Maternal, neonatal & reproductive health

# HUMAN RESOURCES FOR HEALTH

## in maternal, neonatal and reproductive health at community level

## A profile of Vanuatu

Angela Dawson, Tara Howes, Natalie Gray and Elissa Kennedy

UNSW THE UNIVERSITY OF NEW SOUTH WALES
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# ACRONYMS

| | |
|---|---|
| **ABC** | Australian Broadcasting Commission |
| **ANMC** | Australian Nursing and Midwifery Council |
| **AusAID** | Australian Agency for International Development |
| **GDP** | gross domestic product |
| **HRH** | human resources for health |
| **MDG** | Millennium Development Goal |
| **MNRH** | maternal, neonatal and reproductive health |
| **MoH** | Ministry of Health |
| **UNDESA** | United Nations Department of Economic and Social Affairs |
| **UNDP** | United Nations Development Project |
| **UNFPA** | United Nations Population Fund |
| **USP** | University of the South Pacific |
| **VCNE** | Vanuatu College of Nursing Education |
| **WHO** | World Health Organization |
| **WPRO** | Western Pacific Regional Office of the World Health Organization |

*A note about the use of acronyms in this publication*

Acronyms are used in both the singular and the plural, e.g. MDG (singular) and MDGs (plural).
Acronyms are also used throughout the references and citations to shorten some organisations with long names.

# EXECUTIVE SUMMARY

This profile provides baseline information that can **inform policy and program planning** by donors, multilateral agencies, non-government organisations and international health practitioners.

Accurate and accessible information about the providers of maternal, neonatal and reproductive health (MNRH) services at the community level (how they are performing, managed, trained and supported) is central to workforce planning, personnel administration, performance management and policy making.

Data on human resources for health (HRH) is also essential to ensure and monitor quality service delivery. Yet, despite the importance of such information, there is a scarcity of available knowledge for decision making. This highlights a particular challenge to determining the workforce required to deliver evidence-based interventions at community level to achieve Millennium Development Goal (MDG) 5 targets.

This profile summarises the available information on the cadres working at community level in Vanuatu: their diversity, distribution, supervisory structures, education and training, as well as the policy and regulations that govern their practice.

The profile provides baseline information that can inform policy and program planning by donors, multilateral agencies, non-government organisations and international health practitioners. Ministry of Health (MoH) staff may also find the information from other countries useful in planning their own HRH initiatives.

The information was collected through a desk review and strengthened by input from key experts and practitioners in the country. Selected findings are summarised in the diagram on page 4.

There are significant gaps in the collated information which may point to the need for consensus regarding what HRH indicators should be routinely collected and how such collection should take place at community level.

# VANUATU: SELECTED HRH AND MNRH INDICATORS

Maternal mortality ratio in 2008

**150 deaths per 100,000 live births**

Skilled birth attendance:

**93%**

of births attended by a skilled birth attendant *(2005–2009)*

Human resources for health policy reference to community level HRH in MNRH

**YES**

**17 nurses and/or midwives**

per 10,000 people

**76.3%**

Government spending on health as a percentage of total expenditure on health *(2007)*

Maternal, neonatal and reproductive health policy reference to community level HRH in MNRH

**YES**

Neonatal mortality ratio in 2009

**8 deaths per 1,000 live births**

**1 doctor**

per 10,000 people

**Key to acronyms**

HRH human resources for health
MNRH maternal, neonatal and reproductive health

*(Adapted UNICEF 2010; WHO 2010)*

# KEY BACKGROUND INFORMATION

## TABLE 1. KEY STATISTICS

*(Adapted from Hogan et al. 2010; UNDESA 2005; UNICEF 2010; WHO 2010)*

| **POPULATION** | |
|---|---|
| Total thousands *(2008)* | 234 |
| Annual growth rate *(1998–2008)* | 2.5% |
| **HEALTH EXPENDITURE (2007)** | |
| Total expenditure on health as a percentage of GDP | 3.6% |
| General government expenditure on health as a percentage of total expenditure on health | 76.3% |
| Private expenditure on health as a percentage of total expenditure on health | 23.6% |
| **MDG 5 STATUS** | Not available |
| **MATERNAL MORTALITY** | |
| Number of maternal deaths for every 100,000 live births: | |
| UNICEF 2010 | 150 |
| Hogan et al. | 178 (66–400) |
| Number of neonatal deaths for every 1,000 live births (in the first 28 days of life; 2009) | 8 |
| **SKILLED BIRTH ATTENDANCE (2005–2009)** | |
| Percentage of births covered by a skilled birth attendant | 93% |

### A note on health expenditure

Between 1998 and 2004 the budget for the Ministry of Health was increased from 0.2% to 2.2% per annum. The major source of funding comes from the government, with donor supplementation. Government spending on health was 64.7% in 2006 (WHO 2009) rising to 76.3% in 2008.

Expenditure on health personnel as a percentage of total Ministry of Health expenditure increased from 56.6% to 62% between 1998 and 2004.

The goal of the Master Health Services Plan is to restrict spending on personnel to 60% to ensure staff are fully utilised by enabling them to have proper access to equipment and assets (MoH Vanuatu 2004).

**Key to acronyms**

GDP gross domestic product
MDG Millennium Development Goal

# OVERVIEW OF MATERNAL, NEONATAL AND REPRODUCTIVE HEALTH

In 2006, a high proportion of births were attended by skilled personnel, with 29% of births occurring in hospitals, 61% in health centres, 2% delivered outside health facilities but assisted by skilled birth attendants, and 7% assisted by traditional birth attendants (WHO WPRO 2008).

There is, however, a shortage of health personnel, with only 53% of health posts filled (WHO WPRO 2008). There is also a low contraceptive prevalence rate, with MoH data in 1999 estimating it to be at 28%; however, data suggests that demand is increasing (UNICEF 2005). A study from Vanuatu between 1999 and 2000 found high rates of sexually transmitted infections amongst pregnant women attending an antenatal hospital, with 40% of women having at least one (Sullivan et al. 2003).

There have also been low rates of knowledge about contraception amongst adolescents (Mitchell 1998). Planning has been hindered by poor data collection capacity (UNDP 2005).

# CADRES AND ROLES

The following health services are available at both provincial and village level. Note, the symbol # refers to the number of subjects in question (e.g., number of health centres, dispensaries and so on).

### Provincial level

- Health centres (#32): 6 per province, 27 of these are active (MoH Vanuatu 2003)
  - **Staff:** nurse practitioner, midwife and general nurse
  - **Services:** day care, maternity beds for delivery and in-patients, midwives are able to carry out complicated deliveries
- Dispensaries (#74)
  - **Staff:** general nurse
  - **Services:** basic essential health care, health promotion and preventative services (MoH Vanuatu 2003)

### Village level

- Aid posts (#180): funded and overseen by the community
  - **Staff:** village health volunteers trained by the MoH
  - **Services:** first aid, community education (MoH Vanuatu 2003)

The cadres working in MNRH at the community level and the tasks they perform are outlined in Table 2 below.

### TABLE 2. CADRES INVOLVED IN MNRH AT COMMUNITY LEVEL IN VANUATU

| BASE OR PLACE | STAFF INVOLVED (NAME OF CADRE) | POSSIBLE SERVICE IN THE COMMUNITY |
|---|---|---|
| Home-based | Family planning counsellor | Provides family planning education |
| | Village volunteer | Supplies contraceptives |
| | Traditional birth attendant<br>Traditional healer | Assists in home births |
| Outreach centre | Peer health educator | Maternal health care (Foster et al. 2009), carries out referrals |
| | Youth worker | Conducts health education workshops and activities |
| Aid post or basic clinic | Village health worker | Provides basic health assistance, referral to health care centres |
| | Nurse | Provides immunisation, family planning, antenatal and delivery care |
| | Midwife | Works in health centres, provides reproductive health care, labour and delivery care and postnatal care (MoH Vanuatu 2003) |

# COVERAGE AND DISTRIBUTION

Table 3 describes the distribution of the health workforce according to age, gender and employment in the public and private sectors where available.

### TABLE 3. HEALTH WORKER DISTRIBUTION IN VANUATU

*(Adapted from MoH Vanuatu 2003; WHO WPRO 2005; WHO WPRO 2009)*

| CADRE | NUMBER | LOCATION | | GENDER | | PUBLIC | PRIVATE | RATIO TO 1,000 PEOPLE |
|---|---|---|---|---|---|---|---|---|
| | | Urban | Rural | Male | Female | | | |
| Nurse | 279 | 33% | 67% | 35% | 65% | 235 | 44 | 1.26 |
| Nurse practitioner | | | | | | 34 | | |
| Nurse aide | | | | | | 43 | | |
| Midwife | | 38% | 62% | 4% | 96% | 50 | | |
| Doctor | 29 | 100% | 0% | 77% | 23% | | | 0.13 |
| Community health worker | 212 | | | | | | | |
| Traditional healer | 200 | | | | | | | 0.9 (3 per village) |

# SUPERVISION AND SCOPE OF PRACTICE

The Vanuatu Nursing Council Disciplinary Board is responsible for handling complaints about nurses. In addition, structures and procedures for dealing with disciplinary issues are being developed. The ultimate disciplinary measure for nurses is de-registration and termination of employment.

Biennial performance appraisals for nurses are carried out by the Public Service Commission. Nurse aides are supervised by registered nurses. Health centres in rural areas reportedly work independently (ANMC 2009).

Nurses working at level 2B dispensaries are responsible for the supervision of village health workers and traditional birth attendants (MoH Vanuatu 2004).

# TEAMWORK

In dispensaries and primary health centres nurses oversee and work with nurse aides (ANMC 2009).

# EDUCATION AND TRAINING

The Vanuatu College of Nursing Education (VCNE) is funded by the government of Vanuatu and is connected to the MoH. The VCNE runs a three-year Diploma in Nursing. Some private training institutions are now also starting to emerge (ANMC 2009). The government fully funds nursing courses and provides a living allowance for students (MoH Vanuatu 2003). Following training, most nurse graduates are placed at the Vila Central Hospital for one year of supervised work (MoH Vanuatu 2003).

The facilities at VCNE need upgrading as there is not enough room for students, equipment is outdated and an area of the college used to train nurse practitioners has been condemned by the Department of Public Works (MoH Vanuatu 2003).

Many students undertake study at the Fiji School of Medicine or the University of Papua New Guinea, often with funding from Australia or New Zealand (MoH Vanuatu 2003). Ninety-one scholarships are available for students to study overseas, 32 funded by AusAID, 34 by New Zealand, 15 by the Vanuatu Government and 10 by the French Government (MoH Vanuatu 2003).

The MoH conducts the only midwifery program in Vanuatu. This course runs for nine months. To enter the program, applicants must be registered nurses with two years clinical experience (at least six months of this must be in maternity or midwifery). Following completion of the course, midwives undertake a clinical placement at Vila Central Hospital (MoH Vanuatu 2003).

Nurse practitioners undergo a nine-month Post-Basic Certificate. This course is fully funded by the government, and students continue to receive their government wage during the course (MoH Vanuatu 2003).

Nurse aides receive in-service training. The MoH is currently rolling out a pre-service training program across six provinces. Many nurse aides have in the past commenced, but not completed, part of the nursing course (MoH Vanuatu 2003).

Village health workers complete an eight-week training course and a two-month clinical attachment (ANMC 2009).

For more information on education and training, please see Appendix 1.

# COUNTRY REGISTRATION

Registration is managed by the Vanuatu Nursing Council in accordance with the Nurses Act (Act 20 of 2000; USP 1998). To register, applicants must have completed the Diploma of Nursing run by the VCNE.

Reform is currently occurring to accommodate graduates from private training institutions. Expatriate applicants must be registered with the nursing authority in their country and meet the requirements of the Vanuatu Nursing Council.

# HRH POLICY AND PLANS

The actions and priorities of the MoH are directed by the Master Health Services Plan (MoH Vanuatu 2004). This plan has a strong focus on promoting primary health care. It includes measures to improve transportation for workers in remote posts to reduce feelings of isolation, develop an incentives program to encourage staff to work in rural posts, address structural changes to improve the system of mandatory regulation of nurses and other health professions and encourage continued skill development and retention in the health workforce.

The Health Workforce Development Plan for the 1992 to 2006 (MoH Vanuatu 1991) period outlines work to be carried out by different cadres, places of employment, training and career paths. It highlights problems with migration and challenges arising from a large proportion of the nursing workforce being women of childbearing age. It discusses the likely future strains that will be faced by the health system as a result of population growth. It also outlines plans to seek further overseas training in certain fields, such as the Master Degrees in Maternal and Child Health. Family planning is identified as a health workforce development need.

The second Health Workforce Plan (2004–2013) discusses plans to address gaps left by staff on leave. An example is provided which suggests that provincial reproductive health staff could support maternal and child health services in health centres currently without a midwife. In-service training on special topics such as reproductive health is mentioned and re-licensing of health workers.

# MNRH POLICY AND PLANS

The Reproductive Health Policy 2009 (Republic of Vanuatu 2009) and Reproductive Health Strategy 2008–2010 (MoH Vanuatu 2008) both guide reproductive health activities. The goal of this policy is for all people have access to quality reproductive health services and information.

Included is the policy goal to improve pregnancy outcomes for mothers and infants such that the maternal mortality ratio is below 85 maternal deaths to every 100,000 live births and the neonatal mortality rate is below 10 deaths to every 1,000 live births.

Also included are objectives to ensure that 95% of births are attended by a skilled birth attendant, all women receive antenatal care, there is an increase in community involvement in safe motherhood and family planning, and capacity is developed in family planning as well as adolescent sexual and reproductive health.

Included in the strategy document are a number of strategies to address human resources for MNRH. The first of these is an activity to be undertaken by the MoH, WHO and UNFPA to develop a human resource strategy to ensure midwives are located in obstetric wards in all main hospitals (Strategy 1.1).

There are also strategies to address training, especially at community level, with the MoH to undertake education and training in management of pregnancy, antenatal, obstetric care, postnatal care and family planning (Strategy 2.1) as well as training of hospital staff and rural nursing staff in user-friendly services for family planning (Strategy 2.2).

There is a focus on young people, with strategies to train health professionals in youth-friendly services (Strategy 1.2), train teachers to carry out rural health (Strategy 2.1), train peer educators (Strategy 3.2) and train young people to be part of committees and working groups (Strategy 5.1).

# REMUNERATION AND INCENTIVES

The Public Service Commission is responsible for setting salaries and allowances (MoH Vanuatu 2003).

# KEY ISSUES OR BARRIERS

There is a focus on young people, with strategies to train health professionals in youth-friendly services, train teachers to carry out rural health, **train peer educators and train young people to be part of committees and working groups.**

- Low motivation of nurses in rural areas due to poor transport, isolation, poor supervision and lack of equipment and supplies (WHO WPRO 2004).
- Only a third of staff work in community health care facilities (UNFPA 2008).
- Lack of salary increases upon completion of training programs (WHO WPRO 2004).
- Budget constraints have meant that some nurse vacancies have not been able to be filled (MoH Vanuatu 2003).
- Student graduation numbers often do not match the number of posts available to be filled (MoH Vanuatu 2003).
- There is a strong dependence on overseas training which has been funded by donors.

# KEY INITIATIVES

The Wan Smolbag Theatre uses drama to engage with the community about important issues such as the **environment, health (particularly sexually transmitted infections), teen pregnancy and family planning.**

### Wan Smolbag Theatre

Started in 1989, this group uses drama to engage with the community about important issues such as the environment, health (particularly sexually transmitted infections), teen pregnancy and family planning.

They perform in slum settlements and rural communities. Following performances (and often during the performance) the actors engage with the audience in discussion about the key messages of the drama.

The group has since developed a television series called *Love Patrol*, a weekly radio drama and five full-length films, all of which use soap drama style stories to explore a number of issues including sexually transmitted infections and domestic violence.

Although television does not reach outside major towns, DVDs of Love Patrol are now being shown in schools. Teachers are being provided with teachers' guides to help them explore the issues discussed in the series with their students.

### Kam Pusun Head Clinic

This clinic opened in 1999 in the Black Sands community of Port Vila. This facility operates as a drop-in centre and distributes contraception and antibiotics to treat sexually transmitted infections. It also provides youth counselling, family planning and antenatal care.

The centre employs two nurses; the community requested that these nurses not be from the local area for reasons of privacy (ABC 2009; AusAID 2006; UNFPA 2006).

# CRITIQUE

### Documentation

The main sources of information used for this profile were reports from international agencies and the government. The main government reports used were the Second Health Workforce Plan 2004–2013 (MoH Vanuatu 2003) and the Master Health Services Plan 2004–2009 (MoH Vanuatu 2004). The Second Health Workforce Plan provided information on cadres involved in MNRH, numbers of personnel and training and education.

There was a scarcity of peer-reviewed journal articles on the subject. Some journal articles were located but these did not deal specifically with human resources for MNRH and many were outdated. Some reports were also difficult to locate such as the Second Health Workforce Plan 2004–2013 (MoH Vanuatu 2003), which had to be provided by an in-country contact.

A number of reports from international agencies were used. One major source of information was the Reproductive Health Commodity Security Status Report for Vanuatu 2008 compiled by UNFPA (2008).

This report provided overview information on the state of MNRH in the country, outlining key issues and barriers and initiatives that are being undertaken. Two reports were also gathered from WHO WPRO: the Country Health Information Profile (WHO WPRO 2008) and a report on the migration of skilled health workers (WHO WPRO 2004).

The country profile was used to identify where births take place. Some grey literature sources were also used to gather information about initiatives taking place in the country, particularly on the Wan Smolbag Theatre group and clinic. Other sources included the AusAID website and the ABC website.

### Reviewers

This map was reviewed by two individuals. The first reviewer is a key member of the Vanuatu MoH and provided access to important documents. The second reviewer is an expert in the field, currently working for UNFPA. They reviewed the information for accuracy and provided further information on the maternal child health and rural health policy.

# REFERENCES


ABC 2009, *Wan Smolbag Community Theatre and Workshops in Vanuatu*, accessed 7 September 2009, <http://www.abc.net.au/ra/carvingout/issues/casestudies/wansmolbag.htm>.

ANMC 2009, *Australian Nursing and Midwifery Council Country Overview of Vanuatu,* Australian Nursing and Midwifery Council, accessed 7 September 2009, <http://www.anmc.org.au/vanuatu>.

AusAID 2006, *Wan Smolbag Theatre*, AusAID, accessed 9 July 2009, <http://www.ausaid.gov.au/closeup/wan.cfm>.

Hogan, MC, Foreman, KJ, Naghavi, M, Ahn, SY, Wang, M, Makela, SM, Lopez, AD, Lozano, R and Murray, CJL 2010, 'Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5', *Lancet*, vol. 375, no. 9726, pp. 1609–1623.

Mitchell, J 1998, *Young People Speak; A Report on the Vanuatu Young People's Project,* Vanuatu Cultural Centre, Port Vila,

MoH Vanuatu 1991, *Workforce Development Plan 1992–2006,* Ministry of Health Vanuatu, Port Vila.

MoH Vanuatu 2003, *Second Health Workforce Plan 2004–2013,* Ministry of Health Vanuatu, Port Vila.

MoH Vanuatu 2004, *Republic of Vanuatu Master Health Services Plan,* 2004–2009, Republic of Vanuatu, Ministry of Health.

MoH Vanuatu 2008, *Reproductive Health Policy,* Ministry of Health Vanuatu, Port Vila.

Republic of Vanuatu 2000, *Nurses Act,* accessed 10 October 2010, < http://www.vanuatu.usp.ac.fj/pacific%20law%20materials/Vanuatu_legislation/English/2000/Vanuatu_Nurses.html >.

Republic of Vanuatu 2009, *Reproductive health policy,* Republic of Vanuatu, Port Vila.

Sullivan, EA, Abel, M, Tabrizi, S, Garland, SM, Grice, A, Poumero,l G, Taleo, H, Chen, S, Kaun, K, O'Leary, M, Kaldor, J 2003, 'Prevalence of Sexually Transmitted Infections Among Antenatal Women in Vanuatu, 1999–2000', *Sexually Transmitted Diseases,* vol. 30, no. 4, pp. 362–6.

UNDESA 2005, *The Millennium Development Goals Report,* United Nations Department of Economic and Social Affairs, New York.

UNDP 2005, *Republic of Vanuatu, Millennium Development Goals Report 2005,* United Nations Development Project.

UNFPA 2006, *Adolescent Sexual and Reproductive Health Situation Analysis for Vanuatu,* UNFPA Office for the Pacific, Suva.

UNFPA 2008, *Reproductive Health Commodity Security Status Report for Vanuatu,* United Nations Population Fund, Pacific Sub Regional Office, Suva, Fiji.

UNICEF 2005, *Vanuatu, A Situational Analysis of Children, Women and Youth,* Government of Vanuatu and UNICEF.

UNICEF 2010, *Vanuatu Statistics,* UNICEF, accessed 14 December 2010, <http://www.unicef.org/infobycountry/vanuatu_statistics.html>.

UNICEF 2010b, *Vanuatu Statistics,* UNICEF, accessed 10 October 2010, <http://www.unicef.org/infobycountry/vanuatu_statistics.html>.

USP 1998, *Nurses Act 2000,* University of the South Pacific, accessed 22 December 2010, <http://www.paclii.org/vu/legis/consol_act/na111/>.

WHO 2009, *World Health Statistics 2009,* World Health Organization, <http://apps.who.int/whosis/data/Search.jsp>.

WHO 2010, *World Health Statistics 2010,* World Health Organization, Geneva.

WHO WPRO 2004, *The Migration of Skilled Health Personnel in the Pacific Region,* World Health Organization Regional Office for the Western Pacific, Manila, The Philippines.

WHO WPRO 2005, *Vanuatu National Health Accounts 2005,* Ministry of Health Vanuatu, Western Pacific Regional Office of the World Health Organization, Port Vila.

WHO WPRO 2008, *Vanuatu: Country Health Information Profile,* World Health Organization, Regional Office for the Western Pacific.

WHO WPRO 2009, *Vanuatu Country Health Information Profile,* World Health Organization, Manila.

# APPENDIX 1

## EDUCATION AND TRAINING IN VANUATU

| CADRE | INSTITUTION/ORGANISATION | QUALIFICATION | LENGTH OF STUDY | ENROLMENT/GRADUATION |
|---|---|---|---|---|
| Nurse | Vanuatu College of Nursing Education | Diploma of Nursing | 3 years | Enrolments: approximately 20 students per year (25 in 2010)<br>Graduates: 60–80% graduate (21 in 2007)<br>(WHO WPRO 2009) |
| Nurse practitioner | Vanuatu College of Nursing Education | Post-Basic Certificate | 9 months | Held approximately every three years with 8–12 participants per course |
| Midwife | Vanuatu College of Nursing Education | Post-Basic Certificate | 9 months | Held intermittently, last course in 2001 with 11 graduates |
| Village health worker | Ministry of Health (with support from Save the Children) | | 8-weeks training | |
| Health educator | | Certificate | 2 years | |

# APPENDIX 2

## COUNTRY REGISTRATION IN VANUATU

| CADRE | LEGISLATION | RESPONSIBILITY FOR REGISTRATION | LICENSING AND RENEWAL | ELIGIBILITY REQUIREMENTS FOR REGISTRATION |
|---|---|---|---|---|
| Nurse | Nurses Act, No. 20/2000 | Vanuatu Nursing Council | Annual (carried out in October) | Completion of General Nursing Program (3 years)<br>Expatriate nurses must be registered with their national nursing authority |
| Doctor | Health Practitioners Act (ch.164)/1988 | Health Practitioners Board | | |

# APPENDIX 3

## COUNTRY HRH AND MNRH POLICIES IN VANUATU

| NAME OF POLICY | RELEVANT INFORMATION FOR MNRH AT COMMUNITY LEVEL |
|---|---|
| Ministry of Health Master Health Services Plan 2004–2009 | The priorities of the Master Health Services Plan are to promote the Primary Healthcare Model, improve health status, access to services and the quality of services, as well as to make more effective use of resources. Under improving access to services is a measure to improve transportation in order to reduce the isolation of members of the health workforce and an incentives program to encourage work in remote areas.<br>Under improving quality service is a measure to address structural changes in order to improve the system of regulatory management carried out by the Nurses Council. Recommendation 11 under this priority is to 'Recognize the potential for the key role to be played by health professionals in providing leadership and ensure their continued skill based development and retention in the workforce' (MoH Vanuatu 2004, p. 5). |
| National Workforce Development Plan 1992–2006 | The aim of this plan is to guide current and future staffing within the health system. It outlines work to be carried out by each cadre, places of employment and training and identifies career paths. It highlights problems with brain drain and issues with the proportion of the nursing workforce being women of childbearing age. It also discusses the likely future strains that will be faced by the health system due to a population growth rate of 2.8% per annum. It also outlines plans to seek further out-of-country training in certain fields, one of these being a Masters Degree in Maternal and Child Health. Family planning is identified as a health workforce development need. (MoH Vanuatu 1991) |
| Second Health Workforce Plan 2004–2013 | The purpose of this plan is to guide the training and management of health workers in the country. The following issues are included in the plan: effective collaboration between MoH and other agencies on training, and the effective allocation of scholarships and strategies for improving efficiency and utilisation of the workforce. This plan will form the basis of future monitoring and evaluation of the workforce and will be used to inform future decision making (MoH Vanuatu 2003). |
| Reproductive Health Policy 2009 Reproductive Health Strategy 2008–2010 | The goal of this policy is that all people have access to quality rural health services and information. This policy covers the thematic areas of safe motherhood (antenatal, perinatal, postpartum and newborn care), family planning, adolescent sexual and reproductive health, sexually transmitted infections, other gynaecological morbidities, cervical cancer, sexual violence and violence against women and rural health commodity security.<br>Included is the policy goal to improve pregnancy outcomes for mothers and infants such that the maternal mortality rate is below 85 maternal deaths per 100,000 live births and the neonatal mortality rate is below 10 deaths per 1,000 live births. Also included are objectives to ensure that 95% of births are attended by a skilled birth attendant, all women receive antenatal care, to increase community involvement in safe motherhood and family planning, capacity development in family planning and adolescent sexual and reproductive health.<br>Included in this plan are a number of strategies to address human resources for MNRH. The first of these is an activity to be undertaken by the MoH, WHO and UNFPA to develop a human resource strategy to ensure midwives are located in obstetric wards in all main hospitals (Strategy 1.1). There are also strategies to address training, especially at community level, with the MoH to undertake education and training in management of pregnancy, family planning and antenatal, obstetric and postnatal care (Strategy 2.1), and training of hospital staff and rural nursing staff in user-friendly services for family planning (Strategy 2.2). There is also a focus on young people with strategies to train health professionals in youth-friendly services (Strategy 1.2), training teachers to carry out rural health (Strategy 2.1), training peer educators (Strategy 3.2) and training young people to be part of committees and working groups (Strategy 5.1). (Republic of Vanuatu 2009) |

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Aims to facilitate the development and integration of health information systems in the broader health system strengthening agenda as well as increase local capacity to ensure that cost-effective, timely, reliable and relevant information is available, and used, to better inform health development policies.
www.uq.edu.au/hishub

**Health Finance and Health Policy Knowledge Hub,**
*The Nossal Institute for Global Health (University of Melbourne)*

Aims to support regional, national and international partners to develop effective evidence-informed national policy-making, particularly in the field of health finance and health systems. Key thematic areas for this Hub include comparative analysis of health finance interventions and health system outcomes; the role of non-state providers of health care; and health policy development in the Pacific.
www.ni.unimelb.edu.au

**Compass: Women's and Children's Health Knowledge Hub,**
*Compass is a partnership between the Centre for International Child Health, University of Melbourne, Menzies School of Health Research and Burnet Institute's Centre for International Health.*

Aims to enhance the quality and effectiveness of WCH interventions and focuses on supporting the Millennium Development Goals 4 and 5 – improved maternal and child health and universal access to reproductive health. Key thematic areas for this Hub include regional strategies for child survival; strengthening health systems for maternal and newborn health; adolescent reproductive health; and nutrition.
www.wchknowledgehub.com.au

**Human Resources for Health Hub**

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