under EH		
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Consultation with Multi-sectorial NCD task force on repeal of tobacco Act	1	0	0	Currently under EH		
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Action Aid/ Stakeholders consultation (Youth, Church, Chiefs, Women etc) on Repeal of Tobacco Act	1	0	0	Currently under EH		
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	consultation with Customs - finance on Repeal of Tobacco Act	1	0	0	Currently under EH		
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Awareness on Protocol to eliminate illicit trade in tobacco products (ratification) Act No. 29 of 2019	1	0	0	Currently under EH		
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Development of IEC materials to support HI interventions	10	Developed IEC materials highlighting key public health priorities, including posters, brochures, flyers, and pull-up banners on Communicable Diseases- Pertussis, Malaria, STIs/HIV, Neglected Tropical Diseases (e.g. deworming), NCDs- Nutrition (e.g. breastfeeding, micronutrient info), Mental Health (e.g. suicide prevention), Oral Health (toothbrushing), Family Health- Vaccination advocacy, Family Planning, Environment Health- Food safety and handling, Tobacco and smoking, Surveillance- Fish poisoning advisories, disease outlook reports etc..	On track- Tracking of outstanding IEC materials for development done			
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	New Project Proposal (NPP) to support Mass Media annual plan &	1	NPP submitted	(? Feedback)			

schools', healthy health facilities and Market interventions	communication during Disaster (Awareness equipment's - e.g. solar generator, power point, portable projector			
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Procure stationaries to support health communication and promotional activities to promote healthy islands policy	1	Procurement of stationery being done	Need to review and renew stock at present
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Procure Electronics and software to support health communication and promotional activities to promote healthy islands policy	1	Procurement of 1 x COMs officer laptop	New printer quotation received, for processing
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Maintenance of Assets to support health communication and promotional activities to promote healthy islands policy	1	Unit high use printer reviewed for options for trade in or procurement of new one	No servicing contract previously, so no servicing recorded
Number of national activities, healthy community, healthy schools', healthy health facilities and Market interventions	Management of Office and Staff of HPU to support health communication and promotional activities to promote healthy islands policy	1	Contracts renewed- COMs officer All Pas completed against AWP submitted	On track- All contracts for COMs and Oral Health Promotions Officers now reviewed for 3 years
Number of communities reached - Number of people reached - Number of schools reached - Number of children reached - Number of outreaches - Number of press releases	Development of annual Media Plan to raise awareness on disease outlook	1	Available Annual Media Plan. 24 Press releases on MOH official website. Sample exposure from Health Promotion Unit social media page: Routine awareness and preparedness HIV- Prevention messages among Vanuatu students studying in Fiji (Video) - 767 reactions - 50 comments - 83 Shares Contraceptive Method- Importance of these methods (Video) -294 reactions -20 comments -31 Shares World Suicide Day, Awareness against suicide -304 reactions	On track- HPU developed its annual media plan in Q 1- For all programs, improved commitment for taking advantage of free talkback shows would be beneficial for 2026 onwards

					-30 comments -50 shares Respond mode for Pertussis Outbreak; Pertussis Outbreak declared by Minister of Health -2500 reactions -1500 comments -322 shares	
Number of communities reached - Number of people reached - Number of schools reached - Number of children reached - Number of outreaches - Number of press releases	Commemorate Health events	10			VBTC talkback shows, elevated awareness through social media posts and program lead activities- x 13 World Health Events	On track- Reach for radio talkback shows requested, pending report
Dedicated % of SINS excise tax to the foundation fund	Engagement of TA for drafting of HPF Bill	1				With DPH
Dedicated % of SINS excise tax to the foundation fund	Consultation on drafting of HPF Bill	1				With DPH
Revise VHW curriculum for recognition in the health system	Develop Prior Learning Process (PRL) tool to assess VHW capacity and performance	1				
Revise VHW curriculum for recognition in the health system	Procure VQA VHW curriculum manual (procure from VQA)	1			Waiting for RFQ process which has been recently approved by MOH executive and once training course has been completed, then procurement of the Manual can be made.	On track
Develop VHW policy & strategic plan	Development of VHW policy & strategic plan (including implementation plan)	1			MOH executive advise for more consultation	On track
conduct coordination workshops with VHWO/HPO for all provinces	conduct coordination workshops with VHWO/HPO to strengthen capacity and new way forward base on PH priorities.	2			To happen in August 2025	On track
National public Health activity in progress	Consultation with HSEQ consultant/VQA to work in collaboration in developing the curriculum	1			Consultation done and MOH Executive approved for RFQ process to proceed to find successful bidder.	On track
All 6 provinces and selected communities	Funding to support VHWO at the provincial level to work with VHWs to implement CHAG projects.	1			Will happen in next six month	

National VHWP	Develop VHWP policy and strategic plan	1	Have been develop and has been submitted to MOH executive for approval but advise for more consultation with other Gov ministries.	On track
Process Remuneration for VHWs	Incentive payable based on a date provided by HIS unit	1	Will happen in September after receiving HIS data form HIS unit-National.	
Workshop report, number of health promotion and health promoting schools' officers	Conduct 2x health promoting schools national supervised toothbrushing and health school policy program workshops involving provincial health promotion and health promoting schools' officers; Vila and Santo	2	2 x Peace Corps Volunteers supervised toothbrushing program trainings (Q 1 and Q 3)- volunteer reports presented to MOH in Sept 2025 1 x Eye Stakeholder consultation with new program initiative done as potential to be involved in HPS program 1 x Strengthening Pacific Assistive Rehabilitative Technology for children with disabilities inception workshop and launching	On track-Provincial Stakeholder engagement challenges- re-prioritised activities to focus on integrated approach with HPU for integrated health promotion in schools' pilot for HPS from 2026 (see above), Eye Program emerging priorities and working with volunteer groups Role's shift – HR challenges
Pilot evaluation report completed, number of maternal child health nurses who have completed training, number of primary healthcare facilities rolling out Gudfala Smile Nurse Program- Shefa and Sanma	1. Conduct 4 supervisory visits in Vila and Santo 2. Prepare MOH Executive paper for endorsement 3. Roll out GSNP for Shefa and Sanma	3	1 x Sanma Nurses evaluation of 8 nurses, 8 facilities Draft MOH executive endorsement paper based on Sanma M and E data developed	Project funding not fully disbursed for activity completion in 2025- Final report for external funding source submitted, awaiting clearance and final funds disbursement for completion of pilot next year 2026
Community outreach Activity report	Conduct 3 community outreaches integrated with HPS in Malampa, Penama, Tafea (Introduction to HPS)	3	1 x dental outreach Tafea Province: 107 adults treated 20 children treated	Data shared with IOH Unit, DPH (external donor volunteer group) Data for other provincial outreaches from Clinical Team
Review and monitoring report from schools from HPS 2024 with regards to toothbrushing in schools, health school policies in place, number of schools which are developing or are	1. Conduct 3 supervisory visits to provinces already implementing oral health activities under health promoting schools from 2024 Annual Report	3	1 x Sanma HPS 16 schools from 2024- M and E Shefa HPS - 11 schools M and E undertaken in Q 1 and 2- 1000 children carrying out supervised toothbrushing in schools, 2332 oral hygiene kits distributed, 43 teachers	On track- Tracking template maintained for Shefa Schools Challenges: Oral Health Promotions Officer contract delayed renewal

<p>implementing some activities relating to toothbrushing in schools</p>			<p>carrying out toothbrushing programs, 92 oral health IEC materials distributed 9 Shefa Urban schools confirmed having school policies 8 out of the 9 Shefa Urban schools that have policies confirmed having "sugar free school ground" component within school policy 8 out of the 9 Shefa Urban schools that have policies confirmed having oral health component within school policy</p>	<p>for 6 months this year and teachers strike- hence data from only 2 school terms</p>
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Program		Activity		
MHC – Health Services	MHCC: Public Health Services– Malaria & Other Vector-Borne Diseases			
Output or Service Target	Action	Target	Performance to Date	Comment
For Malaria program to be funded by the Government	Collecting malaria data, analyse and write Proposal for June 2024 submission- draft stage at the moment	1	100% Sanma Malaria Elimination Plan and budget (2026-2030: – Replicating the Tafea Elimination Model) finalised and submitted to the head of the Government for considerations and support.	On-Track. Notes: A plan with 2 heads of Government advisors for consultation with PM on the submitted document. No response on the consultations. A follow up plan to be conducted in 2026.
Stratification plan is effective and successfully implemented and is burden reduction approach	Malaria TA develop stratification plan and it is at its draft stage at the moment. To be finalised soon for implementation.	80% of operation following stratification plan	Operational stratification plan finalised (100%) and currently executed in: 1) Torba and Sanma as the two burden reduction provinces, 2) Penama and Malampa as the pre-elimination provinces, and 3) Shefa as the elimination province. The activities conducted based on the stratification plan include (and not limited to): Case based surveillance (case investigations and response), “Test & Treat” in high endemic areas (hot spots), Community advocacy on malaria prevention, LLIN distributions and IRS (Indoor Residual Spray) in targeted areas, and Establishments of Malaria Elimination Tasks force in Torba (Vanualava & Gaua), Sanma (South Santo 1&2, North West and East Coast of Santo, Malampa (South East Malekula and West Ambrym, and Shefa(Epi)	Complete. Notes: There were some challenges in delay of funding disbursement from UNDP, and the reduction of activities due to funding cut (based on Global financial crises). There was funding cut on case management / surveillance / PSM trainings, and meetings. Thus, the program integrates most of its activities to cater of the unfunded activities. In addition, other potential financial supports from Vanuatu Australia Health Partner (VAHP), Asia Pacific Leaders Malaria Alliance (APLMA), Rotary Against Malaria (RAM) were considered for some small-scale activities.

<p>Training conducted in each province on specific needs identified</p>	<p>two training conducted in the province</p>	<p>at least 2 training conducted</p>	<p>There were 2 (100%) integrated trainings in: Sanma and, Shefa (Epi) as part of surveillance and response, case management, and supply chain management of malaria consumables. The Program also financially contributed to VHW training workshop in Sanma province as part of VHW refresher training workshop. Finally, there were other spot trainings (one-one) with health workers in covered areas.</p>	<p>Complete. Notes: The Program will base its training plans on integrated training plans with other Communicable Disease training plans in 2026 and onwards. Moreover, looking at piggyback on other PH programs training plans, and finally a spot training in targeted health facilities.</p>
<p>Malaria cases identified, burden reduction</p>	<p>Malaria cases identified in</p>	<p>at least 80% of malaria cases notified are responded</p>	<p>The burden reduction provinces were Torba and Sanma. Torba has achieved over 80% of cases being notified and foci response in Gaua (East / West Area Councils) and Vanua lava (East / West Area Councils). Sanma also achieved over 80% of active foci response in: Big bay coast Area Councils (AC) South Santo 1 AC South Santo 2 AC West Santo AC, and North West Santo AC As stated in the current stratification plan that burden reduction provinces will only undergo foci response and not involve in case investigations due to high case load, and challenges in logistics, funding, and human resource.</p>	<p>Reducing caseload in active foci areas is a very intensive and costly exercise. Additionally, it becomes more challenging for asymptomatic cases as a carrier of the parasites. Moreover, uncontrolled population movements from high to low endemic areas in rural settings with less treatment seeing behaviour. The program aims to progress on establishing “Malaria Elimination Tasks Force” in active foci Area Councils in 2026, with support from Department of Local Authorities, community leaders, and NGOs.</p>
<p>Materials are printed</p>	<p>Materials are printed and distributed</p>	<p>80% of IEC materials printed</p>	<p>90% of IEC materials were printed on malaria prevention with funding support from VAHP.</p>	<p>Complete.</p>

Program		Activity		
MHC – Health Services		MHCC: Public Health Services– Nutrition		
Output or Service Target	Action	Target	Performance to Date	Comment
National guidelines on the management of childhood undernutrition	Revised national guidelines on the management of childhood undernutrition are endorsed by MOH	1	Reprioritized for 2026	Supported by donor
High impact nutrition intervention (HINI) capacity building workshops with primary health care workers nationwide.	Conduct at least 2 refresher training	2	HINI training for Torba	
Integrated Management of Acute Malnutrition training	Conduct IMAM training	2	Completed	1 in patient integrated Management of Acute Malnutrition training for Torba and Penama 3 OTP clinic Setup - Erakor , Mele, WSB 3 Hospital undergone Management of Acute malnutrition Quality Assurance Exercise 14 Outpatient Management Clinic training and set up for outpatient management of acute malnutrition without complications for Tafea, Malampa, Sanma , Shefa(15 Registered Nurses trained, 11 Nurse aids
Baby Friendly Hospital Initiative	Review the implementation status of the Baby Friendly Hospital Initiative in hospitals nationwide and provide greater coverage of antenatal, maternity, post-natal and maternal and child health services through expansion of the program to primary care settings.	3	On- track	Consultation meeting held

NCD related diet management training	Conduct NCD- related diet management training with HW and community	2	Completed	3 training conducted for Penama, Torba and Malampa
Health Facilities backyard gardening	Promote & Support establishment of Provincial HF Garden as means of education and subsidised food production	2	Reprioritized to 2026	No positive response from Hospital and also an issue of maintenance is being raised
Stunting screening and awareness	Promote and support Stunting awareness with EH &WASH	1	Completed	Nutrition Screening conducted in 111 Outreach event to prevent child undernutrition with 4,374 children screened, 1360 (12-59 months) deworming 1203 Vitamin A supplementation, (6-59m) 467 MNP received (6-59m) 2 Health and Nutrition Outreach conducted Nutrition in Community presentation provided to 6 Peace corps health volunteer and 142 targeted in Tanna receiving Nutrition awareness
Nutrition in Emergency	Develop rapid assessment tool or checklist for infants, young children , pregnant and lactating women and other vulnerable demographics	1	Completed	OTP charts and Registration books for records and assessment of malnourished child developed and printed Rapid assessment & Focus group discussion among population affect by earthquake 3 Training conducted on Emergency Nutrition with WSB, RedCross, Isra Aid Health outreach screening for Shefa, Malampa, Torba, Tafeta, Sanma

						Weight for Height for children 6-59 months: Normal: (Above -2Z) – 2606 MAM: (-2Z to -3Z) – 1000 SAM: 216 MUAC Screening for 6-69 months Children Normal: 3836; MAM: 25; SAM: 28
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Program		Activity			
MHC – Health Services		MHCC: Public Health Services– NCD & Mental Health & Eye			
Output or Service Target	Action	Target	Performance to Date	Comment	
Heart Care App is installed at the Northern District Hospital	Install and monitor Heart care App in NPH.	1	Reprioritized for 2026	Build on success and lessons learned from the NCD HUB in Port Vila. Risks: 1. Due to inconsistent internet connection at the NCD HUB, intermittent data will be collected. 2. Low IT literacy rates amongst old nurses can delay upload of data onto the app	
Complete the remaining training on NCD PEN t 3 provinces	Conduct NCD PEN training	3	Completed	The NCD Program had just completed 6/6 Integrated NCDPEN training and will be conducting a monitoring trip to assess progress against targets that was set. on track (100%) with a total of 99 health facilities trained	
2 NNMC meetings are conducted with the committee	Arrange 1st meeting in May and second in October 2025	2	On-track	There were 2 NNMC provincial meetings conducted in Penama and Torba Province.	

1 NCD STEP Survey 1 completed	Conduct a country wide NCD STEP SURVEY	1	Reprioritised for 2026	Also, coordination of NCD activities through the technical working group had been conducted especially with the shop survey in 3 different shops (ABM, Essah & Chuan) Several Meeting were conducted to discuss STEPS planning document DRAFT TORS for the Standing Committee for STEPS Survey Vanuatu STEPS Implementation Plan Proposal Discussion of Population Sampling with representatives from the National Statistics Office
NCD Surveillance system is put in place and functioning.	Work with SPC and the MoE to set this system up in school concentrating on childhood obesity.	1	Reprioritised for 2026	10 schools reporting on childhood obesity and each of the schools have an improvement plan in place. Concept note had been completed and shared as well as the school selection criteria. Consultations had commenced and will be ongoing.
Atleast 3 National/world events are celebrated	Work with implementing stakeholders to commemorate world events	3	On track	
Atleast Twice a year	Collaborate with Nutrition and Mental Health to visit implementation sites and collect feedback from service users.	2	Completed	Integrated NCD, nutrition & mental health monitoring trip to assess progress against targets that was set
Atleast 3 times a year	Attend NCD related trainings/conferences/meetings	3		

Tobacco Act, Marketing Restriction of unhealthy food to children inserted in to the Food act 2006,	Review of Tobacco legislation and consult with state law to insert clause of Marketing Restriction of Unhealthy food to children. Formulate a working group to undertake this activity	2	Reprioritise for 2026	Started conducting tobacco questionnaire consultation in November and December 2025
Vanuatu NCD Road map launched		1		

Program		Activity			
MHC – Health Services	MHCC: Public Health Services– Extended Programme on Immunization (EPI)				
Output or Service Target	Action	Target	Performance to Date	Comment	
Number of children in the target group receiving MMR / Routine vaccine	1.MMR campaign in the 6 provides 2.Routine and catch-up immunization activities in the provinces.	6	MMR Campaign Measles outbreak preparedness and response plan was finalized. Will be conducted for 6 months 2 province per month and will commence on June to December 2026 RI Catch up Ongoing catch up on routine vaccine including MMR catch up, conducted in Sanma, Tafea, Shefa, Penama, Penama, Torba& Malampa focusing on their target & defaulters.	On Track	
Number of Refresher Training on Immunization in Practice for health facility nurses and provincial staffs	1. Conduct 6 trainings in 6 provinces (Torba, Sanma, Malampa, Penama, Shefa, Tafea)	6	Immunization in Practice Trainings Conducted in two Province, Shefa and Sanma, Health facility Nurses. Other 4 provinces will conduct in 2026.	Behind Schedule due to other competing priorities but to be completed in 2026.	
Collection of immunization monthly data	1. Received Monthly reporting through DHIS2 & immunization system reporting	12	Monthly Reporting All VDI reports of 6 Provinces shared in the DHIS2. Received all complete and updated reports from January to November 2025. Awaits December that will be submitted on 15/01/26. Once all reports received, February 2025 a final immunization analysis report will be shared.	On Track and progressed.	
Functioning cold chain system in health facilities.	1. Repair, maintain, monitor cold chain systems in the 6 provinces including Installation of new CCEs.	6	Cold chain Installation Partially complete, in Penama few installations, repair and maintenance conducted in HF. CC installation activities will be continued in 2026.	Behind of Schedule due to late arrival of cold chain equipment's in country.	
National Training on support surveillance and outbreak	1. Conduct training for provincial surveillance officers	1	Support training for MMR Preparedness, conducted training on main hospitals in Sanma, Shefa& Malampa. Support surveillance team during Pertussis outbreak in Tanna.	On Track	

Program		Activity			
MHC – Health Services	MHCC: Public Health Services – TB/Leprosy				
Output or Service Target	Action	Target	Performance to Date	Comment	
Office Maintenance, office supplies,	Maintain office stock, build new framework	1	Office maintenance operation supplies x 1 Vehicle service x 2	Completed	
National Strategic Plan for Tuberculosis	TA Support Conduct Consultation meetings and launching for Tuberculosis National Strategic Plan	1	TA recruited and meeting conducted x4 NSP review meeting x 2 conducted	Completed	
National Strategic Plan for Leprosy	TA Support Conduct Consultation meetings and launching for National Strategic Plan for Leprosy	1	First leprosy NSP draft in review process	Completed	
Management Guideline for Tuberculosis	Conduct Consultation meetings and launching for Management Guideline for Tuberculosis	1	One review meeting conducted	On track	
Management Guideline for Leprosy	TA Support Conduct Consultation meetings and launching for Management Guideline for Leprosy	1	One consultation review meeting conducted	On track	
PEP Manual	Conduct Consultation meetings and launching for PEP Manual	1	Leprosy PEP manual developed and launched	Completed	
SOP for Active Case Finding	Review of existing algorithms and conduct consultation meetings on SOP for Active Case Finding	1	Completed awaiting final review and endorsement	On track	
SOP for Contact Tracing - Community Dots	Review of existing algorithms and conduct consultation meetings for SOP for Contact Tracing - Community Dots	1	Completed awaiting final review and endorsement in 2026	On track	
TBHIV-TBDM Collaborative Framework	Conduct Consultation meetings and launching for TBHIV-TBDM Collaborative Framework	1	Planned activity has not been done deferred for 2026	Behind schedule	
Training package module for TB/Leprosy - clinical and public health	Develop Training package module for TB/Leprosy - clinical and public health	1	Training initially developed and still yet to complete in 2026	On track	
Latent Tuberculosis Guideline	Conduct Consultation meetings and launching for Latent Tuberculosis Guideline	1	Activity deferred for 2026	On track	
M&E Framework for TB and Leprosy (SV Checklist)	Conduct Consultation meetings and launching for M&E Framework for TB and Leprosy (SV Checklist)	1	M&E framework developed to be launched 2026	On track	

ACSM Strategy for TB and Leprosy	Conduct Consultation meetings and launching for ACSM Strategy for TB and Leprosy	1	ACSM preliminary meeting conducted. Deferred for 2026 review	On track
Recording and Reporting framework	Conduct Consultation meetings and launching for Recording and Reporting framework	1	Deferred for 2026 to be reviewed	On track
National Review Meeting	Organize Review meeting for National, Provincial and partners	1	Deferred for 2026	Behind schedule: Funds under WHO grant not available
Operational Research	Inception discussion meetings for TB RR operational research on Tanna and Shefa RR-TB in Vanuatu Leprosy PEP Pilot	1	Deferred for 2026	Behind schedule Wait for MOH research priorities to align research on
Community DOTS and Treatment Follow-up	Coordination of UNDP funds to provincial level for Community DOTS and Treatment Follow-up	4	Completed 5 activities throughout as documented on report	Completed
Contact Screening of MDR and TB	Coordination of UNDP funds to provincial level for Contact Screening of MDR and TB	4	Completed 2 TB MDR ACF	Completed
Active Case Finding	Coordination of UNDP funds to provincial level for Active Case Finding	4	Completed 4 TB ACF activity documented	Completed
TBHIV- TBDM Collaborative Services	Coordination of UNDP funds to provincial level for TBHIV- TBDM Collaborative Services	4	Funds under the activity were not available	Behind schedule. Funds for activity under UNDP not made available
ACSM Activities (Promotional Events, social media)	Coordination of UNDP funds to provincial level for ACSM Activities (Promotional Events, social media)	4	Printing of IEC materials Registration PEP book	On track Funds under activity partially available
Leprosy Mass Screening	Coordination of WHO funds to provincial level for Leprosy Mass Screening	1	Coordinated 3 PEP step mass campaign	Completed
Leprosy PEP	Coordination of WHO funds to provincial level for Leprosy PEP	1	Funds not available through WHO	Completed
Leprosy Contact Screening	Coordination of WHO funds to provincial level for Leprosy Contact Screening	4	Funds not available through WHO	Behind schedule funds not available
Subnational Supervisory Visit to DOTS Centres and Health Facilities	Conduct 1 TB refresher training for health workers	1	2 supervisory visits with TB refresher training conducted	Completed
National Capacity Building	National, Regional and international conferences, webinars, and workshops on TB/Leprosy	1	Attended 2 TB training workshop oversea	Completed

TB Microscopy Training	Refresher training for newly established and existing Sub DOTS Centres and DOTS centres	2	1 TB microscopy training	On track
PEP Training	Review of pilot project in Maskelynes Islands 2023	1	Deferred for 2026	On track
TB and Leprosy Surveillance	ToT on Leprosy Information Management Training for National and Provincial TB/Leprosy and HIS Officers	1	Deferred for 2026	On track
Refresher Training of clinicians	RR-TB Management and TB Case Management	1	1 clinician training	Completed
Xray Imaging for TB training ACF Alogrithm	Training of provincial officer and imaging officers on portable Xray machine use	1	Deferred for 2026	On track

Program		Activity			
MHC – Health Services		MHCC: Public Health Services– Reproductive Health & Family Planning			
Output or Service Target	Action	Target	Performance to Date	Comment	
1. Number of In-service trainings for health service providers on Early Essential Newborn Care (EENC) 2. Distribution of supplies to health facilities 3. Revise MDSR Committee and Review Form & In-Service training for Focal point	1. Conduct 3 In-Service Training in Tafea, Torba and Shefa 2. Distribution of supplies partners ongoing support to health facilities 3. 1 MDSR committee meeting with review of form and 1 In-service training on form for focal point	3	1. Trainings conducted Shefa province done National PEMnet TOT refresher training for midwives and doctors (VCH). EENC for Malampa and Sanma (NPH), Lenakel Hospital for HCWs conducted.	Complete Complete	
1. Number of In-service trainings for health service provider on Kangaroo Mother Care (KMC) and Integrated Management of Childhood Illness (IMCI) 2. Distribution of Supplies to health facilities	1. Conduct 3 In-Service Training on IMCI in Penama, Malampa and Sanma 2. Conduct 3 In-Service Training on KMC in Shefa, Tafea and Torba 3. Distribution of supplies from partners ongoing support to health facilities	6	2. Distributes midwifery kits and other supplies to all provincial health 3. Final draft of the TOR developed for validation and executive approval, Q1, 2026.	On track	
1. Number of In-service trainings on Family Planning	Conduct 2 In-service training for Midwives and nurses in Malampa and Penama Provinces	2	1. IMCI training for Nurses Aids conducted in Tafea, Torba, Malampa and Sanma (4 done/ 2 in 2026). 3. IMNCI training resources, job aids and tools supplies to 4 province including VCH.	On track	
Number of Trainings in communities	Conduct 20 sessions of training in selected communities in Shefa Province	1	1. Family Planning rollout for Tafea province done, Malampa and Penama Family Planning training rollout is moved to 2026. 2. National Consultation workshop on Depot Medroxyprogesterone Acetate Subcutaneous (DMPA-SC) as a modern family planning commodity.	On track to be continued on 2026. Complete	
Number of In-service trainings	Conduct 2 In-service training for Midwives and nurses in Malampa and Penama Provinces	2	1. EENC Inservice training for midwives and nurses at NPH 2. EENC Inservice training for Midwives and nurses for Lenakel hospital 3. GBV training to Nurses in South Santo 4. GBV training to nurses and midwives of Efate and Malama M & E Trainings (RMNCAH participation)	Complete	

Second National Health Facilities Assessment	Conduct the Second National Health Facility Readiness Availability Assessment (HFRSAA) in all health facilities including private & government	1	Assessment completed	Complete (report to be published and shared in 2026)
Number of Trainings in communities	Conduct Awareness and training in selected communities in Shefa	2	Integrated with Vanuatu Family Health Association and ikkana for implementation (awareness on cervical and breast cancer prevention) Awareness on sexual reproductive health and behavioural change communication during the national health week Integrated with Vanuatu midwifery Society and support the international midwifery day with awareness to young adolescent girls on Menstrual hygiene, Sexual gender-based violence, teenage pregnancy, family planning and sexual health rights. Including collaborating with UNFPA for distribution of menstrual hygiene kits to 400 adolescent girls and young mothers.	Complete
Number of Meetings	Conduct bi-annual RMNCAH Committee Meeting	2	One national meeting conducted	On track
1. Number of In-service trainings for health service providers on Early Essential Newborn Care (EENC) 2. Distribution of supplies to health facilities 3. Revive MDSR Committee and Review Form & In-Service training for Focal point	1. Conduct 3 In-Service Training in Tafea, Torba and Shefa 2. Distribution of supplies partners ongoing support to health facilities 3. 1 MDSR committee meeting with review of form and 1 In-service training on form for focal point	3	1. Trainings conducted Shefa province done National PEMnet TOT refresher training for midwives and doctors (VCH). EENC for Malampa and Sanma (NPH), Lenakel Hospital for HCWs conducted.	Complete Complete
1. Number of In-service trainings for health service provider on Kangaroo Mother Care (KMC) and Integrated Management of Childhood Illness (IMCI) 2. Distribution of Supplies to health facilities	1. Conduct 3 In-Service Training on IMCI in Penama, Malampa and Sanma 2. Conduct 3 In-Service Training on KMC in Shefa, Tafea and Torba 3. Distribution of supplies from partners ongoing support to health facilities	6	2. Distributes midwifery kits and other supplies to all provincial health 3. Final draft of the TOR developed for validation and executive approval, Q1, 2026.	On track
1. Number of In-service trainings on Family Planning	Conduct 2 In-service training for Midwives and nurses in Malampa and Penama Provinces	2	1. IMCI training for Nurses Aids conducted in Tafea, Torba, Malampa and Sanma (4 done/ 2 in 2026). 3. IMNCI training resources, job aids and tools supplies to 4 province including VCH.	On track

Number of Trainings in communities	Conduct 20 sessions of training in selected communities in Shefa Province	1	1. Family Planning rollout for Tafea province done, Malampa and Penama Family Planning training rollout is moved to 2026. 2. National Consultation workshop on Depot Medroxyprogesterone Acetate Subcutaneous (DMPA-SC) as a modern family planning commodity. 1. EENC Inservice training for midwives and nurses at NPH 2. EENC Inservice training for Midwives and nurses for Lenakel hospital 3. GBV training to Nurses in South Santo 4. GBV training to nurses and midwives of Efate and malampa M & E Trainings (RMNCAH participation)	On track to be continued on 2026. Complete
Number of In-service trainings	Conduct 2 In-service training for Midwives and nurses in Malampa and Penama Provinces	2	Assessment completed	Complete
Second National Health Facilities Assessment	Conduct the Second National Health Facility Readiness Availability Assessment (HFRSAA) in all health facilities including private & government	1	Integrated with Vanuatu Family Health Association and ikkana for implementation (awareness on cervical and breast cancer prevention) Awareness on sexual reproductive health and behavioural change communication during the national health week Integrated with Vanuatu midwifery Society and support the international midwifery day with awareness to young adolescent girls on Menstrual hygiene, Sexual gender-based violence, teenage pregnancy, family planning and sexual health rights. Including collaborating with UNFPA for distribution of menstrual hygiene kits to 400 adolescent girls and young mothers.	Complete (report to be published and shared in 2026)
Number of Trainings in communities	Conduct Awareness and training in selected communities in Shefa	2	One national meeting conducted	Complete
Number of Meetings	Conduct bi-annual RMNCAH Committee Meeting	2		On track

Program		Activity			
MHC – Health Services		MHCC: Public Health Services– Reproductive Health & Family Planning			
Output or Service Target	Action	Target	Performance to Date	Comment	
National STI/HIV & Viral Hepatitis B in place	1. Conduct consultation for strategic plan with different stake holders & Committee.	1	Successfully completed and finalized the NSP for STI/HIV, with the document ready for printing in early 2026.	Consultation done & complete.	
National HIV/Syphilis & Hepatitis B PPTCT guideline in place	Conduct consultation with clinicians, stake holders & Midwives	1	Consultations with clinicians, stakeholders, and midwives are ongoing (approximately 60% completed).	These consultations support Triple Elimination by strengthening integrated HIV, Syphilis, and Hepatitis B services in line with the Corporate Plan, especially for mothers and babies.	
Provide PPTCT training in 2 Provinces Tafea & Malampa	Conduct training in Tafea & Malampa	2	PPTCT training delivered in Tafea and Malampa – 100% completed.	Builds provincial capacity to deliver integrated services and prevent mother-to-child transmission in support of Triple Elimination.	
Conduct awareness on stigma & discrimination integrate with Gender base violence.	Conduct awareness in 2 different communities	2	Awareness was conducted in two communities and completed 100%, including Health Week, USP, and travelling student sessions.	Addresses stigma, discrimination, and GBV to improve service access and uptake in support of Triple Elimination and Corporate Plan priorities.	
Conduct Supervisory Visit from National to Provincial and visit PPTCT sites	Conduct supervisory visit quarterly	4	National-to-provincial supervisory and PPTCT site visits completed – 100%.	Improves service quality and guideline compliance at PPTCT sites in support of Triple Elimination and Corporate Plan priorities.	
Provide support to PLHIV	To provide financial support to PLHIV for transportation and goods.	4	Provided support to PLHIV; activity 100% completed.	Successfully provided support to PLHIV, including pregnant women (100% completed), strengthening treatment adherence, maternal care, and integrated service delivery	

Have trained youth or peer educator trainer in place to conduct awareness.	To conduct training for peer educators.	1	Training of youth or peer educator trainers to conduct awareness Status: 0% completed (not done due to lack of funding)	in line with Corporate Plan priorities and Triple Elimination goals. Will explore funding opportunities to implement next year.
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Program		Activity		
MHC – Health Services	MHCC: Public Health Services– Environmental Health			
Output or Service Target	Action	Target	Performance to Date	Comment
Finalize EH National policy & strategic plan	<ol style="list-style-type: none"> Finalise the EH Strategy through consultation meeting with MOH stakeholders and MOH Executive approval. Develop Clinical Waste Management policy Develop standard design for Clinical Waste Management (Incinerators) and WASH standards for Health Facilities. Develop Occupational Health and Safety Policy and guidelines for MOH 	3	<p>We are seeking consultants through GEF project to develop the EH strategy and the Occupation Health and Safety policy next year 2026</p> <p>2 & 3.TOR for a consultant to develop the Clinical Waste Management and WASH standards was developed</p> <p>A consultant was contracted through the GEF project from October –December 2025.</p> <p>The Consultant drafted the followings:</p> <ul style="list-style-type: none"> *Healthcare Waste Management policy *A costed Health Care Waste Management plan for EH unit and * A National guideline for Healthcare waste management <p>4. We are seeking consultants through GEF project to develop the Occupation Health and Safety policy next year 2026</p> <p>In addition to above, the EH unit assisted the GEF consultant in developing the HNAP for MOH. It was finalised and launched in November 2025.</p>	On-track The draft Healthcare Waste Management policy, guideline and the costed plan will be finalised and launched in quarter 1 of 2026.
Number of WASH in HF Assessment - Number of HF with improve WASH infrastructures	<ol style="list-style-type: none"> Conduct WinHks assessment for 5 health facility Monitor the contractors for WASH improvements for WASH in health facility With collaboration from Australian Volunteers, develop standard guidelines for WASH amenities in Health Facility. 	5	<p>1. So far this year, no funding has been allocated for this, although, current improvements for WASH in healthcare facilities are based on the assessments done in the previous year’s using WinHks tools. However, for the development of the healthcare waste management policy and implementation plan, 9 health facilities were assessed using the IRAT assessment tool for Sanma, Malampa, Tafea and shefa provinces who were selected for this assessment.</p> <p>2. Monitoring of the above health facilities happened from 1st of April to 4th of April 2025</p>	Completed

			<p>Facilitate the signature of RFQ for Touraken shipping company for shipment of materials and loading of materials for WASH improvements for H/C facilities for Torba</p> <p>Facilitate RFQ with videographer for producing videos for WASH/IPC training</p> <p>Logistic preparation for the O & M training for 6 healthcare facilities in Torba.</p> <p>Facilitated the logistic preparation for handing over ceremony for 5 healthcare facilities with completed WASH improvements.</p> <p>Handing over of 10 WASH improved health facilities (5 for Shefa & 5 for Torba) during a ceremony in Gaua, with delegation from the Japanese govt, UNICEF, reps from provincial government and provincial health and the DG of health & Director Public Health.</p> <p>3. A draft is in place which needs reviewing for finalisation.</p>	
<p>Number of HCW trained on WASH and IPC guideline</p>	<p>1. Conduct Integrated training for Health Care Workers on WASH and IPC guidelines.</p>	<p>3</p>	<p>A manual on how to build an incinerator was developed by a Water Engineer at the Dept of Water Resources.</p> <p>A training was conducted for EH & DOWR officers to build incinerators based on the manual.</p> <p>In 2025, no training for healthcare workers on WASH & IPC was conducted.</p>	<p>On track</p> <p>All trainings were conducted in 2024.</p> <p>A M&E will be conducted in 2026.</p>
<p>Number of TOT on Sanitation and Hygiene</p>	<p>1. Conduct Training of Trainers for the Sanitation and Hygiene manual for 3 Area Administrator in 3 provinces.</p>	<p>3</p>	<p>5 TOT on Sanitation and Hygiene conducted in 4 provinces for 3 Area Councils, Peace Corp volunteers and WASH Technicians.</p> <p>Shefa – Vaturisu Area Council</p> <p>-22 participants represented by villages/communities within this AC</p> <p>-10 VIP riser mould distributed for 10 communities</p> <p>6 Peace Corp volunteers trained @ Epau Village.</p> <p>Torba – Gaua Area Council</p> <p>28 participants from villages/communities within that AC</p> <p>10 VIP riser moulds distributed for 10</p>	<p>Completed</p>

<p>Integrated response plans for WASH activities during emergencies. - Lead for Sanitation and Hygiene in WASH cluster during emergencies</p>			<p>communities 1 completed VIP toilet built as demonstration during the training for Losa lava Kindy school Penama – South Maewo Area Council 30 participants from 10 villages/communities in that AC 10 VIP riser mould given for 10 communities. Tafea – WASH Technician training 48 participants from all Area Councils in Tanna 15 moulds distributed as part of demonstration purposes.</p>	
<p>Number of enforcement & compliance trainings for Public Health, Food Control and Tobacco Control Acts</p>	<ol style="list-style-type: none"> 1. Develop integrated Emergency WASH response guideline, focusing on Sanitation and Hygiene and WASH in Health Facility during emergencies 2. Coordinate the Sanitation and Hygiene working group during any emergency event. 3. Respond to any emergency event 	1	<p>A Vanuatu Healthcare Facility response kit was developed and still in draft. 2. Coordinated 2 WASH in healthcare facilities meeting with partners for respond to earthquake damages in HCF. 3. EH staff Joined Health response team to do assessments in HCFs for quick responses and responded to Health needs.</p>	On track
<p>Number of regulations and orders on food control safety - Review and Amend Tobacco Control Act</p>	<ol style="list-style-type: none"> 1. Conduct one training for enforcement officers in MOH Legislations for northern provinces and one for southern provinces. 	2	<p>Facilitated the instrument for the authorisation of 20 officers from MOH, PVCC & LMC as authorised officers under the PH Act, Food control Act and the Tobacco Control Act. Gazetting of authorised officers happened in November, although the order was signed in August. Priority for enforcement training in 2026</p>	On track
<p>Number of WASH bylaws</p>	<ol style="list-style-type: none"> 1. Review Food Control Act/Regulations and develop amendments to regulate marketing of unhealthy foods. 1. In close collaboration with Local authorities, review existing Sanitation and Hygiene by-laws and develop any if non-existence 	1	<p>A gap analysis for the Food Control Act has been analysed by SPC. This gap analysis will be used as a baseline to amend the Food Act through consultations.</p>	On track

<p>*Number of street vendors and food handlers complying with food safety requirements.</p> <p>- Compliance with sanitation and hygiene codes.</p> <p>- Number of food safety training conducted</p>	<ol style="list-style-type: none"> 1. Conduct enforcement activities for street food vendors 2. Conduct Food Safety Training for food handlers 3. Renewal of Food Safety Certificates 4. Inspection of WASH facilities for food premises. 5. Work with Land Transport associations, SC, to have No Smoking stickers in local transports and G-Vehicles & government compounds. 	<p>10</p>		
<p>* Food control systems in place</p> <p>- Food safety response plan in place</p>	<ol style="list-style-type: none"> 1. Collaborate with Customs and Inland Revenue department to establish Food Recall systems 2. Delegation of responsibilities to Customs Department and Local authorities under the Food Act & other relevant MOH Legislations. 	<p>1</p>		

Program		Activity			
MHC – Health Services		MHCC: Public Health Services– Neglected Tropical Diseases			
Output or Service Target	Action	Target	Performance to Date	Comment	
Approval from national HIS for 'bridges to develop' to report NTD data for these 3 provinces to National HIS.	Link HIS and Bridges to develop for HIS to access NTD data	at least 70% of health care workers in the provinces have access to connect to share data	Completed – HIS already access NTD Data using the DHIS2 platform	For the 1 st 11 months, HIS already access NTD data. All the Health staffs at the health facilities fill out the HIS monthly forms only and submit to HIS officers to do the data entries. NTD program access vis our HIS Unit	
For NTD Health zone workshop to be funded by the Government	Collecting NTD data, analyse and write Proposal for June 2025 submission-draft stage at the moment	75% of health workers been trained on Skin diseases, reporting and received NTD supplies	Not yet done. NTD program in urgent need to carry out this activity however no funding available. For NTD program to be able to achieve elimination of Yaws by 2030, program need to ensure and alert all health workers to continue to report timely on all suspected Yaws and confirm Yaws need to be investigate and communities need to be treated to ensure interruption of transmission. NTD Program need to re-submit its NPP proposal to secure funding for these activities and ensure elimination as plan.	At first, there is no funding available for these activities, however, we secure funding for these activities using the GEF project that why we are delay in implementing it in June. So, we are planning to conducting these activities in quarter 3 & 4. Under GEF output 2 there is activity list for GEF awareness with Health workers on CCH, at the beginning GEF agreed to cover the integrated training with CDs and CCH, however the funding was retrieved at the very last minutes due huge amount requested.	
For NTD Deworming, Case investigation and Focal treatment to be funded by the Government	Collecting NTD data, analyse and write Proposal for June 2025 submission-draft stage at the moment	75% of target population are treated with	Deworming Activities: 1st round deworming treatment was completed 2nd round Deworming treatment is completed in some provinces (Sanma) only while other province (Torba, Tafea, Shefa,	Despite the challenges of funding not available, but province have recurrent and support to implement especially Shefa, Sanma and Tafea province	

		deworming medication	<p>Penama and Malampa province) some province in progress, but other completed it by integrated with other PH potential activities to do 2nd round treatment.</p> <p>Deworming Report: Jan- June 2025 -A total of 34,835 people deworm. July – Nov 2025: A total of 34,261 people deworm.</p> <p>Scabies Activities & Report data HIS NTD Data Jan-Nov 2025: 14,279 scabies cases (all provinces - Malampa: 2,071, Penama: 2,934, Sanma: 4,993, Shefa: 2,756, Tafea:1122, Torba: 403). Scabies treatment: The scabies Awareness & treatment activities was done via NTD activities and other integrated public health program.</p>	
For NTD program (yaws) to be funded by the Government	Collecting NTD data, analyse and write Proposal for June 2024 submission- draft stage at the moment	to achieved zero confirmed Yaws and elimination by 2030	<p>Screening is ongoing activities at health facilities and outreach activities, awareness and case investigation and focal treatment activities already conducted for Yaws suspected cases and is ongoing when there is a yaw suspected case.</p> <p>Focal treatment for Yaws activities was completed for Shefa province and in Tafea province.</p>	
For Health education intervention including NTD to be funded by the Government	Collecting NTD Health education data, analyse and write Proposal for May 2025 submission- draft stage at the moment	To achieve 75% soap use with behaviour, change focus health education within highly reported NTDs communities	<p>No yet started</p>	No funding available for these activities and postpone to next year 2026

Program		Activity			
MHC – Health Services		MHCC: Public Health Services– Disease Surveillance and Response			
Output or Service Target	Action	Target	Performance to Date	Comment	
Increased efficiency in timely, complete data collection and submission	1. Conduct supervisory visit to provinces	2	4/6 provinces completed: Tafea SV could not be conducted due to pertussis outbreak Torba SV could not be conducted due to limitation in flights	Up to date with challenges	
Improved effectiveness in detecting and responding to potential or disease outbreaks	1. Conduct refresher training 2. Conduct online bi-annual training with officers	1	Refresher trainings conducted 4/6 Provinces No online training conducted due to shortage of staff thus tight schedule	Up to date with challenges	
Training package document for One Health addressing priority diseases.	1. Needs assessment to identify priority disease 2. Engage stakeholders or partners 3. Develop the content and structure of the package 4. Pilot test the package with a small group for feedback 5. Training Delivery to participants	1	Wrong BP was submitted with this activity inside, should not be listed as an activity for 2025.		

Program		Activity		
MHC – Health Services	MHCD – Medical Supplies - Management of Medical Supplies			
	Performance Indicators	Target	Performance to Date	Comment
Supply of drugs and non-drugs at levels in line with orders received from provincial pharmacies.		100	100	All provincial orders prepared and shipped to provincial pharmacies
Random stock takes to be conducted using supply data on weekly basis		52	52	Random stocks take happening every week at CMS
Stock takes on high usage drugs and non-drugs to be conducted using supply data and manual check on a monthly basis		12	12	
Annual stocktake undertaken and variances reported		1	1	
Routine testing conducted on drug samples to ensure conformity with international standards		2	5	5 samples sent to Therapeutic Goods Administration for testing
Routine purchasing utilizing cheapest form of transport available to MOH		95	95	Transporting of medicines was from cheapest, reliable transport systems
Supply of drugs and non-drugs to provincial pharmacies within required timeframe.		100	100	Each hospitals order once every 2 months from CMS
Procurement conducted on a quarterly basis at levels in line with national needs.		4	4	
Expenditure and commitments do not exceed the appropriations		100	100	Appropriations
Delivery of supervisory visits to provincial pharmacies, together with awareness training to improve performance.		8	6	SV was not possible to be carried out since; budget was used for other things
Reduction in drug shortages at national level		0	1	There were some incidents of drug shortage that was quickly resolved
Orders received from provincial pharmacies which are filled		100	100	
Reduction of drugs shortage at national level		0	1	There were some incidents of drug shortage that was quickly resolved
Orders distributed within a reasonable timeframe to provincial pharmacies		100		
Supervisory visits to provincial pharmacies and conduct awareness to improve performance and update reporting system regularly.		8	6	

Conduct effective procurement each quarter for supply of essential medicines.	4	4			
Contracts established for the procurement of goods and services	100	100			All suppliers signed contracts for delivery of service
Output or Service Target	Action	Target	Performance to Date	Comment	
2monthly stock take reports - orders	6 X 2monthly orders are supplied to all provincial pharmacy sites on an annual basis	1	6		
2 supervisory visits to the provincial pharmacy sites throughout the country	2 biannual Supervisory visits to all provincial pharmacy sites throughout the country	1	6		
Construction of a national medical stores - <i>including all accessories needed in new warehouse</i>	source funding for purchase of bulk shelving, forklift & other accessories	1	0		Still waiting for land allocation and building to start
Update Sales of Medicine Act	Conduct consultation for Sale of Medicine Act	2	2		National consultation and survey questions sent out
Supervisory Visits to the Province	Supervisory visits to Provincial Pharmacy	4	4		
Training of Dispensers/Nurses	Conduct supply training in Santo	1	0		No funding available

Program		Activity			
MHC – Health Services	MHCD – Medical Supplies – Purchase of Drugs				
Output or Service Target	Action	Target	Performance to Date	Comment	
procurement of medical supplies	1. Conduct annual RFt for All Drugs & Medical Supplies (including Allied Health component) for 2025-26 supplies 2. Carry out < 6RFQ's for UOR's for Drugs & other Medical Supplies throughout the year 2025	2	2	Procurement of medicines and medical suppliers and allied and dental health done every year	
procurement of medical supplies	1. Conduct annual RFt for All Drugs & Medical Supplies (including Allied Health component) for 2025-26 supplies 2. Carry out < 6RFQ's for UOR's for Allied Health consumables supplies throughout the year 2025	2	2	Procurement of medicines and medical suppliers and allied and dental health done every year	
procurement of medical supplies	1. liaise with UNFPA on annual pool procurement payments for 2025 supplies	1	2	UNFPA Purchased few family planning commodities	

Program		Activity			
MHK - Emergency		MHKB – Emergency & Response			
Output or Service Target	Action	Target	Performance to Date	Comment	
Number of NAPHs consultation conducted	conduct consultation	5	Complete	NAPHs was conducted in Feb of 2025	
Number of JEE advocacy (workshop) conducted	conduct workshops and meetings	5	Complete	JEE was conducted in June of 2025	
Copy of training report	Deliver training with the Leads and co-leads of the National Health Emergency Operations Centre (NHEOC)	1 copy of a complete training report	Complete		
Copy of training Report conducted in the provinces	Deliver training with the provincial EMT teams.	1 copy of a complete training report	Complete	4 trainings conducted in 4 province – 4 Provincial EMT teams established in provincial level.	
Copy of training NHEOC finalized TOR	Consult with all NHEOC Leads and co-leads to finalize their roles and responsibilities.	1 copy of NHEOC TOR	Complete	This document is now endorsed ready for launching.	
Number of Simulation exercises conducted with Provincial EMT team. Number of Simulation exercises conducted with NHEOC leads and co-leads. Number of Simulation exercise conducted with PHEOC leads and co-leads.	Organize simulation exercise with NHEOC Leads and co-leads. Organize simulation exercise with the Provincial EMT teams and PHEOC Leads and co-leads.	6 Simex exercise conducted withprovincial EMT team. 1 simex exercise conducted with NHEOC leads and co-leads. 6 Simex exercise conducted with PHEOC leads and co-leads.	Complete	4 simex exercises conducted in provincial level as part of the EMT Training.	
Improved skills and knowledge among provincial officers through personalized mentoring and support from national office counterparts.	1. Identification of needs for provincial officers 2. Selection of mentors with National office	6 Provinces			

	<ol style="list-style-type: none"> 3. Coordination from National with Province to arrange attachments 4. Development of individual plans to outline objectives for improvement etc. 5. Training and support materials to both mentors and provincial officers to facilitate learning 6. M&E/Follow to gather feedback on the program 			
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Figure 2: Mammogram Installation officiated by the Honorable Prime Minister, Jotham Napat - VNH, Port Vila

Report Against Annual Development Report (ADR) Targets

Health Progress Report: Communicable Diseases

- General trend: Communicable diseases have decreased thanks to MOH programs in vaccination, sanitation, and public health awareness.
- Vector-borne diseases: Malaria, dengue, and other mosquito-borne illnesses remain a challenge, especially during rainy seasons when breeding sites increase. Climate change and extreme weather events exacerbate these risks.
- Other infectious diseases: Tuberculosis and respiratory infections are present but less dominant compared to vector-borne threats.

MOH efforts:

- Strengthened surveillance systems.
- Community health campaigns on hygiene and mosquito control.
- Collaboration with WHO for climate-resilient health systems

Non-Communicable Diseases Summary

- Current situation: NCDs are now the leading cause of death in Vanuatu, responsible for 79% of annual deaths.
- Main contributors:
 - Poor diet (shift from traditional foods to processed imports).
 - Physical inactivity.
 - Tobacco and alcohol use.
- Government response:
 - The NCD Policy & Strategic Plan 2021–2030 aims to reduce premature deaths by 25% by 2025 and one-third by 2030.
 - Multi-sectoral approach involving agriculture, education, and community organizations to promote healthier lifestyles.
- Key challenge: Despite awareness campaigns, lifestyle choices remain the biggest driver of NCD prevalence.

Summary Table

Disease Type	Trend in Vanuatu	Key Drivers	MOH Response
Communicable	Overall decline, but seasonal spikes	Climate/weather, mosquito breeding, sanitation gaps	Vaccination, surveillance, vector control
Vector-borne (Malaria, Dengue)	Still significant, climate-sensitive	Rainfall, climate change	Mosquito control, awareness campaigns
Non-Communicable (NCDs)	Rapid increase, 79% of deaths	Lifestyle factors (diet, inactivity, tobacco, alcohol)	NCD Strategic Plan 2021–2030, multi-sectoral prevention

Performance Against Health Indicators

Table 5 below shows the MOH’s performance progress towards achieving the health indicators in the health report card. 90% of these indicators are aligned to the National Sustainable Development Goals (NSDP) and the Sustainable Development Goals (SDGs) indicators. With the indicator statement in the first column, it is important to visualize the 2025 target against the baseline set in year 2020 and a progress to date being the reporting period (2025) update.

Table 5: MOH Health Report Card, 2025

INDICATOR	BASELINE YEAR (START)	BASELINE (2023)	TARGET 2030	2025 UPDATE
IMPACT INDICATORS				
Malaria Annual Parasitic Incidence (API)	6.9 per 1,000 population (Source: MOH Annual Report, 2016)	6 per 1,000 population (Source: The Vanuatu National Health Information System Report, 2023)	The Annual Parasitic Incidence Rate for all cases of Malaria is no more than 0.5 per 1,000 population nationally	6.3 per 1,000 pops. (Source: HIS)
Incidence of TB per 100,000 population	63 cases per 100,000 population (Source: MOH Annual Report, 2016)	30 per 100,000 population (Source: The Vanuatu National Health Information System Report, 2023)	The incidence of TB in Vanuatu has reduced by 80% compared to 2016	25 per 100,000 pops. (Source: HIS)

Diabetic Lower Limb Amputations	22 Lower Limb Amputations (Source: MOH National Health Information Systems Report, 2016)	145 cases of diabetic-related amputations (Source: The Vanuatu National Health Information System Report, 2023)	There is no increase in the Diabetic lower-limb amputations relative to 2025 figures.	Above & Below Knee Amputation = 129 Cases Extremities = 139 Total = 268 (Source: HIS)
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INDICATOR	BASELINE YEAR (START)	BASELINE (2023)	TARGET 2030	2025 UPDATE
IMPACT INDICATORS				
Number of Maternal Deaths	9 Maternal Deaths (Source: MOH Annual Report, 2016)	6 Maternal Deaths (Maternal Mortality Ratio: 71 per 100,000 live births) (Source: The Vanuatu National Health Information System Report, 2023)	The national Maternal Mortality Ratio has been reduced to less than 70 per 100,000 live births	Numerator data not provided by the Maternal Death Review Committee
Under 5 Mortality Rate	31 deaths per 1,000 live births (Source: VDHS, 2013)	17 per 1,000 live births (Source: MICS, 2023)	Under 5 Mortality Rate is reduced to at least as low as 25 per 1,000 live births	17.1 per 1,000 live births (Source: UN IGME Estimates for Child Mortality, 2024)

Neonatal Mortality Rate	12 deaths per 1,000 live births (Source: VDHS, 2013)	8 deaths per 1,000 live births (Source: MICS, 2003)	Neonatal Mortality rate is no higher than 6 per 1,000 live births	9 deaths per 1,000 live births (Source: UN IGME Estimates for Child Mortality, 2024)
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IMPACT INDICATORS				
Prevalence of Stunting	28.5% (Source: VDHS, 2013)	29% (Source: MICS, 2023)	The number of children under 5 who are stunted is less than 23.5%	29% (Source: MICS, 2023)
OUTCOME INDICATORS				
People with access to improved Water Supply (%)	90.4% (Source: VDHS, 2013)	83% (Source: MICS, 2023)	95% of the population has access to an improved Water Supply	83% (Source: MICS, 2023)

People with access to sanitation facilities (%) :	52% (Source VDHS, 2013)	69% (Source: MICS, 2023)	85% of the population has access to improved sanitation facilities	69% (Source: MICS, 2023)
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***Denotes indicators not included in the NSDP Monitoring and Evaluation Framework.*

**** Proxy measure – likely to overestimate as it assumes all facilities staffed with an SBA who is present at each delivery)*

Assume this includes infants < 6months.

Report Against Ministry Budget Narrative

This is the second time that the Ministry is reporting against its budget narrative. The figures in the table below include both payroll and operations recurrent budget lumped together for each of the Program activities. It would be helpful to also capture the budget support figures from development partners however this was impossible to achieve. In summary, much more progress is being made to implement the business plan activities which is clearly aligned to the corporate plan, health sector strategy and NSDP overall. The budget narrative was achieved at 80% and the green coded activities demonstrate this percentage.

Table 2: Budget Narrative Reporting Against the nine (9) programs in the budget narrative. The color coding used traffic lights system where **Red** means the activity was not started, **Orange** for some progress made and **Green** for completion of activity or achieved.

PROGRAM MHA: CABINET SUPPORT ACTIVITY MHAA: PORTFOLIO MANAGEMENT

Budget Narrative Performance Measure	Output or Service Target	Target	Progress and Achievements Made	Status End 2024	Budget Recurrent (VT)	Actual Expenditure (VT)	Balance at 31 Dec 2024 (VT)
Attend National meetings to discuss health policy and resolutions.	# Meetings with minutes	6	The Minister attended ten (10) meetings exceeding targets with MOH executive members for updates and briefing on budget and HR.		69,310,861	75,290,930	-5,980,069
Minister to table a health bill in parliament	Health bill passed	1	The minister attended all parliament sittings however; there was no health bills to table in 2025.				

Minister to attend weekly COM meetings.	COM decisions	50	The Minister attended 50 COM meetings in 2025. Six additional COM meetings were held for December 17 2024 earthquake.				
Minister to attend parliament sittings	# of Bills passed	3	There was a delay in tabling Health bills as the bills are waiting drafting by State Law. This includes the Public Health Act, Health Committees Act and the Health Practitioners board Act.				
Minister attends functions and ceremonies in relation to health events.	No of functions minister attended.	4	The Minister attended over 12 health related events in 2025 organized by the three directorates. He also attended other short meetings upon request seeking clarification in the planning process.				
Minister to travel to World Health Organization (WHO) and the Pacific Islands Health Minister's Meetings and or other meetings where the Minister has been invited to attend.	# visits with reports plus meeting resolution	3	The Minister assigned the Director of Corporate services and the first PA to attend the WHO Assembly on his behalf due to other local commitments.				

Minister to visit three provinces plus own constituency where the Minister has been invited to attend.	# Visits with reports	3	The Minister paid three (3) visits to his constituency of Ambae and visited all six provinces in 2025.			
Minister to hold quarterly meetings with all Directors to be briefed and updated on the health situation of the country and the status of the budget execution. In some instances, briefing on actual intervention programs	# Meetings with minutes	4	Regular meetings conducted; outcomes used to inform Cabinet submissions and policy adjustments.			

**PROGRAM MHB: EXECUTIVE MANAGEMENT AND CORPORATE SERVICES
ACTIVITY MHBA: MINISTRY EXECUTIVE**

Budget Narrative Performance Measure	Output or Service Target	Target	Progress and Achievements Made	Status End 2024	Operations Budget Recurrent (VT)	Actual Expenditure (VT)	Balance at 31 Dec 2024 (VT)
Conduct joint partner working group meetings linked MOH planning and budgeting cycles	# Meetings with minutes	2	The Ministry of Health convened Health Cluster meetings with partners at the beginning of 2025 to coordinate response and recovery efforts to the December 2024 earthquake. The process was led by the		37,971,292	27,032,139	10,939,153

				conducted at the beginning of the year to make urgent decisions to support the December 2024 Earthquake disaster recovery efforts.						
Advise and report on progress made on achieving the HSS through the health report card. Produce annual report	As per main indicators on the HSS score card Health report card updated	1	2 Health sector Coordination meetings held to discuss progress made towards implementation of HSS.	2 Health sector Coordination meetings held to discuss progress made towards implementation of HSS.						
Track Ministry budget expenditure to avoid overspending	Monthly expenditure reports	12	Annual report for 2024 produced on time 10 monthly reports produced and presented to MoH Executive to track spending and provide budget variance.	Annual report for 2024 produced on time 10 monthly reports produced and presented to MoH Executive to track spending and provide budget variance.						

**PROGRAM MHB: EXECUTIVE MANAGEMENT AND CORPORATE SERVICES
ACTIVITY MHBB: CORPORATE SERVICES**

Budget Narrative Performance Measure	Output or Service Target	Target	Progress and Achievements Made	Status End 2024	Operations Recurrent (VT)	Budget Expenditure (VT)	Actual Expenditure (VT)	Balance at 31 Dec 2024 (VT)
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Ministry Executive and Managers receive quarterly written reports on overall budget performance	Expenditure reports	4	Three (3) quarterly reports to demonstrate budget performance were consolidated into one overall half year report. The report was not submitted to OPSC		1,278,414,400	1,289,271,199	- 10,856,799
Ministry Executive receives quarterly written reports on human resources (HR) management issues	HR reports	4	The Ministry executive requests HR information and updates on needs basis however, HR is requested to attend Executive meetings based on urgency to obtain approval.				
Coordinating donor support for complementary funding modalities to support MOH activities in the Business plan	ACU Registry	1	Two development partners meeting convened to discuss the gaps in the 2025 budget and business plan. Asset Registry not complete				
Have oversight of the review and implementation of work force plan	Evaluation Report/ Revised Work force plan	1	The biggest liability for Finance and HR were sorted at 70% in 2024. HR completed one				

Expenditure and expenditure commitments do not exceed appropriations	No overspending	100%	No overspends in 2025					
Facilities and Equipment Repairs conducted in accordance with a Capital Plan.	Capital Plan in place	1	Capital plan pending					
Implementation of Health Sector Strategy (HSS) 2021-2030.	Annual Report	1	2024 annual report produced. All directorates and units with new policies well aligned to the HSS					
Nursing accredited by VQA	# of students enrolled in Nursing program (BN)	1	Advanced Diploma in Nursing accredited and commenced with 51 students enrolled in the course for semester 1 in August 2025					

**PROGRAM MHB: EXECUTIVE MANAGEMENT AND CORPORATE SERVICES
ACTIVITY MHC: HEALTH SECTOR HUMAN RESOURCE DEVELOPMENT**

Budget Narrative Performance Measure	Output or Service Target	Target	Progress and Achievements Made	Status End 2024	Operations Budget Recurrent (VT)	Actual Expenditure (VT)	Balance at 31 Dec 2024 (VT)
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Basic nurse training	# graduated	40	After much efforts by VCNE, the first cohort undertaking an Advanced Diploma in Nursing commenced in August 2025 with 51 students altogether.	225,829,587	228,256,047	- 2,426,460
Nurse Aide training	# graduated	10	Nursing curriculum			
Scholarships negotiation with national scholarships office & donors	# awarded scholarships	5	This achievement was exceeded, See table Human Resources section of updates on scholarships			
Identify refresher training needs & provide training	# of training	2	CME and CNE continue annually			
Receive request for internship trainings according to needs	# received for placement.	5	46 Student Nurses graduated in 2024 continue internship			
Review and update Workforce plan1	Revised plan	1	2 consultations held with national			

				managers to review the WDP. A draft WDP will be produced in 2026				
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**PROGRAM MHC: HEALTH SERVICES
ACTIVITY MHCA: HOSPITAL SERVICES**

Budget Narrative Performance Measure	Output or Service Target	Target	Progress and Achievements Made	Status End 2024	Operations Recurrent (VT)	Budget Expenditure (VT)	Balance at 31 Dec 2024 (VT)
Achievement of average bed occupancy rate (BOR) at between 80% and 90%.	% of bed occupancy rate	85	95% of average BOR in hospitals in 2024		2,494,050,772	2,584,847,487	- 90,796,715
Achievement of average length of stay (ALOS) at less than six days.	# of ALOS in days	6	No report provided				
All patients requiring referral are transferred within 72 hours for all non-priority cases.	# hours for referral transfer	72	100% of referrals were transferred as needed				
Hospital Information System is in place and linked to DHIS2 database and regular reporting is being provided from Hospitals to national level for decision making.	# Hospitals with HIS systems established	6	All six hospitals trained to enter data directly into Van HMIS formerly DHIS2. Live dashboards created to project progress				

Conduct diagnosis and / or treatment of all patients presenting at hospital facilities.	% of patients diagnosed and / or treated	100	100% of patients seen in hospitals are diagnosed and treated				
Development and maintenance of Standard Operating Procedures (SOP) manual, covering each department of the hospital	SOP Manual	1	SOPs will be finalized in 2026 to align with priorities set out in the new corporate plan				
Holding of monthly meetings with Hospital Managers	Meetings	12	Hospital management meetings are held monthly to track HR and finance including business plan priorities				
Surgeries undertaken at VCH and NPH			Targets not set out clearly however these are priority services provided at the two main hospitals				
Dental visits, lab exams, X-rays and out-patient care			This is work in progress and VCH or VNH has taken the lead to support provincial hospitals to expand specialized				

<p>Number of rural health facilities (Health Centre / Dispensary) that have adequate human resources based on level of health care service provision.</p>	<p>Recruitment</p>	<p>95</p>	<p>70% of health facilities meet the staffing requirement and standards for provision of health services in Health Centers and dispensaries</p>				
<p>Provision of Health Information reports by health facilities to provincial and national level utilizing approved reporting format or DHIS2 database. Currently reporting at 73% across nation.</p>	<p>Monthly Report</p>	<p>80</p>	<p>The reporting rates at health facilities in 2025 reached 73% however still did not meet threshold of 85% to enable timely release of HIS report</p>				
<p>Conduct Area council supervisory visits</p>	<p>Supervisory report</p>	<p>4</p>	<p>Four (4) supervisory visits planned, budgeted for and conducted every quarter by zone supervisors. Director's provincial visits are also a form of supervisory visits to the provinces.</p>				
	<p>Monitoring and reporting are</p>		<p>further monitoring and supervision</p>				

		continuous at managers level									
Visits by mother to formal health facility under antenatal care based on WHO standards.	Report	4	95% of pregnant mothers visit a health facility for antenatal care								
Visits by mothers to formal health facility under postnatal care (post-partum visit).	Report	1	95% of mothers visit a health facility for postnatal care								
Reduction of the number of preventable neo-natal and maternal deaths.	Report	2	There is progress made to manage preventable neo-natal deaths								

**PROGRAM MHC: HEALTH SERVICES
ACTIVITY MHCC: PUBLIC HEALTH SERVICES**

Budget Narrative Performance Measure	Output or Service Target	Target	Progress and Achievements Made	Status End 2024	Operations Budget Recurrent (VT)	Actual Expenditure (VT)	Balance at 31 Dec 2024 (VT)
Manage the 13 public health programs at national and provincial level	Annual Report	100%	This is a continuous achievement by PH directorate whereby all reports are submitted on time.		187,005,625	198,843,673	- 11,838,048

Ensure policy implementation to combat NCD	NCD report	% of Activities	NCD national taskforce was elevated to whole government approach where committee is now chaired by the Director of DSPPAC		13mVT NPP rolled over to 2025	OVT
Revive Primary health care initiatives in community health facilities	Provincial health reports	% of provinces implementing primary healthcare	Continuous PH activity			
Number of rural health facilities that have adequate human resources based on level of care and in line with Role Delineation Policy (RDP)	Health Facility Profiles	# Health Facilities meeting standards	90% health facility profiles achieved by the policy and planning Unit			
Provision of health information reports by health facilities to provincial administration and national office including utilization rates	HIS annual report	100% report rates	2024 HIS report was delayed due to low reporting rates in three provinces. Efforts increased in 2025 to bring up reporting rates to 73%			
Infrastructure and equipment upgrades for facilities in line with RDP	Assets Report/ MoH annual report	Proportion of facilities upgraded	90% of facilities planned for upgrades in 2025 were completed			

PROGRAM MHC: HEALTH SERVICES
ACTIVITY MHCD: MEDICAL SUPPLIES STOCK

Budget Narrative Performance Measure	Output or Service Target	Target	Progress and Achievements Made	Status End 2024	Operations Recurrent (VT)	Actual Expenditure (VT)	Balance at 31 Dec 2024 (VT)
Supply of drugs and non-drugs at levels in line with orders received from provincial pharmacies.	% (Zero) stock out	100	4 annual provincial supervisory visits were conducted for the provincial hospitals (Lenakel Norsup, NPH and Lolowai).		377,855,179	372,582,403	5,272,776
Random stock takes to be conducted using supply data on weekly basis	Stock take report; supply	52	This is a continuous activity to track medicines in health facilities				
Stock takes on high usage drugs and non-drugs to be conducted using supply data and manual check on a monthly basis	Stock take report; supply	12	4 M-supply trainings were conducted back-to-back with the supervisory visits (Lenakel, Norsup, Lolowai and NPH)				
Annual stock takes undertaken and variances reported	Annual Stock Take Report	1	4 quarterly meetings conducted				
Routine testing conducted on drug samples to ensure conformity with international standards	Tests biannual	2	The national drug list continues to be maintained by Central Medical Stores				

Routine purchasing utilizing cheapest form of transport available to MOH	Orders placed	95	This is continuous activity				
Supply of drugs and non-drugs to provincial pharmacies within required timeframe.	% (Zero) stock out	100	100% achieved				
Procurement conducted on a quarterly basis at levels in line with national needs.	Order & report of order	4	Timely requests received quarterly at national enables timely supplies to all provinces				
Expenditure and commitments do not exceed the appropriations	% Expenditure against budget	100	Expenditures for 2025 on drugs did not exceed budgets				
Delivery of supervisory visits to provincial pharmacies, together with awareness training to improve performance.	Training report with participant feedback	8	Trainings delivered to all provincial hospitals				
Reduction in drug shortages at national level	Total number reported by CMS to DG Office	0	This is work in progresses to be continued in 2026				
Orders received from provincial pharmacies which are filled	No stock outs; supply Report	100	No reported stockouts in 2025				

Reduction of drugs shortage at national level	Shortage instance reported	0	No shortage reported which means all Pharmacies manage stock to meet population needs			
Orders distributed within a reasonable timeframe to provincial pharmacies	supply Report	100	100% achieved			
Supervisory visits to provincial pharmacies and conduct awareness to improve performance and update reporting system regularly.	Monitoring Report	8	4 supervisory visits to 4 provincial hospitals due to funding availability			
Conduct effective procurement each quarter for supply of essential medicines.	Routine orders; supply	4	This is a continuous activity conducted every quarter			
Contracts established for the procurement of goods and services	Contracts	100	100% achieved			

Policy Development

Table 3 below demonstrates a policy stock-take undertaken by the Policy and Planning Unit to provide an overview of all current policies under the Ministry of Health. This stock-take includes all policies developed under the Ministry of Health rating back to twelve to fifteen years. The registry includes other specific policies developed under the three directorates of the Ministry of Health. The main purpose of this stock-take was;

- To conduct a comprehensive stock-take of all policies across the Ministry of Health; and
 - To analyse the identified gaps and provide appropriate advice to programme Managers on policies requiring updates.
- The next step will be to undertake a detailed gap analysis of the existing policies and determine the necessary actions in terms of policy updates, budgeting requirements, and the review process in consultation with all Line Managers.

MOH Policies, Plan and Strategies

Government Policy	Responsible Institution	Start Year	End Year	Final Copy
National Sustainable Development Plan	Prime Minister's Office	2016	2030	Yes
Vanuatu Aid Management Policy	DESPAC		NA	Yes
Vanuatu National Child Protection Policy	Ministry of Justice and Services	2016	2026	Yes
Decentralization Policy	Ministry of Internal Affairs			
MoH Policy	Responsible Institution	Start Year	End Year	Final Copy
Role Delineation Policy	Directorate of CSPP, MoH	2018	NA	Yes
National Referral Policy	Directorate of Curative and Hospitals	2019	NA	Yes
Sanitation and Hygiene Policy	Directorate of Public Health	NA		Yes
National Environmental Health Policy and Strategy	Directorate of Public Health	2012	2016	Yes
Medical Equipment Donor Policy	Directorate of Curative and Hospitals	NA		Yes
Vanuatu HIS Strategic Plan 2016-2020	Directorate of CSPP	2016	2020	Yes
Ministry of Health Policy	Director General, MoH	NA		Yes
Health Sector Strategy	Directorate of CSPP	2017	2020	Yes
NCD Policy	Directorate of Public Health	NA		Yes

HEALTH INFORMATION SYSTEM CORPORATE SERVICES UNIT					
New or Existing Policy or Strategy	Responsible Unit (e.g. HIS, IPC etc....)	Start Date	Expected Completion Year	Final Copy	
Health Information Retention and Disposal Policy	Digital Health Unit	2026		No	
Telemedicine and Remote Health Services Policy	Digital Health Unit	2026		No	
Digital Health Workforce Development Policy	Human Resources	2026/2027		No	
Health Data Sharing and Access Policy	Digital Health Unit	2026/2027		No	
Public Health and Research Governance Policy	Public Health	2027		No	
AI Governance Policy for Healthcare	Digital Health Unit	2028		No	
PUBLIC HEALTH POLICIES					
MALARIA PROGRAM PUBLIC HEALTH					
National Strategic Plan for Malaria	Directorate of Public Health	2021	2026	Yes	
National Malaria Elimination Strategic Plan	Directorate of Public Health	2026	2032	No	
NON-COMMUNICABLE DISEASES					
Mental Health Strategic Plan	Directorate of Public Health	2021	2030	Yes	
NCD Policy, Strategic Plan	Directorate of Public Health	2021	2030	Yes	
Physical Activity guideline for Vanuatu	Directorate of Public Health	2017		Yes	
Mental Health Strategic Plan	Directorate of Public Health				
Vanuatu Food Safety Security & Nutrition Policy	Directorate of Public Health & Agriculture	2022	2030	Yes	
COMMUNICABLE DISEASES					

Operational Manual Vanuatu Leprosy Post Exposure Chemoprophylaxis Single Dose Rifampicin	Directorate of Public Health	1st edition 2023		Yes
ENVIRONMENTAL HEALTH				
Environmental Health Strategy	Directorate of Public Health	2012	2016	Yes
Sanitation & Hygiene Policy	Directorate of Public Health	2018		Yes
Waste Management Policy	Directorate of Public Health	2025	2030	No
Surveillance Program				
Health Emergency	Directorate of Public Health	2020	2025	Yes
National Health Plan for Disaster Risk Management and Climate Change Adaptation	Directorate of Public Health	2021	2025	Yes
Notifiable Disease Policy	Directorate of Public Health			
Enhanced Disease Surveillance	Directorate of Public Health			
Emergency Response Preparedness	Directorate of Public Health			
Research and Innovation	Directorate of Public Health			
Public Health Awareness and Communication	Directorate of Public Health			
RMNCAH Unit				
RMNCAH Policy, Strategy and Implementation	Directorate of Public Health	2021	2025	Yes
Cervical Cancer guidelines		2020		
SGBV SOP Clinical guidelines		2021		
Standard Guidelines for Obstetrics, Gynecology & New born Care		2017		
Integrated Management of Childhood Illness Guideline (IMCI)		2020		

Standard Guideline for Prevention and Management of Rheumatic Fever and Rheumatic Heart Disease		2021		
Adolescent Youth Friendly Health Services		2023		
Behavior Change Communication Strategy		2022		
NTD UNIT				
National NTD Strategic Plan (2021-2025)	Directorate of Public Health	2021	2025	Yes
National NTD Strategic Plan (2021-2030)	Directorate of Public Health	2025	2030	No
HOSPITAL SERVICES POLICIES (DIRECTOR CURATIVE)				
POLICIES UNDER REVIEW FOR HOSPITAL SERVICES				
Vanuatu National Laboratory Policy and Strategy Planning		2022	2030	No
Vanuatu Transfusion Medicine and Safe blood donation Policy- 1997 to 2007		1997	2007	Yes
Review Draft Vanuatu Transfusion Medicine and Safe blood donation Policy		2022	2030	No
Final Draft Vanuatu Radiation Protection and Nuclear Safety Policy		2025	2030	No
Final Draft Vanuatu National Clinical Dietetics Treatment Guideline		2025	2030	No
Final Draft Vanuatu National Allied Health Strategy Plan and Policy 2025 to 2030.		2025	2030	No
POLICIES OF HOSPITAL SERVICES				
Adult Basic and Advanced Life Support Manual Guideline		2020		
Antibiotics Guideline		2024		

Antiretroviral Drug Guidelines	2016	
Covid-19 Protocols Guideline	2022	
Drugs Administration Protocols Guideline	2021	
Emergency Department Protocol Guideline	2022	
Enhance Surveillance Guidelines	2023	
National Essential Drugs List Guideline	2018	
Event Based Surveillance Guideline	2023	
Hepatitis B Guidelines	2019	
Hepatitis C Guideline	2019	
Immunization Safety Surveillance Guideline	2023	
Infection Prevention and Control Guideline	2021	
Hospital Care for Children Guideline	2013	
Pacific Outbreak Manual Guideline	2013	
Pacific Outbreak Manual Guideline	2016	
Syndromic Surveillance Guidelines	2023	
rheumatic Fever and Rheumatic Heart Disease Guidelines	2021	
Tuberculosis Programmatic Management Guideline	2017	
Obstetrics Gynecology and New Born Guidelines	2017	
Medical Unit Protocols Guidelines	2020	
Malaria Diagnosis and Treatment Guideline	2021	
Vaccine Preventable Disease Surveillance guidelines	2023	
Health Workers guideline	2023	
PEN protocols guideline 1 & 2		

Portfolio Legislative Framework

Public Finance and Economic Management Act [CAP 244]

- Provides the legal foundation for budget preparation, execution, and accountability.
- Sections 9 and 10 outline requirements for fiscal responsibility and reporting.
- Ensures that health sector allocations are consistent with national priorities.

National Sustainable Development Plan (NSDP) 2030

- Known as the “People’s Plan,” it integrates health goals with broader economic and social development.
- Focus areas include equitable access to healthcare, decentralization of services, and resilience against climate change and disasters.

Public Financial Management (PFM) Systems

- The 2024 PEFA assessment highlighted improvements in budget reliability and asset management.
- Weaknesses remain in procurement, accounting, and audit processes, which the Ministry of Health made efforts to try and address in FY2025. The MoH Executive confirmed and agreed on a proper budget structure to align with the Ministry’s programmes and plans.

Conventions

Global Health Conventions

- Vanuatu aligns its health policies with WHO conventions on universal health coverage, communicable disease control, and maternal/child health. A successful joint-evaluations was conducted in 2025 with new resolutions for health security and UHC going forward.
- Compliance with International Health Regulations (IHR) is critical for pandemic preparedness and border health security. The Ministry of health through its Surveillance unit continues to align its strategies to manage disease information for decision making.

Regional Agreements

- As a Pacific nation, Vanuatu participates in regional frameworks under the Pacific Community (SPC), focusing on non-communicable diseases, climate-related health risks, and disaster response.
- Collaboration with donor partners (Australia, New Zealand, WHO, UNICEF) ensures funding and technical support.

Financial Transparency Conventions

- Budget classification follows **Government Finance Statistics (GFS) standards**, enhancing comparability and transparency.

- The Financial Management Information System (FMIS) supports tracking of health expenditures, though public access to fiscal data remains limited.

Risks/Challenges

The Ministry of Health in Vanuatu’s portfolio for FY2025 is anchored in the PFEM Act and NSDP 2030, with strong emphasis on fiscal responsibility, transparency, and alignment with WHO and regional conventions. The focus is on decentralization, equity, and resilience, though challenges in procurement and auditing remain.

The MOH Policy and Planning Unit has reviewed the analysis of the Ministry’s Strengths, Weaknesses, Opportunities and Threats (SWOT) which may have promoted or hindered progress against the Corporate Plan 2022-2025 and Business plans within this period. **Table 4** below demonstrates the Ministry’s Strengths or weaknesses to achieve the policy goals outlined in the NSDP and the HSS. Below entails a summary of these findings;

Table 3: MOH SWOT Analysis			
Strengths		Weaknesses	
<ul style="list-style-type: none"> • Legislation and policies in place to guide staff • National plans in place (HSS and NSDP) providing overall guidance • Qualified staff in leadership and management positions to lead • Moderate historical data and information • Committed staff across three directorates • Executive Committee providing top level advice, decisions and support • Timely Reporting and communication (moderate) • 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 to Reporting and communication (incl quality) • Inadequate budget support for HR & operations • Lack of reliable, timely Health Information and Data to inform Planning • Lack of library & information resource • Poor time management • Coordination & communication among Directorates • Lack of clear, harmonized budgets and plans. • Lack of review update on health legislations and policies • Duplication of efforts especially through Public Health Programs 	<ul style="list-style-type: none"> • Health emergencies 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 and leadership to implement inclusive health reforms • Continuous changes in Leadership within the MoH • Lack of proper partner coordination system
Opportunities		Threats	

- Established National HEOC linking information and reporting with Provincial HEOCs.
- Disaster Risk Management system is strengthened with recent response and operations
- HSS 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
- Willingness and support from MOH
- Development partners
- Improved & broadened stakeholder relationships
- Projects (funding opportunities)
- Technical support and Assistance
- Training opportunities for health emergency operations
- Barriers to meeting revised organisational structure and HR targets
- Poor implementation of most MOH policies and plans
- Shortage of Health care workers
- Lengthily process to access emergency funds
- Insufficient career pathways for specialties within the health workforce
- Maintaining core functions while managing disease outbreaks
- Increasing spread of disease burden and outbreaks redirecting focus versus core functions
- Ambitious targets of the NSDP and insufficient funding recurrent budget allocations to execute Business Plans

Human Resources

Human Resource Management

With the total staff staffing comprising of **1,288 health workers**, the system relies on a mix of full time and contract personnel to maintain service coverage at the national and provincial level. Of this workforce, 667 are female and 621 are male, indicating a relatively balanced gender distribution, with women making up a slight majority. This

The Total number of permanent employees disaggregated by gender and language group	
Total Permanent	1288
Female	667
Male	621
Language	NIL (HRMIS does not provide stats for language)

reflects broader trends in the health sector, where female participation is often strong, particularly in nursing and community-based roles, while men are also well represented across clinical, technical and administrative positions.

Full time, probationary, contract and daily -rated staff numbers, disaggregated by gender and language group	
Full time	1288
Female	667
Male	621
Probationary	NIL
Contract	289 (Including SI Nurse)
Female	171
Male	115
Daily Rate	NIL
Language	NIL (HRMIS does not provide stats for language)

Geographical distribution of officers throughout provinces (Figures including Permanent & Contract)	
Provinces	Total Number of Staff
Shefa	544
Tafea	134
Malampa	146
Sanma	277
Penama	141
Torba	43

In Vanuatu, the geographic distribution of both permanent and contract health officers highlights significant variation across the country's six provinces, reflecting differences in population size, infrastructure, and service demand.

Shefa Province has the largest share of officers, with a total of 544. This concentration is largely due to the presence of the capital, Port Vila, which serves as the administrative and health service hub of the country. The availability of the main referral hospital, better infrastructure, and greater access to professional support

contribute to the higher number of staff based in this province.

Sanma Province follows with 277 officers, reflecting its role as the second major service center, anchored by the town of Luganville. Like Shefa, Sanma benefits from relatively stronger infrastructure and hosts key health facilities that require a larger workforce.

The remaining provinces have significantly smaller but relatively similar distributions. Malampa Province has 146 officers, Penama Province has 141, and Tafea Province has 134. These provinces are more rural and geographically dispersed, requiring officers to cover wider service areas, often across multiple islands with limited transport and resources.

Torba Province has the smallest number of officers, with just 43. As the most remote and least populated

province, Torba faces considerable challenges in attracting and retaining health personnel, which can impact the consistency and reach of health services.

Overall, this distribution shows a clear concentration of health officers in urban and semi-urban provinces, particularly Shefa and Sanma, while more remote provinces operate

Cessation of employment in the period: Retirement, Redundancies & Terminations	
Retirement	26
Resignations	15
Redundancies	Nil
Terminations	1

with smaller workforces. The inclusion of both permanent and contract officers in these figures underscores the reliance on flexible staffing arrangements to maintain service delivery, especially in underserved and hard-to-reach areas. Addressing these geographic disparities remains essential for improving equitable access to healthcare across all provinces of Vanuatu.

Leave Accruals Analysis			
Annual Days	Leave	Total Number of Staff	Costing VT
200 - 400 Days		37	73,829,892
22 -199		400	200,644,779
		Total	274,474,671

A total of 37 staff members has accrued between 200 and 400 days leave in 2025 representing a relatively small proportion of the workforce but a substantial liability. The total value of Leave owed to this group amounts to VT 73,829,892. This indicates long term accumulation, likely due to challenges in releasing staff for Leave, particularly in critical or understaffed roles where continuous service delivery is required.

In contrast, a much larger group of 400 staff have accrued between 22 and 199 days of leave. While individually these balances are lower, collectively they represent a significantly higher financial obligation, totaling 200,644,779 Vatu. This suggests that Leave accumulation is widespread across the workforce, not limited to a small number of extreme cases. Addressing this issue will require proactive Leave management strategies, including improved workforce planning, ensuring adequate levels to allow employees to take Leave regularly, and possibly implementing policies to cap or better manage Leave accrual. Reducing the backlog will not only ease financial liabilities but also support staff well-being and overall system performance.

Human Resource Development

The Ministry of Health’s Workforce Development Plan (WDP) 2019–2025 identified four priority areas for action to ensure that the health workforce possesses the right skills and performs the right tasks. These priority areas are:

1. **Strengthen workforce capability** by ensuring skills are aligned with priority areas of need.
2. **Enhance workforce policy, planning, and HR management** to achieve growth targets and secure a sufficient number of skilled health and support workers to meet current and future health demands.
3. **Foster a sustainable workplace culture** that promotes inclusion, honesty, and integrity, while improving healthcare delivery, staff satisfaction, motivation, and performance.
4. **Develop organization-wide leadership capability** to position the Ministry of Health to achieve its vision of an integrated, decentralized health system that advances universal health coverage.

Review of Implementation (June 2025)

A consultation workshop was held in June 2025 with national and provincial managers to assess the implementation framework of the WDP across all levels. The review revealed that many activities under the priority areas were not effectively achieved due to several challenges:

1. Limited understanding of the implementation framework for the WDP priority areas.
2. Failure to link WDP activities to annual business plans, resulting in inadequate funding.

3. Insufficient human resource capacity to efficiently deliver training activities with the existing workforce.
4. Despite partnerships with donor agencies and government ministries, a lack of clear guidance on implementing training and development activities caused delays.

Transition to the WDP 2026–2030

Given that the implementation of the 2019–2025 plan was only partially achieved, the upcoming **Workforce Development Plan 2026–2030** will focus on reviewing and revising the priority areas and objectives. It will introduce new activities that address current training needs and workforce gaps, ensuring a more effective strategy over the next four years. The WDP 2026–2030 is scheduled for launch in 2026.

Figure 3 demonstrates the progress made so far with the workforce development plan.

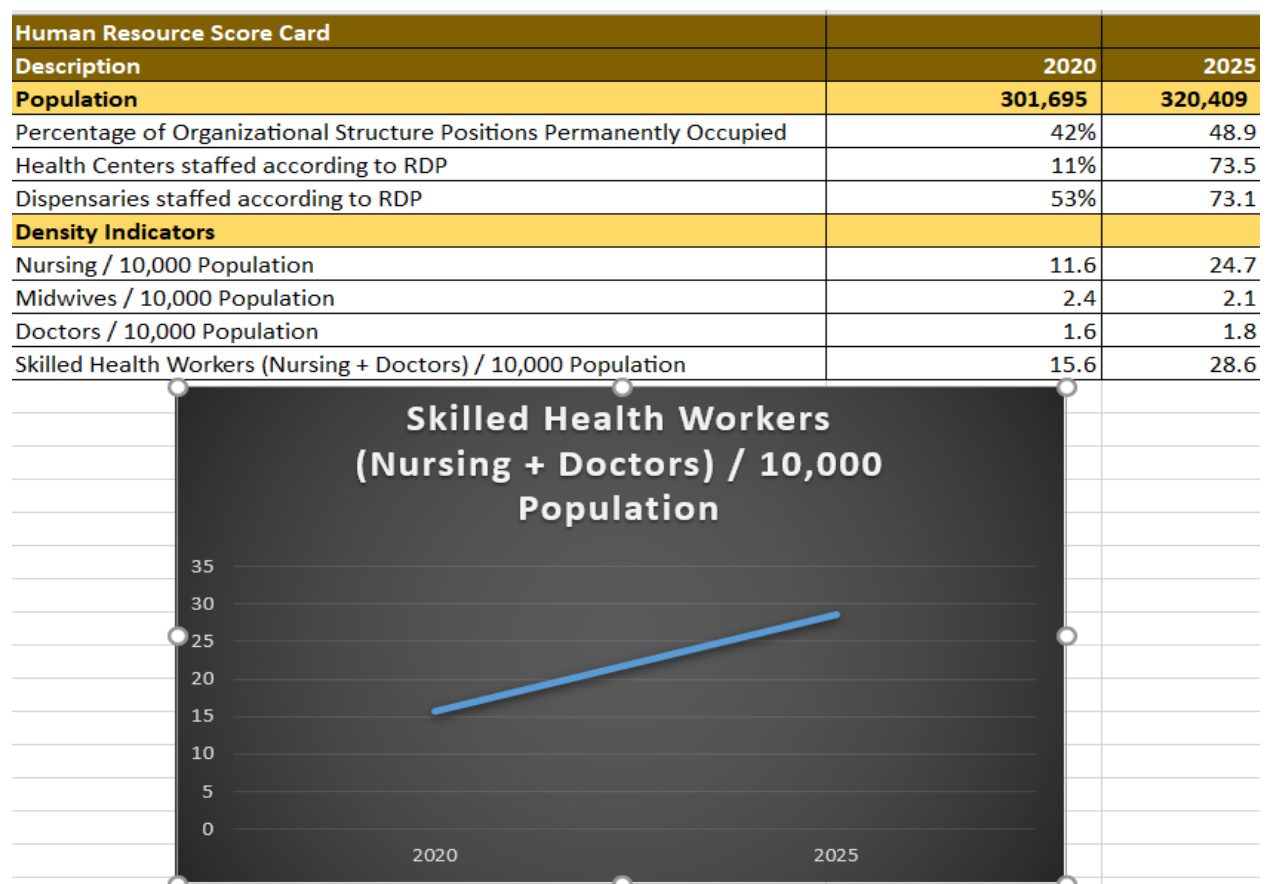


Table 5 below outlines the vacant positions approved by the OPSC set for recruitment in 2026.

Priority Vacant Post in OPSC Approved Structure to be advertised	Position#	Scale	Salary	Allowances
Finance Manager	8014	PSL 4.1	2,893,000VT	540,000
Principal Health Planner	8083	PSS6.1	2,577,000VT	540,000
Executive Officer	8002	PSL5.1	3,397,000VT	540,000
Executive Secretary	8006	PSS4.1	1,400,000VT	540,000
Medical Superintendent	9016	LMO8.1	6,161,000VT	540,000
Medical Superintendent	10187	LMO8.1	6,161,000VT	540,000
Medical Superintendent	11343	LMO8.1	6,161,000VT	540,000
Medical Superintendent	11001	LMO8.1	6,161,000VT	540,000
Medical Superintendent	9869	LMO8.1	6,161,000VT	540,000
Medical Superintendent	11714	LMO8.1	6,161,000VT	540,000
General Services and Support Manager	9407	PSL 4.1	2,893,000VT	540,000

Table 6 below illustrates the Officers currently on study Leave and the institution of study.

Officers on Scholarship (Position Titles)	Area of Scholarship	Institution	Salary	Allowance
Accounts Clerk	Diploma of Accounting	USP	N/A	N/A
Clinical I Nurse Educator	Certificate in Teaching of TVET (Level 5)	USP	N/A	N/A
CT In charge	Masters in Health Service Management	FNU	N/A	N/A
Deputy Nursing Service Manager	Post graduate Diploma in health Leadership Management	FNU	N/A	N/A
Junior Registrar	Postgraduate Diploma in Obstetrics and Gynecology	FNU	N/A	N/A
Junior Registrar	Postgraduate Diploma in Ophthalmology	FNU	N/A	N/A
Junior Registrar	Postgraduate Diploma in Dermatology	FNU	N/A	N/A
Junior Registrar	Post graduate Diploma in Surgery	FNU	N/A	N/A
Junior Registrar	Post graduate Diploma in Surgery	FNU	N/A	N/A
Junior Registrar	Masters of Emergency Medicine	FNU	N/A	N/A
Junior Registrar	Master of Anesthesia	FNU	N/A	N/A
Junior Registrar	Master of Medicine in Obstetrics & Gynecology	FNU	N/A	N/A
Junior Registrar	Post-graduate Diploma in Obstetrics & Gynecology	FNU	N/A	N/A
Junior Registrar	Post graduate Diploma in Non-Communicable Disease	FNU	N/A	N/A

Junior Registrar	Masters in Emergency Medicine	FNU	N/A	N/A
Junior Registrar	Masters in Emergency Medicine	FNU	N/A	N/A
Manager Public Health	Master of Public Health	FNU	N/A	N/A
Medical Officer	Postgraduate Diploma in Anesthesia	FNU	N/A	N/A
Medical Officer	Postgraduate Diploma in Internal Medicine	FNU	N/A	N/A
Medical Officer	Master of Ophthalmology	FNU	N/A	N/A
Medical Officer	Postgraduate Diploma in Emergency	FNU	N/A	N/A
Medical Officer	Masters in Anesthesia	FNU	N/A	N/A
Medical Officer	Post graduate Diploma in Emergency Medicine	FNU	N/A	N/A
Midwife	Bachelor of Nursing- Midwifery (HBNM)	FNU	N/A	N/A
National Coordinator/Lep	Doctor of Philosophy in Public Health	FNU	N/A	N/A
National NCD Coordinator	Masters in Public Health-NCD	FNU	N/A	N/A
Nurse Aid	Diploma of Community Based Rehabilitation (HDCBR)	SINU	N/A	N/A
Nurse Aid	Diploma of Nursing	SINU	N/A	N/A
Nurse Aid	Diploma of Nursing	SINU	N/A	N/A
Nursing Science Educator	Master Of Public Health in Non-Communicable Diseases	FNU	N/A	N/A
Occupational Health Safety Officer	Master of Environmental Health	FNU	N/A	N/A
Physiotherapy	Professional Diploma in Business Management	USP	N/A	N/A
Physiotherapist	Professional Diploma in Business Management	USP	N/A	N/A
Provincial Health Administrator	Postgraduate Diploma in Commerce	USP	N/A	N/A
Registered Nurse	Post Graduate Diploma Midwifery	FNU	N/A	N/A
Registered Nurse	Postgraduate Diploma of Nursing Leadership Management	FNU	N/A	N/A
Registered Nurse	Diploma in Anesthetic Science	SINU	N/A	N/A
Registered Nurse	Bachelor of Nursing	FNU	N/A	N/A
Registered Nurse	Bachelor of Nursing	FNU	N/A	N/A
Registered Nurse	Bachelor of Nursing	FNU	N/A	N/A
Registered Nurse	Bachelor of Nursing	FNU	N/A	N/A
Registered Nurse	Bachelor of Nursing	FNU	N/A	N/A
Senior Physiotherapy	Professional Diploma in Business Management	USP	N/A	N/A
Senior Surveillance	Masters in Public Health -Masters in Business Administration	USP	N/A	N/A
Senior Surveillance	Master of Philosophy in Applied Epidemiology	FNU	N/A	N/A
Supply Officer	Diploma of Pharmacy Technology	SINU	N/A	N/A

VCNE Librarian	Bachelor of Management & Information Technology	USP	N/A	N/A
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Figure 3: Mass vaccinations during Pertussis Outbreak - Tanna

Financial Statements

Expense Report Analysis

Overall Finance Position: Overall, spending exceeded the annual budget by **-VT 104,242,651** the overspend is mainly driven by: significant overruns in personal expenses and heavy overspending across multiple operating expenses lines, particularly medical, materials and utilities related items.

Personal Expenses: Allowances are a major cost driver (several lines have no budget but large actuals, creating automatic overspends; on-call allowances, acting allowances and special allowances.) Permanent Wages are under budget by **160M**, which helps offset some allowance overruns.

Top 5 Personal Expenses

- Permanent Wages: 2,509,166,305VT
- Housing Allowances: 439,032,784VT
- Provident Fund: 104,438,289VT
- Special Allowances: 81,335,832VT - The increased amount is likely due, at least in part, to the risk allowance associated with the earthquake disaster of 17th December 2024.
- On-call allowances- 65,768,575VT - The higher on-call allowance reflects increased reliance on after-hours coverage to maintain essential clinical services.

Operating Expenses: Despite many overspent lines, total operating expenses are under budget by **VT51.3M**, meaning some major lines underspent and helped offset overruns.

Top 5 Personal Expenses

- Medical Suppliers: **324,671,968VT** - Largest cost indicating heavy demand for pharmaceuticals and possible price increases.
- Electricity: **116,368,585VT** - Cost is also extremely high, suggesting energy-intensive operations (Hospital and Offices) and possibly inefficient usage.
- Hospital Materials: **114,963,767VT** - Shows additional non-medicine medical supplies are also a big cost driver.
- Buildings Repairs & maintenance: **61,110,509VT** - High cost would suggest aging infrastructure, disaster-related repairs and high maintenance backlogs.
- Local Medical Treatment: **60,617,126VT** - Outer islands often lack the capacity to treat complex cases locally. As a result, a large volume of patients must be evacuated to Vila, significantly increasing per-patient costs

4. Key Over-Expenditure Drivers (operating Section)

- a. Medical related spendings

Local Medical Treatment- overspend 59.3M, *Hospital Materials*- overspend 106M, *International Medical Treatment* and *Medical Equipment Hire* have no budget.

Interpretation: This indicates high demand for medical services, emergency procurement or under budgeting at the start of the year.

b. Electricity Costs: Overruns suggest increased usages.

c. Freight and Logistics: Combined Overspend 27M

5. Key Under-spending Areas

a. Local Travel: underspent by 73M

b. International Travel: underspent by 12.6M

c. Printing and Stationery: Saved 40M combined

The Ministry remained close to overall budget (only 2.2% overspend) thanks to major underspending on capital and travel. BUT the internal structure of spendings reveals:

- Under-budgeting in critical sectors (medical, logistics and utilities)
- Heavy Reliance on unplanned allowances

This suggests a need to re-align the budget with actual operational realities in 2026.

Note: Below entails the **statements of Representation, Statement of Appropriation, Expense summary Report and statement of commitment and contingencies.**

Statement of Representation

Statement of Representation

Based on the 2025 financial statement analysis, the Ministry of Health confirms that total expenditure remained broadly within the approved budget, notwithstanding an overall overspend driven mainly by personal emoluments, allowances, and selected operating costs such as medical supplies, utilities, hospital materials, freight, and emergency-related expenditures. The analysis further shows that the Ministry benefited from underspending in areas such as travel, printing and stationery, and capital-related items, which helped offset pressure in other expenditure lines.

While the Ministry acknowledges the significant variances identified in the financial position, these variances were largely associated with the operational demands of delivering essential health services, including increased medical treatment costs, disaster-related risk allowances, and higher utility usage across facilities. The Ministry also notes that some expenditure items were not adequately budgeted at the beginning of the year, contributing to automatic overspends in certain lines where no provision existed.

The Ministry recognizes that the internal structure of spending reflects the need for stronger alignment between budget estimates and actual operational requirements. In particular, the Ministry acknowledges

the need to strengthen planning, budgeting discipline, expenditure monitoring, and approval controls to ensure more accurate forecasting and improved resource allocation in future financial years.

Progressive Actions for Improvement in Public Financial Management

The Ministry is committed to implementing progressive measures to strengthen public financial management and improve accountability across all divisions. These measures will include:

- Enhancing budget preparation processes to better reflect actual service delivery needs and operational pressures.
- Strengthening monthly expenditure reviews and variance analysis to support earlier corrective action.
- Improving controls over allowances, emergency expenditures, and medical-related procurement.
- Reinforcing compliance with financial regulations and internal approval procedures.
- Improving coordination between finance, procurement, and operational units to support better budget execution.
- Strengthening documentation, reporting, and monitoring of high-risk expenditure areas.

The Ministry further acknowledges the importance of filling the Internal Auditor position as a priority. The appointment of an Internal Auditor will strengthen internal oversight, support fraud risk assessment, improve detection and prevention of irregular activities, and enhance the Ministry's overall control environment. This will be a key step in reducing exposure to fraudulent activities and ensuring stronger stewardship of public funds going forward.

Statement of Appropriation

Table 7 below illustrates the statement of Appropriation for 2025 Financial Year.

Extracted on
16/03/26
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Code	Description	Original Appropriation	Supplementary Appropriations	Virements	Final Budget	Actual Expenditure	Commitments	Total Expenditure	Under/ (Over)
M07	Ministry of Health								
MAC	Improve Food Security								
61UM	Disease Surveillance & Response	-	-	-	-	49,000	-	49,000	(49,000)
MACC	Improve food security PENAMA	-	-	-	-	49,000	-	49,000	(49,000)
MAC	Improve Food Security	-	-	-	-	49,000	-	49,000	(49,000)
MHA	Cabinet Support								
60AA	Cabinet Operations	69,310,861	-	-	69,310,861	75,290,930	-	75,290,930	(5,980,069)
61RC	External Medical Support	-	-	-	-	489,520	-	489,520	(489,520)
61VA	Planning & Administration	-	-	-	-	315,713	-	315,713	(315,713)

MHAA	Portfolio Management	69,310,861	-	-	69,310,861	76,096,163	-	76,096,163	(6,785,302)
MHA	Cabinet Support	69,310,861	-	-	69,310,861	76,096,163	-	76,096,163	(6,785,302)
MHB	Executive Management and Corporate Services								
60BA	Office of the Director General	251,137,682		(213,166,390)	37,971,292	27,032,139	-	27,032,139	10,939,153
MHBA	Ministry Executive	251,137,682	-	(213,166,390)	37,971,292	27,032,139	-	27,032,139	10,939,153
61RJ	SHEFA Provincial Health Administration	17,039,401	-	5,243,620	22,283,021	21,698,446	-	21,698,446	584,575
61RK	TAFEA Provincial Health Administration	16,918,313	-	-	16,918,313	16,765,951	-	16,765,951	152,362
61SL	TORBA Provincial Health Administration	10,152,238	-	-	10,152,238	9,635,691	-	9,635,691	516,547
61SM	SANMA Provincial Health Administration	16,971,192	-	-	16,971,192	16,877,197	-	16,877,197	93,995
61SN	PENAMA Provincial Health Administration	14,241,588	-	-	14,241,588	14,268,952	-	14,268,952	(27,364)
61SO	MALAMPA Provincial Health Administration	14,461,993	-	-	14,461,993	14,321,524	-	14,321,524	140,469
61UA	Director of Public Health	-	-	-	-	375,648	-	375,648	(375,648)
61VA	Planning & Administration	363,584,310	-	6,369,517	369,953,827	364,750,654	-	364,750,654	5,203,173
61VH	Capital Projects	56,846,745	-	-	56,846,745	55,863,338	-	55,863,338	983,407
MHBB	Corporate Services	510,215,780	-	11,613,137	521,828,917	514,557,401	-	514,557,401	7,271,516
61KA	Emergency	5,000,000	-	-	5,000,000	4,850,856	-	4,850,856	149,144

61RG	Lenakel Hospital	-	-	-	-	-	-	155,94	5	155,94	(155,945)
61RJ	SHEFA Provincial Health Administration	-	-	-	-	-	-	244,06	2	244,06	(244,062)
61SB	Northern District Hospital	-	-	-	-	-	-	154,00	7	154,00	(154,007)
61SN	PENAMA Provincial Health Administration	-	-	-	-	-	-	215,92	4	215,92	(215,924)
61VY	Training & Professional Development	153,58	6,926	4,150,00	157,73	159,32	1,114	159,32	1,114	1,584,188	(1,584,188)
61VZ	Vanuatu College of Nursing Education	67,611,549	-	481,112	68,092,661	68,547,404	-	68,547,404	-	68,547,404	(454,743)
MHBC	Health Sector Human Resource Development	226,19	8,475	4,631,12	230,82	233,48	9,312	233,48	9,312	233,48	(2,659,725)
MHB	Executive Management and Corporate Services	987,55	1,937	(196,922,141)	790,62	775,07	8,852	775,07	8,852	775,07	15,550,944
MHC	Health Services	-	-	-	-	-	-	-	-	-	-
61QA	Director - Curative & Hospital Services	20,943,673	-	2,452,662	23,396,335	24,117,043	-	24,117,043	-	24,117,043	(720,708)
61QB	Doctors' visitations	6,083,867	-	-	6,083,867	5,930,269	-	5,930,269	-	5,930,269	153,598
61QR	Hospital Referral of Patients	60,868,464	-	-	60,868,464	60,602,584	-	60,602,584	-	60,602,584	265,880
61RB	Vila Central Hospital	841,29	44,286,000	193,877,749	1,079,460,399	1,126,917,611	-	1,126,917,611	-	1,126,917,611	(47,457,212)
61RC	External Medical Support	244,69	1,290	(10,121,928)	234,569,362	247,857,132	-	247,857,132	-	247,857,132	(13,287,770)
61RG	Lenakel Hospital	199,73	2,605	(1,172,526)	198,560,079	204,399,354	-	204,399,354	-	204,399,354	(5,839,275)
61RJ	SHEFA Provincial Health Administration	-	-	-	-	411,097	-	411,097	-	411,097	(411,097)
61SA	Director - Northern Health Care	-	-	-	-	295,220	-	295,220	-	295,220	(295,220)
61SB	Northern District Hospital	493,21	1,747	54,100,671	547,312,418	563,202,459	-	563,202,459	-	563,202,459	(15,890,041)

61SD	Torba Hospital	53,940,548	-	(4,000,000)	49,940,548	47,075,904	-	47,075,904	2,864,644
61SF	Norsup Hospital	172,441,832	-	-	172,441,832	173,941,089	-	173,941,089	(1,499,257)
61SG	Lolawai Hospital	106,817,812	-	9,599,656	116,417,468	119,348,212	-	119,348,212	(2,930,744)
61SL	TORBA Provincial Health Administration	-	-	-	-	1,337,487	-	1,337,487	(1,337,487)
61SM	SANMA Provincial Health Administration	-	-	-	-	487,568	-	487,568	(487,568)
61SN	PENAMA Provincial Health Administration	-	-	-	-	1,376,960	-	1,376,960	(1,376,960)
61SO	MALAMPA Provincial Health Administration	-	-	-	-	2,002,494	-	2,002,494	(2,002,494)
61UA	Director of Public Health	-	-	-	-	-	-	-	-
MHCA	Hospital Services	2,200,028,488	44,286,000	244,736,284	2,489,050,772	2,579,302,483	-	2,579,302,483	(90,251,711)
61KA	Emergency	-	-	-	-	112,000	-	112,000	(112,000)
61RB	Vila Central Hospital	-	-	-	-	233,471	-	233,471	(233,471)
61RH	SHEFA Provincial Public Health	8,874,295	-	-	8,874,295	8,732,020	-	8,732,020	142,275
61RI	TAFEA Provincial Public Health	7,099,436	-	-	7,099,436	7,172,139	-	7,172,139	(72,703)
61RJ	SHEFA Provincial Health Administration	144,204,344	-	(5,243,620)	138,960,724	140,840,913	-	140,840,913	(1,880,189)
61RK	TAFEA Provincial Health Administration	92,177,688	-	8,171,764	100,349,452	105,629,448	-	105,629,448	(5,279,996)
61SB	Northern District Hospital	-	-	-	-	2,785,104	-	2,785,104	(2,785,104)
61SD	Torba Hospital	-	-	-	-	293,560	-	293,560	(293,560)
61SG	Lolawai Hospital	-	-	-	-	2,381,367	-	2,381,367	(2,381,367)
61SH	TORBA Provincial Public Health	3,993,433	-	-	3,993,433	3,726,994	-	3,726,994	266,439

61SI	SANMA Provincial Public Health	8,430,580	-	-	8,430,580	7,847,594	-	7,847,594	582,986
61SJ	PENAMA Provincial Public Health	7,543,151	-	-	7,543,151	6,759,905	-	6,759,905	783,246
61SK	MALAMPA Provincial Public Health	8,430,580	-	-	8,430,580	6,506,224	-	6,506,224	1,924,356
61SL	TORBA Provincial Health Administration	57,013,000	-	(10,617,280)	46,395,720	42,817,981	-	42,817,981	3,577,739
61SM	SANMA Provincial Health Administration	186,290,784	-	(3,934,908)	182,355,876	187,524,520	-	187,524,520	(5,168,644)
61SN	PENAMA Provincial Health Administration	161,037,922	-	(19,376,113)	141,661,809	140,135,739	-	140,135,739	1,526,070
61SO	MALAMPA Provincial Health Administration	163,675,888	-	(16,813,986)	146,861,902	145,717,152	-	145,717,152	1,144,750
61VY	Training & Professional Development	-	-	-	-	387,529	-	387,529	(387,529)
MHCB	Community Health Services	848,771,101	-	(47,814,143)	800,956,958	809,603,660	-	809,603,660	(8,646,702)
61RH	SHEFA Provincial Public Health	-	-	-	-	22,400	-	22,400	(22,400)
61SK	MALAMPA Provincial Public Health	-	-	-	-	1,865,468	-	1,865,468	(1,865,468)
61UA	Director of Public Health	125,052,052	-	-	125,052,052	136,859,934	-	136,859,934	(11,807,882)
61UB	Health Promotion	27,416,786	-	-	27,416,786	27,353,121	-	27,353,121	63,665
61UC	Malaria & Other Vector- Borne Diseases	1,958,393	-	-	1,958,393	1,883,586	-	1,883,586	74,807
61UD	Nutrition	2,083,393	-	-	2,083,393	1,691,585	-	1,691,585	391,808
61UE	NCD & Mental Health	16,511,819	-	-	16,511,819	16,593,652	-	16,593,652	(81,833)
61UF	IMCI	1,943,039	-	-	1,943,039	1,959,839	-	1,959,839	(16,800)
61UH	TB/Leprosy	1,349,143	-	-	1,349,143	1,243,896	-	1,243,896	105,247
61UI	Reproductive Health & Family Planning	2,049,499	-	-	2,049,499	2,104,839	-	2,104,839	(55,340)

61UJ	STI & HIV/AIDS	1,359,000	-	-	1,359,000	1,357,783	-	1,357,783	1,217
61UK	Environmental Health	3,365,715	-	-	3,365,715	3,373,939	-	3,373,939	(8,224)
61UL	Neglected Tropical Diseases	1,958,393	-	-	1,958,393	1,976,280	-	1,976,280	(17,887)
61UM	Disease Surveillance & Response	1,958,393	-	-	1,958,393	2,020,571	-	2,020,571	(62,178)
61VA	Planning & Administration	-	-	-	-	5,754,048	-	5,754,048	(5,754,048)
MHCC	Public Health Services	187,005,625	-	-	187,005,625	206,060,941	-	206,060,941	(19,055,316)
61VW	Management of Medical Supplies	38,660,730	-	-	38,660,730	38,498,390	-	38,498,390	162,340
61VX	Purchase of Drugs	339,194,449	-	-	339,194,449	334,084,013	-	334,084,013	5,110,436
MHCD	Medical Supplies Stock	377,855,179	-	-	377,855,179	372,582,403	-	372,582,403	5,272,776
61RJ	SHEFA Provincial Health Administration	-	-	-	-	278,340	-	278,340	(278,340)
MHCH	EPI/IMCI	-	-	-	-	278,340	-	278,340	(278,340)
MHC	Health Services	3,613,660,393	44,286,000	196,922,141	3,854,868,534	3,967,827,827	-	3,967,827,827	(112,959,293)
M07	Ministry of Health	4,670,523,191	44,286,000	-	4,714,809,191	4,819,051,842	-	4,819,051,842	(104,242,651)
	Grand Total	4,670,523,191	44,286,000	-	4,714,809,191	4,819,051,842	-	4,819,051,842	(104,242,651)

Expense Summary Report

Table 8 demonstrates the Expense summary for 2025 Financial year

Expenses Summary Report (By Cost Centre)

Government
of Vanuatu

For transactions between 1
January 2025 and 31 December
2025

Extracted on
16/03/26 11:57

Code	Description	Actual	Commitment	Total	Budget to Date	Under/(Over) Budget	Warrant Released	Warrant Remaining	Annual Budget	Annual Budget Remaining
M07	Ministry of Health									
60	Health Cabinet									
60AA	Cabinet Operations	75,290,930	-	75,290,930	69,310,861	(5,980,069)	55,345,962	(19,944,968)	69,310,861	(5,980,069)
60BA	Office of the Director General	27,032,139	-	27,032,139	37,971,292	10,939,153	28,318,252	1,286,113	37,971,292	10,939,153
60	Health Cabinet	102,323,069	0	102,323,069	107,282,153	4,959,084	83,664,214	18,658,855	107,282,153	4,959,084
61	Department of Health								4,959,084	4

61KA	Emergency	4,962,856	-	4,962,856	6	5,000,000	37,144	4,800,000	(162,856)	5,000,000	37,144
61QA	Director - Curative & Hospital Services	24,117,043	-	24,117,043	43	23,396,335	(720,708)	19,922,489	(4,194,554)	23,396,335	(720,708)
61QB	Doctors' visitations	5,930,269	-	5,930,269	9	6,083,867	153,598	6,083,867	153,598	6,083,867	153,598
61QR	Hospital Referral of Patients	60,602,584	-	60,602,584	84	60,868,464	265,880	54,065,388	(6,537,196)	60,868,464	265,880
61RB	Vila Central Hospital	1,127,151,082	-	1,127,151,082	1,082	1,079,460,399	(47,690,683)	865,984,409	(261,166,673)	1,079,460,399	(47,690,683)
61RC	External Medical Support	248,346,652	-	248,346,652	652	234,569,362	(13,777,290)	178,137,088	(70,209,564)	234,569,362	(13,777,290)
61RG	Lenakel Hospital	204,555,299	-	204,555,299	299	198,560,079	(5,995,220)	154,467,601	(50,087,698)	198,560,079	(5,995,220)
61RH	SHEFA Provincial Public Health	8,754,420	-	8,754,420	0	8,874,295	119,875	8,664,295	(90,125)	8,874,295	119,875
61RI	TAFEFA Provincial Public Health	7,172,139	-	7,172,139	9	7,099,436	(72,703)	7,060,606	(111,533)	7,099,436	(72,703)
61RJ	SHEFA Provincial Health Administration	163,472,858	-	163,472,858	858	161,243,745	(2,229,113)	127,557,491	(35,915,367)	161,243,745	(2,229,113)
61RK	TAFEFA Provincial Health Administration	122,395,399	-	122,395,399	399	117,267,765	(5,127,634)	91,751,541	(30,643,858)	117,267,765	(5,127,634)
61SA	Director - Northern Health Care	295,220	-	295,220	0	-	(295,220)	-	(295,220)	-	(295,220)
61SB	Northern District Hospital	566,141,570	-	566,141,570	570	547,312,418	(18,829,152)	425,600,959	(140,540,611)	547,312,418	(18,829,152)
61SD	Torba Hospital	47,369,464	-	47,369,464	64	49,940,548	2,571,084	39,189,398	(8,180,066)	49,940,548	2,571,084
61SF	Norsup Hospital	173,941,089	-	173,941,089	089	172,441,832	(1,499,257)	116,614,050	(57,327,039)	172,441,832	(1,499,257)
61SG	Lolowai Hospital	121,729,579	-	121,729,579	579	116,417,468	(5,312,111)	85,626,690	(36,102,889)	116,417,468	(5,312,111)

61SH	TORBA Provincial Public Health	3,726,994	-	3,726,99	4	3,993,43	3	266,439	3,993,43	3	266,439	3,993,43	3	266,439	3,993,43	3	266,439
61SI	SANMA Provincial Public Health	7,847,594	-	7,847,59	4	8,430,58	0	582,986	7,320,86	0	(526,734)	8,430,58	0	(526,734)	8,430,58	0	582,986
61SJ	PENAMA Provincial Public Health	6,759,905	-	6,759,90	5	7,543,15	1	783,246	7,425,15	1	665,246	7,543,15	1	665,246	7,543,15	1	783,246
61SK	MALAMPA Provincial Public Health	8,371,692	-	8,371,69	2	8,430,58	0	58,888	8,325,08	0	(46,612)	8,430,58	0	(46,612)	8,430,58	0	58,888
61SL	TORBA Provincial Health Administration	53,791,159	-	53,791,1	59	56,547,9	58	2,756,7	49,721,9	47	(4,069,2)	56,547,9	58	(4,069,2)	56,547,9	58	2,756,799
61SM	SANMA Provincial Health Administration	204,889,285	-	204,889,	285	199,327,	068	(5,562,2)	159,603,	816	(45,285,	199,327,	068	(45,285,	199,327,	068	(5,562,217)
61SN	PENAMA Provincial Health Administration	155,997,575	-	155,997,	575	155,903,	397	(94,178)	136,843,	927	(19,153,	155,903,	397	(19,153,	155,903,	397	(94,178)
61SO	MALAMPA Provincial Health Administration	162,041,170	-	162,041,	170	161,323,	895	(717,27)	135,851,	239	(26,189,	161,323,	895	(26,189,	161,323,	895	(717,275)
61UA	Director of Public Health	137,235,582	-	137,235,	582	125,052,	052	(12,183,	96,931,1	37	(40,304,	125,052,	052	(40,304,	125,052,	052	(12,183,530)
61UB	Health Promotion	27,353,121	-	27,353,1	21	27,416,7	86	63,665	27,316,9	79	(36,142)	27,416,7	86	(36,142)	27,416,7	86	63,665
61UC	Malaria & Other Vector-Borne Diseases	1,883,586	-	1,883,58	6	1,958,39	3	74,807	1,914,64	3	31,057	1,958,39	3	31,057	1,958,39	3	74,807
61UD	Nutrition	1,691,585	-	1,691,58	5	2,083,39	3	391,808	2,083,39	3	391,808	2,083,39	3	391,808	2,083,39	3	391,808
61UE	NCD & Mental Health	16,593,652	-	16,593,6	52	16,511,8	19	(81,833)	16,481,8	19	(111,833)	16,511,8	19	(111,833)	16,511,8	19	(81,833)
61UF	IMCI	1,959,839	-	1,959,83	9	1,943,03	9	(16,800)	1,852,97	6	(106,863)	1,943,03	9	(106,863)	1,943,03	9	(16,800)
61UH	TB/Leprosy	1,243,896	-	1,243,89	6	1,349,14	3	105,247	1,349,14	3	105,247	1,349,14	3	105,247	1,349,14	3	105,247

61UI	Reproductive Health & Family Planning	2,104,839	-	2,104,839	2,049,499	(55,340)	2,049,499	(55,340)	2,049,499	(55,340)
61UJ	STI & HIV/AIDS	1,357,783	-	1,357,783	1,359,000	1,217	1,359,000	1,217	1,359,000	1,217
61UK	Environmental Health	3,373,939	-	3,373,939	3,365,715	(8,224)	3,365,715	(8,224)	3,365,715	(8,224)
61UL	Neglected Tropical Diseases	1,976,280	-	1,976,280	1,958,393	(17,887)	1,958,393	(17,887)	1,958,393	(17,887)
61UM	Disease Surveillance & Response	2,069,571	-	2,069,571	1,958,393	(111,178)	1,958,393	(111,178)	1,958,393	(111,178)
61VA	Planning & Administration	370,820,415	-	370,820,415	369,953,827	(866,588)	369,953,827	(96,878,176)	369,953,827	(866,588)
61VH	Capital Projects	55,863,338	-	55,863,338	56,846,745	983,407	56,846,745	983,407	56,846,745	983,407
61VW	Management of Medical Supplies	38,498,390	-	38,498,390	38,660,730	162,340	38,660,730	(5,358,875)	38,660,730	162,340
61VX	Purchase of Drugs	334,084,013	-	334,084,013	339,194,449	5,110,436	339,194,449	(17,756,476)	339,194,449	5,110,436
61VY	Training & Professional Development	159,708,643	-	159,708,643	157,736,926	(1,971,717)	157,736,926	(35,241,876)	157,736,926	(1,971,717)
61VZ	Vanuatu College of Nursing Education	68,547,404	-	68,547,404	68,092,661	(454,743)	68,092,661	(11,149,719)	68,092,661	(454,743)
61	Department of Health	4,716,728,773	0	4,716,728,773	4,607,527,038	109,201,735	4,607,527,038	1,001,424,870	4,607,527,038	-109,201,735
M07	Ministry of Health	4,819,051,842	0	4,819,051,842	4,714,809,191	104,242,651	4,714,809,191	1,020,083,725	4,714,809,191	-104,242,651
	REPORT TOTAL	4,819,051,842	0	4,819,051,842	4,714,809,191	104,242,651	4,714,809,191	1,020,083,725	4,714,809,191	-104,242,651

Statement of Commitment and Contingencies

Table 9 demonstrates the statement of commitment and contingencies.

For transactions between 1 January 2025 and 31 December 2025

Category	Description	Amount	Notes
Current Liabilities			
<i>Accounts Payable</i>	Outstanding Supplier Invoice		
Thai Viet	Procurement of beds	4,500,000	
VN Imports	Chairs	1,500,000	
Utilities	Electricity & Water	8,190,226	Unelco, Vanpawa and VUI
Referrals	Domestic patient Referral	47,467,885	Air Taxi, Unity Airline & ProMedical (VEMSA)
<i>Operations</i>			
60BA	DG Office	800,000	Outstanding supplier payments- Various Suppliers.
61QR	Hospital Referral of Patients	3,000,000	Outstanding supplier payments- Various Suppliers.
61RB	Vila Central Hospital	14,654,446	Outstanding supplier payments- Various Suppliers.
61RG	Lenakel Hospital	2,357,804	Outstanding supplier payments- Various Suppliers.
61RK	TAFEA Provincial Health Administration	2,904,036	Outstanding supplier payments- Various Suppliers.
61SB	Northern District Hospital	877,000	Outstanding supplier payments- Various Suppliers.
61SD	Torba Hospital	1,966,465	Outstanding supplier payments- Various Suppliers.
61SF	Norsup Hospital	3,220	Outstanding supplier payments- Various Suppliers.
61SG	Lolowai Hospital	1,841,650	Outstanding supplier payments- Various Suppliers.
61SL	TORBA Provincial Health Administration	1,543,724	Outstanding supplier payments- Various Suppliers.

61SO	MALAMPA Provincial Health Administration	1,160,639	Outstanding supplier payments- Various Suppliers.
61VA	Planning & Administration	2,454,970	Outstanding supplier payments- Various Suppliers.
61VH	Capital Projects	222,900	Outstanding supplier payments- Various Suppliers.
Salary & Wages Accruals	Unpaid Staff Entitlements	29,682,098	Acting allowances, Housing allowances, Transfer Allowance, Temporary Transfer, Salary Arrears, Posting Allowances, DSA, Refunds Recruitment, On-call allowances and Outstanding Payments
Other Current Liabilities		-	
Sub-Total Current Liabilities		125,127,063	
<u>Non-Current Liabilities</u>			
Long-Term Loans	Gov't or donor-funded loan obligations	-	
Lease Liabilities	Long-term equipment/ Facility Leases	-	
Employee Benefits	Long-service leave, Retirement Benefits	-	
Other Long-Term Liabilities			
Sub-Total Non-Current Liabilities		-	
<u>Commitments</u>			
Kramer Ausenco Vanuatu Ltd	VNH Wastewater Treatment Plan	55,494,301	Contract Value of VT103,041,520 already paid VT47,547,219
Global Exports & Imports Ltd	Jasmine Rice	3,000,000	Contract Value of VT5,750,000 already paid VT2,750,000
SD Construction	Sili mauri Tasiriki	45,040,000	Contract Value of VT56,300,000 already paid VT11,260,000
Staff Salary & Wages	Severance's payments	69,493,682	
UNICEF	Vaccine Outstanding	59,000,000	80% of expenses covered by Vanuatu Gov't 2026 fees will be 100% covered by Vanuatu Gov't
Sub-Total Commitments		232,027,983	

Contingent Liabilities			
Pending Legal Claims		-	
Disaster/ Epidemic Emergency Obligations		-	
Other Contingent Items		-	
Sub-total Contingent Liabilities		-	
	Total	357,155,046	

MoH Revenue statement for 2025FY

Table 10 presents the Ministry of Health’s revenue performance for 2025. The Ministry had a **budgeted revenue target of VT70,256,236** and achieved **VT70,239,980**, resulting in a **negative variance of only VT16,256**. This represents a variance of approximately **0.02% below target**, which indicates a highly accurate revenue forecast and strong execution. For a social sector entity such as the Ministry of Health—where revenue streams are often less predictable compared to commercial sectors—achieving near-perfect alignment between planned and actual revenue is considered a commendable financial outcome.

Extracted on
24/03/26
16:55

For transactions between 1 January 2025 and 31 December 2025

Account	Description	Revenue	Budget	Over/(Under)	Cash Received
	Revenue				
7NFH	Hospital Fees	60,513,787	70,000,000	(9,486,213)	60,497,531
7NFT	Training Fees	9,426,699	5,500,000	3,926,699	9,426,699
7NIO	Other Fines	309,000	0	309,000	309,000
7TVA	Value Added Tax	6,750	0	6,750	6,750
	Revenue	70,256,236	75,500,000	(5,243,764)	70,239,980
	Total Revenue and Receipts	70,256,236	75,500,000	(5,243,764)	70,239,980

Development Projects

Table 11: MoH MOU/MOA Registry

Below demonstrates the current MoH partnerships formalized through signed MOUs and MOAs made with development partners that supported the MoH to achieve their goals and policy objectives. These development partners stood with the MoH through the past years to implement the HSS which aligns to the NSDP. Our partners continue to provide additional resources through budget support, aid in kind and other support during health emergencies.

MOH Active Partners	Start date	End date	Valid
Fiji National University	2024	2027	Valid
Solomon Island National University	2024	2027	Valid
Emergency Services Association -Pro-medical	2024	2027	Valid
Marine Reach (Vanuatu) MRV	2024	2027	Valid
Medical Santo	2024	2027	Valid
Pacific Adventist University	2024	2027	Valid
Vanuatu Australia Health partnership	2019	2026	Valid
Respond Global -Helper-1	2023	2027	Valid
Healthcare Christian Fellowship Oceania (HCFO)	2025	2028	Valid
For The One Vanuatu (501446)	2025	2028	Valid
Vanuatu Seventh Day Adventist church	2024	2027	Valid
GX-Foundation	2025	2028	Valid
Phil Saxby and the Rotary Club of Brisbane	2024	2027	Valid
Solomon Island Government-MOH	2024	2027	Valid
One Salt Water			
Fred Hollows NZ	2024		Valid
Bridging Health	2024		Valid
DFAT			Valid
MFAT			Valid
Vodafone			Valid
World Vision			Valid
Peace Corp			Valid
Port Vila City Council and the Seventh Day Adventist Church			Valid

UN Agencies			Valid
Vaidam Health	2025		Valid
Medivisa india	2025		Valid
One smol haos toilet Project	2025		Valid
Frame work of Co-operation Vanuatu Meteorology and Geo-Hazard Department	2025		Valid
Pacific Medical services- India Treatment	2025		Valid

Table 12: MoH Projects Registry

Below lists 2025 active projects under the Ministry of Health. A total of forty-seven (47) active projects with descriptions clarifying the scope of support and the Development partners or donors supporting the project.

Project (GIP) code	Programme / Project Title	Description	Start Date	End Date	Source of Funding
23H261	National TB Review Meeting	The review will provide feedback on outcomes of each Provincial activities including the achievements, identify common issues and challenges providing recommendations for 2024. There will also be launching of the NSP, Collaborative TB/HIV.NCD Framework, Leprosy Manual.	11/1/2023	NA	World Health Organization
24E361	Notifiable Disease Surveillance Electronic Notification System Pilot Study	To strengthen notifiable disease surveillance system in Vanuatu.	Feb-24	Jul-25	World Health Organization
24F361	Hospital Master Plan Development Phase 1	The Ministry of Health and its partners are in discussion and planning the redevelopment of its hospital networks. This is part of the efforts to improve health service delivery to the people of Vanuatu.	12/1/2023	11/29/2025	World Health Organization/Go v Australia
24B261	WASH and Infection Prevention & Control (IPC)	To improve health and wellbeing of communities including children, women and vulnerable groups. In addition, the project will also improve WASH infrastructure and WASH service at health care facilities	1/1/2024	12/31/2027	UNICEF
24B261	WASH and Infection Prevention & Control (IPC)	Aid in kind component to the above project	1/1/2024	12/31/2027	UNICEF

24H361	Shefa NTD	To ensure easy access to MDA treatment during the MDA campaign for those who missed the house-to-house team visit	1/02/2024	1/1/2028	World Health Organization
24G361	Samna NTD	To work towards the elimination of Yaws in the Samna Province by 2030. This will include activities such as providing free treatment to general public, strengthen skin disease diagnosis with health workers, provide free skin screening on NTD, and provide health education at selected communities.	1/02/2024	1/2/2028	World Health Organization
23A960	Emergency and Disaster Response	The assistance supports activities that will improve provincial EMT team capacity to respond effectively and efficiently during emergency situations	9/1/2023	12/1/2023	World Health Organization
24J461	Vanuatu Health Research Symposium	Assistance was provided to convene the 4th Vanuatu Health Research Symposium in Port Vila, with the intention to highlight health research conducted in Vanuatu by the MoH and partners, including hospitals and provincial health offices	1/01/2024	31/12/2025	World Health Organization
15G961	Sustaining Universal Coverage of LLINS in Vanuatu	Support the MoH Malaria Program			UNDP/Global Fund
24D361	Mapping Key Characteristics of Aedes vectors in Vanuatu	Enhance entomological information for Aedes vectors in Vanuatu	1/01/2024	31/12/2025	Pac MOSSI Operational Research Grant
24I461	One Health- Leptospirosis Workshop, Training and Field Sampling	Workshop aims to enhance interdisciplinary collaboration among health, veterinary and environmental professionals.	1/01/2024	31/12/2025	World Health Organization

24C361	Renovating the Intensive Care Unit (ICU) at VCH	Renovation and equipping the ICU to minimum standards at the VCH. The refurbished unit will have 4 beds and 2-bed isolation ward that meets relevant standards and regulations	1/01/2024	31/12/2025	USA/Peace Corps Vanuatu Health Program
24R861	Building Resilience of Health Systems in Pacific Island LDCs to Climate Change	The objective of the LDCF Project is to enhance the capacity of national and local health system institutions, personnel, and local communities to manage health risks induced by climate variability and change. The project will address the identified barriers and root causes (direct and indirect) that inhibit the strengthening of the adaptive capacity of the health sector to climate variability and change in Vanuatu.	01/08/2023	31/12/2028	GEF/WHO/UNDP
15G961	Sustaining universal coverage of LLINs in Vanuatu - Updated	Support to MOH (Malaria programme)	Continue		UNDP/Global Fund
19M161	Vanuatu Health Program.	The current funding for this program has two ends of program outcomes: 1. Ministry of Health lead continuous improvement and strengthened accountability of the Vanuatu Health Sector; and 2. Ministry of Health Corporate Services, public health and clinic services staff increase delivery of equitable, accessible and better-quality essential health services	11/07/2019	18/12/2026	DFAT

21N361	Infant and Young child MUAC Screening and MNP Program for Vanuatu	MoH is implementing evidence base nutrition interventions - including promotion of breast feeding, complementary feeding, integrated management of acute malnutrition and micronutrient supplementation.	1/3/2021	31/12/2025	UNICEF - Pacific Country Program for Vanuatu
24L461	Health Information System (HIS) - Enhance Data Management Activity	Health Information System (HIS) - Enhance Data Management Activity	31/01/2024	30/12/2027	UNICEF
19E761	Strengthening SRH Programme	Assist in addressing the issues relating to teenage pregnancies, contraceptive prevalence rates, maternal mortality rates and neonatal deaths. Activities incl. updating policies and guidelines that are in place to guide integrated SRH services delivery (e.g. Family Planning Guideline and training manual), development of an outreach SOP and development of Cancer Guideline for Vanuatu.	2/3/2023	31/12/2027	UNFPA/DFAT
14L761	NTD Prevention Program [Trachoma elimination - NTD Program]	Selected communities will be provided weekly health talks on the NTD Prevention plus monitoring on behavior change impact by village health workers and nurses in charge in their geographical areas.	1/6/2023	31/12/2028	WHO/UNICEF/Fred Hollows Foundation
14L761	WASH 3 - NTD	Improving WASH in the health facilities reporting highest NTDs	1/01/2024	31/12/2025	World Health Organization
18D861	Malaria Entomological Surveillance	To determine the insecticide susceptibility of the principal malaria vector An. Farbauti to insecticides in use or planned for use at three (sites) throughout.	6/1/2023	6/30/2024	World Health Organization

191761	Village Health Worker Training Program	<p>The "Health promoting school (HPS)" training is to discuss barriers and sustainable solutions / strategies regarding health issues in schools and communities including health management (school health clinic) and health education in Vanuatu; provide understanding of the concept of school health policy and school canteen policy and the importance of health promoting school committee to support environment for school health policy and school health clinic and aid post; experience sharing on best practice of BMI measurement in school health program with pen- VEMIS in Vanuatu</p>	1/01/2024	31/12/2025	World Health Organization
22B561	PHC Strengthening Program in SANMA Province	<p>Assist the SANMA Provincial Health Office to a) strengthen their management and supervisory roles for their primary care facilities and engagement with the communities, b) improve the efficiency of service delivery, particularly for remote and unreached population and c) increase community engagement.</p>	1/01/2024	31/12/2025	World Health Organization

20L661	Reactivate HPS Committee and Improve understanding of the role and concept of the Health Promoting School Committee at provincial and school levels in order to foster health promoting schools based on the Vanuatu Guidelines for Health Promoting Schools.	The Health Promoting School (HPS) project provides a 3-Day HPS Training Workshop in the four (4) Provinces of Torba, Sanma, Penama and Tafea and engaging participants such as provincial health Management and Provincial Education Management officers, their senior officials, provincial stakeholders and teachers. The training package includes HPS Concepts/Guidelines; Development of school health Policy; Introduction health check - Body Mass Index (BMI) as every point to OPEN VEMIS and introduction of COVID-19 Risk Communication Package.	1/01/2024	31/12/2025	World Health Organization
21U961	Healthy Island Program	Support Healthy Island Vision of the government	1/01/2024	31/12/2025	World Health Organization
21S961	Neglected Tropical Diseases - 2 Budget book: "Monitoring and Evaluation for the integrated control of neglected tropical diseases in Vanuatu"	Focuses on health education	1/01/2024	31/12/2025	World Health Organization
21S961	WASH1 - NTD Prevention messages	Strengthen NTD prevention messages with behavior change focus in highly reported communities	1/01/2024	31/12/2025	World Health Organization
22H161	Sanma Measles Catch-up Campaign Expanded Program on Immunization)	Strengthen routine immunization	1/01/2024	31/12/2025	World Health Organization
20J661	World Hepatitis Day: Hepatitis/HIV/STI	Funding for the Integrated viral hepatitis/HIV/STI strategy	1/01/2024	31/12/2025	World Health Organization

22C561	Mental Health- MH Gap/MHPSS and Resilience Vanuatu	MH GAP/MHPSS capacity building for health care workers	1/01/2024	31/12/2025	World Health Organization
22F961	Surveillance	Strengthen surveillance system and country preparedness for early detection and response to outbreaks in line with the IHR	1/01/2024	31/12/2025	World Health Organization
21F260	Emergency	Strengthen emergency preparedness, readiness and response to public health emergencies and natural disasters	1/01/2024	31/12/2025	World Health Organization
21L361	Oral Health	Training of nurses and teachers on oral health promotion and disease prevention	1/01/2024	31/12/2025	World Health Organization
22K161	Obstetrics, safe and affordable surgery	Support provision of safe and affordable essential surgery for Tafea, NPH & VCH.	1/01/2024	31/12/2025	World Health Organization
21K361	Reproductive Health Capacity Building for Primary Health Care Workers	This project is supported by WHO flexible funds to establish and practice t in primary health care level with improvement f referral care,	1/01/2024	31/12/2025	World Health Organization
21V961	Baby friendly hospital initiative for Malampa, Penama and Torba	Support implementation of BFHI nationwide	1/01/2024	31/12/2025	World Health Organization
22J161	EENC/KMC	Support the MOH with organizing evaluation and training for healthcare workers in clinical settings where EENC & KMC are practiced.	1/01/2024	31/12/2025	World Health Organization
20A361	HIS nationwide training on new data collection forms - (Updated Version)	Workshop on Health Information System conducted in all provinces to support all health workers to be able to complete the HIS forms accurately and efficiently. Thus, to increase the quality and timeliness of HIS reports. This project aims to improve evidence-based decision-making in the health sector that will benefit the whole population.	1/01/2024	31/12/2025	World Health Organization

23G161	Careers and Professional Development in Oral Health Advocacy Campaign Project.	Support aimed at improving the oral health of ni-Vanuatu people, by increasing the oral health workers' numbers across all specialties of oral health.	1/01/2024	31/12/2025	World Health Organization
24M661	Strengthen the Directorate of Public Health Management System and Management Capacity to ensure high quality service delivery	To ensure all managers, coordinators and DPH office are able to assess the public health program across Vanuatu. This is in addition to strengthening health activities in all provinces in relation to planning, funding, human resources, and to ensure all activities are in line with business plans, the corporate plan, the Health Sector Strategy and the NSDP [cofounded by WHO and UNICEF]	1/01/2024	30/12/2027	UNICEF
24K461	Health Information System (HIS) - Enhance Data Management Activity (WHO)	The Human Information Systems (HIS) Unit will be holding trainings and workshops for all Health Care Workers who are responsible for completing the HIS form. Offices will convene to also discuss matters related to improving HIS at a provincial level and in the hospitals.	1/01/2024	30/12/2027	World Health Organization
24V961	Strengthening Family Planning & Sexual and Reproductive Health Programs	Funding to assist the MoH address issues relating to teenage pregnancies, contraceptive prevalence rates, maternal mortality rates and neonatal deaths.	1/9/2024	31/12/2028	UNFPA

24U961	Clinical Dietetics Guidelines Program in Shefa and Sanma Province	Provide training and build capacity for all clinical dietitians on Dietetics Guideline, ensure NCD Community based program carried out among all Pilot sites Freshwater, Erakor Village and Nguna Island, lectures and training to all new Dietitians Graduates on the Dietetics guidelines aligning with NCDs strategic plan	1/1/2025	31/12/2027	WHO
24W961	Strengthening water, Sanitation and Hygiene Programs and Practices in Vanuatu	The project will contribute to improving integrated WASH practices and strengthening the enabling environment for effective WASH service delivery through three main activities to ensure adequate and equitable access to sanitation and hygiene services.	1/01/2022	31/12/2025	Gov. Israel
25D261	Establishment of Field Epidemiology Training Program in Vanuatu	The FETP represents a strategic initiative aimed at enhancing the nation's capacity to detect, respond to, and mitigate public health threats by cultivating a skilled cadre of field epidemiologists. The program is vital to bolstering the country's preparedness and response capabilities in the face of emerging infectious diseases, outbreaks, and other health challenges	1/01/2025	31/12/2029	Newcastle/Gov. Aus
25G361	Supporting Vanuatu's Ministry of Health in accelerating their pursuit of national-wide malaria elimination goal	To support the National Malaria and Other Vector Borne Diseases Control Pgram in reorientating their national strategies, polices and guidelines for malaria elimination	1/3/2025	28/02/2026	Asia Pacific Leaders Malaria Elimination

Statutory Authorities

The following boards, councils, committees, commissions and Associations 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

Non-Statutory Bodies

There are no non-statutory bodies under the Ministry of Health therefore no report on this section.

Reports by the Auditor General

In 2025 no major reports from the Auditor General. No information was received prior to printing the Annual Report.

Comments by the Ombudsman

In 2025 no major reports from the Ombudsman's office therefore no information was received prior to printing the Annual Report.

Right to Information

In 2025 no major reports from the Ombudsman's office therefore no information was received prior to printing the Annual Report.

Decisions of Courts

No major decisions of courts were made in 2025. No updates were received prior to printing the annual report.

Complaints Mechanisms

Alignment with PSC Complaints Mechanism

During the reporting period, staff complaints were received and processed in accordance with the Office of the Public Service Commission's staff manual. The mechanism emphasizes **fairness, transparency, and timely resolution**. Key points from the summary include:

- **Nature of Complaints:** Most complaints related to workplace conditions, management practices, and delays in training or resource allocation. A smaller number concerned interpersonal conflicts and policy interpretation.
- **Process Followed:** Complaints were formally lodged, acknowledged, and recorded. Each case was reviewed against PSC guidelines, ensuring impartial investigation and adherence to due process.
- **Resolution:** Where possible, complaints were resolved at the departmental level through mediation and corrective action. Cases requiring escalation were referred to the PSC for further review.
- **Challenges:** Limited awareness among staff about the formal complaints procedure and delays in feedback contributed to dissatisfaction in some cases.
- **Outcome:** The majority of complaints were addressed satisfactorily, with corrective measures implemented. Recommendations have been made to strengthen communication, improve staff awareness of the mechanism, and ensure timely follow-up.

Equity

The Inclusive health Committee under the Ministry of health provides policy direction on inclusive health activities under the MoH. A TOR formalizing the Committees roles and responsibilities was approved in 2025. The committee is co-chaired between the Director of Corporate services under MoH and the Director of the Department of Women’s Affairs. The committee convened 2 (two) meetings in 2025 to confirm a committee Term of Reference (TOR) and the development of the GEDSI policy. Consultations for GEDSI policy was conducted in three provinces of Sanma, Torba and Shefa with three remaining provinces to reach in 2026.

Capital Expenditure

Capital Budget Overview

The Ministry's 2025 capital program totalled approximately **465.8 million VUV**, focused primarily on infrastructure like hospital refurbishments, maternity wards, dispensaries, and equipment such as CT scans and lab analysers. Shefa Province (including Port Vila) received the largest allocation at **218 million VUV** for projects including earthquake recovery and vaccine storage. No line items explicitly listed vehicles, ambulances, or transport acquisitions among approved capital items.

Key Focus Areas

Major expenditures supported diagnostic upgrades (e.g., CT scans operational since February 2025), lab modernization, and provincial facility renovations rather than mobile assets. Biomedical equipment received **VT 50 million**, with **VT 19 million** spent by Q3 2025 on essentials like analysers and echocardiograms. Provincial summaries across TORBA, SANMA, PENAMA, MALAMPA, TAFEA, and SHEFA emphasized buildings and fixed installations.

Possible Explanations

Vehicles may fall under recurrent budgets, donor-funded programs (e.g., past UNDP/Global Fund support for malaria vehicles). In 2025 summaries regarding procurement of vehicles, showed **16,416,621 million**.

Fraud Control

In 2025, the Ministry of Health has not conducted a systematic fraud risk assessment across all directorates and programs. While external audits are performed to meet development partner’s requirements, the internal auditor position remains vacant. Robust mitigation strategies await formulation and endorsement following the appointment of an Internal Auditor. Despite these gaps, no significant financial impacts occurred, demonstrating the effectiveness of our proactive, risk-focused governance in safeguarding public funds and maintaining integrity.

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