

**Proposed outline for a Stakeholder Report**  
**20 March 2013**

**A. Description of the process for the preparation of information provided by stakeholder;**

**Title: Sexual and Reproductive Health for all**

This submission is a result of a participatory review of program reports, government policies and strategic plans. It included VFHS program staff and key stakeholders. The review took into account the programs, services and policy link to the ICPD and MDG targets.

**B. Developments since the previous review** (Constitution, legislation, policy measures, national jurisprudence, human rights infrastructure including national human rights institutions and scope of international obligations;

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Vanuatu has made significant progress in achieving the ICPD and MDG targets through implementation of the country's Priority Action Agenda (PAA) Government formulated and adopted the National Population Policy, 2011- 2020 which aims to achieve 4 goals including: reducing the teenage fertility rate; and maternal mortality and morbidity; to close the population data gaps and apply analysis of census and survey data to support integrated population-development planning and National Reproductive Health plan which addresses reproductive health issues,

Government has been actively expanding their collaboration with Non-state actors/NGOs to upscale the Reproductive Health care, set up Family Planning (which contributes to reduction of maternal & child mortality rate) and HIV Prevention of Mother to Child Transmission and Voluntary Counselling and testing clinics in all hospitals, health centres, and NGO clinics; human resource development; and on course to fully integrated family life education into school curricular.

Indicators show a reduction in total Fertility Rate per Woman 15-49 at 3.9 in 2009 from the 4.3 in 1999 (census report, 2009). In 2006 public expenditure on health **2.7 %** of GDP **50** per capita (\$US), however, a High Level Taskforce on Innovative International Financing for Health Systems (2009) estimated that \$49-\$54 per capita is needed to attain the health-related MDGs (*Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2009/2010*).

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**C. Promotion and protection of human rights on the ground** (national legislation and voluntary commitments, national human rights institutions activities, public awareness of human rights, cooperation with human rights mechanisms);

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Despite the significant progress in the past year, it is clear that many preventable conditions such as teenage pregnancy, maternal and child mortality, and sexual infections including HIV continue to occur. Getting family planning and Sexual Health services to people requires the availability of adequate RH commodity supplies, human power, programs, facilities and equipments to respond to the growing need. Yet there is a huge National financial gap between what government contributes and the cost of adequately meeting the current need.

In 2010, Vanuatu spent US\$38 Million on health care amounting to US\$157 per capita. Allocated 18% of government expenditure and 5% of GDP, in 2012 63% health expenditure was funded by government and 37% by external donors. Since 2008, the government allocation to health has decreased by 4% and the Ministry of Health and AusAID combined budget has decreased by 3%. These real fiscal decreases, together with increased utilization of health services place significant pressure on the delivery of health services.

The National Health Accounts for 2006-2007 show that curative and rehabilitative care accounted for 60.1% of total health spending in 2007, pharmaceuticals and therapeutic goods accounted for 8.7% and prevention and public health programs accounted 16.8%. Expenditure on hospital providers was 37.2% of total health expenditure, while only 16% on providers of public health program.

Donors make financial and commodity contributions, UNFPA has been donating contraceptive commodities for the past decade. The budget for medical supplies is inadequate at approximately USD4.50 per head per year.

The health sector faces a critical shortage of human resources both in terms of numbers and skill mix. The estimated number of doctors, nurses and midwives in 2012 is 1.77 per 1,000 populations. A new structure with 1,983 established positions has been approved – this is an increase of 55% on the current 1,280 staff. However, this proposal is yet to be financed

The annual budget for medicines has remained the same at 115 million Vatu (about USD\$1 million) per year for the last ten years. Donors have provided an additional 100 million Vatu per annum over the last 4 -5 years but this funding does not guarantee for continuity. (*Vanuatu Health Sector Strategy 2010-2016*)

According to the Vanuatu health service delivery profile report, 2012 , government by 2016 target to have ratio of Public health officers to patients improved from 1/30,000 to 1/20,000; Nurses / 1000 population from 1/600 to 1/200. Resource mobilization for population activities by government in 2007 was estimated at 1,425,000 vatu and there was nothing in 2010 (*UNFPA, Country Program Performance Summary, Pacific Island Countries and Territories, 2012*)

**D. Follow-up to the previous review and recommendations;**

Key recommendations as elaborated in the thematic matrixes

To be submitted by respective entities/thematic group

<b>Recommendation</b>	<b>Status of implementation</b>	<b>Concerns (VFHA concerns)</b>	<b>Suggestions/VFHA calls on Government to:</b>	<b>Overall comments</b>
<b>Rec. 40</b>	<p><i>An outline of progress made by the Government of the Republic of Vanuatu together with NGOs in achieving the ICPD and MDG targets</i></p> <p><i>Integration in the country's Priority &amp; Action Agenda (PAA) targets including improved health status, access and quality of services delivered, (see: National Priority &amp; Action Agenda 2006-2015)</i></p> <p><i>Enacted the National Population Policy as an instrument to be used to influence national population trends as pertaining to teenage fertility, maternal mortality and migration. (see: National Population</i></p>	<p><i>The rising demand for RH services largely propelled by the rapid growth in population estimated at a rate of 2.3% per year, from 186678 people in 1999 to 234023 in 2009.</i></p> <p><i>58% of the population are sexually active young people aged below 25 years</i></p> <p><i>The high teenage fertility rate estimated at 66 per 1000 birth</i></p> <p><i>Maternal mortality estimated at 84 per 100, 000 live births in 2005</i></p> <p><i>The high rates of Sexual Infections including 9 confirmed cases of HIV (Census</i></p>	<p><i>Devise innovative strategies to remove obstacles to gender equality and to improve the lives of women and girls so they can have equal opportunity to participate in making decisions that affect their living standards and development</i></p> <p><i>Ensure stronger national/political commitment to implementation, undertaking more research and analysis of population issues especially the high rates of teenage pregnancy</i></p>	<p><i>Getting family planning and Sexual Health services to people requires the availability of adequate RH commodity supplies, human power, programs, facilities and equipments to respond to the growing need. Yet there is a huge National financial gap between what government contributes and the cost of adequately meeting the current need</i></p>

	<p><i>Policy, 2011- 2017)</i></p> <p><i>Prepared a National health sector strategic plan which describes major health targets including improved health status and quality of services delivered, equitable access to health services, and good management of resources (see: Vanuatu National Health Sector Strategy, 2010-2016)</i></p> <p><i>Government is in the final stages to amend the Public Health Act which addresses issues of public health including prevention and control of poor health conditions (Report, MoH)</i></p> <p><i>Enacted the National Reproductive Health Policy and Strategic plan to upscale the Reproductive Health care, set up Family Planning, and HIV Prevention and control services. (Republic of Vanuatu, MoH National Reproductive Health &amp;</i></p>	<p><i>report, 2009)</i></p> <p><i>High prevalence (28.4%) of HPV infection and HR HPV infections (21.7%) among the general female population in Vanuatu, notably higher among women younger than 25 years -41.8% &amp; 31.7%, respectively. (See: <a href="http://Cancerpreventionresearch.aacrjournals.org">Cancerpreventionresearch.aacrjournals.org</a>, on June 13, 2013. © 2012 American Association for Cancer)</i></p> <p><i>The annual budget for medicines has remained the same at 115 million Vatu (about USD\$1 million) per year for the last ten years.</i></p> <p><i>Donors have provided an additional 100 million Vatu per annum over the last 4 -5 years but this funding does not guarantee for continuity. (Vanuatu Health Sector Strategy 2010-2016)</i></p> <p><i>Resource mobilization for population activities by government in 2007 was estimated at 1,425,000 vatu</i></p>	<p><i>and maternal mortality</i></p> <p><i>Building capacity and providing relevant information to the school administration and teachers to fulfill the rights of their students to:</i></p> <ul style="list-style-type: none"> <li><i>a) Attain better health and to prepare them for adulthood</i></li> <li><i>b) Protect them from sexual exploitation and abuse</i></li> </ul> <p><i>Speed-up implementation of FLE and role it to all school levels from year 8 to tertiary</i></p> <p><i>Strengthen Youth friendly services and Peer education programs for out-of-school young people</i></p>	
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	<p><i>Strategy, 2008-2010)</i></p> <p><i>Vanuatu Family Health Association (VFHA) plays a complementary role to address a range of RH issues-including reducing unwanted pregnancy, sexually transmitted infections and maternal mortality by providing contraceptives and sexual health clinic services, life skills training, social campaigns and advocacy to ensuring adolescent access to affordable, confidential, gender sensitive and youth friendly RH services. On average VFHA provides over 421, 000 SRH services to its clients annually. (VFHA annual report, 2012)</i></p> <p><i>Government enacted the Schools Family Life Education (FLE) Policy in collaboration between Ministry of Education and Ministry of Health. the policy put in force integration of FLE into school curricular as an instrument to promote better health for students</i></p>	<p><i>and there was nothing in 2010 (See: UNFPA, Country Program Performance Summary, Pacific Island Countries and Territories, 2012)</i></p>	<p><i>Put the newly graduated nurses on government payroll.</i></p> <p><i>Include reproductive health commodities particularly the contraceptives on government list of essential drugs</i></p>	
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<p><b>Rec. 41</b></p>	<p><i>Government by 2016 targets to have ratio of Public health officers to patients improved from 1/30,000 to 1/20,000; Nurses / 1000 population from 1/600 to 1/200.</i></p> <p><i>Government has taken actions to improve the standard of basic health services, by importing nurses from overseas, increase nursing school intake and run bridging courses to under trained nurses and utilize them.( Vanuatu health service delivery profile report, 2012)</i></p> <p><i>Indicators show a reduction in total Fertility Rate per Woman 15-49 at 3.9 in 2009 from the 4.3 in 1999 (census report, 2009).</i></p> <p><i>In 2006 public expenditure on health 2.7 % of GDP 50 per capita (\$US). (Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2009/2010)</i></p> <p><i>In 2012 63% health expenditure was funded by government and 37% by external donors.</i></p>	<p><i>Government was unable to employ many of the newly graduated nurses yet the health sector faces a critical shortage of human resources both in terms of numbers and skill mix. The estimated number of doctors, nurses and midwives in 2012 is 1.77 per 1,000 populations. (See: UNFPA, Country Program Performance Summary, Pacific Island Countries and Territories, 2012)</i></p> <p><i>A new structure with 1,983 established positions has been approved – this is an increase of 55% on the current 1,280 staff. However, this proposal is yet to be financed (See: Vanuatu Health Sector Strategy 2010-2016)</i></p> <p><i>Cases of shortage of medicine and particularly contraceptives in last 2years.</i></p> <p><i>The annual budget for medicines has remained the same at 115 million Vatu (about USD\$1 million) per</i></p>	<p><i>Commit sufficient financial and human power support for related policies and programs by initiating strategies to maximize and supplement available financial resources including:</i></p> <ul style="list-style-type: none"> <li><i>a) Strengthening partnerships with stakeholders,</i></li> <li><i>b) Cost sharing strategies with in government departments and private sector</i></li> <li><i>c) Prepare a plan to determine a budgetary requirement for RH population program and to determine budgetary allocation</i></li> <li><i>d) for each program,</i></li> <li><i>e) Mobilize international</i></li> </ul>	<p><i>Adequate funding would help to address gaps in service delivery such as contraceptives/commodity security, research programs, make care, treatment contraceptives including emergency pills more accessible to the poor and underserved populations</i></p> <p><i>Government to re- look at its priorities especially cease the newly created ministries/departments that don't actually have much impact on the lives of the 80% population living in the rural areas and put more funds into the health sector.</i></p>
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	<p><i>Donors make financial and commodity contributions, e.g. UNFPA has been donating contraceptive commodities for the past decade partly because government budget for medical supplies is inadequate at approximately USD4.50 per head per year. (Vanuatu Health Sector Strategy 2010-2016)</i></p>	<p><i>year for the last ten years.</i></p> <p><i>Donors have provided an additional 100 million Vatu per annum over the last 4 -5 years but this funding does not guarantee for continuity. (See: Vanuatu Health Sector Strategy 2010-2016)</i></p> <p><i>Government budget for HIV / Reproductive Health is limited to a few staff salaries. Most activities and commodity supplies are dependent on external donors</i></p> <p><i>In 2006 public expenditure on health 2.7 % of GDP 50 per capita (\$US), however, a High Level Taskforce on Innovative International Financing for Health Systems (2009) estimated that \$49-\$54 per capita is needed to attain the health-related MDGs(See; Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2009/2010)</i></p>	<p><i>partnerships for assistance.</i></p> <p><i>Fairly increase government support and engagement with Non-Government Organisations to scale-up their activities as available funding increases.</i></p>	
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