Government of Vanuatu
Ministry of Health



Assessing Eye Care Services in Vanuatu using a WHO Tool

2025

In collaboration with

Waipapa Taumata Rau University of Auckland

Funded by

The Fred Hollows Foundation NZ

Table of Contents

Foreword iii
Preface iv
Acknowledgements v
Suggested citation v
Acronyms used in this report vi
Background on eye health globally vii
Development of this report ix
How to use this report ix
Summary of the eye care situation in Vanuatu 1
Block 1: Leadership and governance 2

1. Leadership, coordination and coalition-building for eye care 2
2. Eye care integration into legislation, policies and plans 3
3. Integration of eye care across relevant sectors and programmes 3
4. Reorientation of eye care services towards primary eye care within primary health care 5

Block 2: Service delivery – access 6

5. Equity of eye care services coverage across disadvantaged population groups 6
6. Primary level eye care services integrated into primary health care 7
7. Community-delivered eye care services 8
8. Integrated paediatric eye care services 9
9. Integrated cataract surgical services 10
10. Integrated diabetic eye care services 12
11. Integrated refractive and optical services 13
12. Integrated low-vision and vision rehabilitation services 14

Block 3: Service delivery – quality 15

13. Extent to which eye care services are delivered in a timely way and along a continuum, with effective referral practices 15
14. Extent to which eye care services are person-centred, flexible and engage patients in decision-making 16
15. Eye care services acceptability and adherence 17
16. Extent to which eye care interventions are evidence based 18
17. Safety of eye care services 19
18. Multilevel accountability for performance of eye care services 20

Block 4: Workforce and infrastructure 21

19. Workforce availability 21
20. Workforce training and competencies 22
21. Workforce planning and management 23
22. Refractive and optical services regulation 24
23. Workforce mobility, motivation, and support 25
24. Eye care infrastructure and equipment 26

Block 5: Financing 28

25. Population covered by eye care financing mechanisms 28
26. Scope and range of eye care interventions, services and assistive products included in health financing 29
27. Financing of eye care and out-of-pocket costs 30

Block 6: Information 31

28. Health systems data on availability and utilisation of eye care services 31
29. Information on outcomes and quality of eye care services 32
30. Population-based data on prevalence and trends of eye conditions and vision impairment 33
31. Use of evidence for decision-making and planning 34

Recommended actions to strengthen eye care services in Vanuatu 35
Source documents / references 38

Foreword

Good vision is fundamental to health, wellbeing, and participation in education, employment, and community life.[1] The Ministry of Health recognises eye health as an important part of its commitment to improving health outcomes and ensuring that all ni-Vanuatu can access quality, equitable health services. Integrating eye care within the broader health system reflects Vanuatu's strong commitment to Universal Health Coverage (UHC), [2] with a focus on primary health care and reaching communities across all islands.

In recent years, Vanuatu has made important progress in strengthening eye care services. Through the leadership of the Ministry of Health and the support of stakeholders and partners, such as The Fred Hollows Foundation NZ, eye care services have expanded through outreach to communities, workforce training, and improved access to essential services such as cataract surgery and refractive care. These efforts reflect a growing capacity to deliver integrated people-centred eye care (IPEC)[3] that responds to the needs of the population.

The findings from the Eye Care Situation Analysis Tool (ECSAT) [4] presented in this report show that Vanuatu has built a strong foundation in leadership and governance for eye care. Building on this foundation, there are opportunities to further strengthen service delivery, workforce capacity, financing, and information systems to better support access and quality of care across the country. The findings provide valuable evidence to guide future planning and support the Vanuatu Ministry of Health and its partners to build on the progress already achieved.

Looking ahead, Vanuatu is well placed to continue strengthening its eye health system. Priorities include supporting and growing the eye health workforce, expanding services through primary health care and outreach to outer islands, and strengthening health information systems to monitor avoidable blindness, access and quality.

In 2025, the inclusion of eye health indicators in the Ministry of Health Corporate Plan 2026–2030 marked a significant milestone for eye health in Vanuatu. This provides an important foundation for integrating eye health within national health priorities and supporting the sustainable financing of eye health activities. Continued collaboration across government, communities, and partners will be key to ensuring that progress is sustained and that everyone in Vanuatu can access the eye care they need.

The Ministry of Health remains committed to working together with the local eye health team, partners and communities to strengthen a resilient, inclusive, and people-centred eye health system that meets the needs of all people in Vanuatu.



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[1] Burton MJ et al. The lancet global health commission on global eye health: vision beyond 2020. *The Lancet Global Health* 2021;9(4): e489-e551.

[2] Universal Health Coverage (UHC). Accessed on 17 July 2024 at https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

[3] What is IPEC? Accessed 27 August 2024 from https://www.iapb.org/learn/knowledge-hub/integrate/ipec/what-is-ipec/

[4] World Health Organization. (2022). *Eye care situation analysis tool (ECSAT).* https://www.who.int/publications/i/item/9789240048553

Preface

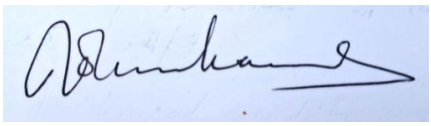
This report presents the findings of the 2025 Eye Care Service Assessment Tool (ECSAT) Survey conducted in Vanuatu by the University of Auckland in collaboration with the Ministry of Health, Vanuatu, and with support from The Fred Hollows Foundation NZ.

The ECSAT survey was undertaken to assess key components of the national eye care system, including: - i) leadership and governance, ii) service delivery - access, iii) service delivery - quality, iv) workforce and infrastructure, v) financing, and vi) health information system. The assessment provides a comprehensive overview of the strengths and challenges within the eye health sector and identifies opportunities for improvement.

The survey was initiated by the Vanuatu Eye Care Services team, working across hospitals throughout the country under the leadership of the Ministry of Health's Consultant Ophthalmologist. This next piece of research builds on ongoing efforts to improve and strengthen the eye health system and services following the Rapid Assessment of Avoidable Blindness (RAAB) conducted in Vanuatu in 2023.

The findings presented in this report will support the Ministry of Health and the Government of Vanuatu in planning and implementing targeted initiatives to enhance eye health programmes and services, improve access to quality eye care, and strengthen the national eye health system.

We extend our sincere appreciation to all individuals and organisations who contributed to the successful completion of this assessment. We acknowledge in particular the dedication of the eye care teams, health workers, stakeholders, and partners whose commitment and valuable insights made this research activity possible. Their contributions have provided a strong foundation for strengthening eye health services and improving eye health outcomes for the people of Vanuatu.



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Acknowledgements

The Fred Hollows Foundation NZ acknowledges the collaboration and support of The University of Auckland School of Optometry and Vision Science, in particular Associate Professor Jacqueline Ramke and Dr Pushkar Silwal, who led the preparation of this technical report. The 'Assessing Eye Care Services in Vanuatu using a WHO Tool' report is based on the Eye Care Situation Analysis Tool (ECSAT), developed by the World Health Organization (WHO) and launched in the Eye Care in Health Systems: Guide for Action in 2022.

We also extend our sincere appreciation to the Ministry of Health, Vanuatu, and to the national and international contributors, advisors, and reviewers whose collective expertise, guidance, and support were instrumental in the successful completion of this report.

Finally, The Foundation gratefully acknowledge the support of donors: AJ and JC Heine Charitable Trust and the New Zealand Ministry of Foreign Affairs and Trade. Their partnerships play a vital role in supporting sustainable and locally led efforts to strengthen eye health systems across the Pacific.

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Suggested citation

Silwal P, Kasso J, Tarileo B. Tari M, Ala E, Tate D, Napuwat P, Tougen W, Gauthier-Coles C, Wainiqolo I, Ramke J, Assessing Eye Care Services in Vanuatu using a WHO Tool. Vanuatu: Port Vila, 2025.

Acronyms used in this report

CPD	Continuing Professional Development
DHIS2	District Health Information Software 2
DR	Diabetic Retinopathy
ECSAT	Eye Care Situation Analysis Tool
eCSC	Effective Cataract Surgical Coverage
eREC	Effective Refractive Error Coverage
GP	General Practitioner
HIS	Health Information System
IPEC	Integrated People-centred Eye Care
MoH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Government Organisation
PacEYES	Pacific Eye Care Society
RAAB	Rapid Assessment of Avoidable Blindness
TADDS	Tool for the Assessment of DR and Diabetes Management Systems (WHO)
TARES	Tool for the Assessment of Refractive Error Services (WHO)
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
VBoS	Vanuatu Bureau of Statistics
VanHMIS	Vanuatu Health Management Information System
WHA	World Health Assembly
WHO	World Health Organization

Background on eye health globally

Globally, there was an estimated 1.1 billion people living with distance or near vision impairment in 2020, and this is expected to increase in the coming decades[5]. Eye conditions impact all stages of the life course, with young children and older people particularly affected. Cataract and refractive error—conditions with highly cost-effective interventions—were the cause of more than 90% of vision impairment in 2020[6].

The *Lancet Global Health* Commission on Global Eye Health[7] highlighted that vision impairment reduces mobility, affects mental well-being, exacerbates risk of dementia, increases likelihood of falls and road traffic crashes, increases need for social care, and ultimately leads to higher mortality rates. Further, the Commission showed that poor eye health has a negative impact on quality of life, education, and work, and estimated that addressing vision impairment through the provision of good eye health treatment and rehabilitation services would result in annual productivity gains of more than US$410 billion.

The Commission collated evidence that good vision and eye health unlocks human potential and reduces inequality by facilitating many activities of daily life, enabling better educational outcomes, and increasing work productivity. An increasingly compelling body of evidence demonstrates the potential for eye health services to advance the Sustainable Development Goals (SDGs), by contributing towards Poverty Reduction, Zero Hunger, Good Health and Well-Being, Quality Education, Gender Equality, and Decent Work[8].

Universal health coverage is a strategic priority of the World Health Organization (WHO); the concept of universal health coverage ensures that all people have access to the promotive, preventive, curative, and rehabilitative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship[9].

World Health Assembly resolution WHA73.4 (August 2020) on Integrated people-centred eye care (IPEC), urged Member States to make eye care an integral part of universal health coverage and to implement people-centred eye care in health systems. Integrated people-centred eye care refers to eye care services that are managed and delivered to assure a continuum of promotive, preventive, treatment, and rehabilitative interventions against the spectrum of eye conditions, coordinated across the different levels and sites of care within and beyond the health sector, and according to people's needs throughout the life course[10].

Furthermore, at the 74th World Health Assembly in May 2021, Member States endorsed two new global eye care targets for 2030: 40 percentage point increase in effective refractive error coverage (eREC) and 30 percentage point increase in effective cataract surgery coverage (eCSC)[11]. To develop integrated people-centred eye care and achieve the global targets, countries must first understand

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[5] Bourne R, Steinmetz JD, Flaxman S, et al. Trends in Prevalence of Blindness and Distance and near Vision Impairment over 30 Years: An Analysis for the Global Burden of Disease Study, *The Lancet Global Health* 2021;9(2): e130-e143.

[6] Steinmetz JD, Bourne RR, Briant PS, et al. Causes of Blindness and Vision Impairment in 2020 and Trends over 30 Years, and Prevalence of Avoidable Blindness in Relation to Vision 2020: The Right to Sight: An Analysis for the Global Burden of Disease Study, *The Lancet Global Health* 2021;9(2): e144-e160.

[7] Burton MJ, Ramke J, Marques AP, et al. The Lancet Global Health Commission on Global Eye Health: Vision Beyond 2020, *The Lancet Global Health* 2021;9(4): e489-e551.

[8] Zhang JH, Ramke J, Jan C, et al. Advancing the Sustainable Development Goals through Improving Eye Health: A Scoping Review, *The Lancet Planetary Health*, accessed 2022/02/27, https://dx.doi.org/10.1016/S2542-5196(21)00351-X.

[9] World Health Organization. Universal Health Coverage, 2022, accessed 25 Feb, 2022, https://www.who.int/health-topics/universal-health-coverage#tab=tab_1.

[10] World Health Organization. Seventy-Third World Health Assembly Wha 73.4. Integrated People-Centred Eye Care, Including Preventable Vision Impairment and Blindness, 2020, accessed 25 Feb, 2022, https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R4-en.pdf.

[11] Keel S et al. Keeping an eye on eye care: monitoring progress towards effective coverage. The Lancet Global Health 2021;9(10):e1460–4.

which aspects of their eye care services need strengthening. This ECSAT tool enables countries to summarise their current situation for eye health and use this evidence to support subsequent planning.

Across the Pacific region, all countries provide eye services, including at sub divisional or provincial levels[12]. Despite this, eye health remains under-resourced within the broader public health system, resulting in limited information about the true burden of vision loss and the capacity of existing eye care services. At the 14th Pacific Heads of Health meeting in April 2023, Pacific health leaders endorsed four recommendations to strengthen eye care services across the region[13]. These recommendations included recognising the growing burden of vision loss, particularly as it relates to the escalating diabetes; incorporating eye care into human resource planning to meet population eye needs; integrating eye health into national health planning to support progress towards integrated people-centred eye care (IPEC) as part of universal health coverage (UHC); and increasing investment in eye health data and information systems to better understand the burden of vision loss and support policy development and reporting.

In response to these recommendations, The Fred Hollows Foundation NZ, in collaboration with the University of Auckland, developed the **State of Eye Health Research Programme**[14]. The aim of this programme is to generate evidence that Pacific governments and decision makers can use to develop affordable, equitable, efficient, and quality eye health plans and policies, to strengthen and sustain national eye health systems over the long term.

This research programme, in three phases, will generate the information needed by governments to guide planning, programming, and the prioritisation of financial and human resources in an informed and accountable manner. Phase One focusses on gathering evidence on the prevalence of blindness and vision impairment; the cost of eye care services to consumers and/or providers; and the current capacity of eye care services in order to identify areas requiring strengthening. The findings from Phase One will inform the development of eye health plans and policies in Phase Two, with the goal of supporting country-prioritised strategies aligned with integrated people-centred eye care (IPEC). In Phase Three, Pacific governments will identify priority actions to strengthen their eye health systems and contribute to the development of targeted Policy briefs.

The focus countries for this research are Fiji, Papua New Guinea, Samoa, Solomon Islands, and Vanuatu.

[12] Hardie-Boys, Ned, Kate Primrose, and Don Matheson. "Evaluation of Visual Impairment Activities in Pacific Island Countries." Evaluation. Wellington: Ministry of Foreign Affairs and Trade (New Zealand), May 15, 2016. https://apo.org.au/node/112236.

[13] Pacific Community. "14th Pacific Heads of Health Meeting ." SPC Public Health Division. Pacific Community, April 2023. https://phd.spc.int/2023-phoh14-meeting-documents.

[14] 'State of Eye Health Research Programme' at https://www.hollows.org.nz/resources/research/state-of-eye-health

Development of this report

In 2021 WHO revised its Eye Care Situation Analysis Tool (ECSAT), which has 178 individual questions across 31 Items organised across six health system building blocks[15]. The following report is based on responses to each of these ECSAT questions.

To develop this report, we undertook a document review in 2024 involving scholarly work (e.g. scientific peer reviewed publications), official documents (e.g. policy and policy directives), implementation documents (e.g. clinical protocols, training manuals, and evaluation reports), legal documents (e.g. regulations), working documents (e.g. PowerPoint presentations), and media communications (e.g. newspaper and magazine articles, newsletters, and webpages). We then interviewed key informants and engaged in a workshop with members of the Technical Working Group (listed in acknowledgements) to verify information obtained, fill in any knowledge gaps, and reach consensus on the responses. A draft report was presented to the Technical Working Group at the workshop, and it was updated and/or revised following the workshop.

This report provides a summary of the key aspects of the eye health situation in 2025. However, we recognise there may be some activities that were not readily available online and were unknown to our Technical Working Group and are therefore not reflected here.

How to use this report

This report summarises the Eye Care Situation in Vanuatu in 2025, according to the 178 individual questions across 31 Items in WHO's Eye Care Situation Analysis Tool (ECSAT).

These ***questions*** in the tool are numbered from (a) up to (j) for each Item, and we have added these letters at the end of each statement for ease of cross-reference to the ECSAT tool. In ECSAT, most questions call for a yes/no response. In this report, we have rephrased the question to be a statement, with elaboration where we felt this was warranted.

The tool also includes a series of statements to summarise the ***'maturity level'*** of each of the 31 Items, from "Level 4 Needs no immediate action" down to "Level 1 Needs establishing". We have made our assessment of the maturity level of eye care services in Vanuatu based on the evidence we could identify for each Item (evidence statements are summarized in the orange box for each Item). For each of these statements, we include the level at which WHO has placed the situation (e.g. L1, L4). Where the statements outlined by WHO did not reflect our situation, we have added statements, and these are shown with (*). We have collated and visualised the maturity level for all 31 Items on the following page.

The tool also includes a series of ***possible actions*** for each Item. We have included what we consider to be the priority actions for each Item (shown in the green box for each Item). Where the actions outlined by WHO did not reflect what was needed in Vanuatu, we have added actions, and these are shown with (*). We have collated the possible actions for all Items at the end of the report.

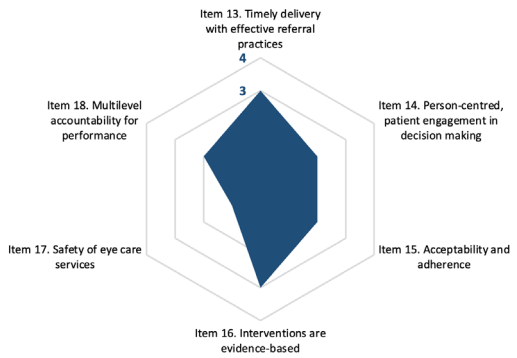
References are included to support our statements where these were available. If no citation is provided, the information was obtained from key informant interviews or knowledge of the Technical Working Group.

We have answered questions for services available to citizens / permanent residents / people with eligible visas.

[15] World Health Organization. Eye Care Situation Analysis Tool (ECSAT) 2019. Aaccessed 30 October 2023 here

Summary of the eye care situation in Vanuatu

To give a visual summary of the eye care situation in Vanuatu in 2025, we have plotted the maturity level scores for each of the 31 items in ECSAT, categorised by the Health System Block to which they correspond. Items where the health system is well-developed are reflected by scores of 4; the proportionately larger blue shaded areas reflect a more developed aspect of eye health services. Within the Leadership and Governance (Block 1), all areas—except item 3— require only minor strengthening. In contrast, most areas across the other building blocks are either in need of major strengthening or require establishment.

<table>
<tr><th>Block 1: Leadership and governance</th><th>Block 2: Service delivery – access</th></tr>
<tr><td></td><td></td></tr>
<tr><th>Block 3: Service delivery – quality</th><th>Block 4: Workforce and infrastructure</th></tr>
<tr><td>
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<tr><th>Block 5: Financing</th><th>Block 6: Information</th></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="2">Maturity level determined for Vanuatu in 2025:
1 = Needs establishing; 2 = Needs major strengthening; 3 = Needs minor strengthening; 4 = Needs no immediate action</td></tr>
</table>

Block 1: Leadership and governance

1. Leadership, coordination and coalition-building for eye care

WHO Definition: Leadership refers to the process of influence through which leaders gain support from others to achieve goals associated with improving and strengthening eye care. Coordination relates to the organization of the different efforts to ensure they work together effectively. Coalition-building refers to uniting and aligning stakeholders to form groups, partnerships, networks and alliances that support eye care.

The proportion of eye care provided by level and sector is shown in the table below (a).

Type of eye care services provider	Primary (%)	Secondary (%)	Tertiary (%)***
Government	~98%	~95%	100%
Private not-for-profit and non-governmental organizations (NGOs)	<2%*	<1%**	0
Private-for-profit	0	~4%^	0
Total	**100%**	**100%**	**100%**

**The Presbyterian Church of Vanuatu organises outreach screening clinics to the provinces.*
***The Catholic Church of Vanuatu, Neil Thomas Ministry Church and Churches of Christ Medical Santo Clinic provide some eye care services.*
****The Vanuatu National Eye Care Plan 2022-2026 states an aim to equip two referral hospitals to provide surgery and eye care services with government and NGOs support[16].*
^The private-for-profit providers consist primarily of private optometry clinics based in Port Vila, which mainly offer spectacles.

There is no dedicated **governance structure** for eye care within the Ministry of Health. The National Eye Coordinator, in collaboration with the National Eye Care Centre, oversees the implementation of eye care programmes and activities within the 'NCD, Mental Health & Eye' portfolio under the Director of Public Health[17]. The main **coalitions of stakeholders** for eye care includes government health facilities and NGOs e.g., The Fred Hollows Foundation NZ, The Catholic Church of Vanuatu, Opthalmos Du Monde and The Presbyterian Church of Vanuatu[18] However, the ability to influence policy decisions is constrained by the continued vacancy of the Head of the Ophthalmology Department position. Primary eye care programme is managed by the Lifestyle Diseases Unit in the Ministry of Health and the National Referral Hospital is responsible to manage ophthalmology services[19] (b,c).

The government has shown **political and strategic commitment** to eye care by joining the Vision 2020 global initiative when it was running and initiating the National Eye Care programme[20] which is continued via eye care being included in the *Vanuatu Health Sector Strategy 2021-2030*[21]. As discussed elsewhere in this document, **financial commitment** could be strengthened (d).

Data are available on the structure and composition of the **population** by age, sex and place of residence[22] and the Ministry of Health has published population projection estimates based on 2020 Census data[23], but not how this growth will impact the future need for eye care services (e).

Proposed maturity level score = 3 **Needs minor strengthening**

- Leadership for eye care is evident by the Ministry of Health which provides a moderate level of direction for eye care and exerts some influence that results in moderate levels of political commitment (L3).
- There is a moderate level of financial sustainability for eye care, including being integrated in general health financing mechanisms; funding levels are moderately stable or rising (L3).

[16] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme. Accessed 12 May 2025
[17] Government of Vanuatu. Ministry of Health Corporate Plan 2022-2025, pp 123-129. Accessed 12 May 2025
[18] Ministry of Health. Annual Report 2023. Accessed 12 May 2025
[19] Ministry of Health. Role Delineation Policy, Page 48-49. Accessed 12 May 2025 here
[20] Szetu J. Vanuatu National Eye Care Programme. *Community Eye Health* 2005; **18**(54): 95. Accessed 12 May 2025 here
[21] Ministry of Health. Vanuatu Health Sector Strategy 2021-2030, Page 13 & 24. Accessed 12 May 2025 here
[22] Vanuatu Bureau of Statistics and the Pacific Community. Vanuatu 2020 National Population and Housing Census Analytica Report Vol 2. Accessed 12 May 2025 here
[23] Vanuatu Bureau of Statistics. VBoS Strengthens Population Projection Capacity for Informed Policymaking. Accessed 12 May 2025 here

- There are moderate levels of intersectoral and/or interagency coordination for eye care; a small number of mechanisms, platforms and coalitions exist, and more are needed; the roles and responsibilities are developing but need further attention (L3).

Possible actions – Leadership, coordination and coalition-building for eye care
- Create awareness at the Ministry of Health regarding unmet need for eye care; support the Ministry of Health to advocate internally for eye care.
- Undertake analysis of financial sustainability of eye care services.
- Create clear mechanisms for coordinating eye care, such as steering groups, technical working groups, or committees, and support them to function effectively.

2. Eye care integration into legislation, policies and plans

WHO Definition: Eye care legislation refers to the laws and policies developed within a country's constitutional frameworks and legal regimes that encompass eye care. It also includes plans and strategies that relate to eye care. These are commonly agency wide or sector wide, action orientated and aim to achieve specified goals and objectives.

Eye care is included in the **national strategic plan** (*Health Sector Strategy 2021-2030*[24]) and corporate plan of the Ministry of Health (*MOH Corporate Plan 2022-2025*)[25] (a).

There is no **national eye care strategy**. There is a *National Eye Care Plan 2022-2026*[26] (b).

There is a **designated coordinator for eye care** at the Ministry of Health[27] (c).

There is a **national sustainable development plan** for the period 2016 to 2030 called *Vanuatu 2030: The People's Plan*[28]. However, eye care is not included in the outcomes or outputs of the plan (d).

Vanuatu has **disaster management plan** that is disability inclusive[29] (e).

Proposed maturity level score = 3 **Needs minor strengthening**
- Legislation and policy frameworks encompass many aspects of eye care but may require additions and/or updating (L3).
- Eye care is mostly integrated into national plans and policies but some gaps exist (L3).
- There has been limited stakeholder consultation in the planning of eye care (L2).

Possible actions – Eye care integration into legislation, policies and plans
- Integrate eye care into the national development agenda and national health targets.
- Develop standards and or a masterplan for the expansion of eye care across health care.

3. Integration of eye care across relevant sectors and programmes

WHO Definition: Eye care services require integration with relevant sectors and programmes (health and non-health) to provide services that are effective, equitable and of high quality.

There is no formal mechanism for the **coordination of eye care between relevant ministries** in the country (a).

[24] Ministry of Health. Vanuatu Health Sector Strategy 2021-2030, Page 13 & 24. Accessed 12 May 2025 here
[25] Government of Vanuatu. Ministry of Health Corporate Plan 2022-2025. Accessed 12 May 2025 here
[26] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme. Accessed 12 May 2025
[27] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026, Page 4. Accessed 12 May 2025
[28] Department of Strategic Policy, Planning and Aid Coordination, Republic of Vanuatu. Vanuatu 2030 The People's Plan. Accessed 12 May 2025 here
[29] Center for Excellence in Disaster Management and Humanitarian Assistance. Vanuatu Disaster Management Reference Handbook 2023. Accessed 12 May 2025 here

There is a **NCD policy and strategic plan** called, *Vanuatu Non-Communicable Disease Policy & Strategic Plan 2021-2030* which includes a strategic objective and activities related to eye care services[30] (b).

The Ministry of Health has established the **National NCD Multisectoral Committee and National NCD Working Committee** in 2024[31]. In addition, there are several issue-specific committees under the Ministry of Health, e.g. Inclusive Health Committee[32]. *The Vanuatu Non-Communicable Disease Policy & Strategic Plan 2021-2030* includes multi-sectoral collaboration as an overarching principle[33] (c).

While there are currently no **national guidelines specifically addressing NCDs**, clinical services in the country, including eye care are delivered in accordance with WHO and regional (e.g. Pacific Eye Institute) guidelines and standards (d).

There is no **Healthy Ageing** initiative in the country. However, an advocacy initiative and policy consultations event had been conducted that contributed to capacity building for policy development and cross-sectoral collaboration on healthy ageing[34] (e).

The **school health programme** includes vision screening, but not refraction and optical services[35, 36]. *The National Eye Care Plan 2022-2026* includes an aim to provide school vision screening in collaboration with other eye and health care providers, with appropriate referral pathways and spectacles available at an affordable cost[37]. However, at the time of preparing this report, implementation had not commenced due to the absence of funding support. A *Health Promoting School Policy* is currently being developed. It will cover all school-based public health initiatives, including nutrition, oral health, and eye health (f).

Representatives from relevant **non-health sectors and the eye care sector** rarely engage over policy development (g).

Eye health has been integrated into the NCD and Mental Health programme and representatives from relevant **health programmes and the eye care sector** occasionally engage over policy development (h).

Proposed maturity level score = 2 **Needs major strengthening**

- Eye care is mostly integrated into wider health policies and plans. However, some gaps exist in its effective implementation (L2).
- Legislation, policies and plans were developed with some stakeholder input but some relevant stakeholders, particularly from the non-health sectors were not included (L2).

Possible actions – Integration of eye care across relevant sectors and programmes

- Identify priority sectors and programmes for integration strengthening.
- Strengthen integration of eye care into the NCD and Mental Health programme by active engagement of stakeholders from relevant sectors and programmes in eye care planning (*).
- Ensure representatives from the eye care sector contribute to strategy planning meetings and discussions among relevant sectors and programmes, including those describing noncommunicable diseases.
- Ensure eye care indicators are included within frameworks of relevant sectors and programmes, including noncommunicable diseases.

[30] Ministry of Health. Vanuatu Non-Communicable Disease Policy & Strategic Plan 2021-2030, Pages 84-88. Accessed 12 May 2025 here
[31] Ministry of Health. Annual Report 2023, Page 30. Accessed 12 May 2025
[32] Ministry of Health. The Ministry of Health establishes Inclusive Health Committee To ensure accessible health services for all. Accessed 12 May 2025 here
[33] Ministry of Health. Vanuatu Non-Communicable Disease Policy & Strategic Plan 2021-2030, Page 19. Accessed 12 May 2025 here
[34] Xu W, Lee S, Okayasu H. Promoting healthy ageing in the Western Pacific: A mini review of good practices and policy responses. *Global Health & Medicine* 2023; **5**(5): 264-70. Accessed 13 May 2025 here
[35] Health Promoting School Concepts. Vanuatu Primary School Head Teachers' Manual. Accessed 23 September 2024 here
[36] School health policy a main target in primary schools. Daily Post Digital Network. Accessed 28 March 2024 here
[37] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme. Accessed 12 May 2025

4. Reorientation of eye care services towards primary eye care within primary health care

WHO Definition: Reorienting the model of care involves ensuring that health care services prioritize primary and community eye care services. Prioritization includes adequate funding, workforce training and coordination with other services to ensure effective referral systems. Primary health care services are delivered in settings such as general practices, community health centres, allied health practices and via communication technologies such as telehealth and video consultations.

Primary eye care is prioritised within wider eye care service planning. The *National Eye Care Plan 2022-2026* aims to strengthen primary eye care services[38] (a).

Although the Ministry of Health's *Role Delineation Policy* defines the scope of services across various levels of the healthcare system[39], there are currently no **evidence-based guidelines to support the diagnosis and management of eye conditions** within a primary care context. The *Handbook for the Medical and Nursing Volunteers* (2014) provides guidelines for the management of eye care services in outreach settings[40] and the WHO guide is used for the management of diabetic retinopathy[41] (b).

There is a defined **list of medical equipment** for provision of primary health care, and this list includes ophthalmic equipment[42] (c).

There is a **defined package of services** for the provision of primary health care at each level of the health care system from the community level to provincial hospitals, and this includes primary eye care services[43] (d).

The Village Health Worker Programme is the flagship of the national **primary health care programme**[44]. The programme involves trained community health workers providing basic health services, health education, and referrals from aid posts. However, eye care is not explicitly listed as a core component of the programme (e & f).

Eye care is integrated into the **training of primary care providers**, e.g. nurses[45, 46] (g).

Proposed maturity level score = 3 **Needs minor strengthening**

- Primary eye care services are an integral part of primary level health facilities throughout the country (L4).
- Frameworks are in place to guide the scope and type of eye care delivered at the primary level, including workforce training, essential medicines for eye care and effective referral systems even though effective implementation of these frameworks are often lacking (L2).

Possible actions – Reorientation of eye care services towards primary eye care within primary health care

- Ensure effective implementation of policies aimed at reorienting eye care services towards primary eye care (*).
- Strengthen appropriate primary level workforce training for eye care.

[38] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme. Accessed 12 May 2025
[39] Ministry of Health. Role Delineation Policy. Accessed 13 May 2025 here
[40] PCV Health. Handbook for medical and nursing volunteer members, Page 15. Accessed 13 May 2025 here
[41] Diabetic retinopathy screening: a short guide. Increase effectiveness, maximize benefits and minimize harm. Copenhagen: WHO Regional Office for Europe; 2020. Licence: CC BY-NC-SA 3.0 IGO. Accessed 14 February 2026 here
[42] Ministry of Health. Role Delineation Policy, Page 28-42. Accessed 13 May 2025 here
[43] Ministry of Health. Role Delineation Policy, Page 28-42. Accessed 13 May 2025 here
[44] Ministry of Health. Annual Report 2023, Page 57. Accessed 12 May 2025
[45] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme. Accessed 12 May 2025
[46] Williams C, Szetu JL, Ramke J, Palagyi A, du Toit R, Brian G. Evaluation of the first 5 years of a national eye health programme in Vanuatu. *Clinical & experimental ophthalmology* 2008; **36**(2): 162-7. Accessed 18 March 2024 here

Block 2: Service delivery – access

5. Equity of eye care services coverage across disadvantaged population groups

WHO Definition: Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. Equity is considered in terms of the eye care services coverage of marginalized or vulnerable groups that exist in the population, e.g. women, poor communities, indigenous people, ethnic minorities, people with disabilities, people in aged care, prisons, refugee camps.

The *Ministry of Health Policies*[47] indicate a commitment to devolve health service functions to all areas of Vanuatu in accordance with **the principles of access, equity and health needs** and to pursue preventative health practices as a priority in order to create a more effective health system. This commitment was renewed in the recent *Health Sector Strategy 2017- 2020*[48]. Similarly, the Ministry of Health established an inclusive Health Committee in 2021 in response to the *Health Sector Strategy 2021-2030*[49] (a).

There is limited **evidence available in the country about equity of eye care service coverage** (b).

The *National Eye Care Plan 2022-2026* aims to improve the accessibility of eye care services by establishing regular screening outreach services to remote areas in each of the provinces in collaboration with other eye and health care providers[50]. There is no other focused strategy to ensure that primary health care including **primary eye care effectively serves the most marginalized and disadvantaged groups** in society (c).

There are currently no specific **policies regulating the private health sector**, including the provision of primary eye care services. However, the Nursing Council, the Health Practitioners Board and several professional bodies—such as the Medical Doctors Association and the Environmental Health Officers Association—play a role in overseeing private practice standards[51]. The *Public Health Act* provides limited regulatory guidance for the private sector, but it does not explicitly address eye health services[52](d).

Some data on eye care services are centrally collected in the public sector (e.g. the number of consultations for conjunctivitis and other eye infections) **but not analysed and published**; these data generally include patient information such as sex/gender, age, health facilities, area council and province (administrative unit) (e).

Progress to address inequity/reduce inequality are not regularly reviewed (f).

Proposed maturity level score = 1 **Needs establishing**

- There is a low level of equitable access to eye care. There are some disadvantaged population groups that miss out on the eye care they need. The gap between groups is reasonably large (L2).
- Inequities in eye care services coverage are rarely assessed and not well addressed (L1).
- There is increased recognition of the problem of inequity, but much less action to address it (*).

Possible actions – Equity of eye care services coverage across disadvantaged population groups

- Identify groups that may not be accessing the eye care they need or are provided lower quality of care.
- Develop the necessary legislation and regulations to strengthen joint accountability for equity in eye care.
- Use mechanisms that actively promote involvement of local people and stakeholders in problem definition and solution development.
- Ensure regular joint review of progress, which fosters common understanding and sustains commitment to deliver shared results over time.

[47] Ministry of Health. Ministry of Health Policies, Page 13. Accessed 18 March 2024 here
[48] Ministry of Health. Role Delineation Policy, Page 11. Accessed 13 May 2025 here
[49] Ministry of Health. Annual Report 2023, Page 86. Accessed 12 May 2025
[50] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme, Page 3. Accessed 12 May 2025
[51] Ministry of Health. Ministry of Health Policies, Page 13. Accessed 18 March 2024 here
[52] Laws of the Republic of Vanuatu Consolidated Edition 2006, Page 4. Accessed 18 March 2024 here

6. Primary level eye care services integrated into primary health care

WHO Definition: Primary care is that level of a health system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care provided elsewhere or by others. It is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care. Most eye conditions can be addressed at the primary level and eye care services need to be fully integrated.

Refractive and optical services are available at public primary level facilities intermittently, depending on availability of trained nurses and spectacles (dependent on support from The Fred Hollows Foundation NZ) (a).

There are system/strategies and tools in place to **periodically assess functioning of primary health care facilities**. However, these tools do not include whether staff are **motivated, competent and equipped** to provide quality services, and do not collect data specific to eye care. Some external evaluations have been done to assess the overall health infrastructure, equipment and staffing[53] and service readiness[54], but eye care was not included (b).

Research on **barriers to accessing primary eye care** is rare/non-existent. However, a study published in 2022 reported patient perspectives of diabetes and diabetic retinopathy services[55] (c).

There is a mechanism to **monitor the availability of essential drugs, including ophthalmic drugs** at the primary level through a computerised inventory management system[56, 57] (d).

Vanuatu uses DHIS2 for aggregated health reporting and 'mSupply' for pharmacy supply management and supply chain logistics[58]. However, neither of these **electronic health records systems** are commonly implemented at the primary level, and neither includes eye care; there are no **mobile health solutions** used for eye health (e).

Proposed maturity level score = 2 **Needs major strengthening**

- Patients, including the most disadvantaged, have some access to affordable eye care outside ophthalmic clinics and hospitals (L3).
- There is a moderate level of integration of eye care into primary health care; delivery of eye care interventions occurs where needed; some eye care personnel are available in primary health care (L2).
- There is a low level of distribution of eye care in primary health care; there are many geographic gaps, and urban areas are significantly better served (L2).

Possible actions – Primary level eye care services integrated into primary health care

- Expand eye care into key primary health care facilities.
- Strengthen outreach and mobile clinic programmes to deliver quality primary eye care to communities with major barriers.
- Assess which groups are not accessing care due to financial constraints and develop strategies to improve financial access, e.g. removal or reduction of user fees, voucher programmes.
- Review transportation issues and develop solutions for geographically convenient service delivery.
- Expand electronic health and introduce mobile health to facilitate access to eye care.

[53] Health Resource Facility. Australian Health Portfolio Review, Vanuatu, Page 19. Accessed 12 May 2025 here
[54] Ministry of Health. Health Facility Readiness and Service Availability Assessment, Page ii. Accessed 12 May 2025 here
[55] Ofanoa M, Aitip B, Ram K, et al. A qualitative study of patient perspectives of diabetes and diabetic retinopathy services in Vanuatu. *Health promotion journal of Australia : official journal of Australian Association of Health Promotion Professionals* 2022; **33**(1): 289-96. Accessed 12 May 2025 here
[56] Ministry of Health. National Medical Policy 2015-2020, Page 08. Accessed 12 May 2025 here
[57] Ministry of Health. Role Delineation Policy, Page 55. Accessed 12 May 2025 here
[58] Asia Development Bank. Digital Health Implementation Guideline for the Pacific 2021, Pages 12, 25, & 76. Accessed 12 May 2025 here

7. Community-delivered eye care services

WHO Definition: Community health services provide support across a range of needs and age groups but are most often used by children and older people. Community services often support people with multiple, complex health needs. Community-delivered eye care refers to programmes or services that are integrated into other community-delivered health programmes. The defining feature is that they are delivered in community settings and usually are a form of secondary care. Delivery settings commonly include local health facilities, homes, schools and child care settings.

Eye care services are periodically being **delivered in the community,** including seven government-funded surgical outreach trips between 2006 and 2021. The Fred Hollows Foundation NZ has provided support for additional surgical outreach over this period. The Presbyterian Church of Vanuatu engage an optometry team from Australia to conduct annual visit to rural areas to do refraction and dispense glasses and refer people who require surgery to the referral hospitals. The *National Eye Care Plan 2022-2026* includes an aim to provide at least annual outreach visits to the four provincial hospitals and other health centres[59] (a).

World sight day is observed in the country[60] (b).

Proposed maturity level score = 3 **Needs minor strengthening**

- There is a low level of distribution/coverage of community-delivered eye care in the country. There are some geographic areas or population groups that miss out on the community-delivered eye care they need (L3).
- There is a limited mix of community-delivered eye care programmes based on population need; these programmes may include activities to create awareness and screen and are integrated into a wide range of other community-delivered health programmes although there are gaps (L3).

Possible actions – Community-delivered eye care services

- Integrate eye care into other health programmes delivered to communities.
- Increase coverage of community-delivered eye care programmes.
- Undertake community awareness-raising actions, e.g. television, radio, the internet, social media, billboards and brochures to emphasize the importance of eye care; raise awareness about the availability of effective interventions that address all eye care needs across the life course; and raise awareness of the availability of vision rehabilitation.

[59] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme. Accessed 12 May 2025

[60] Toara Ezra. World Sight Day 2024 focuses on children's eye health. Daily Post Digital Network, 11 October 2024. Accessed 13 May 2025 here

8. Integrated paediatric eye care services

WHO Definition: This refers to the accessibility of paediatric eye care, including screening at maternity facilities and schools. Target populations include newborn infants, low-birth weight infants at risk of retinopathy of prematurity, and school-aged children.

The *Standard Guidelines for Obstetrics, Gynaecology and Newborn Care* and the *Essential Newborn Care Package*[61] include some components of **routine eye examinations of newborn infants**, including prevention of ophthalmia neonatorum[62] (a).

All newborn infants are given **routine physical examinations** and care for the identification and the management of warning symptoms including ophthalmia neonatorum[63] (b).

There are no national guidelines for screening and management of **retinopathy of prematurity** (c, d).

There is no **specialized tertiary eye care centre** for management of retinopathy of prematurity (e, f).

There is no national **guideline for routine, periodic eye examinations for school-aged children.** *The National Eye Care Plan 2022-2026* includes an aim to develop a school vision screening protocol, with guidance on target age groups, clinical cut-offs, spectacle supply and referral mechanisms[64] (g).

Screening for **eye conditions, including amblyopia** is not commonly conducted in pre-schools (h).

Some **children at primary or secondary level schools** are screened for eye conditions, including uncorrected refractive error primarily through outreach activities. The *National Eye Care Plan 2022-2026* includes an aim to support all eye care nurse practitioners in the country to implement annual plan for school screening visits in collaboration with other eye care and health care providers[65]. However, at the time this report was prepared, the initiative had not been implemented due to a lack of funding support (i).

Proposed maturity level score = 2 **Needs major strengthening**

- Some paediatric eye care services are available to part of the population (L2).
- Services are available in provincial hospitals or health centres. Populations in rural areas cannot reach services easily (L2).

Possible actions – Integrated paediatric eye care services

- Strengthen effective, cross-sectoral screening and referral systems.
- Ensure that up-to-date evidence-based guidelines (national or international) are in place for screening, referral and management of paediatric eye care.
- Monitor adherence to guidelines among health care providers.
- Develop systems for screening and management of retinopathy of prematurity.
- Reach out to the education sector and parents to advocate for eye care for their school-aged children, including periodic vision screening.

[61] Ministry of Health. Role Delineation Policy, Page 33. Accessed 13 May 2025 here
[62] Ministry of Health. Standard Guidelines for Obstetrics, Gynaecology and Newborn Care, Page 128, 131. Accessed 28 Marh 2024 here
[63] Ministry of Health. Standard Guidelines for Obstetrics, Gynaecology and Newborn Care, Page 128, 131. Accessed 28 Marh 2024 here
[64] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme, Page 6. Accessed 12 May 2025
[65] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme, Page 6. Accessed 12 May 2025

9. Integrated cataract surgical services

WHO Definition: This refers to the accessibility, quality and affordability of cataract surgical services to all people in need, regardless of the level of vision loss due to cataract.

The **visual acuity definition for the population in need of cataract surgery** in the country is 'best corrected visual acuity less than 6/18 in the better eye' (a).

The visual acuity definition for an **effective cataract surgical outcome** in the country follows the 'presenting visual acuity 6/12 or better in the operated eye' (b).

Data on the **number of cataract surgeries** by sector and type of surgery are not publicly available. However, the clinical teams at Vila Central Hospital and Northern Provincial Hospital collect, compile and report the data to the Ministry of Health (c, d).

Data to calculate the **current cataract surgical rate, cataract surgery coverage and effective cataract surgery coverage** (eCSC) in the last calendar year are not readily available. The estimated cataract surgical rate in 2012 was 1,309[66]. The *National Eye Care Plan 2022-2026* includes an aim to increase the national cataract surgery rate from 1000 in 2023 to more than 1500, while maintaining quality surgical outcomes based on WHO standards[67]. In 2024, a total of 487 cataract surgeries were performed nationally (all at the National Eye Care Centre in Port Vila), which gives an estimated cataract surgery rate of 1483 per million population (487/328,316[68]). Between January and August 2025, an additional 202 cataract surgeries were conducted (Source: National Eye Care Centre patient register) Cataract surgical coverage and effective cataract surgical coverage were estimated from the Rapid Assessment of Avoidable Blindness in 2023 (see item 30). Data are not available to reports trends over the past five years (e, f).

Data on **barriers to cataract surgical services** are not periodically collected within the health information system. The main barriers to cataract surgery among people with operable cataract identified in the Rapid Assessment of Avoidable Blindness (RAAB) Survey in 2023 included 'need not felt' (53.8%), 'cannot access treatment' (15.4%), 'cost' (9.0%), and 'unaware that treatment is possible (6.4%). Uncommon reasons were 'surgery denied by provider' (1.3%) and 'fear' (1.3%)[69] (g).

There is a **systematic mechanism for monitoring of the quality of cataract surgery** (post-operative visual acuity). Patients from remote islands who undergo surgery at Vila Central Hospital or Northern Provincial Hospital are followed up twice at the hospital before discharge. After these initial follow-ups, they are referred to eye nurses at their respective provincial hospitals for two additional follow-up visits. For patients operated on at outreach sites, only the first follow-up is conducted by the outreach team. Subsequent follow-ups are carried out at the relevant provincial hospital. However, there is currently no mandatory requirement to record or report post-operative visual acuity data (h).

Cataract surgery in the public sector incurs **no direct out-of-pocket costs** from the patient. Services rely heavily on support from The Fred Hollows Foundation NZ[70] (i).

There is no **national insurance scheme** to cover the cost of cataract surgeries. However, the number of cataract surgeries conducted annually depends on the availability of funding from the government and developmental partners (j).

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[66] IAPB. Vision Atlas - Country map & estimates of vision loss. National indicators for eye health services in Vanuatu. Accessed 13 May 2025 here

[67] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme, Page 9. Accessed 12 May 2025

[68] Ministry of Health. Vanuatu Health Sector Population Estimates 2020-2029, Page 6. Accessed 20 September 2025.

[69] The Fred Hollows Foundation NZ and Vanuatu Ministry of Health. (2024). Vanuatu RAAB 2023: A national survey of avoidable blindness and vision impairment. The Fred Hollows Foundation NZ, Auckland NZ.

[70] IAPB. Vanuatu Eye Clinic Launch. Accessed 13 May 2025 here

Proposed maturity level score = 3 **Needs minor strengthening**

- Services are available free of charge for all citizens (L4).
- Services are available everywhere but do not reach some of the population (L3).
- Outreach services are dependent on the availability of donor funding (L2).

Possible actions – Integrated cataract surgical services

- Monitor and review cataract surgical services performance and outcomes, including patient perception of services.
- Ensure the sustainability of outreach services (*).
- Identify strategies to make services more accessible to underserved groups (*).

10. Integrated diabetic eye care services

WHO Definition: Prevention of vision impairment from diabetic retinopathy is achieved principally through control of diabetes, early detection of retinal changes and timely treatment. Population awareness, adherence, detection and early treatment rely on eye care being integrated into diabetes programmes and services at all levels.

The **prevalence of diabetes** was estimated to be 15.6% among people aged 20-79 years in 2021[71]. A recent population-based Rapid Assessment of Avoidable Blindness (RAAB) Survey reported a diabetes prevalence of 13.3% (including both known and suspected cases) among people aged ≥50 years, with a diabetic retinopathy prevalence of 29.2% among individuals with diabetes.[72] Currently, there is no publicly available data on the proportion of individuals with diabetes receiving regular eye examinations. However, in 2024, the National Eye Care Centre in Port Vila screened 487 individuals for diabetic retinopathy (228 males and 259 females). Of these, 48 were diagnosed with non-sight threatening diabetic retinopathy and 165 were diagnosed with sight-threatening diabetic retinopathy. (Source: National Eye Care Centre patient register). In addition, the 2023 RAAB survey found that **85.9% (358/417) of participants with known diabetes had never undergone an eye examination**. Among participants with known or suspected diabetes (n=585), 21.2% were diagnosed with non-sight threatening diabetic retinopathy, and 8% had sight-threatening diabetic retinopathy (a).

There is **no structured diabetic retinopathy programme** for screening or treatment. Diabetic retinopathy screening occurs ad hoc at the National Eye Centre when someone with known diabetes presents. Similarly, ad hoc screening occurs on outreach. Treatment is only available at the National Eye Centre. The *Role Delineation Policy* outlines that **diabetic retinopathy screening, and referral services** should be available in the Provincial Hospitals and Regional Referral Hospitals[73], however, the services only occur when a team from the National Eye Centre conducts outreach. The *National Eye Care Plan 2022-2026* includes an aim to train six eye nurses with post-graduate training in diabetes eye care who will be placed in three provincial/referral hospitals[74]. However, this initiative had not been implemented at the time this report was prepared, as the new Pacific Eye Institute (PEI) curriculum for diabetic retinopathy had not yet commenced (b).

The WHO and regional (Pacific Eye Institute) **guidelines** are used in the management of diabetes and diabetic retinopathy (c, d).

Retinal laser therapy is available only at the Vila Central Hospital (the National Eye Care Centre). The 2023 RAAB survey reported that, among participants with known or suspected diabetes, 1.0% had evidence of previous laser treatment, indicated by the presence of retinal laser scars (e).

The ***WHO Tool for the Assessment of Diabetic Retinopathy and Diabetes Management Systems*** **(TADDS)** has not been implemented (f).

Proposed maturity level score = 1 **Needs establishing**

- The services are not available everywhere; they can be found free of charge in the National Eye Centre and are accessible only to those who can afford the travel and accommodation expenses (L1).

Possible actions – Integrated diabetic eye care services

- Implement diabetic retinopathy screening outreach clinics across the country (*).
- Strengthen NCD hub to implement diabetic retinopathy screening and referral (*).
- Monitor clinician and patient adherence to ensure periodic eye examinations for people with diabetes, even if asymptomatic.
- Raise awareness among stakeholders, including national noncommunicable diseases/diabetes programmes, about the eye care needs of people with diabetes.
- Implement the *WHO Tool for the Assessment of Diabetes and Diabetic Retinopathy* (TADDS) to inform a situation analysis and the development of diabetic retinopathy programmes.

[71] The World Bank. Diabetes prevalence (% of population ages 20 to 79) – Vanuatu. Accessed 14 May 2025 here
[72] The Fred Hollows Foundation NZ and Vanuatu Ministry of Health. (2024). Vanuatu RAAB 2023: A national survey of avoidable blindness and vision impairment. The Fred Hollows Foundation NZ, Auckland NZ.
[73] Ministry of Health. Role Delineation Policy, Page 48. Accessed 14 May 2025 here
[74] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme, Page 4. Accessed 14 May 2025

11. Integrated refractive and optical services

WHO Definition: Refractive services refer to an assessment of the corrective needs of a person with uncorrected refractive error. Optical services refer to provision of correction spectacles or contact lenses.

Data on **the number of spectacles provided in the past calendar year** across sectors in the whole country is not publicly available. However, the National Eye Care Centre in Port Vila dispensed a total of 240 spectacles in 2024. Between January and August 2025, an additional 131 spectacles were dispensed (Source: National Eye Care Centre patient register). The Presbyterian Church of Vanuatu provides refraction and optical services at Independence Park Clinic and on outreach to the provinces but data are not reported to the Ministry of Health. (a).

The Rapid Assessment of Avoidable Blindness Survey 2023 reported on the estimates of **refractive error coverage and effective refractive error coverage** for distance. Age- and sex-adjusted distance refractive error coverage and effective refractive error coverage were 12.6% (95%CI 9.8%-15.3%) and 10.3% (95%CI 7.7%-12.9%) respectively in 2023. This suggests that a significant proportion of individuals with distance refractive error are not receiving necessary corrective services. Estimates of near refractive error coverage and effective refractive error coverage were not reported. However, about one third of participants (33.8%) were reported as using near vision spectacles[75] (b,c).

There is no **trend data** available for refractive error or effective refractive error coverage (d,e).

There is no government-based **health financing mechanism** available to make spectacles more affordable[76]. The Fred Hollows Foundation NZ procures spectacles dispensed from the National Eye Centre. The optical workshop and outreach services run by The Presbyterian Church of Vanuatu[77] provide spectacles and refraction services at a subsidised cost. Other NGOs and outreach programs occasionally provide free or subsidised spectacles, especially in remote communities, but these are not consistently available (f).

The ***WHO Tool for the Assessment of Refractive Error Services*** (TARES) has not been implemented (g).

Proposed maturity level score = 2 **Needs major strengthening**

- Some refractive and optical services are available to part of the population (L2).
- Optical services are available in private and NGO facilities and in some regional hospitals and are partly paid by the patients. Populations in rural areas cannot reach services easily; transport to the health facilities and the cost of service are the main barriers (L2).

Possible actions – Integrated refractive and optical services

- Advocate for the provision of spectacles as responsibility of the health system, in line with the WHO Priority assistive products list.
- Develop health financing mechanisms (e.g. government procurement) to make spectacles more affordable and accessible for low-income patients.

[75] The Fred Hollows Foundation NZ and Vanuatu Ministry of Health. (2024). Vanuatu RAAB 2023: A national survey of avoidable blindness and vision impairment. The Fred Hollows Foundation NZ, Auckland NZ. Accessed 25 August 2025

[76] Ramke J et al. Public sector refraction and spectacle dispensing in low-resource countries of the Western Pacific. *Clinical & Experimental Ophthalmology*, Page 339. Accessed 12 May 2025 here

[77] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme, Page 10. Accessed 12 May 2025

12. Integrated low-vision and vision rehabilitation services

WHO Definition: Low-vision and vision rehabilitation services are for people who have residual vision that can be used and enhanced by aids, making them fully functional. Services may include provision of rehabilitation, assistive technology and assistance and support services.

Basic **low vision and vision rehabilitation services**, such as custom-made glasses, lenses and walking sticks are available, primarily through the National Eye Centre in Port Vila (a).

Low-vision aids can be prescribed by an ophthalmologist or by specialised eye care nurse practitioners (b).

Costs of low-vision and vision rehabilitation services are covered by patients. There is ad hoc NGO support to make low-vision devices more affordable for low-income patients (c,d).

The government is actively working toward **inclusive education for all learners**, including those with vision impairment. The *Inclusive Education and Training Policy 2025–2030* was launched to ensure that children with disabilities, including blindness or low vision, can access mainstream education with appropriate support[78] (e).

There is no data on the number of blind or vision impaired children in the country, nor on the **proportion attending school** (f).

Referral and communication between eye care providers at the National Eye Centre and others such as schools and NGOs regarding low vision aids and rehabilitation services commonly occur, even though there is no structured referral system in place (g).

There are no formal **member organizations** for children and adults with vision impairment or blindness. However, Save the Children and World Vision provide services for vision impaired people with limited coordination and collaboration with the Ministry of Health and National Eye Care Centre (h).

The ***WHO Tool for the Assessment of Rehabilitation Services and Systems*** (TARSS) has not been implemented (and does not appear currently available for implementation) (i).

Proposed maturity level score = 2 **Needs major strengthening**

- Some low-vision and vision rehabilitation services are available to part of the population (L2).
- Services are available in Port Vila and costs of devices are generally paid by the patients. Populations in rural areas cannot reach services easily (L2).

Possible actions – Integrated low-vision and vision rehabilitation services

- Develop policies and plans for services that are integrated and decentralized, for example, rehabilitation services provision within primary and secondary health care settings.
- Raise population awareness of available services.
- Strengthen collaboration and coordination between government and NGOs working in low vision and rehabilitation (*).
- Provide financial protection for people needing low vision rehabilitation services (including devices) who cannot afford out-of-pocket costs (*).

[78] Inclusive Education Initiative. Vanuatu: Encouraging parents to enroll children with disabilities in school, 17 September 2024. Accessed 16 May 2025 here

Block 3: Service delivery – quality

13. Extent to which eye care services are delivered in a timely way and along a continuum, with effective referral practices

WHO Definition: Timely refers to eye care being provided quickly, or as required, after a need is recognized. It includes care delivered on a continuum that results in a smooth transition between health services. Referral practices are highlighted as a key component in the achievement of timely care and are important for increasing access to care.

There are defined **packages of eye care services** to be provided at each level of care in the *Role Delineation Policy*[79] (a).

A national **referral policy (and guideline)** for health care practitioners has been in place since 2019; it includes referral guidelines for patients with vision impairment[80] (b).

There has been no assessment on the **efficiency of referral** of eye care within the last 10 years (or ever) (c).

The average **waiting time for cataract surgery** in the public sector varies greatly across the provinces. There is no waiting time at the National Eye Centre in Port Vila, while people in rural areas rely on scheduling of outreach trips[81] (d).

Case co-ordination and/or case management are not actively promoted and applied across the health system (e).

There is no publicly available **health service directory** of providers. The Ministry of Health provides a web-based health facility map[82] and a *Community Health Services Directory*[83], which provide an overview of hospitals, health centres, dispensaries, and aid posts across the country but does not outline where eye services are available (f).

Proposed maturity level score = 3 **Needs minor strengthening**

- Services are mostly timely with a few waiting lists (L3).
- There is a moderate level of continuum of care for eye care and between eye care and other services, and transitions occur moderately smoothly at a moderate level of frequency. Some efforts and mechanisms exist to achieve this, but more are needed. Efforts may include models of care, referral pathways, two-way clinical referral communication, service directories, case management and case coordination (L3).

Possible actions – Extent to which eye care services are delivered in a timely way and along a continuum, with effective referral practices

- Carry out a health system referral assessment to identify current problems with the referral system, including levels of patient satisfaction and confidence in services at each level.
- Design user-friendly health services directories of eye care providers and services across the country (*).

[79] Ministry of Health. Role Delineation Policy, Page 48. Accessed 23 September 2024 here
[80] Ministry of Health. National Referral Policy, Page 22. Accessed 23 September 2023 here
[81] Moore, Katie. Vanuatu National Eye Centre celebrates zero-patient cataract backlog. Island Business, August 14, 2023. Accessed 16 May 2025 here
[82] Ministry of Health. Health Facility Mapping. Accessed 26 August 2025 here
[83] Ministry of Health. Community Health Services. Accessed 26 August 2025 here

14. Extent to which eye care services are person-centred, flexible and engage patients in decision-making

WHO Definition: Person-centred care refers to the way in which care is delivered; it is a way of thinking and doing things that sees people as equal partners in planning, and supports individualized, flexible adaptation and adjustment of care to meet the person's needs and priorities.

The *Health Sector Strategy 2017-2020*[84] and *The Role Delineation Policy* of the Ministry of Health[85] recognise **people-centredness** as one of the key principles of care (a).

There are limited **undergraduate and postgraduate education programmes** for health professionals in the country. While the term **'people-centredness'** may not always be used directly, the training programs and health reforms in Vanuatu, such as 'Pacific Open Learning Health Net (POLHN)' [86] clearly reflect its values—such as respect for patients, community involvement, and holistic care (b).

Patient care experience and satisfaction data have not been systematically collected in Vanuatu's health system to date, despite being highlighted as a priority in the national strategic plan. However, efforts are now underway to begin monitoring these aspects within the country's referral hospitals[87]. The *National Eye Care Plan 2022-2026* has an aim to obtain information from the community about their expectations and assessment of eye care services[88] (c, d).

Proposed maturity level score = 2 **Needs major strengthening**

- The concept and practice of person-centred care are not widely understood across health services. Some personnel may practice it when they can (L2).
- The delivery of eye care is occasionally tailored and adapted to the needs and priorities of patients and their families (L2).

Possible actions – Extent to which eye care services are person-centred, flexible and engage patients in decision-making

- Collect data on patient experience and satisfaction of people using eye services (*).
- Train health (eye) care practitioners on person-centred care.
- Train/promote education and empowerment of users and their families/carers in eye care and develop more education materials for families.
- Develop case management and coordination practices that engage users in decision-making to deliver eye care that is flexible and tailored.
- Ensure input of users and their families during decision-making, to deliver flexible and tailored services.

[84] Ministry of Health. Health Sector Strategy (HSS) 2017-2020, Page 11. Accessed 23 September 2024 here
[85] Ministry of Health. Role Delineation Policy, Page 07. Accessed 23 September 2024 here
[86] World Health Organization. Health workers in Vanuatu improve skills. Accessed 16 May 2025 here
[87] Toloka, Hillary. Patients' satisfaction of the care provided at the Emergency Department and Outpatient Department at Vila Central Hospital, Vanuatu. Accessed 16 May 2025 here
[88] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Vanuatu National Eye Care Programme, Page 7. Accessed 12 May 2025

15. Eye care services acceptability and adherence

WHO Definition: This refers to people's willingness to seek eye care – an indication that people are not discouraged from seeking services by factors such as cost or accessibility. Acceptability is high when users perceive services to be of good quality, effective, socially and culturally appropriate, accessible and convenient.

The health information system does not collect **patient perception and adherence data** (a).

There is no dedicated programme to promote **health literacy, including adherence,** to eye care patients, even though (general) health promotion, education, and prevention activities are an integral part of the primary health care system[89] (b).

There is no evidence of dedicated programme to improve the **health literacy environments within the eye care services**, to match the health literacy level of the people who use the services. However, eye health promotion and basic preventive measures for common eye problems are delivered in the primary eye care setting[90] (c).

Reports on the quality and cost of eye care services at government facilities are not always made available to the public (d).

Recruitment processes for eye care workers do not usually consider workforce characteristics and ability (e.g. gender, language, culture, age) to maximize patient acceptability and promote demand for services. However, the general recruitment processes comply with the merit and equity criteria in accordance with the *Public Service Act* of the Vanuatu Government[91] (e).

Proposed maturity level score = 2 **Needs major strengthening**

- There is no information about how community perceives eye care services quality and effectiveness (L1).
- The organization of services and delivery of eye care interventions are such that they are often inconvenient to reach for some population groups (L2).
- The composition of the eye care workforce is currently shaped more by availability than by the actual needs required to deliver socially and culturally appropriate services (L2).

Possible actions – Eye care services acceptability and adherence

- Improve eye health literacy environments within health services, to match the eye health literacy levels of the people who use the services.
- Develop eye care services that are convenient, culturally safe and suitable to population needs.
- Develop action plans to recruit a diverse eye care workforce that can help make eye care socially and culturally safe and acceptable across the population.

[89] Ministry of Health. Role Delineation Policy, Page 29. Accessed 26 August 2025 here
[90] Ministry of Health. Role Delineation Policy, Page 28, 48. Accessed 23 September 2024 here
[91] The Government of the Republic of Vanuatu. Public Service Staff Regulation Manual, Page 32. Accessed 26 August 2025 here

16. Extent to which eye care interventions are evidence based

WHO Definition: Evidence-based eye care interventions are those that have been peer-reviewed, documented, and show empirical evidence of effectiveness.

International (regional) guidelines are in place for the most common eye care services. In addition, national and local guides and manuals are available and are generally used (often integrated with other health care conditions) for some eye conditions, such as red eye, eye injuries, chemical spills, other common eye disorders accompanied with poor vision, neonatal conjunctivitis and Vitamin A deficiency[92] (a).

The government assesses the **level of evidence for clinical practice guidelines, models of care, standards, or protocols** that are used to guide health care services in the country and updates these in line with international guidelines, but there is no defined process for this other than having a *Clinical Services Plan 2019,* which provides a strategic framework for clinical service development across Vanuatu, including eye care[93] (b).

The government promotes **adherence to clinical practice guidelines** (i.e. models of care, standards, or protocols) through refresher training (on general eye care and diabetic retinopathy), which is funded by The Fred Hollows Foundation NZ, but the level of adherence to the specific guidelines/protocols are not assessed systematically[94] (c).

Proposed maturity level score = 3 **Needs minor strengthening**

- Eye care interventions are usually evidence-based. Some national clinical practice guidelines, protocols, standards of care, models of care, and other guidance exist to support the use of evidence-based interventions, but gaps exist (e.g. *Health worker's manual* – standard treatment guidelines available in the *Vanuatu Guideline Host App* was developed in 2013) and a few more are needed (L3).

Possible actions – Extent to which eye care interventions are evidence based

- Review and update clinical practice guidelines, standards of care, models of care, and other guidance for priority conditions periodically.
- Promote adherence to guidelines and standards.
- Ensure the development and effective implementation of regular Continuing Medical Education (CME)/ Continuing Professional Development (CPD) programs for eye care nurses.

[92] Ministry of Health. Health Worker's Manual – Standard Treatment Guidelines. Vanuatu Guideline Host 2013, Accessed 26 August 2025 here
[93] Ministry of Health. Clinical Services Plan 2019, Accessed 26 August 2025 here
[94] Ministry of Health. Clinical Services Plan 2019, Page 11, Accessed 26 August 2025 here

17. Safety of eye care services

WHO Definition: Patient safety refers to the absence of preventable harm to a patient during the process of providing eye care and to keeping the risk of unnecessary harm associated with eye care provision to an acceptable minimum. Unsafe medical care may lead patients, especially in low-income countries, to opt out of using the formal health care system, thereby making unsafe care a significant barrier to access for many of the world's poor. Quality and safety of patient care are intimately linked with clinical and organisational governance and management.

No government accredited mechanisms are in place to ensure **patient safety standards in health care.** However, Vanuatu is part of regional efforts to strengthen clinical governance, which underpins patient safety[95] (a).

Clinical guidelines for patient safety do not exist (b).

Training and workshops are organised occasionally for ophthalmic teams to maintain their safety practices. However, this depends on the availability of external (donor) funding (c).

Safety systems, such as reporting adverse surgical and medical events, and identifying and managing patient-related risks at both outpatient and surgical levels, are not yet institutionalised. However, individual practitioners do report incidents in accordance with the Pacific regional recommendations (d).

Proposed maturity level score = 1 **Needs establishing**

- There is a moderate level of patient safety. Health care has a few mechanisms in place to support delivery of safe care even though it is not institutionalised, and eye care is moderately well integrated into these practices (L2).
- Quality improvement, quality assurance and/or quality learning systems are not established across eye care; actions such as adverse event reporting and incident reporting do not occur systematically (L1).

Possible actions – Safety of eye care services

- Ensure that eye care is integrated within broader health care policies that support safety.
- Establish and promote a system to report patient safety incidents.
- Involve and communicate with patients and the public.
- Promote clinician-submitted quality improvement reports in eye care.
- Establish a national level clinical governance mechanism (*).

[95] Australasian Institute of Clinical Governance. The story so far - Clinical Governance in the Pacific, Accessed 26 August 2025 here

18. Multilevel accountability for performance of eye care services

WHO Definition: This refers to accountability at the level of individual health personnel, health service providers, and governing agencies. Accountability means roles and responsibilities are clear and people are held to account. Accountability and transparency occur when there is acceptance of the consequences of actions for the areas of health for which people assume responsibility.

No defined systems are in place to **systematically monitor eyecare** services (such as quality assurance programmes, facility-level accreditation programmes, service audits, or regular service user feedback analysis). However, the *Ministry of Health Corporate Plan 2022-2025* has a provision to establish and implement structured guidance for managers to ensure new personnel are appropriately trained and briefed to deliver against their responsibilities aligned to Vanuatu Institute of Public Administration and Management (VIPAM) training and development activities[96] (a).

The national eye care plan identifies **goals and annual targets**. However, the roles and responsibilities in relation to goals and targets are defined loosely[97] (b).

The *Public Service Staff Regulation Manual* of the Government of Vanuatu outlines the performance management process designed to **monitor staff's annual performance against key objectives**[98] (c). Staff performance reviews are conducted annually for eye health workers, and accountability for the care experience of patients are commonly integrated into the staff performance review process.

Performance-based remuneration is in place for health workers in government facilities, including eye care workers. Staff members who receive excellent performance ratings are eligible for a performance award, which may be granted during the Public Service Day awards or through another recognised avenue. Detail of the award is approved by the Public Service Commission[99] (d).

Health facility data on eye care are compiled, **analysed, and reviewed** on an as-needed basis, typically in response to requests from supporting organisations such as The Fred Hollows Foundation NZ (e).

Proposed maturity level score = 2 **Needs major strengthening**

- Accountability for eye care within governing agencies, service providers, and health personnel is moderate. Agencies and individuals have a moderate level of clarity regarding roles and responsibilities (L3).
- Accountability for eye care is underpinned by only a few mechanisms and there are low levels of reporting against baselines and targets (L1).

Possible actions – Multilevel accountability for performance of eye care services

- Establish performance measurement framework for eye care.
- Introduce quality assurance, service audits, and service user feedback.

[96] Ministry of Health. MOH Corporate Plan 2022-2025.
[97] Ministry of Health. MOH Corporate Plan 2022-2025, Page 9.
[98] The Government of the Republic of Vanuatu. Public Service Staff Regulation Manual, Pages 257-264. Accessed 26 August 2025 here
[99] The Government of the Republic of Vanuatu. Public Service Staff Regulation Manual, Page 270. Accessed 26 August 2025 here

Block 4: Workforce and infrastructure

19. Workforce availability

WHO Definition: This refers to the availability of eye care personnel such as ophthalmologists, optometrists, and allied ophthalmic personnel.

The number of eye care personnel is shown in the table below (reported by the National Eye Coordinator) (a).

Cadre	**Primary level**	**Secondary level** *(Provincial hospitals)*	**Tertiary level** *Vila Central and Northern Provincial Referral Hospitals*	**Total current year**	**Total 5 years ago**[100]
National eye coordinator	—	—	—	1	1
Ophthalmologists	0	0	2	2[101]	1
Ophthalmology registrar	0	0	2	2	0
Eye care nurses[&]	0	6	8	14	9
Optometrists	0	0	0	3^	0
Optical dispenser	2	0	0	2	1

^Optometrists are available in private practices
[&]Two of these eye nurses have completed post-graduate certificate in diabetes eye care course from Pacific Eye Institute

Total number of **public sector eye care personnel**, by geographic distribution is shown in the table below. In the private sector, there are three optometrists in Port Vila. In the NGO-sector there is two optical dispensers[102] (b).

Cadre	**Urban** *(Port Vila and Santo)*	**Rural** *(including provincial hospitals)*
Ophthalmologists	2[103]	0
Ophthalmology registrar	2	0
Eye care nurses	8	6^

^Includes nursing service managers, some of whom are not full-time eye care nurses and rather oversee general services, including eye care. Their ability to support eye care delivery can be limited by the lack of essential equipment and medicines.
Source: National Eye Coordinator, Ministry of Health

The **availability of health workers with skills in eye care** has been assessed while preparing the *National Eye Care Plan 2022-2026*[104] (c).

The **'cataract surgeon'** cadre does not exist (d).

The government is implementing measures to ensure **appropriate distribution** of health care professionals as guided by the *Health Sector Strategy 2021-2030*[105], the *National Human Resources Development Plan 2020-2030*[106], and the *Ministry of Health Corporate Plan 2022-2025*[107]. In eye care, specific activities aimed at improving access to appropriate and adequate training are currently being implemented as per the *National Eye Care Plan 2022-2026* (e).

Proposed maturity level score = 1 **Needs establishing**

- The eye care workforce is experiencing major deficits. Too few personnel are being trained to meet basic population needs, even in urban centres. There are severe workforce shortages at the primary level of care (L1).
- Graduate numbers are insufficient to meet future demand (L2).

[100] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026, Page 11.
[101] The Fred Hollows Foundation NZ and Ministry of Health Vanuatu. Eye Care Snapshot 2023. Accessed 27 August 2025 here
[102] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026, Page 10.
[103] The Fred Hollows Foundation NZ and Ministry of Health Vanuatu. Eye Care Snapshot 2023. Accessed 27 August 2025 here
[104] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026.
[105] Ministry of Health. Vanuatu Health Sector Strategy 2021-2030, Pages 20-21. Accessed 27 August 2025 here
[106] Department of Strategic Policy, Planning and Aid Coordination, Republic of Vanuatu. Vanuatu 2030 The People's Plan. Accessed 27 August 2025 here
[107] Ministry of Health. MOH Corporate Plan 2022-2025, Page 38.

Possible actions – Workforce availability
- Prioritise developing the eye care workforce to serve communities at the primary level of care.
- Develop and implement targeted training strategies to equip non-eye care health professionals, such as registered nurses, with foundational knowledge and skills in primary eye care service delivery (*).
- Establish new eye care training programmes, e.g. Optometrists.
- Identify areas (level of the health system and geographic distribution) where there are chronic eye care workforce shortages and develop specific strategies to address this.

20. Workforce training and competencies

WHO Definition: This refers to the undergraduate, postgraduate, and other training that ensures development of an appropriate set of eye care competencies in the health workforce, comprising of ophthalmologists, optometrists, ophthalmic nurses, orthoptists, and opticians.

No training of the cadres listed (ophthalmologist, optometrist, eye care nurse, orthoptist, optician) occurs in Vanuatu. Training of ophthalmologists and eye nurses occurs at the Pacific Eye Institute in Fiji. Numbers fluctuate, but 1-2 eye care nurses **graduate each year**; two ophthalmologists have graduated in the past five years (a).

The range of eye care services provided by ophthalmologists and eye nurses are **regulated and endorsed** by the government and relevant professional bodies—ophthalmologists by the Medical Board and eye care nurses by the Nursing Council (b).

Given no training occurs in Vanuatu, the **type and length of training** is not specified by the government or other body and there is no **national curriculum** (c, d).

No continuing medical education (CME)/continuing professional development (CPD) occurs in Vanuatu for ophthalmologists or eye care nurses; **CPD is not compulsory** though the Vanuatu Nursing Council is actively working to establish a Continuing Medical Education (CME) and Continuing Professional Development (CPD) framework to support the advancement of specialised nursing roles, including eye care nursing (e-g).

Proposed maturity level score = 3 **Needs minor strengthening**
- Some efforts have been made to identify country-specific eye care needs and train the required eye care workforce (e.g. *National Eye Care Plan 2022-2026*), but these have not been implemented as expected (*, L3).
- Basic eye care is integrated into the Diploma in Nursing (general nurses) curriculum of the Vanuatu College of Nursing Education (L2).

Possible actions – Workforce training and competencies
- Support development of eye care training courses that are suited to the population needs and country context.
- Strengthen the capacity of Vanuatu College of Nursing Education to train eye care nurses in the country (*).
- Strengthen eye care nurses training opportunities to assist with provincial recruitment, retention, and continuing professional development (*).

21. Workforce planning and management

WHO Definition: This refers to the leadership, management, planning, and implementation of initiatives that strengthen the eye care workforce.

The government **plans and strategies for developing human resources** for health care include human resources for eye care[108, 109] (a).

The government-endorsed **registration and licence to practice** for ophthalmologists is granted by the Ministry of Health (Medical Board and Health Practitioners Board); for nursing practitioners and registered nurses (including eye nurses) this is endorsed by the Vanuatu Nursing Council. Optometrists get their registration and license endorsed by the Health Practitioners Board Vanuatu (b).

Ophthalmologists and nurses have a nationally accepted **code of conduct; t**his does not exist for optometrists (c).

Task shifting has been proposed in the national eye care plan as a strategy to train specialised eye care nurse practitioners (one year post-graduate diploma in eye care) and eye nurses (post-graduate training in diabetes eye care)[110] (d).

A case study has not been implemented related to distribution, retention strategies, subspecialty training for eye care (e).

The number of eye care workers is insufficient to meet demand, and several mechanisms are currently being discussed to scale up the eye care workforce, including government-led planning, increasing the number of posts available, government and NGOs scholarships for eye care personnel, and international recruitment[111] (f).

Proposed maturity level score = 2 **Needs major strengthening**

- Eye care workforce is being discussed. However, they are largely driven and dependent on donor support. These efforts are not yet routine or comprehensive (L2).
- Information about the situation eye care personnel is available, including details on workforce composition, distribution, and key challenges within the sector. However, this understanding has not yet been translated into formal policy discourse and action (L2).

Possible actions – Workforce planning and management

- Develop a specific plan for the geographic distribution of the eye care workforce, and/or ensure it is integrated into wider strategic planning for the health workforce, including at the primary level of care.
- Ensure the availability of government budget for eye care workforce training, recruitment, and retention (*).
- Introduce incentives to increase the workforce available outside major urban centres (*).

[108] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026.
[109] Ministry of Health. Vanuatu Non-Communicable Disease Policy and Strategic Plan 2021-2030, Pages 84-88.
[110] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026, Page 4.
[111] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026.

22. Refractive and optical services regulation

WHO Definition: Regulations refer to service quality, staff training, and dual practice. Refractive services refer to an assessment of the corrective needs of a person with uncorrected refractive error. Optical services refer to provision of correction spectacles or contact lenses.

Training certification is required to carry out a refraction, to write a prescription and to dispense spectacles in the public sector. Eye care nurses and ophthalmologists are the **personnel allowed to refract and prescribe spectacles** at public facilities. Optometrists and optical dispensers undertake these tasks outside the public sector and certification is unknown[112] (a, b).

Optical services are available in the public sector. Readymade and ready to clip glasses are available at the health facilities at which eye nurses work, via donation from The Fred Hollows Foundation NZ. Custom-made glasses are available only at the National Eye Centre (c).

No government department is involved in the **distribution/dispensing of spectacles** (d).

No policies exist **to regulate refractive and optical services** in the private sector (e).

The **optometrist and optician profession** does not exist in the public sector and therefore a career path has not been outlined (f, g).

No accredited education institutions are available for **optometrists** or **opticians** (h, i).

Proposed maturity level score = 2 **Needs major strengthening**

- No policies are in place to regulate the refractive and optical services in the private sector (L1).
- No educational institutions or alternative government arrangements are available to guarantee an adequate eye care workforce (*).

Possible actions – Refractive and optical services regulation

- Advocate for public sector and private sector collaboration to ensure refractive and optical services coverage is accessible to everyone.
- Develop career pathways for optometrists and opticians within public health care.
- Ensure effective implementation of the activities proposed in the national eye care plan (*).

[112] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026.

23. Workforce mobility, motivation, and support

WHO Definition: Mobility refers to the impact of international mobility of eye care professionals on the availability and effectiveness of the workforce. Motivation refers to the degree of willingness and effort towards attaining organisational or client goals demonstrated by eye care personnel. Support refers to the extent of support experienced in a workplace with a focus on workplace support and supervision mechanisms.

The rate of **attrition and international recruitment** of ophthalmologists is not monitored systematically, and records of practicing clinicians are maintained by the Health Practitioners Board of the Ministry of Health (a).

Vanuatu is **not a source country** for eye care professionals (b).

Governmental measures are in place to protect health and safety of workers and to regulate migrant workers[113, 114]. However, no explicit provisions regarding **rights and welfare** of the migrant professionals are in place, including for those working in eye care (c).

No **professional association or national society** for ophthalmologists exists, but ophthalmologists are generally affiliated to the Pacific Eye Care Society (PacEYES). The optometry profession does not exist. The Vanuatu Nurse Association (not active at the time of preparing this report) is affiliated with the South Pacific Nurses Forum[115] (d).

The *Ministry of Health Workforce Development Plan 2019-2025* includes an aim to build a positive supportive sustainable workplace culture that promotes honesty and integrity and enhances health care delivery, staff satisfaction, motivation and work performance by developing and implementing a comprehensive *Leadership Development Programme*[116]. This provisions of the government-led plan helps to **assess or improve motivation** of health care workers, including eye care personnel (e).

Proposed maturity level score = 2 **Needs major strengthening**

- The eye care workforce has a moderate to low level of motivation (L2).
- Staff motivation varies between individuals, but there is an overall concern that the concepts of professional ethics, quality of service and time management need further development within the workforce. Low motivation is due to many factors, including weak leadership and supervisory systems, a perception that salaries and/or benefits are inadequate, that some benefits are not paid per entitlement, and that there is lack of or inconsistency in rewards for good performance and discipline for poor performance[117] (L2).
- Eye care personnel have limited access to support and supervision they need, and to mentoring and coaching opportunities (L2).

Possible actions – Workforce mobility, motivation, and support

- Take a proactive approach to monitoring and managing international mobility. Country strategies may include concern for the rights and welfare of migrant health workers.
- Engage with the eye care workforce regarding motivation concerns and focus on the issues that can be addressed.
- Strengthen the support, supervision, and mentoring available to rural personnel.
- Support initiatives that build the status of eye care and highlight the contribution it makes to health outcomes.
- Support extensive training opportunities and research activities.

[113] Ministry of Health. Workforce Development Plan 2019-2025. Accessed 29 August 2025 here
[114] International Organization for Migration. Migration Governance Snapshot: Republic of Vanuatu, 2018. Accessed 29 August 2025 here
[115] South Pacific Nurses Forum. Accessed 29 August 2025 here
[116] Ministry of Health. Workforce Development Plan 2019-2025, Page 34. Accessed 29 August 2025 here
[117] Ministry of Health. Workforce Development Plan 2019-2025, Page 21. Accessed 29 August 2025 here

24. Eye care infrastructure and equipment

WHO Definition: This refers to the physical infrastructure where eye care services are commonly delivered. It includes treatment rooms, dedicated centres, and other infrastructure.

Number of public facilities that provide eye care services at each level of the health system (a).

	Primary facilities	Secondary facilities	Tertiary facilities
Total number of health facilities*	152 (36 health centres and 116 dispensaries)	3 provincial hospitals	2 referral hospitals
Facilities with functioning eye care services** [118]	152^	3	2

**There are a further ~180 community health centres called Aid Posts not included here*
***Functionality of these facilities depends on the availability of trained workforce, equipment and medicines*
^One ophthalmologist provides secondary care from a health centre
Source: National Eye Coordinator, Ministry of Health

The Ministry of Health has a **list of essential medicines** (updated in 2014), and this includes a section on essential eye care medicines[119]. The eye care medicines on the list are available through Northern Provincial Hospital/Vila Central Hospital Eye Care Programme. The essential medicines are free-of-charge at the point of delivery at public facilities, but user/registration-fees may apply[120] (b).

Eye care service infrastructure needs are not formally assessed, but it is reviewed at the time of developing the *National Eye Care Plan 2022-2026*. The relevant information is integrated into the *NCD Policy and Strategic Plan 2021-2030*[121] (c).

The **availability of essential ophthalmic equipment** is not surveyed periodically, but it was reviewed before the development of the *National Eye Care Plan 2022-2026*[122] (d).

Biomedical technicians are available at the National Referral Hospital to provide **maintenance to medical equipment, including ophthalmic equipment**. The technicians can service equipment anywhere in the country. With support from WHO, in May 2023 the biomedical lab technicians at the National Referral Hospital were trained on repairs and maintenance of a range of medical equipment[123] (e).

The *Role Delineation Policy* of the Ministry of Health defines the **national minimum health service delivery standards,** and it includes ophthalmic equipment requirements[124] (f).

Government systems are in place to **negotiate and monitor procurement prices for eye medicines.** The Central Medical Store deals with the procurement, storage & distribution of all medical supplies coming into the country[125] (g).

Imported medicines, medical products, and technologies need approval by government prior to use. Drugs entering the country undergo rigorous inspection processes to ascertain their safety, effectiveness, and adherence to required standards. This includes batch testing and verification of documentation to ensure that all imported pharmaceuticals meet the stringent criteria established by Vanuatu's regulatory framework[126] (h).

All medicines, medical products, or technologies for eye care are **produced elsewhere** (i).

[118] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026, Page 10. Accessed 29 August 2025.
[119] Ministry of Health. Vanuatu Essential Drug List 2014 updated 0114. Accessed 29 August 2025 here
[120] Republic of Vanuatu. National Medicines Policy 2015-2020. Accessed 31 August 2025 here
[121] Ministry of Health. Vanuatu Non-communicable Disease Policy and Strategic Plan 2021-2030, Pages 84-88. Accessed 29 August 2025.
[122] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026. Accessed 29 August 2025.
[123] Iroga, R. NRH biomedical lab technicians trained on repair and maintenance of medical equipment. Accessed 31 August 2025 here
[124] Ministry of Health. Role Delineation Policy, Page 18. Accessed 31 August 2025.
[125] Ministry of Health. Summary of Services – Central Medical Store. Accessed 31 August 2025 here
[126] Generic Global Legal Services. Understanding Pharmaceutical Regulations in Vanuatu: A Comprehensive Guide. Accessed 31 August 2025 here

Proposed maturity level score = 2 **Needs major strengthening**

- Some of the necessary infrastructure for effective eye care services is available, although there are many gaps across facilities. This low level of availability frequently impacts on services provided (L2).
- Some of the necessary equipment for effective eye care is available, although there are clear deficiencies in maintenance and coverage across facilities (L2).

Possible actions – Eye care infrastructure and equipment

- Strengthen eye care services infrastructure and maintenance into future health facility planning.
- Strengthen service standards and include eye care equipment requirements at each level of the health system.
- Integrate ophthalmic equipment requirements into national service standards.
- Periodically monitor eye care equipment needs and ensure requests are made and budgeted for.

Block 5: Financing

25. Population covered by eye care financing mechanisms

WHO Definition: This refers to the health financing mechanisms and the extent to which those that include eye care services also cover the population. Common health financing mechanisms include government tax-based systems or the national health, private, or social insurance systems.

Reliance on **health insurance** is minimal, as all citizens are **eligible for free or heavily subsidised services at public health facilities**. The government has pursued a policy of free health care except for inpatient charges, charges made by the Local Health Committees and charges for non-citizens[127]. The healthcare system is tax-funded and there is **no formal public health insurance or reimbursement model**. User fees do exist (in the form of a small registration fee), but it is considered that they do not act as a barrier to access services[128]. The Doctors Travel Fund supports the delivery of outreach services, including eye care (a, b).

Eye care services in public (government) health facilities are generally free, especially when provided through the National Eye Centre, provincial clinics and outreach clinics[129] (c).

Private health insurance is available[130], but the population coverage is minimal. Information about the social distribution of private insurance coverage, quality, and satisfaction is unknown (d).

The private sector accounts for a small, albeit growing, share of eye care providers with a few well-established primary health care practices operating in Port Vila and Luganville[131]. When patients pay for eye care services delivered by **ophthalmologists in private practice[132]**, they pay out-of-pocket with/without health insurance (e).

Private optometrists are available in Port Vila, offering services such as eye exams, prescription glasses, and contact lenses which are paid for **out-of-pocket with/without health insurance** [133](f).

Employers are not a mandatory provider of health insurance (g).

There are a small number of **not-for-profit eye care providers** that provide services at no/minimal cost to patients[134] (h).

Visitors and non-resident/citizen workers are not eligible for government-funded health services and pay the applicable fees. There are limited providers of private health insurance; reasons people don't have **private health insurance** include lack of awareness of its availability, the cost, and limited private sector services (i).

Proposed maturity level score = 2 **Needs major strengthening**

- There is limited integration of eye care into financing mechanisms used for the provision of health care; many opportunities exist to expand the integration (L2).
- The eye care financing mechanisms and available expenditure ensure most people in the population are covered for limited services. Efforts to achieve "universal" coverage are underway, although not all services are included in the arrangements (L3).

Possible actions – Population covered by eye care financing mechanisms

- Advocate for a universal approach to eye health financing to ensure no population groups will miss out.
- Develop specific programmes and initiatives that address any gaps in eye care service coverage for disadvantaged population groups.

[127] Ministry of Health. Ministry of Health Policies (updated in 2016). Accessed 31 August 2025 here
[128] The World Bank Group and The Australian Aid. Vanuatu Health Financing System Assessment. Accessed 31 August 2025 here
[129] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026, Pages 3 and 6. Accessed 29 August 2025.
[130] The World Bank Group and The Australian Aid. Vanuatu Health Financing System Assessment, Page viii. Accessed 31 August 2025 here
[131] The World Bank Group and The Australian Aid. Vanuatu Health Financing System Assessment, Page 15. Accessed 31 August 2025 here
[132] Vanuatu Medical. Accessed 31 August 2025 here
[133] Yellow Pages. Orme Optical | Merinda Manmelin. Accessed 31 August 2025 here
[134] The Church of Jesus Christ of Latter-day Saints. Focusing on Improving Eye Care in the South Pacific. Accessed 31 August 2025 here

26. Scope and range of eye care interventions, services and assistive products included in health financing

WHO Definition: This refers to the range of eye care interventions, services, and assistive products that are financed and subsequently made available to the population. Assistive products include spectacles and low-vision devices.

Of the services outlined in ECSAT (a), the services and medicines **covered fully by the government^** (after paying the nominal registration fee) includes:

- All services provided in government eye care facilities (including eye examinations by ophthalmologists)
- Eye examination
- Eye care medication
- Retinal laser therapy for diabetic retinopathy
- Treatment with triamcinolone (for diabetic retinopathy, macular degeneration)
- Glaucoma drops
- Glaucoma surgery (available only at Northern Provincial Hospital)
- Cataract surgery – phacoemulsification (phaco), Extracapsular Cataract Extraction (ECCE), Small Incision Cataract surgery (SICs), Cataract surgery without intraocular lens
- Strabismus (available only at Northern Provincial Hospital)
- Retinopathy of prematurity (ROP)

^*Note - most of the eye care services available at the National Eye Care Centre are funded by The Fred Hollows Foundation NZ.*

The following services are **covered partially (subsidised)**

- Stay at an eye inpatient department (people with NCDs such as diabetes are exempted and receive a full subsidy)

The following services are **not available** in the country:

- Corneal transplant (keratoplasty)
- Vitreo-retinal surgery (only basic services are available)
- Treatment with anti-VEGF

Note: Spectacles are dispensed at the National Eye Centre, procured by The Fred Hollows Foundation NZ but are not covered by the government to reduce the cost.

Cost-benefit research has not been undertaken to determine the benefit of preventing avoidable vision impairment or providing rehabilitation services. However, international evidence has been used to elevate government priority and allocate additional resources to eye care (b).

Proposed maturity level score = 2 **Needs major strengthening**

- A moderate range of eye care interventions, services, and assistive products are financed and made available to the population. However, there remains a significant unmet need for spectacles, which are not adequately covered. Additionally, medical supplies are subject to frequent stockouts, impacting service delivery (L2).

Possible actions – Scope and range of eye care interventions, services and assistive products included in health financing

- Advocate for the integration of a wide scope and range of eye care interventions, services, and assistive products (e.g. spectacles, low-vision devices) into health financing mechanisms, including service package planning and financing.
- Advocate for the inclusion of anti-VEGF therapies in the national public procurement system (*).
- Establish complete vitreo-retinal services at the National Eye Care Centre (*).
- Explore the opportunities to establish other sub-specialties at the National Eye Care Centre (*).

27. Financing of eye care and out-of-pocket costs

WHO Definition: This refers to the extent to which eye care is financed, impacting the proportion of out-of-pocket costs. The out-of-pocket costs refer to costs paid by consumers when accessing eye care services; this includes fees for services and assistive products as well as other expenses related to accessing the services. Assistive products include spectacles and low-vision devices.

The **annual domestic general government health expenditure** per capita was estimated to be US$54.6 (2022)[135] and **out-of-pocket expenditure per capita** US$10.3 (2022)[136] (a).

No **direct out-of-pocket costs are required for cataract surgery** in the public sector (b).

The **out-of-pocket payment for basic good quality readymade spectacles** at The National Eye Centre is approximately 1500 Vatu (~US$13) and for custom-made spectacles around 10,000 Vatu (~US$85)). In private clinics, the price of a custom-made spectacles range from 40,000 Vatu (US$ 330) to 180,000 Vatu (US$ 1500) (c).

Standard **Value Added Tax (VAT)** of 15% applies to all imported goods, including medical devices unless specifically exempted[137]. Medical devices, including spectacle lenses, frames, and intraocular lenses, are generally exempt from **import duty**[138] (d).

Proposed maturity level score = 3 **Needs minor strengthening**

- Some mechanisms (e.g. outreach services) reduce out-of-pocket costs associated with service fees, travel, accommodation, carers, etc., particularly for those with long-term needs (L3).
- Catastrophic health expenditure from eye care is relatively low in the country, however eye care financing is heavily dependent on the funding from donors (*) (L3).

Possible actions – Financing of eye care and out-of-pocket costs

- Review the eye care financing mechanisms and out-of-pocket costs for spectacles and develop sustainable strategies to ensure affordability (*).
- Increase budget allocation by the government for a wide range of publicly provided eye care services (*).
- Identify effective strategies to meet the World Health Assembly eye care targets and ensure government funding to implement the strategies (*).

[135] World Bank Group. Domestic general government health expenditure per capita (current US$) - Vanuatu. Accessed 31 August 2025 here
[136] World Bank Group. Out-of-pocket expenditure per capita (current US$) – Vanuatu. Accessed 31 August 2025 here
[137] Vanuatu Customs and Inland Revenue Department. How customs duty and charges apply at import. Accessed 31 August 2025 here
[138] Republic of Vanuatu. Import duties (consolidation amendment act no. 24 of 2023). Accessed 31 August 2025 here

Block 6: Information

28. Health systems data on availability and utilisation of eye care services

WHO Definition: This refers to the availability of information regarding where eye care services are available and where they exist across the health services. It also includes information about the extent of utilisation of eye care services and the features of this utilisation, for example, age and geographic area.

Health data and information are collected and administered centrally by the Health Information Unit of the Ministry of Health. A District Health Information Software (DHIS2), called 'VanHMIS', was launched in 2014, and the system is undergoing updates and expansion[139]. The *Vanuatu Digital Health Strategy 2025–2030* outlines a transformative roadmap to modernize the country's health system through digital innovation. It emphasizes inclusive stakeholder engagement, sustainable implementation, and the adoption of technologies such as telemedicine, electronic health records, and artificial intelligence to ensure that even the most remote communities have access to quality care[140] (a).

The national **health information system (VanHMIS)** was revised and updated recently to design new data collection forms in DHIS2 that cover health centre/dispensary, hospital, vaccine preventable disease and immunization (VDI) f, school-based services and inventory. Other updates include new indicators and reporting, dashboards, visualizations and scorecards. However, there is no dedicated module to collect information about availability and use of key eye care services[141] (b).

The **national health information system** (VanHMIS) collects some information about use of eye care services periodically, primarily collected from the outpatient departments of the national referral hospitals) . The compiled data is provided to the VanHMIS monthly using the standard paper-based reporting form. The *National Eye Care Plan 2022-2026* includes an aim to establish a health management information system for eye care and setup a process to analyse and report data from the provinces to the National Eye Co-ordinator who will then compile quarterly and annual reports[142] (c).

Private sector (for-profit and not-for-profit) data on availability and/or use of eye care services are not usually reported to the Ministry of Health. However, the *Vanuatu Digital Health Strategy 2025-2030* includes an aim to implement a *Healthcare Provider Registry* to establish a centralized and up-to-date database of all healthcare professionals and private facilities across Vanuatu[143] (d).

Proposed maturity level score = 2 **Needs major strengthening**

- Health information systems do not report on where and what eye care services are available across health services. There are no reports and very limited data or the data are not reliable. (L1).
- A small number of situation assessments, evaluation and reviews, monitoring framework reports and other targeted reports have been developed but many gaps exist (L2).

Possible actions – Information on availability and use of services

- Ensure key eye care services information is collated and analysed in the health information system (VanHMIS).
- Establish a system that generates regular reports on eye care service use.
- Assess and improve, if required, data completeness and accuracy.
- Data on availability and use of eye care services may be collected periodically.

[139] Ministry of Health. Annual Report 2023. Summary of Highlights from Director of Corporate Services, Policy and Planning, Page 17. Accessed 01 September 2025.
[140] Ministry of Health. Vanuatu Digital Health Strategy 2025–2030, Page xii.
[141] United Nations Global Marketplace. Support for development of Vanuatu HMIS (VanHMIS). Accessed 01 September 2025 here
[142] Ministry of Health. Vanuatu National Eye Care Plan 2022-2026, Page 6.
[143] Ministry of Health. Vanuatu Digital Health Strategy 2025-2030, Page 49. Accessed 01 September 2025 here

29. Information on outcomes and quality of eye care services

WHO Definition: This refers to the extent that information on the functioning outcome of eye care interventions is collected. It also refers to the extent that information about the quality of eye care services is available, for example, the timeliness, patient satisfaction, and safety.

The national Health Information System (VanHMIS) contains routinely collected information about outcomes and quality of select health care services, but the only eye care service this is collated for is general outpatient consultations and diabetic retinopathy (as part of the NCD indicators). While information on the outcomes and quality of various eye care services is recorded, it is not **routinely analysed or systematically monitored** for planning purposes. Currently, the only consistent reporting occurs through the National Eye Care Centre to The Fred Hollows Foundation NZ (a).

Research on outcomes and quality of eye care services is rarely conducted, and it is ad hoc rather than routine. A scoping review on eye health research in Pacific Island Countries published in September 2024[144] found 35 publications that included Vanuatu, and 20 specifically about Vanuatu. Some publications reporting prevalence of eye health outcomes focused on trachoma (in 2017), general vision impairment (in 1992) and refractive error in school children (in the 1980s) (b).

Proposed maturity level score = 2 **Needs major strengthening**

- Health information systems generate a little data from some health facilities/programmes regarding the outcomes and quality of eye care (L2).
- Eye research is occasionally conducted and contributes to knowledge regarding outcomes, and the quality and efficiency of eye care services in the country (L2).

Possible actions – Information on outcomes and quality of services

- Ensure eye care outcomes are monitored and evaluated, with efficiency data collated as well.
- Make eye care outcome data available to VanHMIS and integrate eye care data into the quarterly/annual reporting system.
- Set eye research priorities that are policy and programme relevant.
- Build links between eye researchers and policy and programme decision-makers.

[144] Hamm L, Wainiqolo I, Pant N, Bhatta S, et al. Research about eye health and eye health services in Pacific Island Countries and Territories: a scoping review. The Lancet Regional Health – Western Pacific 2024;50(2024):e101151

30. Population-based data on prevalence and trends of eye conditions and vision impairment

WHO Definition: This refers to the availability of population-level data on eye conditions and vision impairment, to assess current levels of service provision and predict need for services in a country.

A **population-based survey** on eye conditions and vision impairment has been conducted in 2024[145] (a).

The country has **technical capacity** for data collection, but survey planning and data analysis capacity is limited (b).

The most recent **national health surveys conducted within the past five** years includes the *Vanuatu 2023 Multiple Indicator Cluster Survey (MICS)*[146]. The WHO STEPS Survey was conducted in 2011, assessing NCD risk factors among adults aged 25 to 64 years[147]. A follow-up survey is planned for the second half of 2026, presenting an opportunity to incorporate relevant eye health indicators into the data collection framework (c).

Vanuatu is a member of WHO's Pacific Syndromic **Surveillance System** (PSSS). Target diseases include: dengue, measles, rubella, influenza, leptospirosis, typhoid fever, cholera, Severe Acute Respiratory Syndrome (SARS) and HIV/STIs[148]. Similarly, the Vanuatu Surveillance, Research, and Emergency Response Unit plays a central role in the country's efforts to detect, prevent, control, and respond to infectious diseases and health emergencies[149]. However, eye conditions are not currently included (d).

The **last Census** (2020) included a question on self-reported vision problems (difficulty seeing) and its causes as a component of a disability measure[150] (e).

Proposed maturity level score = 3 **Needs minor strengthening**

- A population survey on eye conditions and vision impairment was conducted in 2024 (L4).
- The technical capacity in the country for data analysis and report writing is low (L2).
- A moderate amount of information and a moderate number of reports are available regarding prevalence and trends of eye conditions and vision impairment related to the eye care needs in the population (L3).

Possible actions – Population-based data on VI and eye conditions

- Advocate to include relevant eye health indicators in the upcoming WHO STEPS Survey 2026 (*).
- Revise the questions on vision impairment included in the census; consider swapping to the Washington Group questions (*).
- Develop technical capacity in the country for data analysis and report writing in collaboration with the Vanuatu College of Nursing and the National University of Vanuatu (*).
- Undertake intermittent epidemiological surveys for eye conditions and vision impairment.

[145] The Fred Hollows Foundation NZ and Vanuatu Ministry of Health. (2024). Vanuatu RAAB 2023: A national survey of avoidable blindness and vision impairment. The Fred Hollows Foundation NZ, Auckland NZ.
[146] Vanuatu Bureau of Statistics. 2024. Vanuatu Multiple Indicator Cluster Survey 2023, Survey Findings Report. Port Vila, Vanuatu: Vanuatu Bureau of Statistics. Accessed 01 September 2025 here
[147] Institute for Health Metrics and Evaluation. Vanuatu STEPS Noncommunicable Disease Risk Factors Survey 2011. Accessed 20 September 2025 here
[148] World Health Organization. Pacific Islands surveillance. Accessed 20 September 2025 here
[149] Ministry of Health. Surveillance Unit. Accessed 01 September 2025 here
[150] Vanuatu National Statistics Office. Vanuatu - Population and Housing Census 2020. Accessed 01 September 2025 here

31. Use of evidence for decision-making and planning

WHO Definition: This refers to the extent to which relevant eye care information is available and utilised by decision-makers during the process of health and or eye care policy and programme planning.

Eye care **data and information are available** mostly from government eye care facilities[151] and facilities supported by international NGOs[152] (a).

Targeted, public-funded eye care interventions (e.g. school screening, diabetic retinopathy screening and treatment) delivered by NGOs are recorded by the respective providers. However, **periodic reports** are infrequently generated and include limited information about eye care[153] (b).

In general, the planning and programme decision-making practices are **evidence-informed**. However, there is no dedicated policy or plan for eye research and evaluation on the impact of interventions and policies, even though some of the NGOs have **evaluated their support on an ad hoc basis[154]** (c, d).

Policymakers are commonly involved in some aspects of designing, developing, and interpreting eye research. A formalised process for conducting research and sharing research findings with the relevant decision-makers at the Ministry of Health has been developed. The *Vanuatu Digital Health Strategy 2025-2030* aims to establish routine data quality reviews jointly conducted by provincial and national teams[155] (e-f).

Eye care data are shared with the relevant decision-makers at the Ministry of Health by preparing technical reports and sharing data and information in technical workshops and stakeholder meetings (g).

Proposed maturity level score = 2 **Needs major strengthening**

- There are a small number of ad hoc reports regarding the status, performance, and quality of eye care provide decision-makers with only a limited amount of the information they need (L2).
- Information—including international evidence, national reports and research—is infrequently used to inform planning and programme decision-making (L2).

Possible actions – Use of evidence for decision-making and planning

- Integrate eye care with the mainstream health management information systems.
- Develop patient information management and record keeping system at the National Eye Care Centre (*).
- Identify strategies to encourage student researchers to conduct academic research on eye care services in Vanuatu (e.g. Pacific ophthalmologists doing Masters research) (*).
- Develop and implement an eye care monitoring, evaluation, and review platform.
- Build data use practices across eye care planning.

[151] Ministry of Health. Health Information System Unit. Accessed 01 September 2025 here
[152] The Fred Hollows Foundation New Zealand. Accessed 01 September 2025 here
[153] Ministry of Health. Annual Report 2023. Summary of Highlights from Director of Corporate Services, Policy and Planning, Page 17. Accessed 01 September 2025.
[154] Ned Hardie-Boys, Kate Primrose, Don Matheson (Allen+Clarke). Evaluation of Visual Impairment Activities in Pacific Countries 2015, Page 64. Accessed 27 September 2023 here
[155] Ministry of Health. Vanuatu Digital Health Strategy 2025-2030, Page 26. Accessed 01 September 2025 here

Recommended actions to strengthen eye care services in Vanuatu

Here we provide a collation of recommendations across the 31 Items in ECSAT. The maturity level (L1 to L4) determined for each Item is shown in blue text.

Component	Recommended actions based on current situation
Block 1: Leadership and governance	
1. Leadership, coordination and coalition-building for eye care ***L3 - Needs minor strengthening***	• Create awareness at the Ministry of Health regarding unmet need for eye care; support the Ministry of Health to advocate internally for eye care. • Undertake analysis of financial sustainability of eye care services. • Create clear mechanisms for coordinating eye care, such as steering groups, technical working groups, or committees, and support them to function effectively.
2. Eye care integration into legislation, policies and plans ***L3 - Needs minor strengthening***	• Integrate eye care into the national development agenda and national health targets. • Develop standards and or a masterplan for the expansion of eye care across health care.
3. Integration of eye care across relevant sectors and programmes ***L2 - Needs major strengthening***	• Identify priority sectors and programmes for integration strengthening. • Strengthen integration of eye care into the NCD and Mental Health programme by active engagement of stakeholders from relevant sectors and programmes in eye care planning (*). • Ensure representatives from the eye care sector contribute to strategy planning meetings and discussions among relevant sectors and programmes, including those describing noncommunicable diseases. • Ensure eye care indicators are included within frameworks of relevant sectors and programmes, including noncommunicable diseases.
4. Reorientation of eye care services towards primary eye care within primary health care ***L3 - Needs minor strengthening***	• Ensure effective implementation of policies aimed at reorienting eye care services towards primary eye care (*). • Strengthen appropriate primary level workforce training for eye care.
Block 2: Service delivery – access	
5. Equity of eye care services coverage across disadvantaged population groups ***L1 - Needs establishing***	• Identify groups that may not be accessing the eye care they need or are provided lower quality of care. • Develop the necessary legislation and regulations to strengthen joint accountability for equity in eye care. • Use mechanisms that actively promote involvement of local people and stakeholders in problem definition and solution development. • Ensure regular joint review of progress, which fosters common understanding and sustains commitment to deliver shared results over time.
6. Primary level eye care services integrated into primary health care ***L2 - Needs major strengthening***	• Expand eye care into key primary health care facilities. • Strengthen outreach and mobile clinic programmes to deliver quality primary eye care to communities with major barriers. • Assess which groups are not accessing care due to financial constraints and develop strategies to improve financial access, e.g. removal or reduction of user fees, voucher programmes. • Review transportation issues and develop solutions for geographically convenient service delivery. • Expand electronic health and introduce mobile health to facilitate access to eye care.
7. Community-delivered eye care services ***L3 - Needs minor strengthening***	• Integrate eye care into other health programmes delivered to communities. • Increase coverage of community-delivered eye care programmes. • Undertake community awareness-raising actions, e.g. television, radio, the internet, social media, billboards and brochures to emphasize the importance of eye care; raise awareness about the availability of effective interventions that address all eye care needs across the life course; and raise awareness of the availability of vision rehabilitation.
8. Integrated paediatric eye care services ***L2 - Needs major strengthening***	• Strengthen effective, cross-sectoral screening and referral systems. • Ensure that up-to-date evidence-based guidelines (national or international) are in place for screening, referral and management of paediatric eye care. • Monitor adherence to guidelines among health care providers. • Develop systems for screening and management of retinopathy of prematurity. • Reach out to the education sector and parents to advocate for eye care for their school-aged children, including periodic vision screening.
9. Integrated cataract surgical services ***L3 - Needs minor strengthening***	• Monitor and review cataract surgical services performance and outcomes, including patient perception of services. • Ensure the sustainability of outreach services (*). • Identify strategies to make services more accessible to underserved groups (*).

Component	Recommended actions based on current situation
Block 2: Service delivery – access continued	
10. Integrated diabetic eye care services ***L1 - Needs establishing***	• Implement diabetic retinopathy screening outreach clinics across the country (*). • Strengthen NCD hub to implement diabetic retinopathy screening and referral (*). • Monitor clinician and patient adherence to ensure periodic eye examinations for people with diabetes, even if asymptomatic. • Raise awareness among stakeholders, including national noncommunicable diseases/diabetes programmes, about the eye care needs of people with diabetes. • Implement the WHO Tool for the Assessment of Diabetes and Diabetic Retinopathy (TADDS) to inform a situation analysis and the development of diabetic retinopathy programmes.
11. Integrated refractive and optical services ***L2 - Needs major strengthening***	• Advocate for the provision of spectacles as responsibility of the health system, in line with the WHO Priority assistive products list. • Develop health financing mechanisms (e.g. government procurement) to make spectacles more affordable and accessible for low-income patients.
12. Integrated low-vision and vision rehabilitation services ***L2 - Needs major strengthening***	• Develop policies and plans for services that are integrated and decentralized, for example, rehabilitation services provision within primary and secondary health care settings. • Raise population awareness of available services. • Strengthen collaboration and coordination between government and NGOs working in low vision and rehabilitation (*). • Provide financial protection for people needing low vision rehabilitation services (including devices) who cannot afford out-of-pocket costs (*).
Block 3: Service delivery – quality	
13. Extent to which eye care services are person-centred, flexible and engage patients in decision-making ***L3 - Needs minor strengthening***	• Carry out a health system referral assessment to identify current problems with the referral system, including levels of patient satisfaction and confidence in services at each level. • Design user-friendly health services directories of eye care providers and services across the country (*).
14. Extent to which eye care services are person-centred, flexible and engage patients in decision-making ***L2 - Needs major strengthening***	• Collect data on patient experience and satisfaction of people using eye services (*). • Train health (eye) care practitioners on person-centred care. • Train/promote education and empowerment of users and their families/carers in eye care and develop more education materials for families. • Develop case management and coordination practices that engage users in decision-making to deliver eye care that is flexible and tailored. • Ensure input of users and their families during decision-making, to deliver flexible and tailored services.
15. Eye care services acceptability and adherence ***L2 – Needs major strengthening***	• Improve eye health literacy environments within health services, to match the eye health literacy levels of the people who use the services. • Develop eye care services that are convenient, culturally safe and suitable to population needs. • Develop action plans to recruit a diverse eye care workforce that can help make eye care socially and culturally safe and acceptable across the population.
16. Extent to which eye care interventions are evidence based ***L3 – Needs minor strengthening***	• Review and update clinical practice guidelines, standards of care, models of care, and other guidance for priority conditions periodically. • Promote adherence to guidelines and standards. • Ensure the development and effective implementation of regular Continuing Medical Education (CME)/ Continuing Professional Development (CPD) programs for eye care nurses.
17. Safety of eye care services ***L1 – Needs establishing***	• Ensure that eye care is integrated within broader health care policies that support safety. • Establish and promote a system to report patient safety incidents. • Involve and communicate with patients and the public. • Promote clinician-submitted quality improvement reports in eye care. • Establish a national level clinical governance mechanism (*).
18. Multilevel accountability for performance of eye care services ***L2 - Needs major strengthening***	• Establish performance measurement framework for eye care. • Introduce quality assurance, service audits, and service user feedback.
19. Workforce availability ***L1 - Needs establishing***	• Prioritise developing the eye care workforce to serve communities at the primary level of care. • Develop and implement targeted training strategies to equip non-eye care health professionals, such as registered nurses, with foundational knowledge and skills in primary eye care service delivery (*). • Establish new eye care training programmes, e.g. Optometrists. • Identify areas (level of the health system and geographic distribution) where there are chronic eye care workforce shortages and develop specific strategies to address this.
20. Workforce training and competencies ***L3 - Needs minor strengthening***	• Support development of eye care training courses that are suited to the population needs and country context. • Strengthen the capacity of Vanuatu College of Nursing Education to train eye care nurses in the country (*). • Strengthen eye care nurses training opportunities to assist with provincial recruitment, retention, and continuing professional development (*).

Component	Recommended actions based on current situation
Block 4: Workforce and infrastructure	
21. Workforce planning and management ***L2 - Needs major strengthening***	• Develop a specific plan for the geographic distribution of the eye care workforce, and/or ensure it is integrated into wider strategic planning for the health workforce, including at the primary level of care. • Ensure the availability of government budget for eye care workforce training, recruitment, and retention (*). • Introduce incentives to increase the workforce available outside major urban centres (*).
22. Refractive and optical services regulation ***L2 – Needs major strengthening***	• Advocate for public sector and private sector collaboration to ensure refractive and optical services coverage is accessible to everyone. • Develop career pathways for optometrists and opticians within public health care. • Ensure effective implementation of the activities proposed in the national eye care plan (*).
23. Workforce mobility, motivation and support ***L2 - Needs major strengthening***	• Take a proactive approach to monitoring and managing international mobility. Country strategies may include concern for the rights and welfare of migrant health workers. • Strengthen the support, supervision, and mentoring available to rural personnel. • Support initiatives that build the status of eye care and highlight the contribution it makes to health outcomes. • Support extensive training opportunities and research activities.
24. Eye care infrastructure and equipment ***L2 – Needs major strengthening***	• Strengthen eye care services infrastructure and maintenance into future health facility planning. • Strengthen service standards and include eye care equipment requirements at each level of the health system. • Integrate ophthalmic equipment requirements into national service standards. • Periodically monitor eye care equipment needs and ensure requests are made and budgeted for.
Block 5: Financing	
25. Population covered by eye care financing mechanisms ***L2 - Needs major strengthening***	• Advocate for a universal approach to eye health financing to ensure no population groups will miss out. • Develop specific programmes and initiatives that address any gaps in eye care service coverage for disadvantaged population groups.
26. Scope and range of eye care interventions, services and assistive products included in health financing ***L2 - Needs major strengthening***	• Advocate for the integration of a wide scope and range of eye care interventions, services, and assistive products (e.g. spectacles, low-vision devices) into health financing mechanisms, including service package planning and financing. • Advocate for the inclusion of anti-VEGF therapies in the national public procurement (*). • Establish complete vitreo-retinal services at the National Eye Care Centre (*). • Explore the opportunities to establish other sub-specialties at the National Eye Centre (*).
27. Financing of eye care and out-of-pocket costs ***L3 - Needs minor strengthening***	• Review the eye care financing mechanisms and out-of-pocket costs for spectacles and develop sustainable strategies to ensure affordability (*). • Increase budget allocation by the government for a wide range of publicly provided eye care services (*). • Identify effective strategies to meet the World Health Assembly eye care targets and ensure government funding to implement the strategies (*).
Block 6: Information	
28. Health systems data on availability and utilization of eye care services ***L2 - Needs major strengthening***	• Ensure key eye care services information is collated and analysed in the health information system (VanHMIS). • Establish a system that generates regular reports on eye care service use. • Assess and improve, if required, data completeness and accuracy. • Data on availability and use of eye care services may be collected periodically.
29. Information on outcomes and quality of eye care services ***L2 - Needs major strengthening***	• Ensure eye care outcomes are monitored and evaluated, with efficiency data collated as well. • Make eye care outcome data available to VanHMIS and integrate eye care data into the quarterly/annual reporting system. • Set eye research priorities that are policy and programme relevant. • Build links between eye researchers and policy and programme decision-makers.
30. Population-based data on prevalence and trends of eye conditions and vision impairment ***L3 - Needs minor strengthening***	• Advocate to include relevant eye health indicators in the WHO STEPS Survey 2026 (*). • Revise the questions on vision impairment included in the census; consider swapping to the Washington Group questions (*). • Develop technical capacity in the country for data analysis and report writing in collaboration with the Vanuatu College of Nursing and the National University of Vanuatu (*). • Undertake intermittent epidemiological surveys for eye conditions and vision impairment.
31. Use of evidence for decision-making and planning ***L2 - Needs major strengthening***	• Integrate eye care with the mainstream health management information systems. • Develop patient information management and record keeping system at the National Eye Care Centre (*). • Develop and implement an eye care monitoring, evaluation, and review platform. • Identify strategies to encourage student researchers to conduct academic research on eye care services in Vanuatu (e.g. Pacific ophthalmologists doing Masters research) (*). • Build data use practices across eye care planning.

(*) indicates recommendations proposed during this process that were not present in the WHO ECSAT.

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