



MINISTRI BLONG HELT

# VANUATU NATIONAL ORAL HEALTH POLICY

2019 -2023



---

# Vanuatu Oral Health Policy

---

2019 -2023

---



Vanuatu Ministry of Health  
Government of Vanuatu

---

# Contents

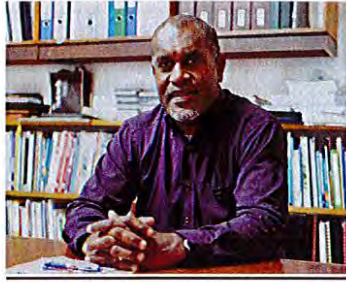
<b>ACRONYMS</b>	4
<b>FOREWARD</b>	5
<b>NATIONAL ORAL HEALTH POLICY FRAMEWORK 2019-2024</b>	6
1. <b>INTRODUCTION</b>	7
1.1 WHAT IS ORAL HEALTH?	7
1.2 ASSOCIATION BETWEEN ORAL HEALTH AND OTHER DISEASES	7
1.3 IMPACT OF ORAL HEALTH DISEASES	7
2. <b>SCOPE</b>	8
3. <b>SITUATION ANALYSIS</b>	9
3.1 ORAL HEALTHCARE NEEDS	9
3.2 HUMAN RESOURCES	10
3.3 ORAL HEALTH DEVELOPMENT	10
3.4 ORAL HEALTH PROMOTION AND PREVENTION SERVICES	10
3.5 EQUIPMENT AND MAINTENANCE	10
3.6 PRIVATE SECTOR, AND CSOs	11
<i>School children in a remote area on Big Bay, Santo</i>	11
4. <b>GUIDING PRINCIPLES</b>	12
4.1 PRIMARY HEALTH CARE & HEALTHY ISLAND SETTINGS	12
4.2. PROGRAM INTEGRATION AND COLLABORATION	12
4.3 WORKFORCE AND INFRASTRUCTURE DEVELOPMENT	12
4.4 INFORMATION AND RESEARCH	12
4.5 PARTNERS – INTEGRATION AND COLLABORATION	13
<i>Out research programs by local oral health personnel and partner NGOs</i>	13
5. <b>POLICY RISKS</b>	14
5.1 DEVELOPMENT PARTNER RISK	14
5.2 INSTITUTIONAL RISK	14
5.3 CAPACITY RISK	14
5.4 FINANCIAL MANAGEMENT RISK	14
6. <b>ORAL HEALTH POLICY FRAMEWORK</b>	15
6.1 POLICY STATEMENT	15
6.1.1 NEED FOR A POLICY	15
6.1.2 MISSION	15

6.1.3 VISION .....	15
6.1.4 GOAL .....	15
6.2 POLICY OBJECTIVES .....	15
<b>7. POLICY STRATEGY AREAS</b> .....	17
7.1 FACILITY-BASED ORAL HEALTH SERVICES.....	17
7.2 ORAL HEALTH ADMINISTRATION AND MANAGEMENT .....	17
7.3 PROMOTION OF ORAL HEALTH.....	17
7.4 EQUITABLE ACCESS .....	17
7.5 PROFESSIONAL DEVELOPMENT .....	17
7.6 INFRASTRUCTURE .....	17
7.7 LOCAL EFFECTIVE ORAL HEALTH STRATEGIES.....	18
7.8 INFORMATION AND RESEARCH .....	18
7.9 COLLABORATION OF PARTNERS, CSOs.....	18
8. <b>MONITORING AND EVALUATION</b> .....	19
9. <b>POLICY REVIEW</b> .....	19
10. <b>ACKNOWLEDGMENT</b> .....	20

## ACRONYMS

<b>CPI</b>	<b>Community Periodontal Index</b>
<b>DC</b>	<b>Dental Caries</b>
<b>DMFS</b>	<b>Decayed Missing Filled Surfaces</b>
<b>DMFT</b>	<b>Decayed Missing Filled Treatment</b>
<b>DSPPAC</b>	<b>Department of Strategy, Policy Planning, &amp; Aid Coordination</b>
<b>HSS</b>	<b>Health Sector Strategy</b>
<b>HPU</b>	<b>Health Promotion Unit</b>
<b>HIS</b>	<b>Health Information System</b>
<b>IS</b>	<b>Information System</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>NCDs</b>	<b>Non-Communicable Diseases</b>
<b>CSOs</b>	<b>Civil Societies</b>
<b>NOHP</b>	<b>National Oral Health Policy</b>
<b>NOHS</b>	<b>National Oral Health Survey</b>
<b>NPH</b>	<b>Northern Provincial Hospital</b>
<b>NSDP</b>	<b>National Sustainable Development Goals</b>
<b>OD</b>	<b>Oral Disease</b>
<b>OH</b>	<b>Oral Health</b>
<b>OHP</b>	<b>Oral Health Policy</b>
<b>PD</b>	<b>Periodontal Disease</b>
<b>PH</b>	<b>Public Health</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>SD</b>	<b>Standard Deviation</b>
<b>SDGs</b>	<b>Sustainable Development Goals</b>
<b>SOPs</b>	<b>Standard Operating Procedures</b>
<b>VCH</b>	<b>Vila Central Hospital</b>

## FOREWORD



It is an honour for me to write the foreword for the first ever Oral Health policy in Vanuatu. The aim of the oral health policy is to direct and provide a framework for the prevention of oral diseases and promotion of health by supporting policies and programmes that make a difference to our health. The policy recognizes that oral health should be treated like any other serious health issue in the country.

It emphasizes the importance of equity, integration, community participation, prevention and promotion, and research as major tools to be used in addressing the oral disease in Vanuatu. The oral health policy outlines objectives and suggests policy areas that strategies development should follow to improve the effectiveness and efficiency of delivery of oral health care by adopting safe and effective disease preventive measures. The policy also addresses the inequalities and disparities that affect those least able to have resources to achieve optimal oral health. However, the success of this policy will require the active involvement of the public, private sector and the community.

This policy has marked another milestone in Vanuatu Government's determination and commitment to improve the health status of the population. The improved quality of life resulting from enhanced health care will be translated into decreased demand for Oral health services and increased productivity in the absence of oral diseases.

In conclusion, I wish to express my appreciation to all those who contribution one way or another to the development of this policy. In particular, I wish to thank the NOHP working group committee under the leadership of Dr Jenny Stephens (Consultant – Dental public health) and Viran Tovu (Health Analyst) for their support and inputs during the policy development process. I therefore call upon all partners and stakeholders to emulate the Government's commitment in promoting Oral Health in Vanuatu.

Thank you



**Mr. George Taleo**  
**Director-General for Health**  
**Ministry of Health**

## NATIONAL ORAL HEALTH POLICY FRAMEWORK 2019-2024

### GUIDING PRINCIPLES

De-centralized Oral Health Care	Equitable Access	Program, Integration and Collaboration	Workforce And Infrastructure Development	Information And Research	Partners - Integration And Collaboration, including CSOs
---------------------------------------	---------------------	---	--	-----------------------------	---

### POLICY STATEMENT

NEED FOR THE POLICY	MISSION	VISION	POLICY GOAL
No appropriate National Oral Health Plan or Policy exists	To promote and improve the oral health of all people in Vanuatu	To improve the level of oral health and quality of life for Ni-Vanuatu through a multi-sectoral approach	To reach at least 50% of the population of Vanuatu with Oral Health services by 2024

### POLICY OBJECTIVES

<ul style="list-style-type: none"> <li>• To provide Access to quality, person centred, minimally-invasive, affordable, timely and effective oral health care services to the population of Vanuatu</li> <li>• To establish a separate Population Oral Health department within the Public Health administration responsible for all aspects of Oral Health, with its own head of department, separate cost centre, separate administration, and improved resources allocation</li> <li>• Provide guidelines for oral health managers and services providers that define national oral health programs, facilitate population wide initiatives to promote oral health, and customize locally effective oral health strategies</li> <li>• Upgrading of facilities in the referral centres to accommodate the different oral health specialities services and upgrade other provincial facilities</li> <li>• Increase workforce capacity for oral health personnel to achieve a better service mix</li> <li>• Improve oral health (OH) information system (IS) and explore research areas</li> <li>• Establish better coordination mechanisms for Civil Societies (CSO) partners providing services</li> <li>• Develop a framework for monitoring and evaluating the effectiveness of strategies taken to improve oral health and sustain an ongoing process of policy review and development</li> </ul>
---

### POLICY STRATEGY AREAS

<ul style="list-style-type: none"> <li>• Facility-based oral health services</li> <li>• Oral health administration and management</li> <li>• Promotion of oral health</li> <li>• Professional development</li> <li>• Infrastructure</li> <li>• Local effective oral health strategies</li> <li>• Information and research</li> <li>• Collaboration of partners, CSOs</li> </ul>
---

### POLICY RISKS

Development Partner Risk	Institutional Risk	Capacity Risk	Financial Management Risk
--------------------------	--------------------	---------------	---------------------------

### MONITORING AND EVALUATION

### POLICY REVIEW

## 1. INTRODUCTION

Vanuatu is located in the South West Pacific with a population of just over 270,000 according to the 2016 Mini-Census Report. Dental caries and periodontal diseases have historically been considered the most important global oral health burdens.

### 1.1 WHAT IS ORAL HEALTH?

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex. Oral Health means more than healthy teeth and the absence of disease. It involves the ability of individuals to carry out essential functions while being able to contribute fully to society. Oral health depends on genetic and environmental predisposition for disease (nutrition, dietary practices, oral self-care behaviours, health beliefs, socio-economic status and dental care. The mouth is often an entry point for infections, and the fact that many systemic diseases present with oral manifestations shows that the mouth is the mirror of the entire body and this makes it imperative for oral health to be taken beyond the care of the teeth.

### 1.2 ASSOCIATION BETWEEN ORAL HEALTH AND OTHER DISEASE

Oral diseases and NCDs share the same common modifiable risk factors, namely: poor diet, in particular one high in sugars, which is one of the main causes of tooth decay; tobacco use, which is implicated in the causation of periodontal disease; and the harmful use of alcohol. Tobacco and alcohol use are also strongly implicated in the development of oral cancer.

Oral diseases are associated with a number of other NCDs, such as diabetes and cardiovascular disease and the relationships appear to be bi-directional. The interrelationship between oral and general health is proven. The strong correlation between several oral diseases and non-communicable chronic diseases is primarily a result of the common risk factors.

Periodontal disease allows a much higher amount of bacteria and plaque into the bloodstream than when gums are healthy. The bacteria which enters our bodies contains a clot-promoting protein which is thought to clog our blood vessels and arteries, potentially increasing the risk of stroke and heart disease. Periodontal disease can be associated with diabetes and may increase the risk for diabetic complications. Periodontal disease has been linked with an increased risk of preterm and low-weight babies.

### 1.3 IMPACT OF ORAL HEALTH DISEASES

Oral diseases affect almost 50% of the population of Vanuatu and globally 3.9 billion people and making it the most prevalent conditions included in the Global Burden of Disease Study (1990–2010). The impact of oral diseases on quality of life is huge. The significant impacts on individuals are pain, increase morbidity and mortality, lost school hours, work hours and reduced socio-economic activities. The broader cost to the health system is also a concern, with costs focused on the treatment of pain and infection, rather than access to a dental facility for the treatment of the underlying cause. These diseases often significantly diminish quality of life.



## 2. SCOPE

The policy is based on the principles enshrined in the Health Sector Strategy (HSS) (2017-2020), the National Sustainable Development Plan (NSDP) and globally the Sustainable Development Goals (SDGs), a direction of gathering, interpreting oral health information and hence, introduces an alternative approach to the process of identifying and managing priority oral health problems to all by ensuring that all people in Vanuatu receive access to affordable dental health care.

The oral health policy will apply to:

- All dental practitioners from the public and private sectors
- All organizations /institutions providing oral health services from public and private sectors
- All organizations /institutions involved in the management and regulation of oral health services



*Distribution of basic oral health care pack (toothpaste/toothbrush)*

### 3. SITUATION ANALYSIS

#### 3.1 ORAL HEALTHCARE NEEDS

The National Oral Health Survey (NOHS) has confirmed previous anecdotal evidence that dental caries is prevalent in most age groups. The key findings of the survey are tabulated in Tables 1 (Dental caries/Toothache/Intervention urgency) and Table 2 (Periodontal disease).

#### DENTAL CARIES (DECAY)/TOOTHACHE/INTERVENTION URGENCY

Age group (Years)	Prevalence (%)	Caries experience (Mean and standard deviation)			Toothache in the last month (%)	Needing urgent intervention (pain/infection) (%)
		dmfs	DMFS	DMFT		
5-7	69.9	7.10 ± 8.24	0.01 ± 0.15	-	10.4	18.7
11-13	21.2	-	0.76 ± 2.18	-	10.5	12.2
14-16	57.8	-	-	2.08 ± 2.78	13.7	17.9
30-49	68.9	-	-	5.22 ± 5.71	27.3	31.8
60+	76.2	-	-	15.76 ± 10.00	21.8	28.0

**Table 1.** Summary of key findings: dental caries; toothache; urgent intervention

A high prevalence caries experience was seen in age group of 60+, 30-39, 14-16 and in primary teeth for children aged 5-7. These same age groupings need urgent intervention due to pain and or infection.

#### PERIODONTAL (GUM) DISEASE

Age group (Years)	Mean Pocket depth 4-5 mm	Prevalence of 4-5 mm pockets (%)	Mean Pocket depth ≥6 mm	Prevalence of ≥6 mm pockets (%)	Gingival bleeding prevalence (%)	Gingival bleeding (Mean number of sites)
5-7	-	-	-	-	77.5	7.42 ± 6.60
11-13	-	-	-	-	80.5	11.09 ± 9.35
14-16	-	-	-	-	87.4	13.09 ± 9.76
30-49	5.35 ± 7.55	60.5	0.37 ± 2.04	10.8	94.9	18.83 ± 10.43
60+	4.19 ± 5.71	62.5	1.41 ± 4.30	23.0	86.0	12.58 ± 9.38

**Table 2.** Summary of key findings: Periodontal pocket depth (Adults only), Gingival bleeding (All ages)

Prevalence of gingival bleeding was high in all age groups suggesting low compliance with respect to regular oral hygiene measures, namely tooth brushing and flossing. High mean pocket depths in both adult age groups presumably reflected the low compliance with regular oral hygiene measures. The mean of CPI is high among the adult age group.

This shows a significant impact on the quality of life in children and adults as a result of early tooth loss.

### 3.2 HUMAN RESOURCES

The available oral health workforce in the country is grossly inadequate to meet the oral health needs of the population in terms of number and rightness of mix. The geographical distribution is also inimical to achieving good oral health. The available personnel are employed in the urban areas leaving the rural areas which accounts for 80% of the population underserved.

<b>Number of Oral Health Personnel in Vanuatu 2018</b>						
<i>Dental Hygienists</i>	<i>Dental Therapist</i>	<i>Dental Interns</i>	<i>Dental Registrars</i>	<i>Senior Dental Registrars</i>	<i>Consultants</i>	<i>On Study</i>
4	3	2	1	4	1	2 Post Graduate
						1 Undergraduate
<b>Number of Private Dental Practitioners in Vanuatu 2018</b>						
<i>Port Vila</i>	5	<i>Santo</i>	1			

The high dentist/population ratio of 1:34,812 but considerable limitations on the capacity to deliver traditional oral health care services.

### 3.3 ORAL HEALTH DEVELOPMENT

Oral health is limited, even though dental itself is a long time established department within the health services. Curative services are within the hospital and the prevention services within public health. Separation of these two services has jeopardised the delivery of oral health services, and consequently this has placed oral health in a position that is under resource. This policy will seek to recognise oral health as a separate department on its own. Being a cost centre has helped in outreach programmes and school dental programmes.

### 3.4 ORAL HEALTH PROMOTION AND PREVENTION SERVICES

Current services are therefore making very little impact on the burden of oral disease. The increased population growth rate and a small number of oral health workforces will not achieve equitable access of oral health care. It must therefore rely more heavily on a collaborative approach to offering oral health promotion, prevention, and simple caries management strategies in order to arrest progression and bring about a change in direction with respect to the prevalence of the two major oral diseases.

### 3.5 EQUIPMENT AND MAINTENANCE

Vila Central Hospital (VCH) and Northern Provincial Hospitals (NPH) are the two main centres actively providing oral health services to the whole of the country. The hospitals received dental equipment, however, most are not functioning up to standard. These main centres need to be

developed to meet the needs and standards for different specialities of dentistry. Other provincial hospitals should establish and develop their dental clinics to meet the needs for their communities.

### 3.6 PRIVATE SECTOR, AND CSOs

The private sector constituted mainly the practitioners provides another proportion of oral health care in the country. However, these private practitioners are mainly concentrated in urban areas. The monitoring of the quality of services provided by these practitioners remains a challenge. CSOs and charitable organization are other partners that help provide and deliver oral health services to remote and rural areas, however this policy will ensure that the work of practicing oral health in Vanuatu will be better coordinated by way of joint agreement between the Ministry of Health through the Oral Health Unit and the practicing partners.



*School children in a remote area on Big Bay, Santo*

## 4. **GUIDING PRINCIPLES**

---

The guiding principles underpinning this policy are based on current scientific, epidemiological knowledge about prevalence and determinants of oral conditions and knowledge on evidence based dental principles. The principles are designed to guide delivery of oral health programmes at every level of the health system and provide a basis for evaluating progress. The effective implementation of this policy and its sustainability will be guided by the following principles:

### *4.1 PRIMARY HEALTH CARE & HEALTHY ISLAND SETTINGS*

---

A decentralised oral health care system shall be the philosophy and to this end an appropriate mix of services shall be established and delivered using the following areas:

- Promotion and prevention activities are to be the priority at all times
- Oral health plans and activities based on and reflecting local needs
- Curative and rehabilitative care to be provided at specific times and sites at defined levels appropriate to local needs and available resources  
Curative and preventative regimes are to be selected according to evidence based research criteria
- Community participation, shared responsibility and empowerment shall be enhanced
- Incorporation of other health, social and economic issues for a more strategic and responsive approach to addressing oral conditions

### *4.2. PROGRAM INTEGRATION AND COLLABORATION*

---

In order to effectively address the determinants of oral disease, oral health promotion and services shall be integrated with those of other partner's sectors ND (National Development) programs concerned with community health. The existing collaboration and partnership shall be further strengthened between the public and private sectors to ensure the provision of good quality oral health services. The use of appropriate technology and personnel in delivering oral health care that is in line with global best practices. The policy will also promote continuing professional development at all levels of service providers.

### *4.3 WORKFORCE AND INFRASTRUCTURE DEVELOPMENT*

---

The policy will promote training of specialist in various fields of oral health development of appropriate and adequate human resources, establish and improve oral health centres nationwide. It will also ensure that appropriate internship programs are established to qualify all dental personnel to practice dentistry in Vanuatu.

### *4.4 INFORMATION AND RESEARCH*

---

Information appropriate to planning of oral health services are to be coordinated across provinces. It is important to ensure that the information collected can be used for local planning and decision making as well as at regional and national level. The policy emphasizes the importance of identifying research priority areas through a research committee under MOH in order to accelerate the bundling of science and evidence based care to guide planning, implementation and evaluation.



#### *4.5 PARTNERS – INTEGRATION AND COLLABORATION*

---

Ensure multi-sectoral approach involving other sectors of society, and hence integration of oral health into national health programmes. Establish current network practices and improve coordination with CSO partners.



*Out research programs by local oral health personnel and partner NGOs*

## 5. POLICY RISKS

---

A series of risks could be encountered while implementing the oral health policy. It is up to the oral health unit or the ministry of health to recognize these risks early on and to help reduce and eliminate the risks either on its own, and with other stakeholders, or with development partners, as necessary.

The main risks are:

### *5.1 DEVELOPMENT PARTNER RISK*

---

There is the risk that Ministry of health through the department of curative services don't see the Oral health policy as a realistic or practical framework. This may result in curative services and MOH going in their own direction and working on an ad hoc basis with Oral health and CSO partners. MOH may also see that it does not have the resources to successfully implement the policy because of lack of political will, lack of infrastructure, lack of human resource capacity, and lack of financial resources.

### *5.2 INSTITUTIONAL RISK*

---

Institutional risk relates to the ability to work with other stakeholders. Some stake holders may have their own funding and may want to go their own way.

### *5.3 CAPACITY RISK*

---

The risk that the oral health units have sufficient management and staff capacity- in terms of numbers, skills and other resources to carry out the planning, management, coordination, implementation, monitoring and evaluation of the development program.

### *5.4 FINANCIAL MANAGEMENT RISK*

---

The financial risks are:

- 1) Ability of the Ministry of Health (MoH) to provide oral health funding for implementation,
- 2) The ability of the MoH to provide sufficient financial support (as necessary) for sustainability of the oral health program.

## 6. ORAL HEALTH POLICY FRAMEWORK

### 6.1 POLICY STATEMENT

---

Health has come to be described as a state of well-being and absence of disease as opposed to simply being understood and studied in terms of survival in recent years. A wide spectrum of conditions and diseases fall under the auspices of oral health and considered a fundamental aspect of general health.

Although resources are being directed into oral health for training, human resource and equipping dental facilities in hospitals and health centres nationwide, the impact of the oral health service delivery has not been comprehensively measured in terms of appropriateness, effectiveness, coverage, efficiency and equity.

#### 6.1.1 NEED FOR A POLICY

Vanuatu does not have an appropriate National Oral Health Plan or Policy to guide educators, public and private health workers and decision-makers at all levels. The impact of current oral health service delivery is unknown. The justification for allocating public resources to oral health therefore becomes questionable in the absence of evaluation and priority setting programs.

For this to happen, setting of objectives, program implementation and choice of health worker training must be informed by evidence gathered through standard research techniques. And hence a national oral health policy should be developed.

#### 6.1.2 MISSION

Promote and improve the oral health of all people in Vanuatu.

#### 6.1.3 VISION

Improve the level of oral health and quality of life for Ni-Vanuatu through a multi-sectoral approach.

#### 6.1.4 GOAL

Access to quality, person centred, minimally-invasive, affordable, timely and effective oral health care services to the population of Vanuatu.

### 6.2 POLICY OBJECTIVES

---

1. To provide at least 50% of the population of Vanuatu with access to oral health services by 2023
  - i. Achieve a 100% coverage for basic oral health pack (toothpaste/toothbrush)
  - ii. Achieve a least 50% caries free for 6-12 year olds
  - iii. Achieve at least 20% oral health screening, SDF & “Gudfala Tut sKul Project” application for 5-6 year olds
  - iv. Achieve at least 20% coverage “Mum You First” for Maternal Child Health Clinics (MCH)



2. Provide guidelines for oral health managers and services providers that define national oral health programs, facilitate population wide initiatives to promote oral health, and customize locally effective oral health strategies
3. Upgrading of facilities in the referral centres to accommodate the different oral health specialities services and upgrade other provincial facilities
4. Increase workforce capacity for oral health personnel to achieve a better service mix.
5. Improve oral health (OH) information system (IS) and explore research areas
6. Establish better coordination mechanisms for CSOs (Civil Societies) partners providing services
7. Improve resources allocation to the dental department and establish a clear organisational structure.
8. Develop a framework for monitoring and evaluating the effectiveness of strategies taken to improve oral health and sustain an ongoing process of policy review and development.



*Children in a remote primary school showing of their toothbrushes*

## 7. POLICY STRATEGY AREAS

---

The policy provides a simple set of guidelines to enable local oral health care providers to make the best decision they can on what oral health strategies to implement. It is a flexible decision making framework that enables health care providers to adapt the most effective oral health interventions to the specific needs, infrastructure and resources available to each community.

### 7.1 FACILITY-BASED ORAL HEALTH SERVICES

This policy must ensure that facility-based oral health services are of quality, affordable, timely, and accessible, and hence a high standard of dental ethics and good standard operating procedures (SOPs) that directs oral health care service delivery.

### 7.2 ORAL HEALTH ADMINISTRATION AND MANAGEMENT

The policy must ensure to establish a national population oral health officer at MOH (PH) as a focal person to oversee all administration and management of oral health programs and issues pertaining to oral health.

### 7.3 PROMOTION OF ORAL HEALTH

It is the responsibility of oral health care providers at national level, provincial and health centers tiers of the health system to protect the population against known oral diseases risk factors. The policy should ensure that strategies development aim to reducing oral disease burden and disability; promoting healthy lifestyles and reducing risk factors to oral health that arise from environmental, economic, social and behavioural causes; developing oral health systems that equitably improve oral health outcomes, respond to people's legitimate demands, and are financially fair; and integration of oral health into national and community health programmes, and promoting oral health as an effective dimension for development policy of society.

### 7.4 EQUITABLE ACCESS

The policy emphasises the importance of promoting equitable access to ensure that all the benefits of the policy shall be available to everyone in the population, among others irrespective of gender, age, religion. Respect for ethics, human rights, culture, gender and religion. The care provided for both users and providers should be accessible and affordable in ensuring equitable access and community participation in oral health care.

### 7.5 PROFESSIONAL DEVELOPMENT

The policy should ensure the provision of dedicated national funding for education and training of appropriately skilled oral health personnel. The creation of additional posts for oral health workers and specialist is required to address the increased demand of oral health services in the country.

### 7.6 INFRASTRUCTURE

The health infrastructure should consider or meet the requirements of basic oral health standards by allocating a space mounted with appropriate oral health equipment and materials in order to provide equitable and efficient oral health services in all provincial hospitals.

### *7.7 LOCAL EFFECTIVE ORAL HEALTH STRATEGIES*

---

Communities and the circumstances in which they present are extremely diverse. A single uniform program of interventions, goals or services is therefore inappropriate. It is the responsibility of the health system to prepare a set of interventions strategies and targets selected according to the specific needs, determinants and other circumstances of each community. An absence or limitation on resources does not need to mean non delivery of services but simply means alternative strategies that are less resources or technology intensive must be provided.

### *7.8 INFORMATION AND RESEARCH*

---

Burden of oral disease and needs of populations are in transition and oral health systems and scientific knowledge are changing rapidly. And efforts to develop oral health information systems which include data additional to epidemiological indicators should be established to cater for epidemiological surveillance, service coverage of the population, service records and reporting, administration and resource management, quality of care provided, oral health programme monitoring and outcome evaluation. Based on the advances in biomedical and social sciences, public health, and information technology, new concepts should be developed to lead innovative interventions that have a direct impact on diagnostic, preventive, therapeutic, ethical and social aspects of human health and disease.

### *7.9 COLLABORATION OF PARTNERS, CSOs*

---

The policy will ensure that current mechanisms and links between partners CSOs and the MOH are strengthen thus avoid duplication of programs, maintaining equity and respect in communities, and sharing of information with other stakeholders.



*Children attending oral awareness session*



## 8. MONITORING AND EVALUATION

This policy is a 5-year policy (2019 – 2023). It gives direction for programs and strategy plans for oral to be monitored and evaluated annually. It directly aligns with the Ministry of Health Monitoring and Evaluation framework as well as the overall government monitoring and evaluation framework to tract the National Sustainable Development Plan (NSDP) and the Health Sector Strategy (HSS) (2018 – 2020) goals as well as the goals of this policy and the oral health strategy.

## 9. POLICY REVIEW

This policy is a 5-year policy (2019 – 2023). It may be subject to review annually when there are policy areas to be addressed by the Oral Health department or the Ministry of Health. At the end of the 5 year it is subject to a fully review of the policy.



## 10. ACKNOWLEDGMENT

The Vanuatu Ministry of Health's Oral Health Department would like to acknowledge the National Oral Health Policy (NOHP) Working Group, the support and assistance from the following individuals and their respective ministries, government departments, private sector and partner CSOs:

Mr. Len Tarivonda	Director Public Health, Ministry of Health
Mr. Glenden Ilaisa	Education Services, Ministry of Education
Dr. Barry Stewart	Medical Sailing Ministries
Mr. Mike Clark	Medical Sailing Ministries
Mr. Robert Latimer	Medical Sailing Ministries
Dr. David Goldsmith	Rotary Ballarat West Melbourne Australia
Mrs. Lynn Dave	Butterfly Trust
Mr. Bob Natuman	PCV Health
Mrs. Morinda Kalmara	PCV Health
Mr. Richard Tatwin	PCV Health
Dr Rhoda Bule	South Pacific Smiles
Ms. Lilirose Dan	Health Promotion Unit , Ministry of Health
Dr Mark Kalpukai	Northern Provincial Hospital
Mrs. Hilda K Jansen	Nutrition & Dietetics, Ministry of Health
Ms. Melissa Binihi	Health Promotion Unit, Ministry of Health
<b>NOHP Working Group:</b>	
Dr. Jenny Stephens	Vila Central Hospital
Mr. Viran Tovu	DSPAC, Prime Minister's Office
Dr. Julie Tevi	Northern Provincial Hospital
Dr. Maine Rezel	Vila Central Hospital
Mr. Russel Olul	Health Promotion Unit, MOH
Mrs. Myriam Abel	Technical Advisor, WHO



MINISTRI BLONG HELT