

Supplementary material

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Supplementary File 1. Interview Guide

Demographic questions:

1. Age
2. Gender
3. Marital status – *Are you single? Married? Widowed? Divorced? Prefer not to say?*
4. Language – *what is/are your main language(s)?*
5. Household composition – *do you live on your own or with relatives and/or friends?*
6. Socio-economic status – *What are your main sources of revenue nowadays? (e.g. Are you retired and receive a pension? Or do you currently have a professional activity? Do you receive money from relatives to support you?)*
7. Cultural identity/religion. (For these two following questions, ask if the person prefers not to respond while asking them).
 - a) *Do you practice any religion? If so, which one?*
 - b) *Do you identify with a particular minority, identity, ethnic or cultural group in Vanuatu? If so, which one(s)?*

Topic 1: perceptions and attitudes toward ageing

Q1: What is your experience of ageing in Vanuatu?

- How do you feel about ageing?
- What do you think of ageing in general?
- What do you think about your own ageing?

Q2: Has getting older changed how people around you treat you?

- If yes, how? Do people treat you differently?
- Is it in a positive or negative way?

Topic 2: Material/environmental circumstances/community & social services available

Q3: Do you use social and community services in your neighbourhood?

- How convenient is it for you to access these services?

Q4: What could your community/municipality do more to support ageing well?

Q5: Do you receive care from relatives and/or professionals? How do you feel about the care you receive? (Pros & cons, challenges)

Topic 3: Access to health services and information

Q6: Have you been vaccinated against COVID-19?

- Have you been vaccinated against COVID-19?
 - If yes, how was your experience of obtaining the vaccine?
 - How did you hear that you were eligible for the vaccine?
 - If not, are there particular reasons that led you to not be vaccinated and that you would like to share?

Q7: how do you experience the COVID-19 pandemic in general?

- In your view, what are/were some of the most pressing needs of older adults during the COVID-19 pandemic?
- What is particularly challenging for you during this period? Have you been feeling lonely or depressed during the pandemic? If so, what made you feel that way?
- How did you access to information over the pandemic? And the COVID rules in place?
- What are the things that bring you joy during the pandemic?

Q8: In general, do you have any health issues, concerns? Do you experience any disabilities?

Q9: Can you access the health services and treatment you need for these health concerns and issues?

- How convenient is it for you to access health services?
- Have you received offers of assistance from your community to help with daily life during stay at home and physical distancing?
- How supported do you feel regarding your disability(ies)? What could be improved in your opinion? (ask only if the person is disabled)
- Has COVID-19 changed your ability to access these services? In what ways?

Q10: Do you consult traditional healers when you feel unwell?

- How often do you consult them?
- In what circumstances? Is it in parallel to other medical services provided by the clinic/hospital/doctor?
- Have you been attending these traditional healers more often during COVID-19? If yes, are there particular reasons for that?

Topic 4: Access to long term care

Q11: Is there someone supporting you in your daily life (e.g. with groceries, transport, chores, self-care)?

- Are you benefiting from the care of a relative? Do you have family members helping you in your daily life?
- Does your caregiver live in the same household as you?
- Do you receive professional care? From a professional caregiver?
- Do you know of people around you who are in later life and do not have a relative or carer to support them?
 - If you do know someone, what do they do to get by/survive in these circumstances?

Supplementary File 2. Mapping Vanuatu national policies and strategies to the WHO Regional Action Plan on Healthy Ageing in the Western Pacific (2021-2025)

STRATEGIC OBJECTIVE	RECOMMENDED MEMBER STATE ACTION	REFLECTED IN POLICY / STRATEGY?
1. Enable Social Return		
Objective 1: Transforming societies as a whole to promote healthy ageing, based on understanding the implications of population ageing		
1.1 Understand the broader implications of population ageing	<ul style="list-style-type: none"> • Set up a multisectoral mechanism to review the demographic trend in the country and identify the implications to different sectors. 	<ul style="list-style-type: none"> • NP MoH: The Ministry of Health endorses the principles of inter-sectoral collaboration in the delivery of all health policy
1.2 Transform policies across sectors to ensure that policies are age-friendly: <ul style="list-style-type: none"> • Legislation and policies against ageism • Employment and retirement policies • Social security • Planning for retirement 	<ul style="list-style-type: none"> • Identify and review policies, including legislation and enforcement mechanisms, that create barriers for older adults, including access to health, employment, learning and social participation opportunities. • Facilitate the participation of older adults in decision-making at all levels using community-based participatory tools and approaches. 	<ul style="list-style-type: none"> • NSDP: SOC 4.1 Implement gender responsive planning and budgeting processes • NP MoH: Organize community education programs ... to facilitate active community participation, community management and empowerment, participatory process in the community health program. • NP MoH: The Ministry of Health recognizes the importance of patient participation in decision making on any aspects of their care • HSS: 4.7. Promote community ownership, leadership and engagement in community health promotion and disease prevention processes... and implementation of their plans to address these. • HSS: ... expand our partnerships to meet the greater health needs of the people of Vanuatu. • NCBR AP: Objective 7. To ensure men, women, girls and boys with disability benefit equally from the CBR efforts across the country.

STRATEGIC OBJECTIVE	RECOMMENDED MEMBER STATE ACTION	REFLECTED IN POLICY / STRATEGY?
1. Enable Social Return (Cont.)		
Objective 1 (Cont.)		
1.3 Advocacy to prevent ageing and create a positive culture around ageing	<ul style="list-style-type: none"> • Support the development and implementation of training programmes to combat ageism in health, education, employment and other sectors, including providing information about myths versus the realities of ageing. • Create opportunities that support and enhance the abilities of older adults and reduce self-directed ageism. • Foster more positive representations of ageing through media and campaigns to raise awareness about ageism and the prevention of age-based discrimination. 	<ul style="list-style-type: none"> • NSDP: SOC 1.7 Safeguard the traditional economy as a valued means of contributing to the wellbeing of the population and complementing the formal economy • NSDP: ECO 4.5 Increase the number of decent, productive employment opportunities, particularly for young women and men and people with disabilities • NSDP: ECO 4.6 Ensure the health and safety, employment rights and skills development of the workforce
2. Support Healthy Ageing		
Objective 2: Transforming health systems to address each individual’s lifelong health needs by providing necessary health and non-health services in a coordinated way		
2.1 Curative services <ul style="list-style-type: none"> • Strengthening primary health care • Strengthening referral mechanisms for continuous care • Palliative care • Care continuity during health emergencies 	<ul style="list-style-type: none"> • Develop and communicate a clear national vision of the health system transformation, setting sound strategies and a national plan in collaboration with all stakeholders, including government and private sector, providers and the population. • Strengthen the primary health care capacity to provide quality care for older adults and respond effectively to potential infectious disease outbreaks, 	<ul style="list-style-type: none"> • NSDP: SOC 3.1 Ensure that the population of Vanuatu has equitable access to affordable, quality health care through the fair distribution of facilities that are suitably resourced and equipped • NSDP: SOC 3.4 Build health sector management capacity and systems to ensure the effective and efficient delivery of quality services that are aligned with national directives • NSDP: The state will continue to foster... partnerships with civil society, churches, community based groups, NGOs, and the private

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<p>2.2 Preventive services</p> <ul style="list-style-type: none"> • Addressing risk factors for NCDs • Self-care (e.g. physical activity, nutrition) • Nudging to promote behaviour change 	<p>including building the capacity of the health workforce and community leaders.</p> <ul style="list-style-type: none"> • Strengthen integration between healthy ageing and NCD programmes with an emphasis on health promotion and addressing NCD risk factors across the life course. • Advocate for universal access to health care that offers financial protection for low-income households, including older adults, and provide coverage for essential medicines and assistive devices. • Raise public awareness about the effects of the social determinants of health on individual and population-level health, and foster environments that enable the adoption of healthy behaviours. 	<p>sector to underpin traditional safety nets and support basic service delivery</p> <ul style="list-style-type: none"> • HSS: Goal 1. Ensure all people of Vanuatu who need health services receive them, including women, youth, <u>the elderly</u> and vulnerable groups, without undue financial hardship • HSS: 1.2 Ensure inclusive and supportive referral systems which enable vulnerable groups such as people with disability to access both general and impairment/issue specific health services • HSS: 2.10 Strengthen training processes for doctors, nurse practitioners, midwives, nurses, and allied health workforce, including new clinical and leadership training programs and continuing education • HSS: Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases • HSS: 5.4. Strengthen Primary Health Care through supported, decentralised health system management which draws on clinical and sub-national experience for service prioritisation and resource allocation • HSS: 5.5. Ensure a needs-based primary health care structure and resource allocation to reflect the standards at each health service level in accordance with the Role Delineation Policy • HSS: 5.7. Strengthen national referral systems... • WDP: Objective 1.2 Target workforce skills to deliver proactive and preventative health programs in partnership with communities and other key stakeholders close to where people live • MoH NP: The Ministry resolves to continue to improve the patient referral system under a devolved health structure, and shall encourage optimal utilization of health care officers through appropriate referral

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		<ul style="list-style-type: none"> • MoH NP: The Ministry shall encourage the integration of provincial hospitals as providers of community health care, and of secondary and referral/specialist services as appropriate • CSP: 8.1.2 Strengthen provincial hospitals and primary care services, improving access to quality health care for people in all parts of Vanuatu and enabling referral hospitals to become more specialised. • CSP: 8.1.2 Improve integration/continuity with Public Health through a collaborative approach to planning eg NCD service development • CSP: 8.1.2 Expand PEN training to primary care settings and strengthen training in the use of tools including monitoring and evaluation of NCD interventions. • CSP: 8.7.1 Implementing telecommunications and paging systems that facilitate communications within hospitals and with other health facilities • NMP: 3.2. Medicines will continue to be provided free-of- charge at the point of delivery at public facilities in accordance with the existing Government policies
<p>2.3 Social and welfare services</p> <ul style="list-style-type: none"> • Access to appropriate social and environmental contexts that enable healthy ageing • Coordination between health and social care services 	<ul style="list-style-type: none"> • Promote and develop national and/or subnational programmes on age-friendly cities and communities that are informed by and responsive to communities and leverage existing resources. • Promote the participation of older adults in decision-making processes, including soliciting feedback on the quality of health services. 	<ul style="list-style-type: none"> • NSDP: SOC 4.3 Empower and support people with disabilities • NSDP: SOC 4.5 Ensure all people, including people with disabilities, have access to government services, buildings and public spaces • NSDP: ECO 2.3 Ensure that all public infrastructure, including health, education and sports facilities are safe, accessible, secure and maintained in compliance with building codes and standards • NSDP: ECO 2.6 Provide equitable & affordable access to efficient transport in rural and urban areas • NSDP: ECO 2.7 Ensure compliance with international conventions and standards for safe and secure transport

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<ul style="list-style-type: none"> • Age-friendly environments (e.g. housing, transport, clinic design & infrastructure) 		<ul style="list-style-type: none"> • DIDP: To maximise disability inclusive development through the removal of barriers in the built environment, and the promotion of accessible infrastructure and information • NP MoH: Develop standard working procedures for coordination with other agencies (such as provincial councils, NGOs, community leaders)
2.4 Innovation <ul style="list-style-type: none"> • Technological advances • Social innovations 	<i>See Objective 4</i>	<i>See Objective 4</i>
Objective 3: Providing community-based integrated care for older adults tailored to individual needs		
3.1 Health care <ul style="list-style-type: none"> • Frailty • Multimorbidity • Vaccine-preventable conditions 	<ul style="list-style-type: none"> • Develop the capacity of the health community to assess and monitor the intrinsic capacity of older adults and develop care plans with evidence-based interventions using WHO Integrated Care for Older People (ICOPE) in primary care. • Adopt relevant recommendations from WHO guidelines for immunization, hepatitis B and C, tuberculosis and palliative care in the national plan for ageing. • Develop national strategies to promote lifelong oral health care or incorporate it in an existing ageing or NCD strategy, including accessibility to oral health services. • Adopt relevant WHO guidelines on dementia into either dedicated national strategies for dementia or national strategies for ageing. • Ensure the availability of diverse services, referral mechanisms and support that address the needs of 	<ul style="list-style-type: none"> • WDP: Objective 1.1: Strengthen workforce learning and development (training) based on clear policy, strategy and plans • WDP: Objective 2.1 Build and support integrated evidence-based workforce planning aligned with MoH strategic and operational framework • WDP: Objective 2.2. Plan and take action to ensure MoH has sufficient skilled health workers delivering quality people centred health services aimed at achieving universal coverage for all • HSS: Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship. • HSS: Strengthen detection, diagnosis and management of target communicable diseases, including HIV, STIs, TB, Neglected Tropical Diseases, Vector-Borne Diseases, viral hepatitis • HSS: Transform the state of oral health • DIDP: To improve access to disability specific services, including equipment and skilled personnel, for persons with disabilities

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	<p>older adults with different intrinsic capacities (health promotion and prevention, treatment, palliative and end-of-life care, as well as specialized and long-term care services).</p>	<ul style="list-style-type: none"> • OHP: ...provide access to quality, person centred, minimally-invasive, affordable, timely and effective oral health care services... • NP MoH: Consult relevant staff, expert NGOs and target groups to develop an integrated health service delivery plan • NCDPSP: 9. Strengthen community and clinical responses to oral health • NCDPSP: 10. Ensure an effective and efficient national response to eye care concerns • CSP: Rehabilitation services...: major centres at NRH and satellite services at provincial hospitals • CSP: Integrated outreach services
<p>3.2 Long-term care</p> <ul style="list-style-type: none"> • Home care • Paid caregivers <ul style="list-style-type: none"> - Day care and short-stay services - Long-term care facilities - Health emergencies and long-term care settings 	<ul style="list-style-type: none"> • Promote self-care training for older adults to encourage greater self-efficacy and improve management of their health. • Provide training to paid and unpaid caregivers and promote the accreditation of professional programmes and services. • Strengthen community capacity for “ageing in place”, including options for day care and short-term stays that are supplemented by long-term care facilities for individuals requiring more complex care. • Identify mechanisms to ensure quality services in long-term care facilities (including unregulated, private facilities). • Take action to prevent and respond to violence against older adults both in communities and in long-term care facilities, which may include public and professional awareness campaigns, improved training and support for caregivers, enhanced standards of 	

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	<p>care in long-term care facilities, policies that protect older adults from violence, mechanisms to report incidences of violence and legal support for victims of abuse.</p> <ul style="list-style-type: none"> • Ensure that long-term care facilities or other non-acute care facilities implement general principles in infection prevention and control with a focus on preparation and response, as outlined in WHO guidance. 	
<p>3.3 Social services and support</p> <ul style="list-style-type: none"> • Social activities <ul style="list-style-type: none"> - Volunteering - Lifelong learning - Community salons • Social services <ul style="list-style-type: none"> - Mental health services - Support for victims of violence 	<ul style="list-style-type: none"> • Provide community-based opportunities for continual social participation, including social activities, health promotion programmes as well as opportunities for lifelong learning and volunteering. • Identify local community champions to develop and promote social services and support that are tailored to individual needs (such as functional capacity, income bracket). 	<ul style="list-style-type: none"> • NSDP: SOC 4.2 Prevent and eliminate all forms of violence and discrimination against women, children and vulnerable groups • HSS: 2.5. Ensure a suitable acute, and longer-term health sector response to the prevention and management of sexual and gender-based violence • HSS: 4.6. Improve the well-being and productivity of individuals and communities through the promotion of mental health awareness and community dialogue, and the establishment of mental health outreach services (inclusive of assessment, counselling, referral and treatment) • NCDPSP: Strengthen community and health sector responses to mental health concerns • NCDPSP: Support and facilitate initiatives to reduce instances of injury, violence and substance abuse
<p>3.4 Coordination</p> <ul style="list-style-type: none"> • Individual level • Community level 	<ul style="list-style-type: none"> • Develop a community-level integrated service plan by collaborating with different stakeholders, including older adults, their caregivers, nongovernmental organizations, volunteers and the private sector. 	<ul style="list-style-type: none"> • NSDP: The state will continue to foster... partnerships with civil society, churches, community based groups, NGOs, and the private sector to underpin traditional safety nets and support basic service delivery • NP MoH: Consult relevant staff, expert NGOs and target groups to develop an integrating health service delivery plan

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	<ul style="list-style-type: none"> • Ensure that health professionals in communities are appropriately trained on the social determinants of health. • Consider training nurses, social workers and community volunteers to become “link workers” who can help connect older adults with services and support to meet their unique needs. • Support communities to host community dialogues (World Cafés) to engage community members in decision-making processes that determine what services are needed in the community. 	
Objective 4: Fostering technological and social innovation to promote healthy ageing		
4.1 Technological innovation <ul style="list-style-type: none"> • To support skill development and maintaining the workforce • To support health and health systems • To promote social connectedness and ageing in place 	<ul style="list-style-type: none"> • Encourage technological innovation: 1) to promote skill development and maintaining the workforce; 2) to improve health and health systems; and 3) to promote independent living and social connection. • Foster social innovations to promote age-friendly environments and inclusive societies and identify and train local community champions who can help implement innovations in a sustainable way. • Older adults are consulted in the development of technological and social innovations to ensure that their needs are addressed in prospective innovations. 	<ul style="list-style-type: none"> • HSS: 5.8. Expand the health information system and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making for managerial, clinical and system planning, decision making and reporting • CSP: 8.7.1 Improve internal communications within MoH and hospitals by implementing telecommunications and paging systems that facilitate communications within hospitals and with other health facilities
4.2 Social innovation	<ul style="list-style-type: none"> • Consider issues of equity, particularly in the accessibility of technology for older adults, including financial barriers and digital literacy. 	

STRATEGIC OBJECTIVE	RECOMMENDED MEMBER STATE ACTION	REFLECTED IN POLICY / STRATEGY?
	<ul style="list-style-type: none"> • Encourage the use of safe, affordable, and effective digital technology in integrated care in collaboration with relevant sectors. 	
3. Research, Monitoring and Evaluation		
Objective 5: Strengthening monitoring and surveillance systems and research on older adults to inform programmes, services and policies		
5.1 National survey	<ul style="list-style-type: none"> • Build a strong monitoring and surveillance system that collects, analyses and interprets data systematically for planning, implementation and evaluation. • Collect national-level age-disaggregated data using five-year age brackets throughout adulthood in the national surveys, if possible. • Consider investing in longitudinal data surveys to monitor trends in the health and functional status of ageing populations. 	<ul style="list-style-type: none"> • HSS: Ensure systems to collect, analyse and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups • HSS: 5.8. Expand the health information system and improve access of managers and clinicians at national and provincial levels to timely and accurate information to support evidence-based decision making • HIS SP: 5. Improve the quality of information products: data is compiled, managed and analysed to produce information; information is integrated and used as evidence; information is packaged in a variety of formats; annual reports are produced using standard templates • HIS SP: 6. Increase dissemination and use: senior managers and policy-makers demand HIS information; HIS summary reports are distributed regularly; health information is used in planning and resource allocation processes • DIDP: To enable disability data collection that reliably informs disability inclusive development efforts, and enables reporting against national and international indicators
5.2 Research	<ul style="list-style-type: none"> • Ensure that mixed methods research on older adults is prioritized in the national research agenda, including research on subpopulations of older adults to understand differences between groups of older adults. 	<ul style="list-style-type: none"> • NSDP: SOC 6.9 Strengthen research, data and statistics for accountability and decision-making • NCDPSP: 11. Strengthen NCD research, surveillance and reporting • HSS: 5.9. Establish and strengthen systems and oversight mechanisms for the promotion and support of structured,

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	<ul style="list-style-type: none"> • Promote research collaboration between academic institutions, nongovernmental organizations and communities. • Disseminate research findings to relevant decision-makers to inform development of policies, programmes and services for older adults. 	<p>operational and clinical research to inform program/service delivery planning and implementation.</p> <ul style="list-style-type: none"> • HISP: Develop an ongoing training program for all health workers in the use of data for evidence-based decision making
5.3 Monitoring and evaluation of healthy ageing	<ul style="list-style-type: none"> • Build in monitoring and evaluation mechanisms into programme, policy and health system design to better understand their impact. 	<ul style="list-style-type: none"> • HSS: Revitalise health sector management capacity and systems at all levels, including accountability through corporate and clinical governance and leadership with evidence-based policies and plans supported by strong monitoring and information systems

CSP, Clinical Services Plan (2019); DIDP, National Disability Inclusive Development Policy (2018-2025); HISP, Health Information Strategic Plan (2016-2020); HSS, Vanuatu Health Sector Strategy (2021-2030); NCBR AP, National Community-Based Rehabilitation (CBR) Action Plan (2014-2024); NCDPSP, Vanuatu Non-Communicable Disease Policy & Strategic Plan (2021-2030); NMP, National Medicines Policy (2015-2020); NP MoH, National Policy of the Ministry of Health (2016); NSDP, National Sustainable Development Plan (2016-2030); OHP, Vanuatu National Oral Health Policy (2019-2023); WDP, Ministry of Health Workforce Development Plan (2019-2025).

Supplementary File 3. List of National Policy and Strategy Documents included in the Policy Review

National Policy and Strategy Document
Ministry of Health Clinical Services Plan (2019)
Ministry of Health Corporate Plan (2022-2025)
Ministry of Health Health Information Strategic Plan (2016-2020)
Ministry of Health National Referral Policy (2019)
Ministry of Health Role Delineation Policy (2017-2030)
Ministry of Health Sanitation and Hygiene Policy (expired 31 st Dec 2020)
Ministry of Health Workforce Development Plan (2019-2025)
National Community-Based Rehabilitation Action Plan (2014-2024)
National Disability Inclusive Development Policy (2018-2025)
National Gender Equality Policy (2020-2030)
National Medicines Policy (2015-2020)
National Oral Health Strategy (2019-2023)
National Policy for the Ministry of Health (2016)
Non-Communicable Disease Policy & Strategic Plan (2021-2030)
Vanuatu Climate Change and Disaster Risk Reduction Policy (2016-2030)
Vanuatu Constitution
Vanuatu Health Sector Strategy (2021-2030)
Vanuatu Mental Health Policy and Strategic Plan (2016-2020)
Vanuatu National Employment Act CAP 160
Vanuatu National Environment Policy and Implementation Plan (2016–2030)
Vanuatu National Provident Fund Act CAP 189
Vanuatu National Sustainable Development Plan (2016-2030) + M&E Framework
Vanuatu Rural Roads Access Framework Policy Statement