

# Orientation Guide for Anaesthetic Locums Vila Central Hospital (VCH), Port Vila, Vanuatu

## Authors

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## Introduction

The Republic of Vanuatu is a Melanesian island nation located west of Fiji and Southeast of the Solomon Islands. It has a population of 350,000 (98.5% Ni-Vanu) over 83 inhabited islands. The official languages are Bislama, French and English with over 300 local dialects across the islands.

Life expectancy at birth: Female 69.8; Male 63.4 years (NZ: Female 84; Male 80.4 years). Road traffic deaths 12.5 per 100,000 (New Zealand 6.6 per 100,000). TB prevalence 30 per 100,000 (New Zealand 5.9 per 100,000). Malaria cases 1.8 per 1000 population at risk.

## Medical Registration and Visas

You should register to work as an anaesthetist with the Ministry of Health, Health Practitioners Board. Send the following documents to the Ministry of Health and a copy to the Medical Superintendent at Port Vila Hospital:

- Covering letter with the dates and reason for your work at Port Vila
- Copy of your undergraduate and postgraduate qualifications
- Copy of your MCNZ APC

Some people have been asked to apply for a Development Support Visa (DSV). Some people have simply used a tourist visa which is easily obtained at the airport on arrival. The Medical Superintendent's secretary can assist with the DSV application if you are asked to get this. For the DSV you will need:

- Letter of support for the DSV from the Ministry of Foreign Affairs (Hospital secretary obtains this letter on your behalf).
- NZ Criminal Records Check (police clearance certificate), which you can get in a few days online from <https://www.justice.govt.nz/criminal-records/>
- Medical Certificate. Ask your GP for a letter which states "you are fit to travel and have no contagious diseases".
- Copy of your passport and travel itinerary.

- Apply online and upload all the above documents. <https://evisa.gov.vu/visas> . Click on Work then DSV.

The DSV takes at least one week to be approved. Try to obtain and upload these documents at least two weeks before your arrival. If you do not manage to apply for a DSV one week before your arrival, consider not applying for the DSV and entering on a tourist visa, which is easily obtained at the airport on arrival with a NZ passport.

### Useful Contacts

These contact details are correct as of August 2025. They are not all good at answering correspondence promptly. The system seems to depend on a few key people, and it can be difficult to find someone else if they are not available.

Name	Role	Email	WhatsApp
Robinson Toukoune (Dr Robin)	HOD Anaesthetics, VCH	tpotentials@gmail.com	+678 7385899
Robert Vocor (Dr Robert)	Medical Superintendent, VCH	rvocor@vanuatu.gov.vu	+678 7730801
Leipakoa Andre (Lei)	Medical Superintendent's secretary, VCH. Help with medical registration and visa applications	andrel@vanuatu.gov.vu	+678 7786316
Sereana Natuman (Dr Sereana)	Director Curative & Hospital Services Ministry of Health (for medical registration)	nsereana@vanuatu.gov.vu	
Auriane Litoung	Secretary to DG, Ministry of Health (for medical registration but on maternity leave July 2025)	alitoung@vanuatu.gov.vu	
Merelyn Leotari	Seems to be the secretary to DG while Auriane is on maternity leave	mleotari@vanuatu.gov.vu	
	Ministry of Health website (poorly maintained website with broken links and limited information)	<a href="https://moh.gov.vu">https://moh.gov.vu</a>	
	Visa application website	<a href="https://evisa.gov.vu/visas">https://evisa.gov.vu/visas</a>	
	List of passport holders who can get a tourist visa on arrival	<a href="https://immigration.gov.vu/visa-exempted-countries/">https://immigration.gov.vu/visa-exempted-countries/</a>	

### Earthquake December 2024

There was a major earthquake, magnitude 7.3, on 17th December 2024, causing significant infrastructure damage to the city and limited damage to the hospital. The operating theatres were temporarily relocated after the earthquake but have returned

to normal in 2025. Many buildings in the CBD, including the New Zealand Embassy, were badly damaged and have been demolished.

### **Healthcare in Vanuatu**

Public Surgical services are available at Vila Central Hospital (VCH) in Port Vila (Island of Efate) and limited services in Luganville (Espiritu Santos). Surgical patients from other islands are flown to VCH. The only ICU facilities are in VCH, where a new 4-bedded ICU has been recently opened. X-rays, ultrasound and CT scan are available (patients pay extra for a CT scan). It is difficult to see the x-rays which are not available in theatre, only in the x-ray department. There is no MRI.

VCH has a blood bank that can supply cross-matched whole blood or RBC, but not components. If demand exceeds supply blood bank will issue an appeal for donors (often via their Facebook Group), and further supplies will likely be delayed.

Diabetes is common and not well-controlled.

### **Private Healthcare**

The Medical Centre is a modern GP practice with competent Australian trained GPs. There is an adjoining well-stocked private pharmacy, over the road from Au Bon Marche, Numbatu.

There is also a small private hospital whose Facebook page says “VPH provides Family medicine with one GP, one midwife, Lab testing and X-ray facilities. Visiting specialists from Noumea are also coming regularly to offer better quality of care.”

### **Personal Health and Wellbeing in Efate**

Although malaria is endemic to Vanuatu, it has been effectively eradicated on Efate. There are sporadic outbreaks of Dengue but there have been no cases for several years (as of 2024).

The tap water in Port Vila is normally potable except after major cyclones where treatment facilities may be overwhelmed / non-functional. *Source: The Australian High Commission.*

The Cyclone season is from mid-November to May. Cyclones can cause major national disruption.

Port Vila is generally a safe and friendly town. Usual sensible precautions apply.

### **Transport in Port Vila**

The main mode of public transport within Port Vila is by bus. These don't follow a set route but will alter their destination depending on passenger requirements. The minibus service has a B on the numberplate. Getting around Port Vila by bus with the locals is easy. You can stop a bus and tell the driver where you want to go. If they can go there, they will say yes. If they are going a different direction they will say no, and you try the next bus. The cost anywhere around the city area, including the airport, is 150VT (approx. \$2.25) per trip. The bus will drive around on little back

roads, dropping off and picking up people until you get to your destination. Pay cash to the driver when you get out.

Ask for local advice and costs if you want to travel outside the city area.

A taxi has T on the number plate. They cost significantly more.

Driving in Port Vila isn't too bad. Traffic can be heavy at the beginning/end of the day, but otherwise usually ok. The drivers tend to be courteous, and the potholes slow the traffic. There is secure parking at the Hospital. Please note that vehicles drive on the right-hand side of the road.

## **Cash**

The currency is Vanuatu Vatu.

1000VT is approximately NZ\$15. 100VT is \$1.50 (2025 exchange rate)

There are numerous ATMs in Port Vila, but they don't all reliably give cash to foreign cards. I found the ANZ ATMs most reliable.

Credit cards are generally accepted at holiday resorts, commercial tour companies, car hire, restaurants, and supermarkets in Port Vila.

Locally owned tour operators and most places outside Port Vila will need cash.

## **On-calls**

VCH does not have an onsite theatre team out of hours or at weekends. In the event of an out-of-hours emergency the Hospital transport vehicles will collect staff from their homes in Port Vila and take them to the hospital. If you are staying in Port Vila they can also pick you up – just let the hospital team know where you are staying. It often takes over an hour to assemble the theatre team. If you are first to arrive at the hospital, the OR key is usually held in the Maternity Ward. Check that the maintenance team have turned on the compressor for medical air for after-hours cases.

## **Language**

Bislama is the main language in Vanuatu. Many people in Vanuatu will also understand English or French. English is spoken in more shops and services in Port Vila.

Bislama is routinely spoken in OT, but the medical staff also all speak English fluently. Some patients will also understand English, but this is less likely if they are from outside Port Vila.

Overall, the staff and patients are very welcoming and encouraging in all efforts to communicate in Bislama, but as the policy is to have two anaesthetic staff for every anaesthetic there is almost always someone available to appropriately consent the patient.

## **OR at VCH**

There are two theatres at VCH. OT 2 is normally utilised for infective cases, and OT 1 is reserved for clean procedures when possible. There are General Surgeons and Obstetric Surgeons at VCH. General surgeons cover orthopaedics. One of the General Surgeons also has an interest in urology.

The acute case mix includes a significant amount of diabetic sepsis, burns, trauma, acute abdominal surgery and obstetrics. There is the occasional neurosurgical procedure, but this is limited to burrholes and craniotomies performed by the general surgeon. Elective lists include urology and orthopaedics (covered by the general surgeons).

There are occasional visiting teams covering sub-specialty areas such as Gynaecology, paediatric surgery, and pacemaker insertions. They are normally self-sufficient and work in OT1.

There is a permanent Chinese Surgical and Anaesthetic Team at VCH. They don't participate in the on-call roster.

Scrubs are available in the changing rooms. The sizes can be all mixed up, and if you bring two sets of scrubs and wash your own, that is OK. Please note it is expected to change scrubs or don a gown if leaving the OT area to go to ICU (or any other area outside the OT complex).

## **Anaesthetic Machines, USS and syringe pumps**

OT1 has an Acoma PRO-next\*s (probably more than 20 years old) with isoflurane and sevoflurane vaporisers. Please note that sevoflurane is not generally available. New Soda lime is available and can be changed as needed. The ventilator can give pressure/volume controlled PPV with Peep but not SIMV.

OT2 has an older Acoma anaesthetic machine (likely more than 30 years old) with halothane and isoflurane vaporisers. The attached ventilator will only deliver volume-controlled PPV. There is no facility to provide Peep.

Both anaesthetic machines alarm for a faulty O2 sensor, but these alarms do not affect the machine's function (August 2025). This has been a problem for some years. Apparently, they cannot obtain the fuel cell sensors. There is full gas analysis on the separate monitors. Including capnography, anaesthetic agent and O2. PACU also has capnography. Many paed cases are done spontaneously ventilating on an Ayers t-piece modified to facilitate gas scavenging.

There are a number of syringe pumps available. There are no pre-programmed TIVA models, and they will not work without mains power.

There is one portable USS machine in the department. There is no nerve stimulator.

## **Staffing**

As of 2025

- VCH has three consultant anaesthetists.
- One MO who is interested in anaesthetics and would like to get a training post in Fiji.
- Four Anaesthetic Scientific Officers (ASO).
- There are one or two interns allocated to anaesthetics for about 3 month rotations.
- There are two registrars away training in Fiji.
- A Chinese anaesthetist often comes for an hour or two in the morning but takes little clinical responsibility.
- ASOs are trained in PNG and are capable of working independently.
- There are no anaesthetic technicians, but the ASOs overlap with this role. Usually, two anaesthetic staff members are present during anaesthetics, one of whom fulfils the role of trained assistant.

If all three of the local anaesthetists are here, you may not need to do calls.

## Drugs

Drugs are supplied either from central pharmacy, donated by visiting teams or purchased by patient's families themselves. There is a good supply of fentanyl and morphine (both kept in the CD safe in the office), benzodiazepines, muscle relaxants (Roc / Vec / Atracurium / Sux), propofol and ketamine. There was a limited selection of vasopressors & inotropes (ephedrine, metaraminol & Adrenaline).

Lignocaine, bupivacaine, spinal bupivacaine, and small quantities of ropivacaine are available.

Clonidine, Dexmed, Remifentanyl and Sugammadex are not available.

There are limited publicly available drugs. The rest are purchased from Pharmacy by patients' families. Please check with the nurses before prescribing as some medicines can be exceptionally expensive for families to buy.

## Equipment

There are a large number of different laryngoscopes available including one McGrath with several batteries and a range of blades. LMA's are routinely re-used when possible (cleaned and autoclaved). Note that the original Brains Classic LMA survives autoclaving well but some newer models do not tolerate the heating process.

Spinal needles – 25G pencil point needles are available but they don't have introducer needles included. A 20G syringe needle is used as an introducer.

There are no facilities for invasive arterial pressure monitoring in OT or ICU.

Occasionally we would be asked to insert a vascular access catheter for dialysis. The catheter would be provided from renal. Otherwise there are a few donated central lines available. Experience with CVC management on the ICU or ward is minimal.

There is a wealth of donated equipment, some of which is not compatible or no longer useful. Much of it is stored in boxes in the office and most of it has passed its manufacturers recommended expiry date but is deemed usable if the packaging is intact. The Chinese anaesthetist or Google Translate can help with identifying the Chinese script on some Chinese donations of drugs or equipment.

### **Pain Management**

Available ward-based analgesia is restricted to paracetamol / ibuprofen (often PR) and subcutaneous morphine. Charting of post-operative analgesics is usually the responsibility of the surgical team.

Regional Anaesthesia is possible but there is a limited supply of needles and no catheters. Lidocaine and Bupivacaine in varying strengths was routinely available.

Intrathecal morphine is not available.

### **Diabetic Management**

Virtually every day there are patients for debridement or amputation of diabetic sepsis. They usually have poorly controlled T2DM on insulin. The blood sugar is measured twice per 24h but no action seems to be taken when it is high. I have raised this frequently with the surgeons (Derek: June-August 2025) and tried without success to improve it. The one thing I may have started is getting theatre nurses to ask the ward to report the blood glucose and if insulin has been given on the day of surgery.

### **ICU**

The newly opened ICU has four beds and one isolation area. The unit is run as an open unit under a shared-care model and other doctors will usually discuss with the anaesthetist on call before admitting a patient to the unit. At the time of writing, it was staffed for a maximum of two ventilated patients.

The unit is equipped with Acoma ventilators and can also provide NIV with Fischer and Paykel machines. There are limited consumables for the F&P machines.

Until October 2024 the unit was managed by an Australian VSO nurse who was upskilling local staff. The position for a Medical Intensivist was being advertised but has not been filled (as of December 2024). There is a Chinese intensivist who comes for a couple of hours on weekday mornings but he has little interaction with the anaesthetists.

### **Life in Port Vila**

The vast amount of online business in Port Vila is carried out on Facebook. Searching within Facebook will often yield information not available via Google.

**Food:** Most usual supermarket supplies can be obtained at Au Bon Marche supermarkets. The one located at Numbatu caters for the ex-pat community. Fruit,

vegetables and flowers can be obtained cheaply from the local markets. The closest is Seaside Market, about 10 minutes walk from the hospital.

**Schools:** If you are planning to go for a longer period Port Vila International School educates to the Australian curriculum. It also has a preschool that can be recommended.

### **Accommodation**

Mangoes Resort and Poppys on the Lagoon are holiday resorts close to the hospital that have both been used by visiting teams. They are most convenient for a week or two. Mangoes is directly opposite the hospital gate. Poppy's is down the hill in easy walking distance.

The Holiday Inn Resort and The Melanesian are also within possible walking distance of the hospital (it is quite a long hill to walk up from the Holiday Inn).

For longer periods you may want to find a house or apartment. Some options close to the hospital include:

- Tradewinds (owned and managed by Poppy's). Tradewinds has minimum three-month lease. It may be economical to sign a three-month contract even if staying for a shorter time.
- The Village.
- Dr Tony (O+G consultant) [tonyjharry2000@gmail.com](mailto:tonyjharry2000@gmail.com) has some apartments for rent to hospital visitors.

### **Recreation around Port Vila – written by Dr Leigh Solomon**

Snorkel at Honeymoon Beach: 8km from the hospital. Sandy cove with calm water and great snorkelling straight off the beach; there is usually a small entry fee, but it is an easy half-day adventure. You could take a bus as it is near many of the resorts. Pack reef shoes and your own mask, hire gear is unavailable. There is a small shop for snacks and drinks on the road to get there.

Wharf waterfront run or stroll: The Wharf area in Port Vila has a flat, scenic stretch along the harbour that suits a pre-theatre jog or gentle evening stroll. There's a lovely fresh produce market to stock up on fresh coconuts, and there are several beachside cafés and restaurants clustered nearby for a post-run swim or snack.

Evening at Three Pigs: Three Pigs does excellent pizzas and casual pub-style food under fairy lights, with a relaxed crowd and cold beer. Lovely spot for a dinner and again, very accessible by local bus

### **Easy day trips**

Moso and Pele Islands – Both islands are reachable by boat from Efate and make good day trips or overnight stays, with white sand and clear water for snorkelling. Guided day tours to Pele usually bundle in a village visit and short local hike; these are interesting but can feel quite structured, so may not suit those who prefer more independent exploring.

Top Rock snorkelling: Top Rock on Efate's coastline is a designated snorkelling site accessed either independently by car or with local operators. The reef drops off quickly from shore, with good visibility and plenty of fish life when conditions are calm. It is a spectacular spot, and there is a beautiful little restaurant to enjoy a beer with a view!

### **Exploring by car**

If comfortable with potholes and variable road quality, hiring a car for a day or two opens up much more of Efate. It allows you to string together several highlights and stop at random roadside stalls for fruit, nakamal kava bars, and viewpoints.

Classic Efate loop stops: Popular stops on an anti-clockwise loop include:

- Eden on the River (jungle walkways, river swimming, small suspension bridges),
- the intensely blue swimming holes of Blue Lagoon near Eton,
- Eton Beach itself, where a freshwater stream meets the sea over white sand.
- Top Rock can often be added into the same loop, making a full but interesting day.

### **More details**

We are happy to talk more about Vanuatu. You can contact us via the NZSA.