

CASE STUDY: UTILISING COMMUNITY VOICES TO INFORM HEALTH SECURITY PROGRAMMING IN VANUATU



Summary

The SECURE Pacific program harnesses the views of people at risk of vulnerability and other marginalised groups to design health information messages and activities that are inclusive, accessible, and tailored to their needs through a process of community engagement and consultation.

Overview

The SECURE Pacific program aims to prevent, detect and control infectious disease threats by improving health knowledge and practices in communities and extending surveillance systems to the community level. Vanuatu Red Cross Society (VRCS) is leading the implementation with the support of Australian Red Cross and funding from the Australian Government Department of Foreign Affairs and Trade (DFAT). This 3-year program will cover 115 communities that are most at risk of disease outbreaks over three phases.

In September 2025, community consultations were conducted in Shefa Province, Vanuatu, helping to ensure that the health security program was informed by a diverse range of community voices.



Community voices

"[We want] to help the community work together to avoid the number of sickness in this area".

Youth community member, (M)- Tanvasoko Area Council.

What has changed?

Community consultation has actively involved individuals and groups in program design and decision-making that impacts them and their communities.

The program has created opportunities for meaningful dialogue from a wide range of community members and intentionally engaged those who are not always able to participate or be heard, such as women, youth, elders, people with disability, pregnant women, single-headed households and widows/widowers.

The program also conducted interviews and discussions with people who have influential roles in communities; health workers, teachers, area administrators, village health workers, religious leaders and community leaders.



Community voices

"[To assist the disadvantaged], we can take the service to their door step".

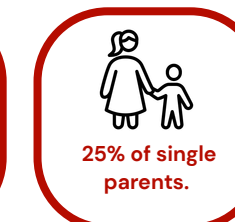
**Health professional, (F)
- North Efate area.**

Community perspectives and preferences for health information and activities

Using anonymised mixed-methods questionnaires, random selection of locations and purposive selection of respondents, 150 community members, leaders and service providers participated in the consultation. Of the sample, 61% were women, 39% were men, 4% people with disability, 9% elderly, 10% youth, 5 % pregnant women, and 5% were single female-headed households.

The information received is being used for planning and implementation of activities to ensure the program is inclusive, accessible and meets the community's needs in regard to preventing, detecting and controlling disease outbreaks.

When asked, many people voiced that they experience barriers to participating in activities, most notably:



What methods of engagement are most meaningful to the community?

The leading reasons for non-participation in community activities are not feeling comfortable (54%) and not being included or not informed (42%). Respondents identified a variety of activities that they felt would meaningfully engage the community and encourage participation in health awareness sessions. This included home visits, health promotion sessions during public meetings, community clean up activities, hand washing demonstrations and fun days that incorporate health messaging into performance, song and other and social events.

People with a disability were particularly isolated and indicated that they are more inclined to participate in house visits and social activities with assurance that transportation is provided, indicating that flexible approaches may help to reduce the common barriers experienced by people at risk of vulnerability and marginalised communities.

"We need some activities that [will] help us to avoid those diseases – for example, an environment clean up in our [area] so that together we can help to reduce the number of sickness around our community".

**Community member, (F) –
Eratap Area Council.**

**Community
voices**



Preferred information channels

Access to health information remains limited, with respondents preferring trusted interpersonal channels.

Health workers and Red Cross volunteers were most cited, alongside home visits and public announcements. Elderly respondents favoured radio, pregnant women preferred NGO and group engagement, and people with disability reported major access gaps despite similar preferences; underscoring the need for more inclusive, community-based communication approaches.

**Community
voices**

"Not everyone receives information through social media and smart phones...some people [need another] way. We like to see the health worker in person [but] they dont always have time to visit us directly".

**Community member, (F) –
Tanvasoko Area Council**

Opportunities to improve health literacy

Across all groups, knowledge of common practices and risks for the spread of disease was low and further health information is needed.

Skipping childhood vaccinations



Only **6%** of respondents were aware of health risks associated with poor vaccination coverage.

Vermin control



Only **10%** of respondents were aware of health risks associated with rats near the home.

Safe livestock practices



Only **5%** of respondents were aware of health risks associated with keeping livestock near villages and water sources.

Cough and sneeze etiquette



Only **16%** of respondents were aware of cough and sneeze etiquette.

Although, more respondents could identify common outbreak risks including contaminated water (70%), unclean food (52%), unmanaged mosquito breeding sites (45%), and walking through floodwaters (42%).

Key lessons for future programming:

Prioritise trusted, face-to-face channels

The strong preference for messaging from health workers, Red Cross volunteers, and home visits confirms that community trust sits with familiar, face-to-face actors with whom people can feel comfortable. Programming should strengthen volunteer outreach and frontline coordination to include and involve people rather than depend on passive methods of health messaging.

Design proactively for inclusion

People with disability, elderly and single-headed households report low access to information. Transport support, home outreach and tailored engagement are essential to ensure equitable participation.

Target critical knowledge gaps

While hygiene risks are well recognised, awareness of zoonotic, airborne and immunisation-related risks is limited. Future activities should deliver more focused, risk-specific health education.

How has the project contributed to change?

The community engagement and consultation plays a crucial role in ensuring key aspects of the program such as gender equality, disability and social inclusion, are embedded. Vanuatu Red Cross Society gained valuable insights on how the program can be inclusive and accessible.

Vanuatu Women's Centre and Vanuatu Society for People with Disability provided valuable input into the design, methodology, questions, and training to ensure they were sensitive and respectful.