

Sexual and reproductive health and gender-based violence in Vanuatu: A review of policy and legislation



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Acronyms

AGIS	Attorney-General's Information Service
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ASRH	Adolescent sexual and reproductive health
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive sexuality education
DFAT	Department of Foreign Affairs and Trade (Australia)
DWA	Department of Women's Affairs
EVAWG	Ending violence against women and girls
FLE	Family life education
GBV	Gender-based violence
GBVIE	Gender-based violence in emergencies
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IUD	Intrauterine (contraceptive) device
KPA	Key policy (or performance) area
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer ¹
MFAT	Ministry of Foreign Affairs and Trade (New Zealand)
MISP	Minimum Initial Service Package
MoET	Ministry of Education and Training
MOH	Ministry of Health
NGO	Non-government organisation
NSDP	National Strategic Development Plan 2016-2030, also known as Vanuatu 2030: The People's Plan
PacLII	Pacific islands Legal Information Institute
PEP	Post-exposure prophylaxis
RMNCAH	Reproductive, maternal, new-born, child and adolescent health
SDGs	Sustainable Development Goals
SPC	The Pacific Community
SRH	Sexual and reproductive health
SRHIE	Sexual and reproductive health in emergencies
SRHR	Sexual and reproductive health rights
STI	Sexually transmitted infection
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAWG	Violence against women and girls
VCT	Voluntary counselling and testing
VNSO	Vanuatu National Statistics Office
WHO	World Health Organization

¹ It is recognised that LGBTIQ is contested as a descriptor, with some activists and scholars rather promoting a focus on the diversity of sexual orientation and gender identity and expression (SOGIE) in any community. However, LGBTIQ is most commonly used in policy documents in the Pacific region and is therefore what is used in these reports

Executive summary

In 2015, the United Nations set an ambitious agenda of Sustainable Development Goals (SDGs) to address poverty, injustice and environmental destruction. Through the SDGs, nations committed to gender equality and health and, notably, established universal access to sexual and reproductive health and rights (SRHR) as a global target. Additionally, and relatedly, the SDGs include a specific target to ‘eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation’ (UN General Assembly, 2015). While laws and policies alone cannot achieve these targets, scholars and practitioners agree that an enabling legal and policy environment continues to play an important role in advancing SRHR and eliminating gender-based violence (GBV).

Review of the policy and legal landscape for realising SRHR and preventing and responding to GBV is a high priority for the Pacific region. Governments in the Pacific have committed to international and regional strategies to address SRHR and GBV, but there is a need to analyse existing national legislative and regulatory frameworks to identify the ways policy and legislation may work to support SRHR and prevent GBV, or conversely may undermine appropriate services and responses. For instance, many Pacific countries have plural legal systems that draw upon multiple sources of law, which may lead to conflict between statutory and customary law. This can particularly impact policies and laws related to SRHR and GBV (McGovern et al. 2019; Garcia-Moreno et al. 2015). Consequently, UNFPA Pacific commissioned a review of SRH and GBV related legislation and policy in six Pacific countries – Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. This report summarises findings from the review undertaken for the Republic of Vanuatu and offers key legislative and policy recommendations to help promote SRHR and reduce GBV in Vanuatu.

Background

Vanuatu comprises 83 islands in the South Pacific, of which some 65 are inhabited. Located on the ‘Pacific Rim of Fire’, the country has a number of active volcanoes and is prone to earthquakes and tidal waves. Vanuatu’s population of approximately 300,000 people is frequently impacted by destructive tropical cyclones.

Vanuatu was colonised by both the French and British, with the European powers jointly administering the islands; Vanuatu became independent in 1980. The legal system in Vanuatu reflects the country’s colonial history, being a mixed system derived from English common law, French civil law and ni-Vanuatu customary law. The *Constitution* is the supreme law in the country. At the international level, Vanuatu is party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the Convention on the Rights of Persons with Disabilities (CRPD), and the Convention Against Torture and other cruel, inhuman or degrading treatment or punishment (CAT).

Methods

The purpose of this study was to identify and analyse policies and legislation related to SRHR and GBV in Vanuatu. The study consisted primarily of a desk-based review, which examined national legislation, policies, peer reviewed literature, and other published reports relevant to SRHR and GBV in Vanuatu. Document search and retrieval occurred from December 2020 to July 2021. The second stage of the review involved a content analysis of the included documents. The analysis focused on key domains and corresponding indicators adapted from themes under SDG Indicator 5.6.2 and commitments under international frameworks and conventions (such as the 1994 International Conference on Population and Development Programme of Action), and including those relevant to priority populations outlined in the CRPD and CRC.

Key findings

Gender equality and non-discrimination

- The *Constitution* recognises an individual's rights and freedoms, without discrimination on the basis of sex. Further, the *Constitution* makes provision for the special benefit, welfare, protection and advancement of females. However, there is no detailed definition of discrimination against women in the *Constitution*.
- While it makes provision for 'under-privileged groups', the *Constitution* does not specifically prohibit discrimination on the grounds of gender, marital status, sexual orientation or disability.

SRHR

- Overall, Vanuatu's policy and legislative frameworks contribute to an enabling environment within which to promote SRHR, with a comprehensive, standalone *Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy and Implementation Strategy 2017-2020* that includes benchmarks, reporting structures, targets and indicators.²
- The minimum age of marriage is not equal, with young women able to marry from the age of 16 years and young men from the age of 18 years. Marriage requires full and free consent of both parties.
- The minimum age of consent to heterosexual sexual activity is 15 years for both males and females, and 18 years for homosexual sexual activity.
- There is no standalone HIV legislation in Vanuatu. However voluntary counselling and testing (VCT), treatment and care, and confidentiality of HIV or STI status are covered under the RMNCAH policy. There is no legislation that requires access to human papillomavirus (HPV) vaccination.
- There is no specific legislation that guarantees access to contraceptive services, though the RMNCAH policy emphasises that a wide range of contraceptives be available to all and that users should not be charged for contraceptives and commodities. The *Vanuatu Essential Drugs List 2014* does not include all the recommended reproductive medicines and commodities.
- The integration of comprehensive sexuality education (CSE) into the national school curriculum is mandated in Vanuatu through the *Education Act*, with the syllabus for Years 11-13 including comprehensive CSE content. However, the very high proportion of young people who leave school prior to Year 11 in Vanuatu reinforces the importance of initiatives with out-of-school youth.
- While maternal health care is not guaranteed through legislation, it is addressed in-depth as a priority of the RMNCAH policy. Abortion is illegal under the *Penal Code*, however legislation states that preservation of the woman's life and physical and mental health is a defence to charges.
- While Vanuatu has legislated maternity leave, paternity leave and childcare are not provided for in legislation.

2 It may be noted that the RMNCAH policy was not available at the time of desk review of documents. However, Vanuatu has a RMNCAH policy at the time of printing of this review document in August 2022.

GBV

- Vanuatu does not have a standalone action plan or strategy on gender-based violence, representing an important opportunity for enhancing the enabling environment for SRHR. The *Vanuatu National Gender Equality Policy 2020-2030* and the RMNCAH policy both prioritise prevention of and response to GBV, outlining multisectoral referral mechanisms and indicators to measure implementation. It should be noted, however, that neither policy specifies what resources will be allocated to achieve GBV targets and it is clear that the Department of Women's Affairs (DWA) is under-resourced to implement activities outlined in the gender equality policy.
- The *Family Protection Act 2008* provides for the offence of domestic violence, and includes a relatively comprehensive definition of domestic violence (though economic violence is not included in this definition). However, there is a clear legislative gap in relation to sexual violence, with the Penal Code providing a narrow definition of rape and not explicitly including spousal rape.
- The RMNCAH policy includes access to medico-legal services for victims of GBV and sexual assault as a key policy area, including health facilities having established referral pathways, a dedicated staff and space for management of GBV, and being stocked with rape kits.

SRH and GBV in key populations

- Adolescents and youth: While relevant policies prioritise the SRHR and safety of young people, structural and social factors undermine their SRH and freedom from violence. The *Education Act* does not specifically state that primary and secondary school education are compulsory and a high proportion of ni-Vanuatu youth are out of school, reducing their access to SRHR and GBV related information and subsequently to services. There is no legal prohibition on girls being expelled from school due to pregnancy or parenthood. However, adolescent sexual and reproductive health is a key performance area of the RMNCAH policy, with a high-level indicator for the policy being reduction in births to women aged 15-19 years as a proportion of all births. There is less consideration of protection of young women from GBV in relevant policy.
- People with disabilities: There is limited consideration of people with disabilities in legislation. The *National Disability Inclusive Development Policy 2018-2025* includes indicators in relation to access to SRH services and programs aimed at prevention of GBV against women and girls with disabilities, and the RMNCAH policy specifically mentions the need to tailor SRHR services and information to people with disabilities.
- LGBTIQ people: The *Family Protection Act 2008* specifically defines a spouse of a person to be an individual of the opposite sex to the person. However, Section 3 notes that a family member includes any person who is treated as a family member, which may enable the legislation to extend to cover same sex relationships. LGBTIQ people are mentioned in the RMNCAH policy, but their needs are not addressed in detail. There is limited consideration of how to protect LGBTIQ people from violence in any policy.
- Sex workers: While buying and selling sex are not criminalised in Vanuatu, there are legislative restrictions around sex work that may make it more difficult for sex workers to access SRH services and information, and protection from GBV. There is very limited consideration of how to address the SRH and GBV relation needs of sex workers in any policy.

Humanitarian and disaster contexts

- There is no specific inclusion of the Minimum Initial Service Package (MISP) for SRH in relevant health or disaster policy. However, the RMNCAH policy does seek to ensure reproductive health in response to climate change and emergencies.
- While there is no specific inclusion of gender-based violence in emergencies (GBViE) minimum standards in national legislation or policy, the Gender and Protection Cluster (led by the Department of Women's Affairs) has developed a range of relevant resources and the *National Policy on Climate Change and Disaster-Induced Displacement 2018* specifically outlines the need for continuity of GBV services in emergencies.
- There is reference to the development of standard operating procedures (SOPs) on GBViE in the *Vanuatu National Gender Equality Policy 2020-2023*, though these have not been developed at this time.

Conclusion and recommendations

This review suggests that Vanuatu has made significant progress towards creating a health system enabling universal access to SRH, with some steps towards a policy environment that protects women and girls from GBV, though there remain important gaps in policy and legislation.

On the basis of this preliminary desk review, several opportunities to strengthen policy and legislative responses have been identified:

General recommendations

- It is vital that Vanuatu continues to review and repeal old, and create new, national legislation in line with international human rights obligations and commitments. Any legislative reform should be approached in a comprehensive and integrated manner involving consultation with civil society and key population groups, including gender impact assessment, to understand possible unintended consequences.
- Ensure institutional mechanisms are resourced to allow effective planning, monitoring and review of policies, and to facilitate coordination and policy alignment across sectors (including, but not limited to Ministry of Health, Department of Women's Affairs and the National Disaster Management Office).
- Strengthen mechanisms for data collection to support monitoring and evaluation of policy and legislative implementation to ensure annual targets are met and allow evidence-based reform.

SRHR recommendations

- Prioritise the finalisation and dissemination of the new RMNCAH policy.³ The accompanying workplan should set clear, measurable targets that are adequately costed. Special provisions should be integrated for particularly vulnerable groups including those with disabilities, sex workers and people with diverse sexual orientations and gender identities. Objectives in relation to young people should prioritise ensuring that all levels of health services are 'friendly' towards young people.

³ It may be noted that the RMNCAH policy was not available at the time of desk review of documents. However, Vanuatu has a RMNCAH policy at the time of printing of this review document in August 2022.

- Consider legislating for guaranteed access to contraception, family planning and maternal health services with specific directives on ensuring access for adolescents and youths, and marginalised population groups.
- Conduct further research into the impact, causes and consequences of unsafe abortion practices. Legislate for access to post-abortion care, regardless of the legality of abortion, ensuring that women are not liable to prosecution for seeking such care.
- Further research should be conducted to understand how legal and policy provisions for the SRHR of persons with disabilities in Vanuatu are implemented and monitored in practice. This should include looking at the accessibility of services; service providers' awareness and understanding of their obligations; and understanding the specific barriers experienced by people with disabilities to accessing SRHR.
- Consider updating the *Education Act* to prohibit expulsion from school due to pregnancy or parenthood, in line with the *Reviewed Gender Equity in Education Policy 2018*.
- Update the *Public Health Act* with respect to STIs and HIV, which currently mandate reporting of positive HIV status (as previously recommended by Vire in 2013). Updating the Act would bring it in line with the rights and protections afforded to persons with HIV and other STIs as outlined by the RMNCAH policy.
- Update the *Essential Drugs List* to include Jadelle and Gardasil.
- Conduct further research specifically into the SRH needs of sex workers and their access to SRH services to inform advocacy, policy and possible legal reform.
- Develop and implement family life education syllabuses for Years 6-10 (to complement the current syllabus for Years 11-13, noting that very many young people in Vanuatu have left school by Year 11), and implement out-of-school family life education.

GBV recommendations

- Develop an overarching national policy/plan/strategy on eliminating GBV and an aligned institutional mechanism to ensure its effective implementation. This should include resourcing and strengthening GBV data collection (both administrative service level data and population data); a focus on expanding service delivery for women experiencing violence; development of a national prevention framework; and ensuring adequate resourcing and allocation of budget to both prevention and response.
- In close consultation with community groups, service providers and police, consider updating the *Family Protection Act 2008* to cover all types of family violence.
- Revise and expand the definition of rape and incorporate provisions for sexual assault against adults into the *Penal Code*. Consider strengthening the legislative protections in place against intimate partner sexual assault.
- Conduct further research on reproductive coercion (including integrating reproductive coercion questions into national violence against women (VAW) surveys) as a starting point to inform appropriate policy and legislative measures.

Humanitarian and disaster recommendations

- Ensure that there are specific provisions in relevant health and related disaster policy and legislation to require the MISP for SRH be embedded. Ensure this is situated in broader health policy, such as the forthcoming RMNCAH policy, in ways that strengthen health systems and ensure SRH preparedness and readiness.
- Develop SOPs on GBViE, as prioritised in the *Vanuatu National Gender Equality Policy 2020-2030*.
- If a standalone national policy or plan to prevent violence against women and girls is developed, explicitly incorporate GBV in emergencies into this policy or plan. Ensure GBViE standards are embedded in policy and legislative frameworks and national cluster guidance to government and non-government services.
- Consider integrating SRHiE and GBViE standards in policies relating to disaster as they come up for review. Include measures to prevent sexual exploitation, abuse and harassment, and draw on existing international and regional commitments, such as KAILA. Ensure these plans explicitly commit to MISP, Essential Services standards and GBViE standards.
- Ensure national fiscal and budget policy includes gender and emergencies responsive budgeting, especially SRHiE and GBViE budget disaster planning for the most marginalised communities and individuals.

1 Introduction

1.1. Background and objectives

In 2016, the member states of the United Nations adopted 17 Sustainable Development Goals (SDGs) to address poverty, discrimination, abuse, preventable deaths and environmental destruction. Universal access to sexual and reproductive health and rights (SRHR) is among the global targets of the SDGs, reflected primarily under the goals for health and gender equality (UN General Assembly, 2015). SDG Targets 3.7 and 5.6, in particular, call for universal access to SRHR, in line with the 1994 International Conference on Population and Development (ICPD) Programme of Action, the Beijing Platform for Action and their respective review conferences, as a precondition for achieving gender equality and empowering all women and girls (UNFPA, 1995; United Nations, 1995).

The SDGs also include a specific target to ‘eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation’ (UN General Assembly, 2015). This is consistent with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (UN General Assembly, 1979), to which Vanuatu acceded in 1995, and the Declaration on the Elimination of Violence Against Women (UN General Assembly, 1993). Legislation criminalising violence against women scaffolds the right of women to live free from violence. While recognising that laws alone are not enough to eliminate violence, legal sanctions can act as a deterrent and legislation can be responsive to victims by providing protection and access to support services (Klugman, 2017). The realisation of SRHR requires that women and girls live free from violence, with research repeatedly demonstrating the close and consistent relationship between exposure to violence and sexually transmitted infections, unintended/unplanned pregnancy, abortion, an increased number of sexual partners, and women not having reproductive autonomy (Grose et al., 2021). In addition, particular violations of women’s SRHR (including but not limited to forced sterilisation, forced abortion, forced pregnancy, and denial of sexual and reproductive health services) may in themselves constitute forms of violence against women.

Many nation states, including a number in the Pacific, have plural legal systems in which multiple sources of law are drawn upon simultaneously, for example customary or religious law alongside statutory law. These plural systems can in some cases lead to contradiction in the interpretation or enforcement of laws and can undermine constitutional and statutory provisions that seek to address discriminatory or harmful practices. This is particularly evident in relation to gender justice, SRHR, and violence against women (McGovern et al., 2019; García-Moreno et al., 2015). In some countries, constitutional laws and legal structures sustain and foster discrimination in relation to sexual and reproductive health (SRH) and gender-based violence (GBV), for example undermining women’s ability to freely enter or leave marriage, requiring third-party authorisation to access services, restricting access to particular health services (such as safe abortion care), and by not recognising all forms of GBV. Legislative review has been recommended to address high rates of GBV and discrimination faced by women and minority groups in the Pacific (Chetty and Faletua, 2015).

Stigmatisation and criminalisation of some sexual behaviour and SRHR services and entitlements influences people’s health-seeking behaviour; this in turn impacts on demand for SRH services including family planning (UNFPA, 2019). Given the scope of factors that shape individuals’ health care-seeking behaviour, it is vital to “promote policies, laws and initiatives that support non-stigmatizing, culture- and gender-responsive SRHR programmes and services” (UNFPA, 2019a, p.26). While governments in the Pacific have committed to international and regional strategies to address SRHR and GBV, there is a need for further analysis of

current barriers and enablers arising from existing national legislative and regulatory frameworks. The ability to achieve universal access to SRHR and elimination of GBV hinges on a supportive legal and policy environment.

A review of SRH and GBV related legislation and policy has been undertaken in six Pacific countries including Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. These reviews contribute to UNFPA's work in the Pacific that aims to support countries to meet human rights commitments, progress towards the SDGs, ICPD 1994 Programme of Action and ICPD25 national commitments, and commitments related to the UN High-level Meeting on Universal Health Care (2019).

Specifically, these desk reviews sought to address the following questions:

1. What national laws, regulations and policies exist in each of the six Pacific countries that govern (a) access to sexual and reproductive health; and (b) prevention of and protection from gender-based violence?
2. What are the key factors influencing universal access to sexual and reproductive health and prevention of and response to gender-based violence that may emerge as a result of existing legislative and policy frameworks in each of the six Pacific countries?
3. What are the legislative and policy gaps in the protection and promotion of the right to SRH and the elimination of GBV in each of the six Pacific countries?

This report provides a summary of findings from the review undertaken for Vanuatu, and key recommendations for legislative reform and policy strengthening in relation to SRHR and GBV in Vanuatu.

1.2. Methods

This study was primarily a desk-based review and analysis of policies and legislation related to (a) sexual and reproductive health and rights and (b) gender-based violence in Vanuatu. The review encompassed national legislation, policies, peer-reviewed literature and other published reports relevant to SRHR and GBV in Vanuatu (see references for full list of sources).

Legislation is used throughout the report to refer to legally enforced and enforceable Acts, Bills, subsidiary regulations and orders made under the Acts and the Constitution. Policies refer to Government documents that provide a policy statement, position or guidance and broadly includes policies, plans and strategies.

The documents were identified through a systematic search of relevant data bases including Scopus, HeinOnline, AGIS, and other online sources including Pacific Islands Legal Information Institute (PacLII databases). Refer to search terms in Annex 1.

Document search and retrieval was undertaken over the period December 2020 to July 2021.

Government of Vanuatu websites were searched for up-to-date policies, legislation and reports, some linking directly back to PacLII. General internet searches were conducted to capture any other relevant reports and grey literature. UNPFA Pacific and the Vanuatu country focal point were contacted to provide assistance in accessing any policy documents, legislation or relevant reports not accessible online. Documents were categorised by type and analysed for relevance.

The second stage of the review involved a content analysis of the included documents. Analysis was completed according to key domains and corresponding indicators (refer to Table 5 under Section 3, ‘Summary of findings’) adapted from:

- Themes under SDG Indicator 5.6.2 (number of countries with laws and regulations that guarantee full and equal access to women and men (and boys and girls) aged 15 years and older to sexual and reproductive health care, information and education), including access to maternity care, contraception and family planning, comprehensive sexuality education [CSE] and information, sexual health and wellbeing).
- Commitments under international frameworks and conventions, particularly the 1994 Programme of Action of ICPD and respective review conferences and CEDAW, general recommendations 19 (1992) and 35 (2017) provisions intersecting with SRHR.

While it is beyond the scope of this report to review commitments in relation to all international and regional instruments to which Vanuatu is party, the report does consider commitments relevant to priority populations as outlined in the Convention on the Rights of Persons with Disabilities (which Vanuatu ratified in 2008), and the Convention on the Rights of the Child (which Vanuatu ratified in 1993).

1.3. Limitations

There are a number of limitations of this review that need to be considered when interpreting findings and recommendations:

- The review is focused on the existence (or otherwise) of SRH and GBV policy and legislation. It was beyond the scope of the review to explore the implementation, enforcement and effectiveness of the documented policy and legislation.
- The document search was limited to documentation available online and in English. While effort was made to access documents referred to in literature not available online through UNFPA country focal points, it was not possible to complete a more comprehensive search of hard-copy or other documents not publicly accessible in the available time.
- The study did not cover all available implementation level documentation such as practice guidelines or sub-national documents that may have included more specific guidance on SRH and GBV.
- There are likely to be initiatives at a country level to address particular priorities and gaps in current national policy and legislation, including sub-national initiatives. As the scope of this review is on national level legislative, policy and strategic planning documentation, such initiatives may not be captured here.
- While the review did incorporate GBV legislation and policy in so far as it intersects with SRHR, it cannot be considered a comprehensive GBV legislative review in its own right. The review did not comprehensively cover for example access to justice, sentencing and policing.

2 Country profile

2.1. Background

Vanuatu, known officially as the Republic of Vanuatu, is an island nation located in the South Pacific Ocean comprising 83 islands, of which some 65 are inhabited. The country's Y-shaped archipelago of islands extends over 1,000 kilometres between the equator and the Tropic of Capricorn in a north-south direction. Its mountainous terrain is covered by tropical rainforest and, like many islands in the South Pacific, is prone to both earthquakes and tidal waves. The country is frequently impacted by tropical cyclones, most recently Tropical Cyclone Harold and Tropical Cyclone Yasa in April and December 2020 respectively.

Six main island groups constitute the country's six provinces of Malampa, Penama, Sanma, Shefa, Tafea and Torba. Only 12 of Vanuatu's islands are considered significant in terms of population and economic activity, with its national capital and largest city of Port Vila being located on Efate Island in Shefa province. The official languages of Vanuatu are Bislama, English and French, with over 120 distinct Austronesian languages also spoken across the archipelago. Ninety-four per cent of the population is indigenous ni-Vanuatu, four per cent is European with the remaining two per cent of either Asian or other Pacific Islander background.

Three-quarters of Vanuatu's population of approximately 300,000 lives rurally, with most living along the coast. In 2019, the Human Development Index ranked Vanuatu 140 among 189 countries (UNDP, 2020), with life expectancy in Vanuatu being 71 years (Vanuatu National Statistics Office [VNSO], 2020). The economy of Vanuatu is largely based upon fishing, subsistence farming and the production of cash crops such as cocoa, kava and coconut, which are among the country's main exports. Vanuatu's recent economic growth has also largely been driven by the tourism and construction sectors (Pacific Trade Invest Australia, 2018).

The islands of Vanuatu are thought to have been settled for over three thousand years, with European contact beginning through Portuguese and Spanish explorers (1606), followed by the French (1768) and the British (1774) over a century and a half later. The French and British established a joint naval commission in Vanuatu in 1887, in order to protect their settler citizens. In a rare power-sharing arrangement, in 1906 France and Britain agreed to jointly administer the islands, establishing the New Hebrides Condominium (New Hebrides being the colonial name for what is now known as Vanuatu). Each European power was responsible for its own citizens, with the indigenous ni-Vanuatu population under joint French-Anglo jurisdiction. In practice, the population was divided into separate Anglophone and Francophone communities, with separate governmental, legal, judicial, financial and educational systems, separate political parties and with different religious denominations being predominant (with the Anglophone community largely Protestant and the Francophone community Catholic). Ni-Vanuatu were unable to acquire citizenship of either France or the United Kingdom.

In the 1960s, an independence movement emerged advocating the return of power to the ni-Vanuatu people. The new nation-state of Vanuatu (meaning 'Land Eternal') became independent in 1980 (Pacific Trade Invest Australia, 2018). The impact of the especially complex socio-political legacy of the colonial period continues to shape politics, institutions and other aspects of daily life in Vanuatu.

2.2. Legal frameworks

2.2.1. The legal system

The legal system in Vanuatu reflects the country's colonial history, being a mixed system derived from English common law, French civil law and ni-Vanuatu customary law. The Anglo-French Protocol of 1914 (which came into effect in 1922) governing the former New Hebrides Condominium provided that the laws of each European power were to apply to their respective nationals and also to third-country nationals who opted to be subject to each legal system. Accordingly, French law applied to French nationals and optants, with British nationals and optants subject to British law. The Resident Commissioners of Britain and France governing the New Hebrides also enacted joint regulations binding on all inhabitants.

Accordingly, at independence in 1980, Vanuatu did not inherit a unified legal system, but rather a uniquely complex dual legal system based on the reception of pre-existing law under the new *Constitution of the Republic of Vanuatu* ('*Constitution*'). Over the last four decades a unified legal framework has however evolved, based on a common law system (inherited from the British) that consists of both pre-existing French and British law in addition to legislation and case law developed since independence (Vanuatu Law Reform Commission, 2021). Customary law (*kastom* in Bislama) of the ni-Vanuatu people is also recognised by the *Constitution* in multiple ways. Article 95 *Constitution* declares that '[c]ustomary law shall continue to have effect', art 74 *Constitution* provides that the 'rules of custom shall provide the basis of ownership and use of land' and art 51 *Constitution* empowers Parliament to 'provide for the manner of the ascertainment of relevant rules of custom' thereby assisting Vanuatu's courts in their judicial application of customary law.

The *Constitution* establishes the parliament of Vanuatu as the country's primary law-making body, led by the Prime Minister (the head of executive government). The head of state is the President, who must be an indigenous ni-Vanuatu citizen and is chosen by the parliament and the presidents of the six provincial governments. The President has the duty to assent all legislation passed by the parliament. While not a legislative body, the *Constitution* also establishes the Malvatumauri Council of Chiefs which plays an advisory role to government and parliament, making recommendations on matters relating to custom, tradition, culture and languages. Custom chiefs at village and island level elect the District Council of Chiefs, with the District Council of Chiefs electing chiefs to the Malvatumauri.

The judicial system is comprised of four levels – the Court of Appeal, the Supreme Court, the Magistrates' Courts, and the Island Courts. There are also Customary Land Tribunals, authorised solely for the purpose of resolving customary land disputes.

2.2.2. The Constitution

The *Constitution* came into effect upon the country's independence in 1980. It represents the supreme law of the country (art 2), and all other laws must be consistent with it. The *Constitution* establishes fundamental rights and freedoms of the individual (art 5), including:

- life;
- liberty;
- security of the person;
- protection of the law;
- freedom from inhuman treatment and forced labour;
- freedom of conscience and worship;
- freedom of expression;
- freedom of assembly and association;

- freedom of movement;
- protection of privacy and from unjust deprivation of property; and
- equal treatment under the law or administrative action.

These rights and freedoms are guaranteed without discrimination on the basis of ‘race, place of origin, religious or traditional beliefs, political opinions, language, or sex’ (art 5). The explicit statement prohibiting discrimination on the basis of sex reinforces the idea that men and women are legally equal in Vanuatu, even if pervasive gender inequalities exist.

Article 7 of the *Constitution* also lists a number of duties for all persons in Vanuatu, including for example ‘to respect the rights and freedoms of others’, ‘work according to his talents in socially useful employment’ and ‘to safeguard the national wealth, resources and environment in the interests of the present generation and future generations’.

2.2.3. Relevant international commitments and conventions

The SDGs were set in 2015 by the United Nations General Assembly, with Vanuatu adopting the 2030 Development Agenda at this time. This global agenda includes the nomination of specific targets relevant to SRHR and GBV, that all member states have committed to. Targets under the SDGs that are specifically relevant to this review are shown in Table 1 below. Vanuatu’s *National Sustainable Development Plan 2016 – 2030* (NSDP) is accompanied by a detailed NSDP Monitoring and Evaluation Framework. Where NSDP targets and indicators are specifically aligned with the SDG targets and indicators relevant to this review, this is shown in the table below in green.

Table 1: Relevant SDG targets and indicators

SDG targets	Aligned indicators
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births <i>SOC 3.1 Target is to reduce maternal mortality ratio to less than 70 per 100,000 live births by 2030</i>	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel <i>SOC 3.1.2 Maternal mortality ratio/number of maternal deaths</i>
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
3.7 By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (10-14 years, 15-19 years) per 1,000 women in that age group

SDG targets	Aligned indicators
5.2 Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	<p>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</p> <p>5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</p>
SOC 4.2 Prevent and eliminate all forms of violence and discrimination against women, children and vulnerable groups	<p>SOC 4.2.2 Number of reported cases of violence against women, children and vulnerable people</p> <p>SOC 4.2.3 Percentage of reported cases of violence against women, children and vulnerable people addressed</p>
5.3 Eliminate all harmful practices, such as child early and forced marriage and female genital mutilation	<p>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</p> <p>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</p>
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population Development and the Beijing Platform for Action and the outcome documents of their review conferences	<p>5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care</p> <p>5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care information and education</p>

The report from the review of legislation and policy will support Vanuatu to report against SDG indicator 5.6.2 in particular.

Vanuatu acceded to CEDAW in 1995 with no reservations/declarations. Twelve years later, in 2007, Vanuatu also accepted the Optional Protocol to CEDAW which enables individual complaints against the country regarding potential CEDAW violations to be made to the treaty's Committee on the Elimination of All Forms of Discrimination Against Women within the United Nations. Vanuatu is one of the few Pacific Island nations to be party to CEDAW's optional protocol, joined only by the Solomon Islands, Cook Islands and Marshall Islands. It is also signatory to a number of other relevant international conventions and protocols, as listed in Table 2.

Table 2: Relevant international human rights conventions

International instrument	Ratification or commitment
Convention on the Rights of the Child (1990) See in particular Article 13 (Right to seek, receive and impart information), Article 19 (Right to be protected from all forms of violence and abuse), Article 24 (Right to health and health care), Article 34 (Right to be protected from sexual exploitation and abuse)	1993
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)	2007
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)	2007
Convention on the Elimination of All Forms of Discrimination Against Women (1981) See in particular Article 12 (Elimination of discrimination in access to health care services including family planning), Article 13 (2.b Elimination of discrimination in access to health care facilities including family planning for rural women), Article 16 (Elimination of discrimination in marriage, including in relation to family planning and elimination of child marriage); and CEDAW Committee General Recommendations No.19 and No.35 on gender-based violence against women	1995
Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women (1979)	2007
International Convention for the Protection of all Persons from Enforced Disappearance (2007)	2007
International Covenant on Civil and Political Rights (1966)	2008
Convention on the Rights of Persons with Disabilities (2007) See in particular Article 16 (Freedom from exploitation, violence and abuse), Article 21 (Right to information), Article 23 (Right to marriage, parenthood, family planning and retention of fertility), Article 25 (Right to health and health care, including specific SRH)	2008
Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (1985)	2011

(Source: OHCHR, 2021, UN Human Rights Treaty Body Database)

Although party to the 1966 International Covenant on Civil and Political Rights, Vanuatu has not acceded to its counterpart treaty the 1966 International Covenant on Economic and Social Rights (ICESCR). It is notably the ICESCR which enshrines the right to health on a universal basis through Article 12. Given Vanuatu is, however, a party to CEDAW, some rights to sexual and reproductive health are binding upon the country as CEDAW obligates parties to ensure access to both ‘health care services, including those related to family planning’ (art 12(1)) and ‘appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation’ (art 12(2)).

The 2007 Convention on the Rights of Persons with Disabilities (CRPD), which Vanuatu ratified a year after it was opened for signature, stipulates through Article 25 the right of persons with disabilities to access the same health care as other persons, including SRH. Vanuatu has not, however, accepted the Optional Protocol of the CRPD, which establishes an individual complaints framework under the CRPD treaty framework, similar to CEDAW’s Optional Protocol. The most recent international human rights treaty Vanuatu has become a party to is the 1985 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), to which it acceded in 2011. Under the CAT some abuses of sexual and reproductive health are considered so severe as to amount to torture, such as female genital mutilation and forced sterilisation. The

Committee Against Torture also recently ruled in 2019 for the first time in an individual complaint that rape and other acts of sexual violence can amount to torture under the CAT (International Justice Resource Centre, 2019). However, Vanuatu has not become party to the Optional Protocol of the CAT. Finally, although not legally binding under international law as a resolution of the United Nations General Assembly, in 2001 Vanuatu along with all 189 UN member states, unanimously adopted the UN Declaration of Commitment on HIV/AIDS. This establishes various commitments in relation to coordinated leadership, prevention and response, including measures to address gender-based violence (Centre for HIV Law and Policy, 2001). The Declaration makes note of factors related to the spread of HIV/AIDS, which includes discrimination, gender inequality, poverty and lack of confidentiality, among others. However, this declaration is non-binding on states which have signed it.

2.2.4. Regional agreements and frameworks

In addition to these international obligations and commitments, Vanuatu has committed to a number of regional agreements to promote sexual and reproductive health in the Pacific. These include the regional Moana Declaration (2013) that recognizes the crucial role parliamentarians play in advocating for the implementation of the ICPD Programme of Action. The Moana Declaration saw Pacific countries commit to the integration of sexual and reproductive health into national development strategies, health plans and budgets. Vanuatu has also endorsed the Pacific Youth Development Framework 2014-2023 (Pacific Community, 2015), and the Pacific Sexual Health and Well-being Shared Agenda 2015-2019 (Pacific Community, 2014). The Shared Agenda shifts focus from a medical model to a comprehensive rights-based approach to achieve sexual and reproductive health and rights for all people in the Pacific. In 2008 Vanuatu was an initial signatory to the Pacific Policy Framework for Achieving Access to Reproductive Health Services and Commodities 2009-2015. This Pacific Policy Framework includes specification about the services, supply chains and financing related to reproductive health services and contraception (Pacific Ministers of Health, 2008). Vanuatu is also a signatory to the 2015 KAILA! Pacific Voice for Action on Agenda 2030: Strengthening Climate Change Resilience through women’s, children’s and adolescent health. The KAILA! Declaration outlines governments’ commitment that sexual and reproductive health and rights be an integral part of national development strategies, national plans and public budgets, and affirms the centrality of advancing gender equality for sustainable development. Vanuatu has also been an active participant in regional decision-making and advocacy forums relevant to the promotion of SRHR and elimination of violence against women including the Forum Economic Ministers Meetings, Pacific Women Leaders Meetings, Pacific Heads of Health Meetings, and the Pacific Women’s Network Against Violence Against Women. Vanuatu is also a party to regional agreements relevant to the prevention of GBV, including the Revised Pacific Platform for Action on the Advancement of Women and Gender Equality (2005-2015), and the Pacific Leaders Gender Equality Declaration of 2012.

Table 3: Relevant regional commitments and agreements

Regional commitments	Year
Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities 2009-2015	2008
Revised Pacific Platform for Action on the Advancement of Women and Gender Equality (2005-2015)	2012
Pacific Leaders Gender Equality Declaration (2012)	2012
The Moana Declaration	2013
Pacific Sexual Health and Well-being Shared Agenda 2015-2019	2014
Pacific Youth Development Framework 2014-2023	2015
KAILA! Declaration (Pacific Voice for Action on Agenda 2030, Strengthening Climate Change Resilience through women’s, children’s and adolescent health)	2015

2.3. The health system and context

The national government is the main provider of health services to ni-Vanuatu. There is also a small private health care sector, principally operating in the country's two main urban centres of Port Vila and Luganville. Support from non-government, faith-based and community organisations supplements government health services. Funding of the health sector in Vanuatu comes predominantly from government and international development partners, with patients paying modest contributions for inpatient care and outpatient services in public facilities. There are four levels of publicly operated healthcare facilities – hospitals, health centres, dispensaries and community-supported aid posts.

WHO (2018) notes that Vanuatu faces the burden of responding to increasing rates of non-communicable diseases, while simultaneously addressing death and illness from communicable disease, the public health threats associated with climate change, and conditions particularly affecting mothers and children. Declines in infant and under-five mortality in Vanuatu have plateaued over the past decade. Neonatal and maternal healthcare is challenged by lack of access to emergency obstetric and neonatal services. Communicable disease remains prevalent (though the considerable decline in malaria is noteworthy), including sexually transmitted infections (STIs).

Vanuatu's scattered population, geographical isolation, infrastructure limitations and costly transportation and logistics continue to present major barriers in healthcare delivery. Rapid population growth in Vanuatu's two main urban centres is resulting in overcrowding and environmental conditions that exacerbate existing health and social problems, undermining SRHR and the right to live free from violence. Furthermore, the lack of qualified healthcare professionals, limited financial capacity and varied health system challenges continue to hinder the delivery of quality healthcare.

The Ministry of Health has lead responsibility for the provision of healthcare services (including SRHR services), health policy (including the development, implementation and monitoring of policy), and for public health interventions (including SRHR promotion and screening initiatives). The Ministry of Health works alongside private health providers to provide: emergency and critical care, medical services, surgical services, maternal and reproductive health services, newborn and adolescent services, mental health services, and allied health and clinical support services. In addition to the public services it provides, the Ministry of Health has established management, general support services and education, training and supervision services for clinical service delivery (Ministry of Health, 2020). The Ministry of Health provides guidance to non-government, faith-based and community organisations involved in health service and health promotion delivery.

In *Vanuatu 2030: The People's Plan* (also known as the *National Sustainable Development Plan 2016-2030*), the Government of Vanuatu, outlines its vision for the development of the country based on the pillars of society, environment and economy. Goal 3 of the Society Pillar is Quality Health Care, and Goal 4 is Social Inclusion, with objectives including a specific focus on the elimination of violence against women.

In the *National Health Sector Strategy 2017-2020*, the Ministry of Health highlights the importance of strengthening health sector management and information systems, improving health service access for the population, and strengthening collaborative action across sectors and within the health sector to create healthier environments and address major health issues (one of which is maternal and child deaths). The Ministry of Health's *Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy 2017-2020* describes the government's specific priorities in relation to SRHR and GBV, as will be discussed in detail in this review. UN agencies, Australia's Department of Foreign Affairs and Trade (DFAT), New Zealand's Ministry of Foreign Affairs and Trade (MFAT) and other agencies provide a range of resources to support the Ministry of Health in the implementation of its strategies and policies. A new version of the RMNCAH policy has been drafted, but had not been publicly released at the time of this review and so has not been included in this report.

3 Summary of key findings

The following table summarises Vanuatu’s legislation and policies according to key SRHR and intersecting GBV domains. Legislation and policy are mapped against the domains according to corresponding indicators, as outlined in the methodology section of this report. The indicators are intended to identify the extent to which Vanuatu’s current national legislation and policies align with relevant international frameworks and commitments around universal access to SRHR and eliminating GBV. It should be noted that the GBV indicators included in this review are only those which intersect most closely with SRHR.

Table 4: Summary of findings from the desk review of legislation and policy relating to SRH and GBV

Domain	Sub-domain	Specific indicators	Status	Notes
Gender equality and non-discrimination		Constitutional guarantee of substantive equality between men and women	Partial	Article 5(1) <i>Constitution</i> recognises the ‘rights and freedoms of the individual without discrimination on the grounds of race, place of origin, religious or traditional beliefs, political opinions, language or sex’. Further, Article 5(1)(k) of the <i>Constitution</i> makes provision for ‘the special benefit, welfare, protection or advancement of females, children and young persons, members of under-privileged groups or inhabitants of less developed areas.’ However, there is no detailed definition of discrimination against women in the <i>Constitution</i> . The <i>Constitution</i> is written using male pronouns.
		Does the <i>Constitution</i> contain an anti-discrimination clause on the grounds of sex, gender, marital status, sexual orientation or disability?	Partial	The <i>Constitution</i> does prohibit discrimination on the grounds of sex, and makes provision for ‘under-privileged groups’ but does not specifically prohibit discrimination on the grounds of gender, marital status, sexual orientation or disability.
SRH general	National SRH strategy	National sexual and reproductive health policy (or strategy) ⁴	Yes	The <i>Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy and Implementation Strategy 2017-2020</i> has the goal that ‘all people, especially women, children, young people, people with special needs and other vulnerable groups, and those living in rural areas, respectful of their individual rights, shall have access to quality reproductive, maternal, newborn, and adolescent health services, resources and information’. *Note a new version of the policy has been drafted (2021-2025), but was not yet released at the time of this review and so has not been included in this report.

4 “Recognising that countries are in different positions in terms of resources, capacity, and the policy and legal environment, the most realistic option is for countries to commit in principle to a comprehensive approach to SRHR by adopting the definition proposed by the Guttmacher– Lancet Commission” (UNFPA, 2019). The Guttmacher-Lancet commission provides an outline of a comprehensive SRH essential services package in line with the ICPD Programme of Action and other key international frameworks (Starrs, et al., 2018). Refer to Annex 2. Official adoption of a defined package of SRHR health services is a clear commitment that helps to ensure accountability.

Domain	Sub-domain	Specific indicators	Status	Notes
SRH general	National SRH strategy	Does it include allocation of resources (including budget) to achieve targets and indicators to measure implementation?	Yes	The <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> ⁵ includes an implementation strategy, updated in 2016. Benchmarks and reporting structures are included. The policy is aligned with the Vanuatu government's annual business planning and reporting processes. The Implementation Strategy assumes that the Ministry of Health has in place the systems for procurement and timely dissemination of financial resources with which to obtain commodities and equipment and to deliver activities. The <i>Pacific Policy Framework for Achieving Access to Reproductive Health Services and Commodities (2009-2015)</i> , to which Vanuatu was a signatory in 2008, includes specification about services, supply chain and financing related to reproductive health related issues.
	Fertility	Population policy on fertility (raise, lower, maintain) Population policy on adolescent birth rate	Yes	The <i>National Population Policy 2011-2020</i> has the goal of reducing fertility and unintended pregnancy, particularly among target population groups. Key performance area 4 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> is Adolescent Sexual and Reproductive Health, with the objective of 'improved sexual and reproductive health of adolescents and young people in Vanuatu through reduction of teenage pregnancy and STI cases, and strengthened HIV prevention' and a high-level indicator of a reduction in births to women aged 15-19 years as a proportion of all births.
	Adolescent and youth SRHR	Legislated equal minimum age of 18 for marriage Law requires full and free consent of both parties to a marriage Legislated minimum age of consent to sexual activity	Partial Yes Yes	The minimum age of marriage is not equal, with s 2 <i>Control of Marriage Act</i> stating 'that no person of male sex under 18 and no person of female sex under 16 years may lawfully marry'. However, consent is required by both parents if either party to the marriage is under 21 years of age. The Act does not mention marriage between people of the same sex (either prohibiting or enabling). s 4 <i>Control of Marriage Act</i> requires that marriage celebrants satisfy themselves that the parties thereto have freely expressed their consent... s 5 states that 'No person shall compel another person of any age to marry against his will'. The age of consent is 15 years for both females and males, as outlined in s 97 <i>Penal Code</i> . The age of consent is higher for same sex partnerships, with s 99 <i>Penal Code</i> stating that 'No person shall commit any homosexual act with a person of the same sex under 18 years of age, whether or not that person consents'.

5 It may be noted that the RMNCAH policy was not available at the time of desk review of documents. However, Vanuatu has a RMNCAH policy at the time of printing of this review document in August 2022.

Domain	Sub-domain	Specific indicators	Status	Notes
SRH general	Adolescent and youth SRHR	Legislated compulsory primary and secondary education for boys and girls	Partial	<p>Section 7 <i>Education Act</i> states that it is the duty of a child's parent to ensure that a child attends school, with this applying to children at least six years old and less than 14 years old. However, the Act does not specifically state that either primary or secondary education is compulsory.</p> <p>Section 8 <i>Education Act</i> does prohibit discrimination in education on the basis of gender (or religion, nationality, race, language or disability)</p>
		Legislated prohibition on expulsion from school due to pregnancy	No	<p>The <i>Education Act</i> does not mention pregnancy or address the right to education of girls who are pregnant or parents.</p> <p>While there is no legal prohibition on expulsion from school due to pregnancy, the <i>Reviewed Gender Equity in Education Policy 2018</i> outlines tasks for the Ministry of Education and Training (p.11) including to instruct schools to stop expulsion of pregnant girls and encourage them to continue at school while pregnant and to return after giving birth; and to develop and implement avenues, facilities, services and resources for pregnant girls, those who have given birth, and those who have dropped out of education through open distance learning and Technical and Vocational Education and Training (TVET).</p>
Sexual health	STIs, HIV and AIDS	Law(s) or regulation(s) that guarantee access to: Voluntary counselling and testing (VCT)	No	<p>There is no legislation requiring provision of, or guaranteeing access to, VCT for HIV. English common law applies, which requires consent to a blood test.</p> <p>However, the Ministry of Health is responsible for promoting the health of the population (s 2 <i>Public Health Act</i>), and it is the duty of local authorities to take all measures for preventing infectious, communicable or preventable disease, and to promote public health (s 6 <i>Public Health Act</i>).</p> <p>HIV and STI counselling and testing is a focus of key policy area (KPA) 5 in the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> ('Halt the spread of HIV and reduce the prevalence of STIs, and improve the quality of life of people living with HIV in Vanuatu').</p>

Domain	Sub-domain	Specific indicators	Status	Notes
Sexual health	STIs, HIV and AIDS	Treatment and care	No	There is no legislation requiring provision of treatment and care for HIV or STIs. However, the Ministry of Health is responsible for promoting the health of the population (s 2 <i>Public Health Act</i>), and it is the duty of local authorities to take all measures for preventing infectious, communicable or preventable disease, and to promote public health (s 6 <i>Public Health Act</i>). HIV and STI treatment and care is a focus of KPA5 in the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> ('Halt the spread of HIV and reduce the prevalence of STIs, and improve the quality of life of people living with HIV in Vanuatu').
		Confidentiality	No	There is no legislation that specifically outlines the right to confidentiality. English common law generally requires medical confidentiality but may allow disclosure in the public interest to prevent risk to others. HIV and AIDS are notifiable diseases under the <i>Public Health Act</i> . Section 8 of the Act outlines requirements of the heads of families, owners of lodgings, medical practitioners and nurses in relation to reporting notifiable diseases, which would contravene the privacy and confidentiality of an individual with HIV or an STI. The 2013 <i>Public Health Act</i> review made the recommendation to remove AIDS from list of notifiable diseases but this does not seem to have been done (Vire et al., 2013). (Note: a notifiable disease is any disease that is required by law to be reported to government and or health authorities, usually within a very tight timeline). Confidentiality is a focus of KPA5 in the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> ('Halt the spread of HIV and reduce the prevalence of STIs, and improve the quality of life of people living with HIV in Vanuatu').
		No legislative restrictions to the above based on:	Yes	While there are no legal provisions ensuring access to VCT, treatment and care and confidentiality, there are also no restrictions in legislation based on these criteria (nor specific protections).
		(a) age	Yes	There are also provisions in policy for HIV and STI testing, counselling, treatment and care, and to prevent discrimination (both on the basis of HIV status and in relation to the factors described against this indicator), with a particular focus on strategies being inclusive in relation to age, sex and marital status. Strategies for this are outlined under KPA5 of the in the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> ('Halt the spread of HIV and reduce the prevalence of STIs, and improve the quality of life of people living with HIV in Vanuatu').
		(b) sex	Yes	
		(c) marital status	Yes	
		(d) third-party authorisation (e.g. spousal, parental/ guardian, medical)	Yes	

Domain	Sub-domain	Specific indicators	Status	Notes
Sexual health	STIs, HIV and AIDS	Legal prohibition of discrimination based on HIV status	No	Legislation does not specifically prohibit discrimination on the basis of HIV status, though the <i>Constitution</i> entitles all to receive equal treatment under the law. Section 8 <i>Education Act</i> does prohibit discrimination in education on the basis of gender, religion, nationality, race, language or disability. Disability is not defined but could potentially be argued to include HIV.
		Human papillomavirus	No	There is no legislation mandating access to HPV vaccination, though pilot HPV vaccination studies have been conducted and a national HPV vaccination program in Vanuatu is due to be implemented in 2021.
	Contraception and family planning	Contraception	No	There is no specific legislation guaranteeing access to contraceptive services. KPA3 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> has the objective that 'All People in Vanuatu are enabled to exercise their contraceptive choice safely and freely and all women, men and young people have access to affordable methods of quality family planning services, commodities and information'.
Essential medicines include:				
		Female condoms?	Yes	Female condoms are included in the <i>Vanuatu Essential Drug List 2014</i> (p.6).
		Contraceptive implants?	Partial	The <i>Vanuatu Essential Drug List 2014</i> (p.6) includes the copper-containing IUD TCu380A, and the injectable hormonal contraceptive medroxyprogesterone (Depo Provera). However, while implantable levonorgestrel (Jadelle) is available in the country, it is not included on the <i>Essential Drug List</i> .
		Emergency contraception (levonorgestrel)?	Yes	Oral levonorgestrel (Norlevo) is included in the <i>Vanuatu Essential Drug List 2014</i> (p.6).
		Law(s) or regulation(s) that guarantee the provision of full, free and informed consent for contraceptive services (including sterilisation)?	Partial	English common law generally requires consent to treatment and surgical procedures, however the requirement of consent for contraceptive services is not otherwise addressed in Vanuatu law. KPA3 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> (p.28) states that 'The client themselves has the right to individually consent to contraceptive use, including sterilisation, be they an unmarried woman, or a woman with disability (with the exception of a client with a medically diagnosed, severe mental health condition which impacts on their capacity to make informed decisions)'.

Domain	Sub-domain	Specific indicators	Status	Notes
Contraception and family planning	Contraception	Does any law(s) or regulation(s) guarantee access to emergency contraception?	No	Legislation does not specifically guarantee access to emergency contraception. However, the Ministry of Health's <i>Role Delineation Policy</i> does include mention of emergency contraception, noting that this should be provided by Provincial Hospitals (p.52).
		No legislative restrictions on the above based on:		While contraceptive services are not specifically covered in legislation, the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> emphasises that a wide range of contraceptives should be available to all users, 'be they women, young females or males, or people with disabilities [so they] can exercise their right to decide the number, spacing and timing of pregnancy' (p.26), and that 'choice of contraception should not be dictated by client age or by the service provider. The client themselves has the right to individually consent to contraceptive use, including sterilization, be they an unmarried woman, or a woman with disability (with the exception of a client with a medically diagnosed, severe mental health condition which impacts on their capacity to make informed decisions)' (p.28). In addition, the policy notes that 'Where a couple (or family) have differing opinions about the desired use of contraceptives, this policy dictates that the ultimate right rests with the woman, whose body and associated rights to education, development and socio-political participation are more closely impacted by pregnancy and childbirth than her male partner' (p.28).
		(a) age	No	
		(b) marital status	No	
		(c) third-party authorisation (e.g. spousal, parental/ guardian, medical)	No	
	Family planning	Policy on provision of family planning services	Yes	KPA3 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> specifically outlines policy for the provision of family planning services.
		Through government sources?	Yes	KPA3 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> is specifically focused on provision of family planning services through government services.
		Financial support for provision through non-government?	Partial	KPA3 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> highlights the need to enlist and encourage non-government organisations and partners to expand coverage of targeted family planning services, and notes that where available from non-government facilities, 'users should not be charged for contraceptives and commodities, however, messages promoting family planning services should clearly communicate that some non-government services may incur a consultation or service-delivery fee' (p.27). The policy notes that 'a client should not be denied access to contraception on the basis of being unable to pay for the service' (p.28), however the policy does not outline financial support for provision of services through non-government entities.

Domain	Sub-domain	Specific indicators	Status	Notes
Comprehensive sexuality education (CSE) and information	CSE law	Legislated mandatory integration of CSE into national school curriculum	Yes	As outlined in s 15 <i>Education Act</i> , schools in Vanuatu are required to offer the minimum curriculum, approved by the National Education Commission. Since 2013, the Vanuatu National Syllabus includes family life education (FLE) for Senior Secondary (Year 11-13) students. While very many students have left school by this time in Vanuatu, FLE related content is included in syllabuses for earlier years. KPA4 (Adolescent sexual and reproductive health (ASRH)) of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> states that 'efforts to integrate comprehensive ASRH information and learning into the formal school curriculum are underway with support from UNDP. Upon finalisation of the family life education curriculum units, implementation of this initiative should be actively supported at all levels, and across multiple sectors' (p.30). The Family Life Education Syllabus has been finalised for years 11-13.
	CSE curriculum	Minimum requirements for the curriculum to cover:		The Family Life Education Syllabus (Years 11-13) in the Vanuatu National Syllabuses:
		Relationships?	Yes	Includes as one of its four strands, (FLE3) a specific focus on relationships. This focuses on building healthy relationships and resilience, coping and management skills in relationships. Note that relationships are covered from early years in the Vanuatu National Syllabuses (e.g. Years 4-6 include a focus on developing and maintaining good relationships).
		Understanding gender?	Yes	Examines issues of gender identity and gender roles in modern and traditional Vanuatu settings in Year 13 (FLE13.1.1).
		Violence and safety?	Yes	Includes as one of its four strands, (FLE2) a specific focus on prevention and safety. In Year 11 (FLE 11.2.1), the curriculum addresses in particular the causes/patterns/ effects of gender-based violence in homes and communities.
		Sexuality and sexual behavior?	Yes	In Year 11 (FLE11.1.1), the curriculum explores sexuality in relation to the different interpretation of religious groups in Vanuatu; in Year 12 (FLE12.1.1) the curriculum discusses sexual feelings and orientation.
		Sexual reproductive health?	Yes	Includes in FLE1 (Human Growth and Development) a focus on sexual health and on reproductive health, across the three-year levels (Year 11-13).
		Human body and development?	Yes	While not specifically addressed in the Family Life Education Syllabus, this is a focus of syllabuses in earlier years. E.g. in Years 4-6 the Health and Physical Education Syllabus covers the physical and emotional changes that occur during puberty.

Domain	Sub-domain	Specific indicators	Status	Notes	
Maternal health	Maternity care	Does any law(s) or regulations (s) guarantee access to maternity care? Specifically:			
		Comprehensive prenatal care	No	While the right to life is protected under the <i>Constitution</i> , there are no specific provisions enshrining the right to health or health care generally or in relation to maternal and newborn care specifically.	
		Delivery by skilled birth attendants	No	While there is no legislative guarantee of access to maternity care, it should be noted that maternal and newborn health is a priority in policy, with KPA1 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> having the objective of improved pregnancy outcomes for mothers and new-borns (where the maternal mortality ratio is less than 50 maternal deaths per 100,000 live births/year and neonatal mortality is less than 10 neonatal deaths per 1,000 live births/year.	
		Emergency obstetric care	No	Actions relevant to comprehensive prenatal care, delivery by skilled birth attendants, emergency obstetric care, and post-natal and newborn care are all included in this policy.	
			No legislative restrictions based on:		
		(a) age	Yes	While there are no legal provisions that guarantee access to maternity care, there are also no legislative restrictions on who can access maternity care in either law or policy.	
		(b) marital status	Yes		
		(c) third-party authorisation (e.g. spousal, parental/guardian, medical)	Yes		
	Abortion		Legal ground on which abortion is permitted?		Abortion is illegal under s 117 <i>Penal Code</i> . Procuring an abortion for a woman is also a crime. However, s 117(3) states that 'termination of the pregnancy for good medical reasons' shall be a defence to charges under s 117, which has been interpreted as being to save a woman's life and to preserve her physical and mental health.
			To save a woman's life	Yes	
			To preserve a woman's physical health	Yes	
			To preserve a woman's mental health	Yes	
			In case of rape	No	
			In cases of fetal impairment	No	

Domain	Sub-domain	Specific indicators	Status	Notes	
Maternal health	Abortion	If abortion is legal on some or all grounds, no restrictions based on:			
		Medical professional authorisation	Partial	s 117(3) <i>Penal Code</i> suggests that 'good medical reasons' are grounds for abortion, suggesting medical professional authorisation would be required for abortion to be considered legal.	
		Parental or judicial consent for minors	Yes	No restriction outlined in legislation.	
		Husband's consent for married women	Yes	No restriction outlined in legislation.	
		Women cannot be criminally charged for illegal abortion	No	As outlined in s 117 <i>Penal Code</i> , a woman can be criminally charged for illegal abortion and subject to two years imprisonment.	
		Guaranteed access to post-abortion care is mandated in policy or legislation, irrespective of legal status of abortion	Yes	KPA 7 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> includes a focus on post-abortion care, and at 7.1, prioritises the 'training of health workers in rights-based management of post-abortion complications' noting that a rights-based approach 'dictates that women presenting with post-abortion complications have the right to quality care, without fear of discrimination or reprisal' (p.37).	
		Lifesaving commodities	National list of essential medicines includes: ⁶		<i>Vanuatu Essential Drug List 2014</i> .
		Oxytocin	Yes	Oxytocics & Tocolytics Section (p.5).	
		Misoprostol	Yes	Oxytocics & Tocolytics Section (p.5).	
		Magnesium Sulfate	Yes	Cardiovascular Section, Part B. Anti-Hypertensive (p.3).	
Injectable antibiotics	Yes	Injectable gentamicin, benzyl penicillin, and ceftriaxone are all included in the Antibacterials Section (p.2).			
Antenatal corticosteroids	Yes	Dexamethasone inj. Included in the Adrenal Hormones Section (p.4).			
Chlorhexidine	Yes	Included in the Antiseptics and Disinfectants Section (p.4).			

6 https://www.unfpa.org/sites/default/files/pub-pdf/Final%20UN%20Commission%20Report_14sept2012.pdf

Domain	Sub-domain	Specific indicators	Status	Notes
Maternal health	Lifesaving commodities	Resuscitation devices for newborns	No	Newborn resuscitation devices are not included in essential medicines list but there is a focus on training in emergency newborn care in the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> and on p.23 the policy notes that health facilities and dispensaries must be equipped with equipment for neonatal resuscitation.
		Amoxicillin	Yes	Amoxicillin tablets and syrup included in the Antibacterials Section (p.2).
		Oral rehydration salts	Yes	Included in the Solutions Correcting Water, Electrolyte & Acid-Base Disturbances Section (p.6).
		Zinc	Yes	Zinc sulphate is included in the gastrointestinal drugs section (p.4).
		Legislated maternity leave	Yes	Section 36 <i>Employment (Amendment) Act 2009</i> provides that (1) a woman is entitled to maternity leave six weeks prior to her confinement and for six weeks after her confinement; (2) that she should be paid 66 per cent of the remuneration she would have earned had she not been absent; (3) that she is entitled to two paid one-hour nursing breaks per day; and (4) she must return to the same or equivalent position held prior to maternity leave or be appointed to a higher position.
Gender-based violence	National action plan or strategy on violence against women	Legislated paternity leave	No	Paternity leave is not provided for in the <i>Employment Act</i> .
		Does legislation guarantee provision of childcare by the employer or state?	No	There is no legislation specifically guaranteeing provision of childcare. While s 27 <i>Convention on the Rights of Child (Ratification)</i> Act outlines the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development, it is unclear whether this could be considered to include childcare.
Gender-based violence	National action plan or strategy on gender-based violence? ⁷	National action plan or strategy on violence against women	No	Vanuatu does not have a specific or standalone national action plan or strategy on gender-based violence. However, gender-based violence is addressed in other national policies including the: <i>Vanuatu National Gender Equality Policy 2020-2030</i> , through Strategic Area 1, Eliminating discrimination and violence against women and girls. <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> , through KPA6, Gender-based violence and sexual assault.

7 In line with Essential Services Package for women girls subject to violence <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	National action plan or strategy on violence against women	Does it include allocation of resources (including budget) to achieve targets?	No	<p>As there is no standalone national action plan, there are no aligned resources allocated.</p> <p>However, the <i>National Gender Equality Policy 2020-2030</i> highlights that the Council of Ministers approved Decision 94 of 2017 for gender responsive budgeting to be introduced in the 2018 budget for five ministries. This was extended to all other ministries in 2019. It should be noted that the Department of Women's Affairs' budget in 2019 represented just 0.11 per cent of the national budget appropriation (DWA, 2020, p.23).</p> <p>While the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> describes activities that will require human, material and financial resources, it does not specify what resources will be allocated to achieve targets.</p>
		Does it include benchmarks, indicators to measure implementation of policy?	No	<p>As there is no standalone national action plan, there are not specific indicators for its implementation.</p> <p>However, the <i>Vanuatu National Gender Equality Policy 2020-2030</i> include a monitoring and evaluation framework that lists policy indicators, baseline data, and data sources for measuring implementation. The <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> includes indicators, targets and means of verification against KPA6 against which to measure implementation of policy.</p>
		Does it establish multisectoral referral mechanisms?	No	<p>As there is no standalone national action plan, it does not establish multisectoral referral mechanisms.</p> <p>The <i>National Gender Equality Policy 2020-2030</i> describes improvements in referrals between police, the Ministry of Health and civil society organisations but does not outline specific referral mechanisms. A key indicator for the policy is 'multiservice delivery protocols, standards and referral pathways are developed and operationalised by 2030'.</p> <p>The <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> states that health facilities should have established protocols and accessible referral pathways as an output from the Policy, with an indicator relating to percentage of facilities with protocols established. The Policy also has an indicator the number of relevant committees upon which the health sector is represented, indicating a commitment to multisectoral mechanisms.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	National action plan or strategy on violence against women	Does it establish mechanisms for collection of GBV data, including administrative and case management data?	No	<p>As there is no standalone national action plan, it does not establish data collection mechanisms.</p> <p>The <i>Vanuatu National Gender Equality Policy 2020-2030</i> commits to the conduct of a second national survey of women's lives and relationships, with such a prevalence survey being a key source of GBV data. It also lists the Police Information Management System and Case Management System (Office of the Public Prosecutor/State Prosecution Department) as key data sources. There is no specific description of mechanisms for collection of GBV data in the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i>.</p>
	Criminalisation and civil legislation	Are there measures in place to address domestic violence through civil and criminal law offenses?	Yes	<p>The <i>Family Protection Act 2008</i> provides for an offence of domestic violence, and has a purpose of preventing domestic violence in all levels of society. Section 10 of the Act states that a person who commits an act of domestic violence is guilty of an offence punishable on conviction. This is in addition to any offences constituted by an act of domestic violence (such as offences in Penal Code, including but not limited to rape (s 90) homicide (s 106), intentional assault (s 107), and threats to kill (s 115)).</p> <p>The Public Prosecutor's Office and Family Protection Unit of the Vanuatu Police Force have 'no drop' policies to ensure domestic and sexual violence cases are brought to trial (and not withdrawn) as outlined in the <i>Family Violence Policy and Standard Operating Procedures of the Vanuatu Police Force (2015)</i>.</p>
		<p>Criminalisation of sexual violence</p> <p>OR</p> <p>Criminalisation of sexual violence, with a comprehensive definition of sexual violence</p>	Partial	<p>Section 90 <i>Penal Code</i> defines rape as a crime but only if penetration is completed. Rape is defined as sexual intercourse without consent, or with consent if consent is obtained by force, threats, intimidation, fear of bodily harm, false representation, or impersonating a person's spouse. A definition of sexual intercourse is not provided in the Code, nor is this defined in other relevant legislation such as the <i>Family Protection Act 2008</i>.</p> <p>Sexual violence is specifically criminalised in relation to children. Sections 96 to 98 of the <i>Penal Code</i> specifically criminalise sexual intercourse (or attempted sexual intercourse) with a child, and aggravated sexual assault and indecent assault against a child.</p>
		Comprehensive definition of domestic violence in legislation, including physical, sexual, psychological and economic violence	Partial	Section 4 <i>Family Protection Act 2008</i> defines domestic violence and includes physical, sexual, psychological violence against a family member in this definition. While damage to property is included in the definition, economic violence is not.

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	Criminalisation and civil legislation	Domestic violence legislation covers marital relationships	Yes	Section 3 <i>Family Protection Act 2008</i> defines family to include spouse, and s 5 defines spouse to include a person of the opposite sex to whom a person is or has been married.
		Domestic violence legislation covers non-marital relationships	Yes	Section 3 <i>Family Protection Act 2008</i> states that the following are members of a person's family: (a) the spouse of the person; (b) a child of the person and/or the person's spouse; (c) a parent of the person or the person's spouse; (d) a brother or sister of the person or the person's spouse; (e) any other person who is treated by the person as a family member. Section 5 states that 'spouse' includes a person of the opposite sex who, although not married to the person is living or has lived with them in a marriage-like relationship, or is a biological parent of a child with the person (whether or not they are or have been married, or live or have ever lived together).
		Domestic violence legislation covers same sex relationships	Partial	Section 5 <i>Family Protection Act 2008</i> specifically defines a spouse of a person to be an individual of the opposite sex to the person. However, Section 3 notes that a family member includes any person who is treated as a family member, which may enable the legislation to extend to cover same sex relationships.
		Domestic violence legislation covers non-cohabiting relationships	Partial	Section 3 <i>Family Protection Act 2008</i> defines a family member to include a spouse; s 5 states that 'spouse' includes a person of the opposite sex who, although not married to the person is living or has lived with them in a marriage-like relationship, or is a biological parent of a child with the person (whether or not they are or have been married, or live or have ever lived together).
		Domestic violence legislation covers family relationships	Yes	Section 3 <i>Family Protection Act 2008</i> states that members of a person's family covered by the provisions of the Act include: (a) the spouse of the person; (b) a child of the person and/or the person's spouse; (c) a parent of the person or the person's spouse; (d) a brother or sister of the person or the person's spouse; (e) any other person who is treated by the person as a family member'.
		Domestic violence legislation covers members of household	Partial	Members of a person's household, other than family members, may be included under the legislation if, as outlined in s 3(e) <i>Family Protection Act 2008</i> , they are treated by the person as a family member.

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	Criminalisation and civil legislation	Broad definition of sexual assault including rape, characterised as a crime against the right to personal security and physical, sexual and psychological integrity?	No	<p>Section 90 <i>Penal Code</i> defines rape as a crime but only if penetration is completed. Rape is defined as sexual intercourse without consent, or with consent if consent is obtained by force, threats, intimidation, fear of bodily harm, false representation, or impersonating a person's spouse. A definition of sexual intercourse is not provided in the Code, nor is this defined in other relevant legislation such as the <i>Family Protection Act 2008</i>.</p> <p>Sexual assault is specifically criminalised in relation to children. Sections 96 to 98 of the <i>Penal Code</i> specifically criminalise sexual intercourse (or attempted sexual intercourse) with a child, and aggravated sexual assault and indecent assault against a child.</p> <p>Sexual assault is not specifically characterised as a crime against the right to personal security and physical, sexual and psychological integrity.</p>
		Sexual assault within a relationship specifically criminalized (e.g. "no marriage or relationship constitute a defense to a charge of sexual assault under the legislation")?	Partial	<p>The definition of domestic violence in s 4 <i>Family Protection Act 2008</i> includes sexual abuse of a family member, with Section 3 specifically including spouses as a member of a person's family. Section 10 <i>Family Protection Act 2008</i> notes that it is not a defense to a domestic violence offence to have paid money or given valuables in relation to custom marriage. This is an important point of clarification given the payment of bride-price has been used as a justification for intimate partner violence in Vanuatu (Tor & Toka, 2004).</p> <p>There is no provision in the <i>Penal Code</i> for marriage or relationship to constitute a defense to a charge of sexual assault or rape. However spousal rape is not explicitly included in the definition of rape.</p>
		In relation to sexual assault, defense of consent is defined as 'unequivocal and voluntary agreement' explicitly including a non-exhaustive list of circumstances which cannot constitute consent	Partial	<p>While sexual assault against adults is not specifically defined, and consent is not defined as 'unequivocal and voluntary agreement', Section 90 <i>Penal Code</i> does define rape as including sexual intercourse without consent, or with consent if consent is obtained by force, threats, intimidation, fear of bodily harm, false representation, or impersonating a person's spouse.</p> <p>Sexual assault or abuse, nor consent, are not defined in the <i>Family Protection Act 2008</i>.</p>
		Prohibitions on the use of corroboration, prior sexual conduct and proof of resistance in sexual offence proceedings	No	<p>These prohibitions are not outlined in legislation.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	Health sector response to GBV	Are there clinical guidelines/SOP for identification and management of cases of GBV, including sexual assault and domestic violence, for use in the health sector?	Partial	National GBV service and clinical management protocols are currently being finalised and could not be included in this review. However, KPA6 of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> focuses on GBV and sexual assault, with the objective 'Victims of gender-based violence and sexual assault, including rape and incest, in Vanuatu have access to quality medico-legal services in a manner which is consistent with maintaining confidentiality and privacy and is respectful of their individual rights'. Outputs of the policy and implementation strategy include health facilities having established protocols and accessible referral pathways; health facilities being stocked with rape kits; and to expand the number of facilities having designated space, staff and referral responses to sexual violence.
		Does legislation or policy guarantee access to healthcare and reproductive health care (incl. emergency contraception and post exposure prophylaxis against HIV) for victim/survivors of GBV?	Partial	Legislation does not guarantee access to these services. Policy provides for emergency contraception and PEP, though sexual assault examination and testing kits and PEP is only available at limited facilities (Vila Central Hospital at the time of writing of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i>). KPA6.1 of the policy and implementation strategy is to ensure promotion and protection of the rights of victims of sexual violence, including access to quality medical, legal and social support services. Access to emergency contraception and PEP are included as outputs against KPA6.1.
		No restrictions on the above based on marital status, residency, age or other factors?	Yes	No restrictions in the above policy based on these factors, though the limited geographical availability of services across Vanuatu should be noted.
SRH and GBV in key populations (cross-cutting)	Legislative barriers	No additional legislation that restricts access to SRH or GBV response services, or otherwise undermines the SRH and protection from GBV, for:		
		Adolescents and youth	Partial	While no additional legislation specifically restricts access to SRH or GBV services or undermines SRH and protection from GBV for adolescents and youth, there is limited consideration specifically of young people in relevant legislation.
		People with disabilities	Partial	While no additional legislation specifically restricts access to SRH or GBV services or undermines SRH and protection from GBV for people with disabilities, there is limited consideration specifically of people with disabilities at all in relevant legislation.

Domain	Sub-domain	Specific indicators	Status	Notes
SRH and GBV in key populations (cross-cutting)	Legislative barriers	LGBTIQ people	Partial	While no additional legislation specifically restricts access to SRH or GBV services or undermines SRH and protection from GBV for LGBTIQ people, there is limited consideration specifically of LGBTIQ people at all in relevant legislation (other than, as outlined above, a) s 99 <i>Penal Code</i> to state that homosexual acts with a person under 18 years of age is illegal and b) for s 5 <i>Family Protection Act 2008</i> to specifically define a spouse of a person to be an individual of the opposite sex to the person. These aspects of legislation may limit the ability of people, particularly youth, in same sex relationships to access SRH services and information, and protection from GBV).
		Sex workers	Partial	While selling and buying sex are not criminalised in Vanuatu, however s 101 <i>Penal Code</i> states that 'no person shall procure, aid or facilitate the prostitution of another person or share in the proceeds of such prostitution whether habitual or otherwise or be subsidised by any person engaging in prostitution.' This may make it more difficult for sex workers to access SRH services and information, and protection from GBV. Otherwise, sex workers are not specifically considered in health or GBV related legislation.
	Legislative protection	Special provisions in legislation or policy to improve access to SRH and ensure protection from GBV for: Adolescents and youth	Yes	One of the key policy areas for the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> is ASRH, with the policy statement for KPA4 being 'Improved sexual and reproductive health of adolescents and young people in Vanuatu through reduction of teenage pregnancy and STI cases, and strengthened HIV prevention.' Young women are also mentioned in relation to other KPAs in the policy, indicating the high priority given to adolescents and youth in national efforts to promote SRH (though it should be noted that the policy pays less specific attention to protecting youths and adolescents from GBV). The <i>Vanuatu National Youth Development Policy 2012-2022 and Strategic Plan of Action 2012-2015</i> highlights that ni-Vanuatu youth have the right to protection against sexual harassment and exploitation, STIs, HIV and gender discrimination. The policy states healthcare is a youth priority, noting the aim to prevent STIs and HIV, and addresses the needs of female adolescents (including in relation to prevention of violence). In response, the policy primarily suggests that the Ministry of Youth Development, Sport and Training will support implementation of activities by the Ministry of Health and other agencies.

Domain	Sub-domain	Specific indicators	Status	Notes
SRH and GBV in key populations (cross-cutting)	Legislative protection	People with disabilities	Yes	The <i>National Disability Inclusive Development Policy 2018-2025</i> includes the vision that all persons with disabilities will have equal access to their rights, including access to health services and to protection from crime and abuse. Activities 1.4.4 to 1.4.12 describe actions to mainstream disability in the health sector and ensure health services and policies are inclusive. Under the Policy's Strategic Priority Area 8 (Women and Girls with Disability), Activity 8.3 is to improve access to strengthened SRH and justice services for women and girls with disability (and specifically notes the need for alignment with <i>RMNCAH Policy and Implementation Strategy 2017-2020</i>). Indicators for this strategic priority area include the proportion of women and girls with disabilities accessing SRH services compared to women and girls without disabilities, and the number of programs initiated aimed at eliminating violence, including sexual abuse, against women and girls with disabilities.
		LGBTIQ people	Partial	The <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> makes mention several times of the importance of ensuring the SRHR of people with disabilities, including specifically mentioning the need to tailor services and information to meet the needs of people with disabilities in relation to KPA3 (family planning), though there is no specific mention of women and girls with disability in relation to GBV.
		Sex workers	Partial	Under KPA5 (STIs, including HIV) the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> states that it pays attention to 'prevention amongst key vulnerable groups such as young people, men who have sex with men and commercial sex workers' (p.31), however there is little detail as to how this will be achieved in the objectives and activities of the Policy. There is limited consideration of how to protect LGBTIQ people from violence in any policy. *Note the draft of the new Health Sector Strategy is inclusive of people with diverse sexual orientation, gender identity and expression. However, the document had not been released at the time of this review, and so has not been included in this report.
			Partial	Under KPA5 (STIs, including HIV) the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> states that it pays attention to 'prevention amongst key vulnerable groups such as young people, men who have sex with men and commercial sex workers' (p.31), however there is little detail as to how this will be achieved in the objectives and activities of the Policy. There is limited consideration of how to protect sex workers from violence in any policy.

Domain	Sub-domain	Specific indicators	Status	Notes
Plural legal systems		No constitutional /statutory/customary/traditional/religious laws contradictory to any of the above	Yes	While article 95 of the <i>Constitution</i> declares that '[c]ustomary law shall continue to have effect', the plural legal system in Vanuatu ranks the <i>Constitution</i> and statutes supreme over customary law, and the Island Courts as subordinate to the Magistrate's Courts. Therefore, any customary rule or law that may undermine sexual and reproductive health or protection from violence is void if in conflict with the <i>Constitution</i> or statutes, or if overruled by higher courts.
Humanitarian and disaster	Provisions for SRH in disaster legislation and national plans	Are there provisions in relevant health or disaster policy and legislation to require that the Minimum Initial Service Package (MISP) for sexual and reproductive health objectives and related indicators are assessed, resourced and delivered?	Partial	<p>A guiding principle of the <i>RMNCAH Policy and Implementation Strategy 2017-2020</i> is 'ensuring reproductive health in response to climate change and emergencies' (p. 21) with the Policy noting the need to establish plans and systems to ensure SRH services and information continue to be delivered in the event of a significant disaster/emergency. However, details of how this will be achieved are not included in the policy, and the MISP is not specifically included.</p> <p>The <i>National Policy on Climate Change and Disaster-Induced Displacement 2018</i> includes as Action 7.1 'Ensure displaced people, people at-risk of displacement, internal migrants, people living in informal settlements, communities relocating to new locations and host communities, have continuity of access to basic health and medical services, including post-sexual assault treatment and care relating to sexual and reproductive health and chronic illness, as well as nutrition advice and information' (p. 37), without specific reference to the MISP.</p> <p>The <i>Republic of Vanuatu Country Preparedness Package 2017</i> clarifies that the Ministry of Health is the lead of the Health and Nutrition Cluster in response to a disaster or emergency. The goal of this cluster is to reduce mortality and morbidity, and restore the delivery of preventive and curative health care as quickly as possible in an equitable, sustainable manner (p. 30). While this would be inclusive of SRH services and information, strategies to specifically restore SRH functions are not outlined.</p>
	Provisions for GBV in disaster legislation and national policy and plans	<p>Are there provisions to respond to VAW/GBV in emergencies in legislation, policy and plans?</p> <p>Are there specific provisions in policy and legislation that require alignment with the MISP to GBVIE?</p>	Partial	<p>While there is no specific inclusion of GBVIE minimum standards in national legislation or policy, the Gender and Protection Cluster (led by the Department of Women's Affairs) has developed a range of relevant resources.</p> <p>The <i>National Policy on Climate Change and Disaster-Induced Displacement 2018</i> specifically outlines the need for continuity of GBV services in emergencies.</p> <p>There is reference to the development of SOPs on GBVIE in the <i>Vanuatu National Gender Equality Policy 2020-2023</i>, though these have not been developed at this time.</p>

4 Sexual and reproductive health in law and policy

This section of the report outlines national policy documents, highlighting their relevance to SRHR. Policies and legislation are then explored further in relation to the key domains of SRH that are the focus of this review. As noted earlier, there is substantial overlap between issues relevant to SRHR and to GBV, though the current policy landscape specifically relevant to GBV will be the focus of Section 5 of this report.

4.1. Background

The *2015 Sexual and Reproductive Health Rights Needs Assessment for Vanuatu* (hereafter the SRHR Needs Assessment), commissioned by the Ministry of Health (2015), noted that:

‘As a country with a dispersed landmass and population (76% of whom live in rural and remote areas), there are significant challenges for a health system working to limit and respond to rising fertility’ (p.8)

The fertility rate in Vanuatu is steadily declining. However, with the World Bank’s (2019) most recent estimate being 3.7 births per woman, it is still a relatively high rate for the Pacific region. Fertility is highest among women with pre-primary or no education, and among those in the lowest wealth quintile. The adolescent fertility rate is estimated to be 48 births per 1,000 women ages 15-19, also one of the higher rates in the Pacific region. The young, dispersed population of Vanuatu, along with the high fertility rate, pose a significant challenge for national development.

Vanuatu 2030: The People’s Plan (also known as the National Sustainable Development Plan 2016-2030, or NSDP) clarifies the links between the national development pillars of society, environment and economy, focusing on the need for stability and sustainability to underpin prosperity. The SRHR Needs Assessment clarifies a number of challenges to the delivery of SRHR services and information which need to be addressed in order for the vision of the NSDP, which includes a focus on health, to be realised. However, the SRHR Needs Assessment did note that Vanuatu has a comprehensive policy platform upon which to build.

4.2. Domestic legislation and policy

A number of laws in Vanuatu are relevant to the delivery of SRH services and the realisation of SRHR by ni-Vanuatu. These include, in particular, the *Penal Code*, the *Control of Marriage Act*, the *Public Health Act*, and the *Family Protection Act 2008*. Legislation will be discussed where relevant under thematic headings below. However, national policies and plans are more specifically related to SRHR and are therefore outlined in greater detail in this section of the report.

Nationally, SRH services and activities are guided by policies and plans to increase SRH outcomes for ni-Vanuatu and improve access to services and quality service delivery. Key policies, and the lead ministry responsible for implementation, are highlighted in Table 5 below.

Table 5: Key policies relating to SRHR

Lead ministry	Title of policy
Department of Strategic Policy, Planning and Aid Coordination	Vanuatu 2030: The People's Plan (National Sustainable Development Plan 2016-2030)
	National Population Policy 2011-2020
	Health Sector Strategy 2017-2020
Ministry of Health	Vanuatu Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy and Implementation Strategy 2017-2020
	Essential Drugs List 2014
Department of Women's Affairs	National Gender Equality Policy 2020-2030
Ministry of Justice and Community Services	Vanuatu National Disability Inclusive Development Policy 2018-2025
Ministry of Youth Development, Sport and Training	Vanuatu National Youth Development Policy 2012-2022 and Strategic Plan of Action 2012-2015
Ministry of Education and Training	Reviewed Gender Equity in Education Policy 2018
	Family Life Education Syllabus

4.2.1. Vanuatu 2030: The People's Plan (National Sustainable Development Plan 2016-2030)

The NSDP is the broadest and most high-level plan guiding health policy in Vanuatu. The NSDP outlines the ways in which stability and sustainability are linked to a healthy population, with the third society goal of the plan, SOC3, being 'Quality Health Care. Objectives in the plan include a focus on access to affordable, quality health care (Policy objective SOC3.1), reduced incidence of communicable and non-communicable diseases (Policy objective SOC3.2), promotion of health lifestyle choices and health seeking behaviour (Policy objective SOC3.3) and building health sector management capacity and systems (Policy objective SOC3.4) (Department of Strategic Policy, Planning and Aid Coordination, 2016, p.11). While there is no specific focus on SRH within the NSDP, the objectives of the plan do provide a robust platform for SRH policy.

4.2.2. Health Sector Strategy 2017-2020

The Ministry of Health's Health Sector Strategy 2017-2020 is intended to guide health sector development in line with NSDP objectives, and outlines high-level strategies to strengthen health sector management and information systems; improve population access to health services through integrated planning and fair allocation of resources; and strengthen collaborative action across sectors and within the health sector to create a healthier environment and address major health issues (with the latter including maternal deaths). Particularly relevant to SRH services is the emphasis in this plan on role delineation to improve people's access to health services.

Specific actions outlined in this Strategy relevant to this review include 3.3.2.2 Progressively strengthen skilled birth attendant/midwifery with accredited training through national providers; 3.3.2.3 Provide regular training for all primary health care and relevant hospital staff in new antenatal and post-natal guidelines and emergency obstetric care; 3.3.2.4 Develop and implement clear referral guidelines and protocols to improve management of pregnant women and deliveries within the health system; 3.3.2.5 Plan and implement integrated outreach visits for RMNCAH on an annual basis in each province; and 3.3.2.6 Review facility standards and audit existing infrastructure to ensure that health facilities are functional and adequately equipped for safe deliveries.

4.2.3. Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy and Implementation Strategy 2017-2020

This is the most comprehensive policy developed by the Ministry of Health specifically relevant to this review. The policy was developed to support all ni-Vanuatu being able to realise their right to health, with a particular focus on groups who may have less power over their health and health decision making (including women, adolescents, and people with disabilities). In addition to guiding service delivery, the policy focuses on the promotion of SRHR through (p.9):

- Advancement of gender equality and empowerment of women
- Elimination of violence against women (also referred to as gender-based violence)
- Elimination of discrimination
- Achievement of full, equal participation of women in cultural, economic, political and social life
- Enabling women to control their fertility.

The policy outlines eight KPAs as areas of priority. These are outlined below, with their corresponding policy statement and high-level outcomes that the policy will contribute to:

KPA1 Safe motherhood: antenatal, perinatal, postpartum and newborn care: Improved pregnancy outcomes for mothers and new-borns; maternal mortality ration is less than 50 maternal deaths per 100,000 live births per year (equivalent of less than 6 maternal deaths per year) and neonatal mortality rate is less than 10 neonatal deaths per 1,000 live births per year.

- Maternal mortality is reduced
- Neonatal mortality is reduced

KPA2 Child survival: immunisation, nutrition and prevention and management of childhood illness:

Improved health outcomes for children; the child mortality rate is less than 25 per 1,000 live births per year and stunting in children under five is less than 20 per cent.

- Under five mortality is reduced
- Stunting is reduced

KPA3 Family planning: All people in Vanuatu are enabled to exercise their contraceptive choice safely and freely and all women, men and young people have access to affordable methods of quality family planning services, commodities and information.

- Contraceptive prevalence rate is increase
- Unmet need for family planning is reduced

KPA4 Adolescent sexual and reproductive health (ASRH): Improved sexual and reproductive health of adolescents and young people in Vanuatu through reduction of teenage pregnancy and STI cases, and strengthened HIV prevention.

- Adolescent birth rate is reduced
- Contraceptive prevalence rate is increased among adolescents
- Unmet need for family planning is reduced in adolescents

KPA5 STIs, including HIV: Halt the spread of HIV and reduce the prevalence of STIs and improve the quality of life of people living with HIV in Vanuatu.

- New HIV infections are prevention
- STI prevalence is reduced amongst ANC mothers (aged 15-24 years)
- STI prevalence reduced in men (aged 15-49 years)

KPA6 Gender-based violence and sexual assault: (a) Victims of gender-based violence and sexual assault, including rape and incest, in Vanuatu have access to quality medico-legal services in a manner which is consistent with maintaining confidentiality and privacy and is respectful of their individual rights; and (b) Communities demonstrate intolerance for gender-based violence and sexual assault through participation in, and leading, awareness activities, and through actively supporting victims to access treatment and support services.

- Victims of sexual violence are accessing treatment and care from health facilities
- Community-led interventions which prevent and/or address gender-based violence and sexual assault, and which support victims to seek services

KPA7 Morbidities of the reproductive system: cancer, infertility, menopause and abortions: Women (including girls) and partners in both urban and rural areas of Vanuatu have access to quality, affordable and sustainable reproductive health and gynaecological services, including cervical and prostate screening.

- Health sector response to cancer in women and men is in accordance with prevalence

KSA8 Reproductive, maternal, new-born, child and adolescent health commodity security: All women, men, children and adolescents in Vanuatu have access to a suitable choice of quality, affordable RMNCAH commodities which meet their individual needs, at the time they need them.

- Nationally approved RMNCAH health commodities available at all health facilities per their designation.

The policy addresses these health concerns of women and young people across the life cycle while also promoting SRHR, including through education and counselling, particularly targeting young people.

This policy has an accompanying implementation strategy which aimed to provide guidance for joint planning processes at the national and provincial levels over a three-year period, with the aim of closely aligning annual operational and business plans with the RMNCAH priorities as well as Ministry of Health and all-of government strategic priorities. The aim was to align planned activities with agreed strategic priorities and identified intermediate and long-term RMNCAH health outcomes, as well as providing an outline of systems and processes for monitoring and reporting progress.

4.2.4. Other national policies and plans relevant to SRHR

The Ministry of Health is also responsible for the *Essential Drugs List 2014*. The list includes drugs relevant to maternal health including Oxytocin, Misoprostol, Methylethergometrine, Magnesium Sulphate, Chlorhexidine, Amoxicillin, injectable antibiotics, corticosteroids, and other drugs and commodities relevant to sexual health including antiretroviral medicines, antifungal medicines, male and female condoms, oral hormonal contraceptives, injectable hormonal contraceptives, and copper-containing IUDs. While the implantable contraceptive Jadelle (levonorgestrel) is being used in Vanuatu, it is not on the Essential Drugs List. Vaccines included on this list do not include the HPV vaccine, though a national HPV vaccination program in Vanuatu is due to be implemented in 2021.

The *National Population Policy 2011-2020* notes that Vanuatu has a young and highly dispersed population and highlights the impact of population growth on national development and prosperity. It has the goal of reducing fertility and unintended pregnancy, particularly among target population groups (such as adolescents and young people).

The *Vanuatu National Youth Development Policy 2012-2022* and *Strategic Plan of Action 2012-2015* reinforces that ni-Vanuatu youth have the right to protection against sexual harassment and exploitation, STIs, HIV and gender discrimination. The policy includes healthcare as a key focus area, noting the specific aim to prevent STIs and HIV, and address the needs of female adolescents (including in relation to prevention of violence). The policy primarily suggests that the Ministry of Youth Development, Sport and Training will support implementation of activities (such as peer education programs) led by the Ministry of Health and other agencies.

Two policies led by the Ministry of Justice and Community Services are also relevant to SRHR. The first of these is the *Vanuatu National Disability Inclusive Development Policy 2018-2025*, which includes the vision that all persons with disabilities will have equal access to their rights, including access to health services and to protection from crime and abuse. Activities 1.4.4 to 1.4.12 describe actions to mainstream disability in the health sector to ensure health services and policies are inclusive. In addition, under the Policy's Strategic Priority Area 8 (Women and Girls with Disability), Activity 8.3 is to improve access to strengthened SRH and justice services for women and girls with disability (and specifically notes the need for alignment with the *RMNCAH Policy and Implementation Strategy 2017-2020*). Indicators for this Strategic Priority Area include the proportion of women and girls with disabilities accessing SRH services compared to women and girls without disabilities, and the number of programs initiated aimed at eliminating violence, including sexual abuse, against women and girls with disabilities. The Ministry of Justice and Community Services is also responsible, through the Department of Women's Affairs, for the *Vanuatu National Gender Equality Policy 2020-2030*. The policy notes the impact of the high adolescent birth rate and unplanned pregnancies on gender equality. It contributes to an enabling environment for SRHR through the policy's Priority Action 1.2.3 'Deliver family life education, sexual and reproductive health and gender equality programs to men, women, boys and girls' and Priority Action 1.2.5 'Improve access to sexual and reproductive health and justice services for women and girls with disabilities'. However, the primary relevance of this policy to this review is through a range of other priority actions under Strategic Area 1: Eliminating discrimination and violence against women and girls. These will be discussed further under the GBV section of this report.

The Ministry of Education and Training have a *Reviewed Gender Equity in Education Policy 2018* that emphasises the need for schools to stop the expulsion of pregnant girls and for schools to encourage girls to continue with their education while pregnant and to return to school after giving birth. The policy also sets as a task for the Ministry, to 'develop and implement awareness programmes to promote avenues, facilities, services and resources for pregnant girls and those who have given birth to continue [at school], and for those who are dropped out of school [to continue] with education through ODL [Open Distance Learning] and TVET [Technical and Vocational Education and Training] in schools' (p.11). Whilst not policy, it is also important to highlight that the Ministry of Education and Training have also recently finalised the Family Life Education Syllabus for Years 11-13. The syllabus covers a broad range of issues specifically relevant to SRHR.

4.3. Intersection of sexual health issues with policy and legislation

4.3.1. Contraception and family planning

The fertility rate in Vanuatu has seen a steady decline, from 4.9 births per woman in 1990 to an estimated 3.7 births per woman in 2020. The adolescent fertility rate has also declined from an estimated 73 births per 1,000 women aged 15-19 in 1990 to 48 births per 1,000 women aged 15-19 in 2020 (World Bank, 2020). It is a national priority to reduce the fertility rate, with the *National Population Policy 2011-2020* having the goal of reducing fertility and unintended pregnancy, particularly among target population groups. While this is steady and important progress, both of these rates are relatively high when compared with the majority of countries in the Pacific region.

The population of Vanuatu is very youthful, with 56.5 per cent of the current population being under the age of 25 years (VNSO, 2021). The young, dispersed population of Vanuatu, along with the high fertility rate, pose a significant challenge for national development. Improving access to modern methods of contraception and family planning is both key to ni-Vanuatu people being able to realise their right to SRH, and to realising national development goals.

The contraceptive prevalence rate (the percentage of women aged 15-49 using any method of contraception) in Vanuatu was estimated to be 48.4 per cent in 2021, with 41 per cent of women using a modern method of contraception (UNFPA, 2021). This is an indicator that has shown significant improvement over the last decade.

Modern methods of contraception that are used in Vanuatu include condoms, oral contraceptive pills, injectable hormonal contraceptives (Depo Provera), hormonal implants (Jadelle), and copper-containing IUDs. Emergency contraception is also available. While Jadelle is available and used in Vanuatu, it should be noted that it is not on the *Essential Drug List 2014*.

Previous research has demonstrated that contraceptive use is higher amongst married women (or those in a union), indicating that younger and unmarried women are more at risk of unplanned pregnancy (Levisay, 2015). In 2013, the estimated unmet need for family planning in Vanuatu was 24 per cent (that is almost a quarter of women aged 15-49 who are in a union do not have their need for contraception met, i.e. they do not want/wish to delay childbearing but are currently not using contraceptives) (UNFPA, 2021). The level of unmet need for contraception is likely to be considerably higher among sexually active but never married young women. The *RMNCAH Policy and Implementation Strategy 2017-2020* includes a specific focus on reducing the adolescent fertility rate (KPA4), which will require increased access to contraception and family planning for young people.

The *RMNCAH Policy and Implementation Strategy 2017-2020* highlights the challenge of ensuring access to contraception across the dispersed population, with the high proportion of the population living in rural areas experiencing difficulty accessing services, information and reliable supply of commodities. Uptake of contraception and family planning is also affected by limited knowledge at the community level, lack of engagement of male partners in reproductive decision making, misinformation, and cultural and religious attitudes and practices. Furthermore, legislation in Vanuatu does not guarantee access to contraceptive services; essential medicines such as emergency contraception, contraceptive implants and female condoms; or provision of full, free and informed consent for contraceptive services. However, the policy does not restrict availability of contraception and family planning services on the basis of age or marital status.

The *RMNCAH Policy and Implementation Strategy 2017-2020* also emphasises that a wide range of contraceptives should be available to all users, 'be they women, young females or males, or people with disabilities [so they] can exercise their right to decide the number, spacing and timing of pregnancy' (p.26), and that 'choice of contraception should not be dictated by client age or by the service provider. The client themselves has the right to individually consent to contraceptive use, including sterilization, be they an unmarried woman, or a woman with disability (with the exception of a client with a medically diagnosed, severe mental health condition which impacts on their capacity to make informed decisions)' (p.28). In addition, the policy notes that 'Where a couple (or family) have differing opinions about the desired use of contraceptives, this policy dictates that the ultimate right rests with the woman, whose body and associated rights to education, development and socio-political participation are more closely impacted by pregnancy and childbirth than her male partner' (p.28).

The Ministry of Health *Role Delineation Policy* confirms that family planning information and services should be available across the levels of the health system. However, the 2015 SRHR Needs Assessment found that while higher level health facilities were providing a comprehensive range of family planning services, some dispensaries and aid posts were affected by staff shortages (with trained nursing staff required for provision of contraceptives, IUD and Jadelle insertion). The 2015 SRHR Needs Assessment also highlighted considerable variation in the contraceptive prevalence rate across provinces.

Of particular relevance to this review, the *2011 Vanuatu National Survey on Women's Lives and Family Relationships* found that women living with violence were significantly more likely to have been prevented from using family planning by their husbands and intimate partners (Vanuatu Women's Centre & VNSO, 2011). Fourteen per cent of women living with violence had been prevented from using contraception, compared with five per cent of those not experiencing violence (Vanuatu Women's Centre & VNSO, 2011). The intersection between domestic violence and barriers to family planning is reflected in the *RMNCAH Policy and Implementation Strategy 2017-2020* that includes a focus on both SRHR and GBV. In the absence of a national GBV policy, the *RMNCAH Policy and Implementation Strategy 2017-2020* provides strong guidance on both support for women experiencing violence through the health sector, and for supporting community-led prevention and response efforts.

4.3.2. HIV and STIs

HIV prevalence in Vanuatu is low (with only six people currently living with HIV in the country, out of a total of nine cases since the first case was detected in 2002) (Ministry of Health, 2014a). There are few legislative protections for people living with HIV in Vanuatu, with access to voluntary counselling and testing (VCT), treatment and care, and confidentiality not addressed in the law. Legislation does not specifically prohibit discrimination on the basis of HIV status. However, HIV is a key policy area of the *RMNCAH Policy and Implementation Strategy 2017-2020*.

The response to HIV outlined in the *RMNCAH Policy and Implementation Strategy 2017-2020* builds on previous strategic plans on HIV, past work of the National AIDS Committee, and the current HIV/STI Unit in the Ministry of Health. A high-level outcome for KPA5 in the *RMNCAH Policy and Implementation Strategy 2017-2020* is that new HIV infections be prevented (with a target of no incidence/year).

While the prevalence of HIV in Vanuatu is low, the level of other STIs is high and rising, particularly amongst young people under 25 years (Ministry of Health, 2008). In 2008, one-quarter of women attending antenatal clinics at the Vila Central Hospital tested positive for chlamydia, and in the 15-24 year age bracket, 30.2 per cent tested positive (Ministry of Health, 2008). Similar results for chlamydia were identified through voluntary testing in 2011 (25.6 per cent) (Government of Vanuatu, 2012).

In response, addressing STIs is a priority of the *RMNCAH Policy and Implementation Strategy 2017-2020*.

Objectives of the policy relevant to the KPA of HIV and STIs include (pp.95-98):

- 5.1 to strengthen counselling and testing services for HIV and STIs through service maintenance and mentoring and support of staff in 10 existing VCCT sites, and through establishment of a further 18 sites (3/province) in 2016.
- 5.2 to strengthen the provincial-level response to HIV through the re-establishment and support of the Provincial Core Teams in 2016
- 5.3 to increase coverage of HIV and STI prevention and treatment interventions through contact tracing of infected partners
- 5.4 to support the health and well-being of people living with or affected by HIV through comprehensive treatment, care and support services
- 5.5 to reduce community vulnerability to the spread of STIs and HIV through targeted, comprehensive key messaging for awareness and prevention.

Outcomes include the training of health workers in all HIV/STI guidelines including PMTCT, VCCT, and STI syndromic management; VCCT centres fully equipped and operational; provider-initiated contact tracing in place in all provinces; outreach and awareness raising in communities; and women, men and young people accessing quality counselling, testing and management for HIVs and STIs (among others).

4.3.3. HPV and cervical cancer

The priorities of the 2015 Pacific Forum Secretariat meeting, under the Framework for Pacific Regionalism, highlighted the substantial burden that cervical cancer places on women and girls in the Pacific region. Cervical cancer is amongst the leading causes of death due to cancer in ni-Vanuatu women (HPV Information Centre, 2021). The *RMNCAH Policy and Implementation Strategy 2017-2020* addresses this public health priority through KPA7: Morbidities of the reproductive system: cancer, infertility, menopause and abortions. The Policy states that 'women (including girls) and partners in both urban and rural areas of Vanuatu have access to quality, affordable and sustainable reproductive health and gynaecological services, including cervical and prostate screening' (p.35).

Objectives of the policy relevant to KPA7 include:

- 7.1 to improve the quality of care provided to women and partners with gynaecological or other reproductive health conditions
- 7.2 to increase coverage of cervical, breast and prostate cancer screening for girls, women and men of articulated ages ranges
- 7.3 to improve awareness of the effects and management of menopause through systematic and consistent messaging campaigns and 1:1 counselling.

Outcomes include a national HPV immunisation campaign being delivered; health workers being trained on community participatory processes for promotion of cancer checks; staff delivering outreach cancer screening and community awareness of screening; and surgical service available for cancer treatment in designated hospitals (among others).

A national HPV vaccination campaign targeting young women aged 9-12 years in schools was introduced in

2020 and is currently planned to be repeated over the coming years (Republic of Vanuatu, 2021). However, Gardasil (the vaccine) is not included in the *Vanuatu Essential Drugs List 2014*. Screening for pre-cancer lesions and subsequent treatment may be a useful means for reducing cervical cancer, and safe sex messaging and commodity distribution will help to reduce HPV transmission (Ministry of Health, 2016). However, barriers to screening include inadequate knowledge of the screening procedure and reluctance to participate because of fear and embarrassment (Coulter, 2017). The *RMNCAH Policy and Implementation Strategy 2017-2020* recommends planned and structured community awareness of the importance of periodic screening irrespective of the presence of symptoms.

The Vanuatu Ministry of Health recently published *Guidelines for Public Health Programmes: Cervical Cancer Prevention and Control* (Ministry of Health, 2020). Uptake of these guidelines by clinicians will require investment in the training and supervision of clinicians working in facilities designated to deliver cancer prevention and referral.

Sexual health education

KPA4 (adolescent sexual and reproductive health) of the *RMNCAH Policy and Implementation Strategy 2017-2020* states that 'efforts to integrate comprehensive adolescent sexual and reproductive health information and learning into the formal school curriculum are underway with support from UNDP. Upon finalisation of the 'Family Life Education' curriculum units, implementation of this initiative should be actively supported at all levels, and across multiple sectors' (p.30). UNFPA has also been active in supporting development of family life education (FLE) for out-of-school youth.

As outlined in s 15 Education Act, schools in Vanuatu are required to offer the minimum curriculum, approved by the National Education Commission. Since 2013, the Vanuatu National Syllabuses include FLE for senior secondary students, however the *Family Life Education Syllabus* (Year 11-13) has only recently been completed.

The content of the *Family Life Education Syllabus* (Year 11-13) includes a focus on relationships, understanding gender, sexuality and sexual behaviours, SRH, and violence and safety. While content relating to the human body and its development are not specifically addressed in the *Family Life Education Syllabus*, this is addressed in syllabuses for earlier years (e.g. the *Health and Physical Education Syllabus* (Years 4-6) covers the physical and emotional changes that occur during puberty). Delivery of the FLE content will be achieved through partnership between the Ministry of Health and the Ministry of Education and Training, as highlighted in the *RMNCAH Policy and Implementation Strategy 2017-2020*. One of the objectives under KPA4: Adolescent sexual and reproductive health is:

4.3 to promote awareness of sexual and reproductive health amongst young people through delivery of Family Life Education curriculum in all schools (from 2016)

The development and rollout of the *Family Life Education Syllabus* (Year 11-13) is an important step towards comprehensive sexuality education (and adolescent sexual and reproductive health) in Vanuatu, however it is also important to recognise that many ni-Vanuatu young people leave school before Year 11. The *RMNCAH Policy and Implementation Strategy 2017-2020* emphasises the need to engage young people through school-based programs, but also through peer-to-peer programming, youth-focused messaging and material development, and health services appropriate to youth. The policy states that 'in recognition of their direct links to young people, the Ministry of Health should seek to work with and through the Ministry of Youth Development, Sport and Training the National Youth Council and with youth-focused non-government entities such as Youth Challenge, Wan Smolbag, Save the Children, CARE International, the Vanuatu Red Cross Society and the Vanuatu Christian Council' (p.30). The policy also highlights the potential associated with the high uptake of social media among young people in Vanuatu, particularly as an opportunity to

communicate ASRH messaging directly to youth even in remote parts of the country. The *Vanuatu National Youth Development Policy 2012-2022* and *Strategic Plan of Action 2012-2015* suggests that the Ministry of Youth Development, Sport and Training will support implementation of activities (such as peer education programs) led by the Ministry of Health and other agencies. The *Vanuatu National Gender Equality Policy 2020-2030* includes the Priority Action 1.2.3 'Deliver family life education, sexual and reproductive health, and gender equality programs', and notes the Ministry of Education and Training and the Ministry of Health as lead agencies for this action.

4.4. Intersection of maternal and reproductive health issues with policy and legislation

As in other countries with small populations, the maternal mortality ratio (MMR) in Vanuatu is highly susceptible to change based on a small variation in the number of actual deaths. The SRHR Needs Assessment conducted in 2015 recommended that Vanuatu establish 'realistic and achievable national maternal mortality targets, using actual number of deaths (not MMR) to monitor and report progress' (p.24). The *RMNCAH Policy and Implementation Strategy 2017-2020* has a target of less than six maternal deaths per year.

4.4.1. Antenatal and maternal health care

The most recent national data available, from the *Vanuatu Demographic and Health Survey – Multiple Indicator Cluster Survey 2013* (DHS-MICS) (Ministry of Health, VNSO, SPC, 2014), suggests that most pregnant women in Vanuatu receive some antenatal care, including in rural areas. The DHS-MICS data suggest that almost 50 per cent of women in urban areas and over 50 per cent of women in rural areas received more than four antenatal visits, the minimum recommended by the WHO. However, most women have their first visit in the fifth month of pregnancy, rather than in the first trimester. The 2013 Vanuatu DHS-MICS data suggest that some aspects of the quality of antenatal care provided is high, with most women receiving the routine checks recommended. However, the data suggests room for improvement in communication of the signs and symptoms of pregnancy complications, and fewer than half expectant mothers were fully protected against tetanus, with tetanus toxoid injection coverage higher in rural areas than in urban areas. Pregnant women most commonly receive antenatal care from a nurse or midwife, or a doctor, with few receiving antenatal care from community health workers or traditional birth attendants (Ministry of Health, VNSO, SPC, 2014).

The vast majority of births in Vanuatu occur in a health facility (with the 2013 DHS-MICS reporting 89 per cent of births are delivered in a health facility), and the majority are also attended by a skilled professional (in the five years preceding the 2013 DHS-MICS, 89 per cent of births assisted by a skilled attendant) (Ministry of Health, VNSO, SPC, 2014). The most common attending health professional is a nurse or midwife (64.4 per cent of births).

National policy aims to build on the existing strengths and infrastructure of the maternal health care system, with KPA1: Safe motherhood (antenatal, perinatal, postpartum and newborn care) of the *RMNCAH Policy and Implementation Strategy 2017-2020* aiming to improve pregnancy outcomes for mothers and new-borns to achieve fewer than six maternal deaths per year and less than ten neonatal deaths per 1,000 live births per year. Indicators of progress towards this goal are presented in relation to the following objectives of KPA1:

- 1.1 to strengthen quality and accessibility of antenatal care and postnatal care through capacity building of staff, and resourcing for essential equipment and outreach
- 1.2 to ensure women in Vanuatu access quality antenatal care at least 4 times during pregnancy and women and their new-borns receive quality post-natal care

1.3 to ensure that 95 per cent of deliveries in Vanuatu are attended by a skilled birth attendant from 2016

1.4 to promote safe motherhood and healthy babies through the introduction of a comprehensive package of interventions in all hospitals and appropriate community awareness and messaging

1.5 to strengthen midwifery care through the establishment and ongoing capacity building and support of 67 midwives

1.6 to ensure that pregnant women in Vanuatu have access to quality emergency obstetric care by 2017 (comprehensive in Vila Central Hospital and Northern Provincial Hospital, basic in all other hospitals)

1.7 to support skills development and mentoring of TBAs and VHWs to identify new pregnancies, promote early (and often) attendance at antenatal care, to promote births in health facilities and early and exclusive breastfeeding.

In order to meet these objectives, the implementation strategy of the policy outlines a number of prioritised activities to be implemented over the life of the policy, with a focus on standards development, training of staff in urban and rural health settings, addressing infrastructure and equipment needs (including equipment for emergency obstetric care), among others.

4.4.2. Parental leave

Section 36(1) *Employment (Amendment) Act 2009* provides that a woman is entitled to maternity leave six weeks prior to her confinement and for six weeks after her confinement. An amendment of the Act in 2008 provided for women to be paid their full salary while on maternity leave. However, this was repealed in the following year with s 36(2) *Employment (Amendment) Act 2009* stating that she should be paid 66 per cent of the remuneration she would have earned had she not been absent. The International Labour Organization's Maternity Protection Convention, 2000 (No.183) specifies that cash benefits during maternity leave must equal at least two-thirds of previous earnings (International Labour Organization, 2000), leaving Vanuatu's maternity compensation falling within their recommendations. As a comparison, annual leave in Vanuatu is stipulated to be paid at the same rate of the employee's average remuneration for the 12 months preceding commencement of leave (s 31). Employees are also granted full remuneration during sick leave (up to 21 days) (s 34).

Section 36 *Employment (Amendment) Act 2009* also clarifies that a nursing mother is entitled to two paid one-hour nursing breaks per day until her child is two years old; and that she must return to the same or equivalent position held prior to maternity leave or be appointed to a higher position. There is no provision for paternity leave in the Act.

4.4.3. Abortion

Abortion is illegal under s 117 *Penal Code*, and procuring an abortion for a woman is also a crime. Both offences carry a penalty of two years' imprisonment. However, s 117 (3) states that 'termination of the pregnancy for good medical reasons' shall be a defence to charges under s 117, which has been interpreted as being to save a woman's life and to preserve her physical and mental health.

The law does not address post-abortion care. However, KPA7 of the *RMNCAH Policy and Implementation Strategy 2017-2020* includes a focus on post-abortion care, and at 7.1, prioritises the 'training of health workers in rights-based management of post-abortion complications' noting that a rights-based approach 'dictates that women presenting with post-abortion complications have the right to quality care, without fear of discrimination or reprisal' (p.37).

5 Gender-based violence in law and policy

This section of the report introduces the issue of GBV in Vanuatu and its intersection with SRH, and then reviews key policies and legislation relevant to this intersection between SRH and GBV. This should not be seen as an all-encompassing review of policy and legislation relevant to GBV, as the report does not consider in-depth issues such as access to justice, juvenile justice, sentencing and policing.

5.1. Background

Vanuatu has among the highest rates of violence against women and girls, and sexual abuse of girls under the age of 15, reported globally. Data collected in 2009 for the ground-breaking *Vanuatu National Survey on Women's Lives and Relationships*, conducted by the Vanuatu Women's Centre in partnership with the Vanuatu National Statistics Office (VNSO) (2011), show that 60 per cent of ever-partnered women in Vanuatu had experienced physical and/or sexual violence from an intimate partner in their lifetime, with 44 per cent of ever-partnered women having experienced intimate partner violence in the prior 12 months. One in three women reported non-partner sexual violence since the age of 15, and almost one in three women (30 per cent) reported having experienced childhood sexual abuse (Vanuatu Women's Centre & VNSO, 2011). The study showed 'pervasive patterns of gender inequality in Vanuatu society, including widespread beliefs and attitudes that directly undermine women's human rights' (Vanuatu Women's Centre & VNSO, 2011, p.15). The use of violence was found to be normalised, and to have serious short and long-term impacts on women's physical, mental and reproductive health, and the health of their children.

The intersection of GBV with, and its impact on sexual and reproductive health is clear. Fifteen per cent of ever-pregnant women were physically assaulted during at least one pregnancy by their husband or partner. Of these women, 68 per cent were subject to severe abuse during pregnancy, including being punched or kicked in the stomach or hit in the stomach with an object. This amounts to ten per cent of ever-pregnant women in Vanuatu experiencing severe violence during their pregnancy (Vanuatu Women's Centre & VNSO, 2011, p.126). Women who had experienced physical and/or sexual violence over their lifetime were significantly more likely to have had a miscarriage. Women living with violence were significantly more likely to have been prevented from using contraception by their husband or partner (Vanuatu Women's Centre & VNSO, 2011, p.128).

These data reinforce that preventing and responding to GBV (that is violence that is enacted on the basis of gender, most commonly men's violence against women) is an urgent priority for Vanuatu. The passing of the *Family Safety Act 2008* was an important step in strengthening responses to domestic violence – the most common form of GBV – with s 10 of the Act stating that a person who commits an act of domestic violence is guilty of an offence punishable on conviction, and that this is in addition to any other offenses constituted by an act of domestic violence, such as rape, intentional assault, threats to kill and homicide, as covered under the Penal Code. However, there remain key gaps in legislation and policy in relation to GBV in Vanuatu.

5.2. Domestic legislation

Framing overall legislation relevant to GBV in Vanuatu is Chapter 2 of the *Constitution*, which recognises a range of fundamental rights and freedoms that all persons are entitled to, including life, liberty, security of the person, freedom from inhuman treatment and forced labour, and protection of the law. The *Constitution* notes that individuals are entitled to these freedoms without discrimination – including, explicitly, on the basis of sex.

A number of laws are specifically relevant to GBV in Vanuatu, with those specifically considered during this review shown in Table 6 and discussed below.

Table 6: Legislation relevant to the intersection of GBV and SRHR in Vanuatu

Relevant domestic legislation
<i>Penal Code</i>
<i>Control of Marriage Act</i>
<i>Matrimonial Causes Act</i>
<i>Family Protection Act 2008</i>

5.2.1. Penal Code

Section 90 of the *Penal Code* criminalises, and outlines punishment for, rape. A person who commits rape is defined as ‘Any person who has sexual intercourse with another person – a) without that person’s consent; or b) with that person’s consent if the consent is obtained i) by force; or ii) by means of threats of intimidation of any kind; or iii) by fear of bodily harm; or iv) by means of false representation as to the nature of the act; or v) in the case of a married person, by impersonating that person’s husband or wife – commits the offence of rape. The offence is complete upon penetration’. The penalty for rape is imprisonment for life.

Spousal or marital rape is not specifically addressed in the *Penal Code*, with no direction that rape provisions also apply to non-consensual acts within marital relationships. UN Women’s Handbook for Legislation on Violence Against Women (2012) recommends that rape within relationships such as marriage should expressly be criminalised in legislation, noting that the provisions should apply irrespective of the nature of the relationship between the perpetrator and the complainant and that marriage or other relationship is not a defence.

In specifying that the offence of rape only refers to penetrative acts, the *Penal Code* does not then address the breadth of acts that could be considered sexual violence. Sexual assault is only specifically addressed in relation to children, under ss 97A: Aggravated sexual assault with a child (which refers to sexual intercourse with a child under 15 years of age in a range of circumstances of aggravation); and 98: Indecent assault (which refers to acts of indecency with a child under 13 years). What constitutes an ‘act of indecency’ is not further defined. Assault of adults is addressed in the *Penal Code* under s 107: Intentional assault, which states that ‘No person shall commit intentional assault on the body of another person’ Penalties for assault range from 3 months imprisonment if no physical damage is cause through to imprisonment for 10 years if the damage caused results in death, although the offender did not intend to cause such death. What constitutes ‘intentional assault’ is not further defined.

Other offences outlined in the *Penal Code* relevant to the prevention and prosecution of GBV in Vanuatu include those outlined in s 38: Imprisonment of minors; s 92: Abduction (which specifically refers to

detaining or 'taking away' females with the intent of marriage or sexual intercourse against her will – there is no reference to the abduction of boys); s 95: Incest (which is inclusive of adopted children); s 96: Sexual intercourse with child under care or protection (which is inclusive of children living with someone as a member of their family); s 97: Unlawful sexual intercourse (referring to sexual intercourse with a child under 15 years); s 101: Prostitution (which criminalises procuring, aiding or facilitating the prostitution of another); ss 101A-D: Child prostitution (these sections define child prostitution and child pornography and outline punishments for a range of offences); ss 147A-B: Child pornography. Trafficking is addressed through s 102 *Penal Code* s which states: 'No person shall (a) take or keep another in slavery; or (b) engage in any traffic in persons.' While the practise of witchcraft or sorcery is criminalised under s 151 of the Code, the violence which is often enacted by community members upon persons accused of sorcery – most often women, and increasingly recognised as a form of GBV – is not specifically mentioned in the Code (though may be covered under provisions against intentional assault).

It should be noted that provocation remains a defence under s 27 *Penal Code*. Provocation is a doctrine that has historically been relied upon by male perpetrators of violence to limit their criminal responsibility for killing their partners, with s 27(3) noting that 'in order for criminal responsibility be diminished, provocation must be of such degree as to deprive a normal person of his self-control'.

5.2.2. Control of Marriage Act

The *Control of Marriage Act* criminalises forced marriage with s 5 stating 'no person shall compel another person of any age to marry against his will', and as outlined in s 7 is subject to a fine not exceeding VT100,000 or to a term of imprisonment not exceeding 2 years, or to both such fine and imprisonment. (note male pronouns are used throughout this Act). Section 2 of the *Control of Marriage Act* outlines that the minimum age for marriage is 18 for males and 16 for females. No male or female under the age of 21 may marry unless they have obtained the consent of both parents (s 3).

5.2.3. Matrimonial Causes Act

The *Matrimonial Causes Act* provides that a marriage is void and shall be pronounced null if the marriage was induced by duress (s 1). Petition for divorce may be made by either husband or wife (s 5), with grounds for divorce including (but not limited to) adultery, desertion, treatment with persistent cruelty, and by the wife on the ground that her husband has, since their marriage, been convicted of rape or an unnatural offence. There are restrictions on petition for divorce during the first 2 years after marriage, though these may not apply in circumstances of exceptional hardship by the petitioner or of exceptional depravity on the part of the respondent. The Act also outlines provision, in instances of divorce, for payment of alimony and maintenance to the wife, and clarifies that the Court may 'make such provision as appears just with respect to the custody, maintenance and education of the children of the marriage' (s 15).

5.2.4. The Family Protection Act 2008

The *Family Protection Act 2008*, criminalises acts of domestic violence. The purpose of this act is to: 'a) preserve and promote harmonious family relationships; and b) prevent domestic violence in all levels of society in Vanuatu'. The Act defines domestic violence in s 4(1): 'a person commits an act of domestic violence if he or she intentionally does any of the following acts against a member of his or her family:

- (a) assaults the family member (whether or not there is evidence of a physical injury);
- (b) psychologically abuses, harasses or intimidates the family member;
- (c) sexually abuses the family member;
- (d) stalks the family member so as to cause him or her apprehension or fear;

- e) behaves in an indecent or offensive manner to the family member;
- f) damages or causes damage to the family member's property;
- g) threatens to do any of the acts in paragraphs (a) to (f).'

The Act then defines stalking as to include following or watching the person, loitering outside premises where the person lives, works or frequents, or making persistent telephone calls to the person or premises where the person lives or works. The Act also notes that counselling or procuring someone else to commit one of the acts above, also constitutes domestic violence. Importantly s 4(4) notes that (a) a single act may amount to an act of domestic violence, and (b) a number of acts that form part of a pattern of behaviour may amount to domestic violence even though some or all of those acts when viewed in isolation may appear to be minor or trivial.

Section 3 of the *Family Protection Act 2008* defines a member of a person's family to include the spouse of the person; a child of the person and/or the person's spouse; a parent of the person or the person's spouse; a brother or sister of the person or the person's spouse; any other person who is treated by the person as a family member. Section 5 defines 'spouse' as an individual of the opposite sex to the person who is or has been married to the person; or although not married to the person, is living with the person in a marriage-like relationship or has lived with the person in such a relationship; or is a biological parent of a child with the person (whether or not they are or have been married or are living or have lived together)'. A person who commits an act of domestic violence may be imprisoned for a period of no greater than five years or fined no more than 100,000 Vatu, or both (a 10(1)).

Part 3 of the *Family Protection Act 2008* outlines the power of the court to make protection orders, and punishments for breaches of protection orders. The Act emphasises that the court must not give any regard to payment of bride-price or other legal proceedings when considering an application for a protection order. The Act also allows for authorised persons (who may include magistrates and justices, as well as trained chiefs, community leaders, teachers, village health workers or police) to issue temporary protection orders when a complainant is in danger and it is not practicable to apply to the court for a protection order and to have the matter heard and determined quickly (which may be particularly relevant in rural and remote communities). Breaching a family protection order is an offence in addition to any offences of domestic violence. The Act comprehensively details the powers of the courts in relation to protection orders, the process of applying for a family protection order, and procedural matters relating to family protection applications and orders.

The *Family Protection Act 2008* also outlines the powers of the police, stating that it is the duty of police to act in relation to domestic violence and that there is a duty to bring the matter to court. The Vanuatu Police Force has an internal 'no drop' policy which seeks to ensure that domestic and sexual violence cases are brought to court and not withdrawn (U.S. Department of State 2016). In order to enforce this legislation and protect victims of domestic violence, the Family Protection Unit (FPU) and its authorised officers was established within the police force, along with the development of the *Family Violence Policy and Standard Operating Procedures of the Vanuatu Police Force (2015)*.

5.3. Domestic policy relevant to GBV

Despite having rates of violence against women amongst the highest in the world, Vanuatu does not have a specific or standalone national action plan or strategy on GBV. However, GBV is addressed in a number of other national policies as outlined below:

Table 7: Key policies relating to the intersection of GBV and SRHR in Vanuatu

Lead ministry	Title of policy
Department of Strategic Policy, Planning and Aid Coordination	Vanuatu 2030: The People's Plan (National Sustainable Development Plan 2016-2030)
Ministry of Justice and Community Services (Department of Women's Affairs)	Vanuatu National Gender Equality Policy 2020-2030
Ministry of Health	Vanuatu Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy and Implementation Strategy 2017-2020

5.3.1. Vanuatu 2030: The People's Plan – National Sustainable Development Plan 2016-2030

The introduction to this overarching vision for Vanuatu's ongoing development highlights that Vanuatu needs 'to balance the interface between formal and traditional governance systems, and traditional peacebuilding and reconciliation practices and our judicial and security institutions. We also need to ensure everyone can live in peace and harmony at home and in their communities by ending all forms of violence against women and children' (p.3), emphasising the importance of preventing GBV for national development.

The plan outlines national sustainable development goals in three pillars. Two of the national development goals under the 'society pillar' are specifically relevant to preventing and responding to GBV. Society goal 4, Social Inclusion, is 'An inclusive society which upholds human dignity and where the rights of all ni-Vanuatu including women, youth, the elderly and vulnerable groups are supported, protected and promoted in our legislation and institutions'. Objective 4.2 is 'Prevent and eliminate all forms of violence and discrimination against women, children and vulnerable groups'. Society goal 5, Security, Peace and Justice, is 'A society where the rule of law is consistently upheld, and access to timely justice is available to everyone'. Objective 5.1 is 'Ensure all people have timely and equitable access to independent, well-resourced justice institutions' and Objective 5.5 is to 'Strengthen links between traditional and formal justice systems and the role of chiefs in maintaining peace and stability.

5.3.2. National Gender Equality Policy 2020-2030

The goal of the *National Gender Equality Policy 2020-2030* is to promote respect and equal rights, opportunities and responsibilities among men and women of all ages and abilities in Vanuatu. One of the five strategic areas of priority in the policy, Strategic Area 1, is 'Eliminating discrimination and violence against women and girls'.

Policy objectives and priority actions identified for this strategic area include:

- 1.1 To undertake legislative reforms and bolster national leadership on ending discrimination and violence against women and girls (VAWG)
 - 1.1.1 conduct second national prevalence and incidence survey on VAWG

- 1.1.2 develop national framework and action plan on ending VAWG
- 1.1.3 enact new Penal Code in compliance with CEDAW and other international conventions
- 1.1.4 develop a policy on gender-based discrimination and violence for the public service
- 1.1.5 conduct comprehensive legislative reforms.

1.2 To address discriminatory attitudes, norms and behaviours, and promote healthy relationships between women and men

- 1.2.1 implement behaviour change programs for men and boys
- 1.2.2 promote community leadership on EAWG
- 1.2.3 deliver family life education, sexual and reproductive health, and gender equality programs
- 1.2.4 expand empowerment and leadership programs for women and girls
- 1.2.5 improve access to sexual and reproductive health and justice services for women and girls with disabilities.

1.3 To deliver an integrated survivor-centred services with improved quality of healthcare and protection for women and children affected violence

- 1.3.1 strengthen referral and case management systems
- 1.3.2 expand counselling and crisis support services
- 1.3.3 implement referral and reporting process for GBV in education sector
- 1.3.4 improve quality of medical and psychological care for survivors of violence
- 1.3.5 develop SOPs to coordinate response to GBV in emergencies.

1.4 To ensure the accountability of justice systems and institutions in safeguarding women and children, and supporting family reconciliation

- 1.4.1 increase capacity of provincial and community level justice services
- 1.4.2 ensure chiefs, police, courts, justice and correctional services understand their powers and responsibilities
- 1.4.3 strengthen accountability of police
- 1.4.4 deliver behaviour change programs to perpetrators of violence.

Indicators listed include:

- Number of bills passed and legislation amended as part of the comprehensive law reform to eliminate discrimination and violence against women and girls by 2030
- Prevalence of physical, sexual and emotional violence against women in 2030 compared to 2011 national survey
- Percentage of cases of violence against women and children reported to police and investigated and finalized by state justice system between 2020 and 2030
- Multiservice delivery protocols, standards and referral pathways are developed and operationalised by 2030.

The policy document describes a sustained history of the Department of Women's Affairs being held responsible for coordination and implementation of gender equality efforts without being sufficiently financially supported to do so. In 2019, the annual budget for the Department of Women's Affairs was 0.11 per cent of the national budget appropriation, and did not include funding for policy implementation and programming activities.

5.3.3. Vanuatu Reproductive, Maternal, Newborn, Children and Adolescent Health (RMNCAH) Policy and Implementation Strategy 2017-2020

The *Vanuatu National Survey on Women's Lives and Relationships* clearly documents the impact of GBV on ni-Vanuatu women's physical and mental health. Almost one in four (24 per cent) ever-partnered women had been injured through physical or sexual violence by their husband or intimate partner; of those injured 41 per cent were injured more than three times and more than one in five acquired a permanent disability from the violence. Women living with violence had much poorer physical and mental health, were hospitalised more often, and were more likely to attempt suicide than women who were not experiencing violence (Vanuatu Women's Centre & VNSO, 2011, p. 109). Despite the impact of GBV on the short- and long-term health of women, GBV is not included as an indicator in the Vanuatu Health Sector Strategy 2017-2020 'Health Report Card'.

However, the *RMNCAH Policy and Implementation Strategy 2017-2020* does have a specific focus on addressing GBV, with one of the eight KPAs being KPA6: GBV and sexual assault, having the policy statements that 'Victims of gender-based violence and sexual assault, including rape and incest, in Vanuatu have access to quality medico-legal services in a manner which is consistent with maintaining confidentiality and privacy and is respectful of their individual rights' (p.98) and that 'Communities demonstrate intolerance for gender-based violence and sexual assault through participation in, and leading awareness activities, and through actively supporting victims to access treatment and support services' (p.99). Indicators of progress towards these statements are presented in relation to the following objectives of KPA6:

- 6.1 To ensure the promotion and protection of the rights of victims of sexual violence, including access to quality medical, legal and social support services, through establishment and adherence to referral and management protocols
- 6.2 To ensure quality, rights-based protection and care of victims of sexual violence, through skills development training of service providers
- 6.3 To promote appropriate awareness and responses to gender-based and/or sexual violence within communities in each province
- 6.4 to establish a suitable legislative and operating environment which enables and supports appropriate responses to sexual violence.

While Vanuatu legislation includes only a narrow definition of rape, based on completion of penetration in non-consensual sexual intercourse, and does not further define sexual violence, the *RMNCAH Policy and Implementation Strategy 2017-2020* draws from WHO (2003) in defining sexual violence as 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work' (WHO, 2003, p.6).

The policy notes that there are not established protocols or systems to ensure that people who present to health facilities having experienced GBV or sexual assault receive appropriate examination and treatment. Sexual assault examination and testing kits (including post-exposure prophylaxis for HIV and STIs, and emergency contraception) are available within some units of the Vila Central Hospital, but are not reliably available elsewhere in the country. The policy notes that Vila Central Hospital also has a private and confidential waiting room for women who have experienced GBV, and a dedicated nurse who can arrange referrals, including to the Vanuatu Women's Centre. To replicate this model in provincial hospitals, there is a need for expanded resourcing and training of health workers and support staff in health facilities. There is also a need for the development of national protocols and systems, such as SOPs, to ensure that anyone anywhere in the country who has experienced GBV is able to access appropriate supports and services through the health sector.

In order to realise the second policy statement of KPA6, the health sector needs to develop strong partnerships with organisations already engaged in prevention of GBV, including Vanuatu Women’s Centre, CARE International, Wan Smolbag, the Vanuatu Family Health Association and others, to reinforce community awareness of and responses to GBV.

6 Law and policy in relation to key populations

6.1. Adolescents and youth

The population of Vanuatu is young, with the 2020 Vanuatu Population Census revealing that 56.5 per cent of ni-Vanuatu are aged less than 25 years (VNSO, 2021). It is therefore vitally important, but also an enormous challenge given the youthful and highly dispersed population, that the Government of Vanuatu ensure that young people have access to basic services, including SRH services. Furthermore, while women in Vanuatu are at risk of violence perpetrated by husbands/intimate partners at any age, the *Vanuatu National Survey on Women's Lives and Relationships* shows that young women aged 15-29 experience higher levels of violence than older women. In addition, the survey found that young women aged 15-19 were the only group of women who reported higher levels of sexual violence than physical violence (Vanuatu Women's Centre & VNSO, 2011).

The minimum age for consensual sex in Vanuatu is 15 years for both females and males, as outlined in s 97 *Penal Code*. The age of consent is higher for same sex partnerships, with s 99 *Penal Code* stating that 'No person shall commit any homosexual act with a person of the same sex under 18 years of age, whether or not that person consents'. The minimum age of marriage is not equal, with s 2 *Control of Marriage Act* stating 'that no person of male sex under 18 and no person of female sex under 16 years may lawfully marry'. However, consent is required by both parents if either party to the marriage is under 21 years of age. The Act does not mention marriage between people of the same sex (either prohibiting or enabling), though 'spouse' in the Family Protection Act 2008 is defined as a person of the opposite sex.

Access to education is a protective factor for both SRH and in relation to GBV. While s 7 *Education Act* states that it is the duty of a child's parent to ensure that a child 6-14 years old attends school, the Act does not specifically state that either primary or secondary education is compulsory in Vanuatu. Section 8 *Education Act* prohibits discrimination in education on the basis of gender (or religion, nationality, race, language or disability), however the *Education Act* does not mention pregnancy or address the right to education of girls who are pregnant or parents. While there is no legal prohibition on expulsion from school due to pregnancy, the *Reviewed Gender Equity in Education Policy 2018* outlines tasks for the Ministry of Education and Training (p.11) including to instruct schools to stop expulsion of pregnant girls and encourage them to continue at school while pregnant and to return after giving birth; and to develop and implement avenues, facilities, services and resources for pregnant girls, those who have given birth, and those who have dropped out of education through open distance learning and technical and vocational education and training.

Section 15 of the *Education Act* confirms that schools in Vanuatu are required to offer the minimum curriculum, approved by the National Education Commission. Since 2013, the Vanuatu National Syllabuses include *Family Life Education* for senior secondary (Year 11-13) students. The *Family Life Education Syllabus* includes a specific focus on relationships; gender identity and gender roles; GBV; sexuality, sexual orientation and SRH.

The *Vanuatu National Youth Development Policy 2012-2022* and *Strategic Plan of Action 2012-2015* highlights that ni-Vanuatu youth have the right to protection against sexual harassment and exploitation, STIs, HIV and gender discrimination. The policy states healthcare is a youth priority, noting the aim to prevent STIs and HIV,

and address the needs of female adolescents (including in relation to prevention of violence). In response, the policy primarily suggests that the Ministry of Youth Development, Sport and Training will support implementation of activities by the Ministry of Health and other agencies.

As outlined in section 4.2 of this report, KPA 4 of the *RMNCAH Policy and Implementation Strategy 2017-2020* outlines a range of strategies to promote adolescent sexual and reproductive health.

6.2. People with disabilities

Different instruments have given different results but, using the Washington Group on Disability Statistics short set of questions for measuring disability, the 2009 Vanuatu Population and Housing Census found that just over 5 per cent of the total population of Vanuatu reports having a disability (UNICEF & VNSO, 2014). This proportion increases with age, with the 2009 Census finding slightly higher prevalence of disability among females than males.

Vanuatu has ratified the 2007 Convention on the Rights of Persons with Disabilities (CRPD), however there are no overall legal protections for people with disabilities in Vanuatu. Article 5 (1)(k) of the *Constitution* makes provision for 'the special benefit, welfare, protection or advancement' of members of under-privileged groups, however it is unclear whether people with disabilities would be included and the Constitution does not specify provisions by which people with disabilities should be protected or advanced.

While there is limited legislative protection or consideration of people with disabilities, disability is addressed in a number of policy documents in Vanuatu. Under the 'Society' Pillar of *Vanuatu 2030: The People's Plan (National Sustainable Development Plan 2016-2030)*, policy objective 4.3 is to 'Empower and support people with disabilities', and 4.5 is to 'Ensure all people, including people with disabilities, have access to government services, buildings and public spaces'.

Relevant to this report, Article 6 of the CRPD requires that state parties recognise and take measures to redress the multiple discriminations experienced by women and girls with disabilities; Article 16 requires state parties to take all measures to protect persons with disabilities from all forms of exploitation, violence and abuse, including their gender-based aspects; and Article 25 of the CRPD confirms the right of persons with disabilities to access the same health care as other persons, including in the area of sexual and reproductive health.

As is the case globally, people with disabilities in Vanuatu are often wrongly assumed to be asexual and do not receive adequate sexual health information or health care (Spratt, 2013). People with disabilities are at greater risk of poor reproductive health because of poor access to services and information. While women with disabilities access antenatal care and the hospital system for deliveries, they have limited access to information on contraception, sexual health, breast self-examination and cervical pap smears (Spratt, 2013). Many health professionals are unable to assist women with disabilities because they lack knowledge about the issues they face, and often have prejudicial attitudes (Spratt, 2013).

The *RMNCAH Policy and Implementation Strategy 2017-2020* refers to the SRH of people with disabilities, noting the need for people with disabilities to be able to 'exercise their right to decide the number, spacing and timing of pregnancy' and to tailored contraceptive services for people with disabilities noting that 'no client requesting contraception should be sent away without a suitable method for her/his needs' (p.27).

The *Vanuatu National Gender Equality Policy 2020 – 2030* includes Priority Action 1.2.5 'improve access to sexual and reproductive health and justice services for women and girls with disabilities', noting that the lead agencies for this Priority Action are the Ministry of Health and Ministry of Justice and Community Services.

6.3. LGBTIQ communities

Consensual sex between people of the same sex is legal after the age of 18 years. This contrasts with the age of consent being 15 years for heterosexual sex. The older age of consent for young people wishing to have consensual sex with someone of the same sex may hinder their access to SRH services and information. Marriage for same sex couples remains illegal.

Only the Kampusumhed Clinic in Port Vila has been reported to provide information and promotion of SRH services to vulnerable groups such as people who identify as having diverse sexual orientation, gender identity and expression, and there is little information about their SRH needs or experiences (UNFPA, 2015). The only mention of people with diverse sexual orientation and gender identity and expression in the *RMNCAH Policy and Implementation Strategy 2017-2020* is in relation to HIV prevention, where the policy notes that 'men who have sex with men' are a vulnerable group. Otherwise, this group is largely invisible in policy relevant to SRH and GBV.

6.4. Sex workers

Procuring, aiding or facilitating the prostitution of another is illegal in Vanuatu under s 101 Penal Code, though sex work itself is not illegal. Sex workers as a group are generally ignored in most of Vanuatu's policies, being only mentioned in passing in the *RMNCAH Policy and Implementation Strategy 2017-2020* in relation to HIV, where 'commercial sex workers' are noted as a vulnerable group. This is despite the growing number of people exchanging money, goods or services for sex (Ministry of Health, 2007), and research suggesting risky sexual practices are common among this population (UNICEF, 2010). The Kampusumhed Clinic in Port Vila is one of the few services providing specific information and promotion of SRH services to sex workers in Vanuatu (UNFPA, 2015).

Despite being relatively common, the stigma associated with exchanging sex for money/goods is significant (Burry & Stupples, 2017). Women who are considered to be sexually active or promiscuous, even if the sexual activity was forced, are often vulnerable to further sexual assault (McMillan & Worth, 2011). A qualitative study with sex workers in Luganville found that they generally felt unable to negotiate the use of condoms (Burry & Stupples, 2017). If they attempted to use condoms they faced the loss of a transaction or the threat of violence. Every sex worker interviewed in this qualitative study reported that they had experienced physical and sexual violence. Some reported that they had been forced into marriage or pregnancy by clients. However, sex workers are not mentioned in national policies focused on GBV.

7 Humanitarian and disaster contexts

Vanuatu's society, environment and economy are highly vulnerable to climate change and disaster risks. In 2016, Vanuatu was ranked the most at-risk country to natural hazards in the world (Bündnis Entwicklung Hilft & UNU-EHS, 2016). Predicted increases in extreme weather from climate change means the people of Vanuatu will face even greater ongoing impacts in the future alongside the threat of volcanic eruptions, earthquakes and tsunamis (Bündnis Entwicklung Hilft & UNU-EHS, 2016).

Over recent years the Republic of Vanuatu has experienced numerous rapid and slow onset disasters. These include:

- 2015** Tropical Cyclone Pam was a devastating category 5 tropical cyclone (TC), that impacted the entire country, displacing more than 65,000 people
- 2016** A significant El Nino event that caused severe drought across the country
- 2017** TC Donna, the strongest cyclone ever recorded in the South Pacific, affected the small northern islands of Torres and Banks
- 2017/2018** The Manaro Voui volcano on Ambae Island began to erupt in September 2017, causing the population of 11,000 people to be evacuated. After residents returned, the volcano again began spewing heavy ashfalls, with the entire population rendered homeless by ashfalls and landslides in April 2018
- 2020** Widespread ashfall on Tanna Island affected 28,000 people, causing food shortages, lack of potable water and the destruction of food crops, which compounded the impacts of a months-long drought
- 2020** TC Harold made landfall as a category 5 cyclone and severely impacted over 159,000 people, affecting shelter, potable water facilities, food sources, access to health services, educational institutions, and communications facilities.

Climate change is already impacting Vanuatu, with the *Vanuatu Climate Change and Disaster Risk Reduction Policy 2016-2030* (Ministry of Climate Change Adaptation, Meteorology, Geo-Hazards, Energy, Environment and Disaster Management, 2016) outlining a number of risks due to climate change and geohazards. Food security is a key climate concern for the country. Access to health services during and after emergencies is also a clear priority – a report by the Gender and Protection Cluster on the East Ambae volcanic eruption indicated that access to health significantly decreased, with 90 per cent of the respondents saying it was easy to access health services before evacuation, compared to 53 per cent after repatriation (Gender and Protection Cluster, 2017).

Research has repeatedly demonstrated the ways in which women and girls across the world are disproportionately vulnerable to the impact of disasters and the effects of climate change, with disasters

exacerbating existing gender and other inequalities (Bogdan et al., 2019, Utz, 2017). In Vanuatu, the different livelihood activities that women and men typically participate in means that following a disaster such as a tropical cyclone, women are particularly at risk of experiencing loss of income-earning opportunities while at the same time having increased family care work (Lucas, 2020). Existing gender inequalities mean that after a disaster women may be more likely to experience domestic violence, and have less say in household decision-making, including to access health services (Clissold et al., 2020). A recent report by Vanuatu Women's Centre (2020) found that after TC Harold there were few medicines or menstrual hygiene products, a lack of access to SRH services including safe birthing facilities, increased reports of domestic violence, and increased caring, domestic and gardening responsibilities on women and girls, among community-wide challenges (dislocation, lack of shelter, water and food shortages, lack of access to education etc.). A separate study also found that incidents of discrimination, harassment and violence against people with diverse sexual orientation and gender identity and expression also increased after TC Harold. This often took the form of threats and violence from family or community members, with many participants subsequently seeking shelter away from evacuation centres that they experienced as unsafe (Dwyer, 2021).

The impacts of COVID-19 in Vanuatu are significant. A halt in tourism revenues, reduced remittances and rising unemployment has weakened Vanuatu's growth and undermined development gains. While border closures and the enactment of a State of Emergency enabled Vanuatu to remain relatively COVID-19 free with only seven cases and no current community transmission (WHO, 2021), COVID-19 has highlighted key gaps in Vanuatu's health security.

7.1. International frameworks, commitments and guidelines

Best practice in sexual and reproductive health in emergencies (SRHiE) and gender-based violence in emergencies (GBViE) indicates explicit adoption in policy by Government of the following:

- SRHiE - Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) (IAWG, 2020a). This is complemented by the Adolescent Sexual and Reproductive Health (ASRH) Toolkit for Humanitarian Settings (IAWG, 2020b)
- GBViE – The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (UNFPA, 2019b)

The *Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations* is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. UNFPA, in partnership with stakeholders, supports the implementation of the MISP to make sure that all affected populations have access to lifesaving SRH services. The key aims of the MISP are to ensure that there is no unmet need for family planning, no preventable maternal deaths and no GBV or harmful practices, even during humanitarian crises.

The six objectives of the MISP are to:

1. Ensure the health sector/cluster identifies an organisation to lead implementation of the MISP.
2. Prevent sexual violence and respond to the needs of survivors.
3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.
4. Prevent excess maternal and newborn morbidity and mortality.
5. Prevent unintended pregnancies.
6. Planning for comprehensive services and their integration into existing services.

The recommended services are evidence-based interventions geared to be implemented at the onset of humanitarian crises. Following the acute emergency response and the implementation of the MISP

objectives, a transition into comprehensive, integrated and ongoing SRH services is vital. The SPRINT Initiative of the International Planned Parenthood Federation (IPPF) supports countries across the Pacific to deliver the MISP SPRINT program, working through member associations such as the Vanuatu Family Health Association. However, delivery of the MISP is not as yet addressed in domestic legislation in Vanuatu.

The *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (GBViE standards) are a comprehensive set of 16 standards developed by UNFPA and, alongside the *Inter-Agency Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, provide practical guidance on how to prevent and respond to GBV in emergencies and facilitate access to multi-sector services (IASC, 2020). It is important to note that the Minimum Standards for SRH and GBViE are interrelated and inter-dependent. Both sets of standards should be explicitly incorporated into relevant disaster, gender, national development plans in Vanuatu, and into health policy as a basis for preparedness, response and recovery. While neither set of standards is yet referred to in policy, there are plans for the Ministry of Climate Change and the National Disaster Management Office to incorporate GBViE into their policy, guidance and operations (Spotlight Initiative, 20210).

7.2. Regional agreements and networks

Vanuatu is party to a number of disaster-related regional commitments. These include:

- The Framework for Resilient Development in the Pacific: An Integrated Approach to Address Climate Change and Disaster Risk Management 2017 – 2030
- The Boe Declaration on Regional Security and related action plan (2018)
- Framework for Pacific Regionalism endorsed by the Pacific Islands Forum (2014)
- Suva Declaration on Climate Change adopted in 2015 by the Pacific Islands Forum
- Melanesian Spearhead Group Declaration on Environment and Climate Change 2012
- The Pacific Platform for Disaster Risk Management
- The Pacific Regional Disaster Risk Reduction and Disaster Framework for Action
- The Small Islands Developing States Accelerated Modalities of Action (SAMOA Pathway)
- KAILA! Pacific Voice for Action on Agenda 2030: Strengthening Climate Change Resilience through Reproductive, Maternal, Newborn, Child and Adolescent Health (2015).

Whilst gender equality is a stated goal of several of these agreements, the only SRH specific agreement is the KAILA Strengthening Climate Change Resilience through Reproductive, Maternal, Newborn, Child and Adolescent Health (2015). Other regional climate and disaster agreements do not appear to have specific provisions or guidance regarding SRH or GBV in emergencies, however there are references to addressing gender equality and inequalities especially with vulnerable groups.

There are two additional key plans that have been developed in response to the COVID-19 pandemic by UN agencies in partnership with development partners, the Pacific Community, and in the case of the Humanitarian Response Plan, the Red Cross, non-government organisations and faith- and community-based organisations. These plans are inclusive of Vanuatu, as are the *COVID-19 Pacific Health Sector Support Plan* (2020) developed by the Pacific Joint Incident Management Team (coordinated by WHO) and the *Pacific Humanitarian Team COVID-19 Humanitarian Response Plan* (Pacific Humanitarian Team, 2020).

It should be noted that UNFPA's Regional Prepositioning Initiative has established hubs in Australia and Fiji that can quickly provide SRH-related supplies to, and support prevention and response to GBV, in countries such as Vanuatu in case of humanitarian crisis. This may include provision of dignity kits, establishing women friendly spaces or capacity building.

7.3. Domestic policy and legislation

The Government of Vanuatu has a standing national cluster system based on the UN model, to enable coordination of emergency assistance and to develop and implement disaster preparedness. The Health and Nutrition Cluster is led by the Ministry of Health, and is co-led by WHO. The Gender and Protection Cluster is led by the Department of Women's Affairs and co-led by CARE and Save the Children. The Gender and Protection Cluster has developed a range of resources relevant to this review, particularly resources to support GBViE programming, including gender and protection checklists specific to different sectors of a disaster response, gender and protection guidance for assessment teams, and GBV referral pathway and cards.

The Republic of Vanuatu has a number of key legislative and policy frameworks in place that are specifically relevant to disaster and climate change, including but not limited to:

- Disaster Risk Management Act 2019
- Meteorology, Geo-hazards and Climate Change Act 2016
- National Disaster Act
- Vanuatu 2030: The People's Plan (National Sustainable Development Plan 2016-2030)
- Vanuatu Climate Change and Disaster Risk Reduction Policy 2016-2030
- National Policy on Climate Change and Disaster-Induced Displacement 2018
- National Disaster Management Office (NDMO) Strategic Plan (2016–2020)
- National Health Plan for Climate Change Adaptation and Disaster Risk Management, 2021-2025.
- Vanuatu National Gender Equality Policy 2020 – 2030.

The *Disaster Risk Management Act 2019* builds on the earlier *National Disaster Act* in establishing the National Disaster Management Office, and the National Cluster Framework. Amongst other objectives, the Act aims to support a whole-of-society approach to disaster risk management through education awareness, capacity building and training of elected officials, government employees, the private sector, non-governmental organisations and communities that is also gender responsive and respectful of indigenous and traditional knowledge systems. The Act is silent on preventing sexual exploitation abuse and harassment or other ethical conduct for emergency workers. However, there is a code of conduct for emergency workers in Vanuatu (Gender and Protection Cluster, 2018a).

The *Meteorology, Geo-hazards and Climate Change Act 2016* establishes the National Advisory Board on Climate Change and Disaster Risk Reduction, which notably includes the Department of Women's Affairs and the CEO of VANGO, but not the Ministry of Health.

The *National Disaster Act* was passed in 2000 and establishes the National Disaster Committee, specifying the Committee's functions and membership. This Act also established the National Disaster Management Office (though see Disaster Risk Management Act 2019), provides for the preparation of national and provincial disaster plans, and provides for the President to declare a state of emergency.

While *Vanuatu 2030: The People's Plan (National Sustainable Development Plan 2016-2030)* has a clear focus on preparing for and responding to disasters and emergencies, through the third goal of the Environment Pillar 'A strong and resilient nation in the face of climate change and disaster risks posed by natural and man-made hazards', there are not explicit links between the Society Pillar's goals relevant to SRH and GBV.

The *National Disaster Management Office Strategic Plan 2016–2020* notes the need to 'mainstream' gender and health considerations in Disaster Risk Management Plans, but does not provide any details into how this will be done or monitored. The *Vanuatu Climate Change and Disaster Risk Reduction Policy 2016-2030* identifies the need to establish standard relief packages, including in the area of health (p.23), but does not

specifically mention SRH or GBV. In contrast, the *National Policy on Climate Change and Disaster-Induced Displacement 2018*, through Strategic Area 7: Health, nutrition and psycho-social wellbeing, specifically outlines the need for continuity of SRH care, including maternal health, and provision of GBV services. The plan focuses on access to services for all people affected by displacement, incorporates health considerations into return and relocation planning, and seeks to strengthen health systems and services. The *National Health Plan for Climate Change Adaptation and Disaster Risk Management 2021-2025* was launched in July 2021 but has not been sighted by the authors.

A guiding principle of the *RMNCAH Policy and Implementation Strategy 2017-2020* is 'Ensuring reproductive health in response to climate change and emergencies', with the policy noting the need to continue to deliver RMNCAH services in the event of emergencies or sudden population displacement. However, other than activity 2.2.1 (strengthen cold chain system for disaster resilience), there is little detail as to how this will be achieved in the current RMNCAH policy.

The *Vanuatu National Gender Equality Policy 2020 – 2030* includes high-level recognition of the disproportionate impact of climate change and disasters on women and girls. Strategic Area 5 of the policy is 'Fostering gender responsive and community-driven solutions to climate and disaster resilience'. Especially relevant priority actions under this strategic area include 5.2.1 'Develop standard operating procedures on GBViE and displacement', and 5.2.2 'Improve coordination, function and operation of gender and protection cluster at subnational levels'.

8 Conclusions and recommendations

This review suggests that Vanuatu has made significant progress towards creating a health system enabling universal access to SRH, with some steps towards a policy environment that protects women and girls from GBV, though there remain significant gaps in policy and legislation.

On the basis of this preliminary desk-review, several opportunities to strengthen policy and legislative responses have been identified:

8.1. General recommendations

- While Vanuatu courts may consider and apply international legal commitments (such as the Convention on the Rights of the Child and CEDAW) in justice and court proceedings, it is vital that Vanuatu continues to review and repeal old, and create new, national legislation in line with human rights obligations and international commitments. Any legislative reform should be approached in a comprehensive and integrated manner involving consultation with civil society and key population groups, including gender impact assessment to understand possible unintended consequences.
- Ensure institutional mechanisms are resourced to allow effective planning, monitoring and review of policies, and to facilitate coordination and policy alignment across sectors (including, but not limited to the Ministry of Health, Department of Women's Affairs and National Disaster Management Office).
- Strengthen mechanisms for data collection to support monitoring and evaluation of policy and legislative implementation to ensure annual targets are met and allow evidence-based reform.

8.2. SRHR recommendations

- Prioritise the finalisation and dissemination of the new *RNMCAH* policy. The accompanying workplan should set clear, measurable targets that are adequately costed. Special provisions should be integrated for particularly vulnerable groups including those with disabilities, sex workers and people with diverse sexual orientations and gender identities. Objectives in relation to young people should prioritise ensuring that all levels of health services are 'friendly' towards young people, in particular facilitating access to contraception, STI treatment, and treatment of and referral in relation to GBV.
- Consider legislating for guaranteed access to contraception, family planning and maternal health services with specific directives on ensuring access for adolescents and youth, and marginalised population groups.
- Conduct further research into the impact, causes and consequences of unsafe abortion practices. Legislate for access to post-abortion care regardless of the legality of abortion, ensuring that women are not liable to prosecution for seeking such care.

- Further research should be conducted to understand how legal and policy provisions for the SRHR of persons with disabilities in Vanuatu are implemented and monitored in practice. This should include looking at the accessibility of services; service providers' awareness and understanding of the CRPD and the *Vanuatu National Disability Inclusive Development Policy 2018-2025* and their obligations therein in relation to SRH; and understanding the specific barriers experienced by people with disabilities themselves to accessing SRHR.
- Consider updating the *Education Act* to prohibit expulsion from school due to pregnancy or parenthood, in line with the *Reviewed Gender Equity in Education Policy 2018*.
- Update the *Public Health Act* with respect to STIs and HIV, which currently mandate reporting of positive HIV status (as previously recommended by Vire in 2013). Updating the Act would bring it into line with the rights and protections afforded to persons with HIV and other STIs as outlined by the *RMNCAH*.
- Update the *Essential Drugs List* to include Jadelle and Gardasil.
- Conduct further research specifically into the SRH needs of sex workers and their access to SRH services to inform advocacy, policy and possible law reform.
- Develop and implement *Family Life Education Syllabuses* for Years 6-10 (to complement the current Syllabus for Years 11-13; and, noting that very many young people in Vanuatu have left school by Year 11), implement out of school FLE.

8.3. GBV recommendations

- Develop an overarching national policy/plan/strategy on eliminating GBV and an aligned institutional mechanism to ensure its effective implementation. This should include resourcing and strengthening GBV data collection (both administrative service level data and population data); a focus on expanding service delivery for women experiencing violence; development of a national prevention framework; and ensuring adequate resourcing and allocation of budget to both prevention and response.
- In close consultation with community groups, service providers and police, consider updating the *Family Protection Act 2008* to cover all types of family violence, including that experienced by vulnerable groups, including people with diverse sexual orientation and gender identity and expression, sex workers and people with disabilities.
- Revise and expand the definition of rape and incorporate provisions for sexual assault against adults into the *Penal Code*. Consider strengthening the legislative protections in place against intimate partner sexual assault by providing that rape and sexual assault provisions apply 'irrespective of the nature of the relationship' between the perpetrator and complainant; or stating that 'no marriage or other relationship shall constitute a defence to a charge of rape (or sexual assault) under the legislation'.
- Conduct further research on reproductive coercion (including integrating reproductive coercion questions into national VAW surveys) as a starting point to inform appropriate policy and legislative measures.

8.4. Humanitarian and disaster recommendations

- Ensure that there are specific provisions in relevant health and related disaster policy and legislation to require the MISIP for SRH and related indicators to be embedded. Ensure this is situated in broader health policy, such as the forthcoming RMNCAH policy, in ways that strengthen health systems and ensure SRH preparedness and readiness.
- Develop SOPs on GBViE, as prioritised in the *Vanuatu National Gender Equality Policy 2020-2030*.
- If a standalone national policy or plan to prevent violence against women and girls is developed, explicitly incorporate GBV in emergencies into this policy or plan. Ensure GBViE standards are embedded in policy and legislative frameworks and national cluster guidance to specific actors providing ongoing lifesaving services. This should include government and non-government services.
- Consider integrating SRHiE and GBViE standards in policies relating to disaster as they come up for review. Include measures to prevent sexual exploitation, abuse and harassment, and draw on international and regional commitments, such as KAILA, already made. Ensure these plans explicitly commit to MISIP, Essential Services standards and GBViE standards.
- Ensure national fiscal and budget policy includes gender and emergencies responsive budgeting, especially SRHiE and GBViE budget disaster planning for the most marginalised communities and individuals.

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Annex 1: Desk review search terms

Vanuatu

AND "fertility"	OR "SRH"	OR "Gender-based violence"
OR "Maternal mortality"	OR "Reproductive health"	OR "Violence against women"
OR "Matern* health"	OR "Sexual health"	OR "Domestic violence"
OR "Matern* leave"	OR "Contracept*"	OR "Intimate partner violence"
OR "Patern* leave"	OR "Abortion"	OR "Family violence"
OR "Pregnancy"	OR "Family planning"	OR "Trafficking"
OR "Childbirth"	OR "Sex* education"	OR "Sex work"
OR "Skilled birth attendan*"	OR "Sex* curriculum"	OR "Early marriage"
OR "Life-saving commodit*"	OR "Family Life education"	OR "Forced marriage"
OR "Life-saving medicine*"	OR "AIDS"	OR "Child marriage"
OR "HPV"	OR "HIV"	OR "Female genital mutilation"
OR "Discrimination"	OR "Gender"	OR "Female genital cutting"
OR "Plural legal system"	OR "Disability"	

Annex 2: Integrated sexual and reproductive health and rights

Guttmacher-Lancet Commission Integrated sexual and reproductive health and rights

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health.

The services should include:

- accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- information, counselling, and care related to sexual function and satisfaction;
- prevention, detection, and management of sexual and gender-based violence and coercion;
- a choice of safe and effective contraceptive methods;
- safe and effective antenatal, childbirth, and postnatal care;
- safe and effective abortion services and care;
- prevention, management, and treatment of infertility;
- prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- prevention, detection, and treatment of reproductive cancers.

Source: Starrs, et al. (2018). Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. The Lancet Commissions. 391(10140) 2642-2692.

