Report

Situational and response analyses for HIV/AIDS & STI prevention, control, care and support services in Pacific region in relation to the components of the 1997-2000 regional AIDS/STD strategic plan.

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List of Acronyms:

AIDS Acquired Immune Deficiency Syndrome
ARVs Anti-retrovirals
ATFF AIDS Task Force of Fiji
AusAID Australian Agency for International Development
CROP Committee of Regional Organizations and Programs
GFATM Global Fund to fight AIDS, Tuberculosis and Malaria
HAART Highly Active Anti-Retroviral Therapy
HAMP HIV/AIDS Management Program
HIV Human Immuno-deficiency Virus
IEC Information, Communication and Education
IJALS Institute of Justice and Legal Services
MoH Ministry of Health
NACs National AIDS Committees
NGOs Non-Governmental Organizations
NYC National Youth Congress
PIAF Pacific Islands AIDS Foundation
PICTs Pacific Islands Countries and Territories
PLWHA People Living with HIV/AIDS
PNG Papua New Guinea
PRHP Pacific Regional HIV/AIDS Project
PPHSN Pacific Public Health Surveillance Network
SPC Secretariat of the Pacific Community
SPOCC South Pacific organisations Coordinating Committee
STIs Sexually Transmissible Infections
STD Sexually Transmitted Diseases
TB Tuberculosis
UNAIDS Joint United Nations program on HIV/AIDS
UNDP United Nations Development Program
UNGASS United Nations General Assembly Special Session
UNFPA United Nations Funds for Population
UNICEF United Nations International Children Education Fund
VCCT Voluntary Confidential, Counselling, and Treatment
WHO World Health Organization
WSB Wna Smol Bag

1. Introduction

The Pacific Region commenced its response to the challenges of HIV/AIDS in the early 1980s with the first case of HIV reported. Since that time, the situation has evolved and new issues emerged. At a regional consultation workshop on HIV/AIDS held in Nadi, Fiji, in 2001[1], following the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, there was a call for strengthening the regional response to accommodate commitments at UNGASS by PICTs leaders, to redevelop the regional strategic HIV/AIDS framework, coordinate regional activity, advocate the need to effectively address the issue in the region, and support national action on HIV/AIDS.

In August 2002, eleven Pacific Island Countries agreed to put up a proposal to the Global Fund. This proposal was accepted, resulting in the signing of the grant agreement in June 2003, with the project commencing in July 2003. A regional HIV/AIDS initiative supported by the Australian and French governments commenced in January 2004. This initiative is assisting PICTs to develop a regional strategy on HIV/AIDS; to develop and implement national strategies on HIV/AIDS; and strengthen HIV and STI surveillance in the region.

One of the key activities for component one in the design document of the French-Australian Pacific Regional HIV/AIDS Initiative is the need to conduct a situational and response analysis for the HIV/AIDS and STI prevention, control, care and support services in Pacific region in relation to 1997-2000 regional AIDS/STD strategic plan. It is anticipated that the analysis will also provide information and identify issues to be incorporated in the new Regional Strategy on HIV/AIDS.

This report presents a brief overview of major findings and observations of the HIV/AIDS & STI prevention, control, care and support services in relation to the areas covered in the 1997/2000 regional strategy.

2. Objective

1. Review the HIV/AIDS and STI situation in the Pacific region
2. Analyze the response to HIV/AIDS and STI in the region in relation to components of the 1997/2000 regional strategy
3. Provide input into the development of the new regional strategy based on the findings of the analysis

3. Methodology

The review was conducted through various means including:

[1] SPC, Report on AusAID/SPC Consultative Workshop For regional Program on HIV/AIDS and Sexually Transmitted Infections, Noumea, New Caledonia

- Responses to questionnaires (designed to address the areas covered in the 1997/2000 regional strategy)
- Consultations with various stakeholders including governments, NGOs and development partners and agencies
- Country visits – holding stakeholders workshop and talking to country HIV/AIDS program managers/ NACs

4. HIV/AIDS in Pacific Region

In comparison to the worst affected parts of the world, the prevalence of HIV in the majority of Pacific Island Countries and Territories (PICTS) remains low. However, numbers infected and affected are growing and the rate of increase is alarming. Since HIV was first reported in a Pacific Island country in 1984, there have been 8,268 HIV infections and 1,672 AIDS cases reported. Over 95% of reported HIV infections have been from five PICTs—French Polynesia, Guam, New Caledonia, Fiji and Papua New Guinea—and 86% of infections occur in Papua New Guinea. Official statistics reports suggest as many as 7,320 cases, but the World Bank estimates there are at least 50,000 people in PNG living with the virus, and it seems the disease is spreading rapidly[2]. In addition, there are certainly many unreported cases throughout the region due to the unavailability of testing facilities and generally low levels of surveillance.

Although current known HIV prevalence is relatively low in most countries in the region, significant risk factors for HIV transmission exist. This particularly relates to the very high prevalence of other Sexually Transmissible Infections (STIs), as well as high rates of teenage pregnancies, indicating the high prevalence of risk-taking behaviors and low use of condoms. Other risk factors common in the Pacific include: a significant amount of travel into, out of and within the region; and practices such as tattooing and polygamy. In addition, uneven levels of development, the inequalities faced by women in all aspects of their lives and the increasing levels of violence against women, and variable accessibility of health services, both preventive and curative, pose further challenges. High rural populations also make access to services and information difficult. Limited economic opportunities and high levels of unemployment sometimes forces people to engage in sex work as a means of generating income. In areas of conflict and social unrest, forced sex and gang rapes are high.

Cultural taboos prevent open discussion of sexual matters and further compound the situation. Other customary practices and cultural norms may condone or encourage multiple sex partners. Wet nursing has been found to be spreading the virus in Papua New Guinea. Religious beliefs that are interpreted in a way that discourage the use of condoms may contribute to unsafe sex and unwanted pregnancies, including misconceptions that marriage protects individuals from HIV/AIDS

The most at risk population groups in the PICTs are young people and women. Given the youthful population structure of most PICTs, young people are an

[2] Go Asia Pacific In Focus – The Stigma if AIDS in Papua New Guinea, 10th May 2004

important sector of the population that needs to be targeted. In Vanuatu[3] for instance, many young people are sexually active and vulnerable to STIs and HIV through unprotected sex. More women are being infected at a younger age now than before. For instance in Fiji[4], in 1989, within the age group of 19-29 years, females accounted for 25% of cases, however, in recent years (1998-2003) females accounted for more than 40% of HIV positive cases.

Tuberculosis (TB) is a common co-infection with HIV/AIDS and because of this, the relatively high prevalence of tuberculosis in many PICTs with low case detection rates for the past 10 years is a significant cause for concern. It is estimated that 16,000 people in the 22 SPC member PICTs become sick with TB every year, 50% of whom are infectious cases, although only an average of about 9,000 new TB cases have been diagnosed annually since 1995.

5. The 1997-2000 Regional STD/AIDS Strategy

Building on the review findings of Pacific Islands AIDS and STD Prevention Program (PIASPP) and Pacific analysis of the UNDP/UNICEF/UNFPA document *HIV/AIDS and Human Development in the Pacific (later edited and printed as Time to Act: The Pacific Response to HIV/AIDS)*[5] and the evolving role of UNAIDS in the region, the first Pacific Regional Strategy was developed. The first Regional Strategy 1997/2000 provided a framework for seeking additional funds as well as outlining roles and expectations of regional organizations and Pacific Islands Countries and Territories (PICTs). The Regional Strategy for the Prevention of AIDS and STD in PICTs (1997/2000) was launched at the SPC's CRGA meeting in Canberra in 1997 and later endorsed by the meeting of representatives of the South Pacific Organizations Coordinating Committee (then SPOCC, now CROP) in May 1998.

The 1997/2000 Regional Strategy was developed to provide a broad framework, within which all stakeholders in the region would be encouraged to address HIV/AIDS & STIs. It also described the roles and responsibilities of different partners in responding to the HIV/AIDS situation in the region. There are ten strategic components: (1). Strategic planning of national HIV/AIDS and STD responses; (2) Capacity building; (3) Funding and resource mobilization; (4) Networking and information sharing; (5) Education and prevention; (6) Treatment and Care; (7) Surveillance and epidemiology; (8) Safe blood supply; (9) Research; and (10) Legal and ethical issues. It was anticipated that activities that would emanate around these strategic components would complement and enhance work at national and levels. Components 1-3 are supporting program development and implementation, while components 4-10 describe programs that should be included in the national strategic plans.

6. The PICTs Response in relation to 1997/2000 strategy

(1). Strategic planning of national HIV/AIDS and STD responses

[3] Emele Niras, 1997, Young Peoples Project, National Cultural Center, Port Vila, Vanuatu
[4] Fiji Ministry of Health report on HIV/AIDS data, 1989-2003
[5] UNDP, "Time to Act: The Pacific Response to HIV/AIDS, January 1996, Suva, Fiji

There is a wide variation in the quality of existing national HIV/AIDS/STI strategic plans and the varied capacity of NACs in responding to HIV/AIDS & STIs across the PICTs. The previous AusAID supported HIV/AIDS project in the region has enabled 14 independent countries in the region to conducted situational analysis and strategic plan. At the time of the review, most of these countries are either lacking the financial and/or human resources to continue the momentum to in implementing the strategy or failed to take these plans as national priorities.

The approach taken in the development of, and the components of all National Strategic Plans, featured strongly a multi-sectoral approach including effective programs to prevent and control HIV/AIDS & STIs.

All countries have also established national AIDS committees to guide policies and program strategies. However, National AIDS Committees have attracted criticism as they have not performed as they were intended to do. It is reported that they have been hampered by infrequent meetings, lack of autonomy and lack of influential representation within the overall health sector. Despite these trends, there are countries such Kiribati which has established a joint-committee on HIV/AIDS and TB made up of three members of Parliament and at least three people from the National Task force, showing the commitment at senior political levels to effectively tackle HIV/AIDS issues. In Papua New Guinea, a National AIDS Council under an Act of Parliament in 1997 and in 2002, passed an anti-discrimination law, and later the HIV/AIDS Management and Prevention Act (HAMP) in 2003. This led to the formation of a Parliamentary committee on HIV/AIDS in 2004

(2) Capacity building

While the commitment shown by most government to tackle HIV in the region varies, it is evident from the assessment visits to countries that the scope and coverage of the government responses has been limited so far. Most governments neither have the capacity nor the resources to implement an effective and sustainable response to the epidemic.

There is often limited number of personnel in MOH working on the HIV response. Much of the training conducted for government personnel has been through off shore training of trainers. However this does not appear to have been as effective as it could be and the country would benefit through more in-country training activities that broadens the base of government personnel across a number of ministries who develop a skills in the area.

While there are presence of NAC in most countries, there is lack of formal capacity development has taken place with the NAC. Capacity development has been limited to training provided to task force members by their respective organizations.

NGOs currently responding to HIV in countries and the region are predominantly those with international partnerships and funding. It is widely acknowledged that

NGOs have an indispensable role to play not only to the epidemic but also in general development activities most of the countries, not least because of their capacity for social mobilization and reaching out to communities. However the capacity of these NGOs is limited. The potential for building capacity is great and there exists a need for technical as well as financial support in order for locally based NGOs to contribute effectively to country response. In general a lot of activities in the national response have been carried out by the NGO sector however there was a need to develop appropriate monitoring and evaluation tools for a more accurate assessment of the implementation process.

Capacity development needs identified technical areas such as counseling, peer education, and provision of care and support. Project management skills identified include strategic planning, project design, proposal writing, reporting, financial management, monitoring and evaluation. Additional capacity development support identified included participatory prevention and training for community based care and support.

(3) Funding and resource mobilization

Funding support through national budgets varies across the region and often inadequate to effectively carry out HIV/AIDS activities in the national plans. Some countries, such as Fiji and PNG, have specific budgetary allocations to HIV/AIDS activities, while other PICTs often include this with other disease control budgets, which, often goes to pay for certain position in the program rather than actual activities. Fiji has been able to increase its HIV/AIDS budget within a year from FJD$100,000 in 2003 to FJD$300,000 in 2004.

Partnership and collaboration at country level is well evident by multi-sectoral approach to development of Strategic plans, however, often these were not reflected in the actual planning of activities and there still some duplications of activities by various stakeholders at country levels.

A general trend in the region is that a lot of public health activities are funded from external sources, making it difficult to coordinate at national levels as the implementing organizations have to meet the requirement of the funding agencies. There is a need to ensure that regional funding agencies to work in collaboration with national and other local agencies to effectively mobilize resources at country level.

(4) Networking and information sharing

As part of the response to the epidemic and threat of HIV/AIDS in the region, countries established National Aids Committees (NACs), or National AIDS Council or in some countries such as Kiribati, the HIV/AIDS Task Force to coordinate activities addressing HIV/AIDS and STIs within countries. These national bodies are made up government and NGOs representatives. The roles and responsibilities vary and the commitment shown also varies.

In PNG, the NAC is established through a legislation which gave effect to its work and power to make decisions on national responses to HIV/AIDS. There are also countries, where membership of NACs are on voluntary basis and there is often conflicting priorities with their mandatory responsibilities in there respective organizations. Some NAC do have full time positions, which continue to maintain and coordinate national activities on HIV/AIDS.

Most of the countries, presence of World Health Organization (WHO) technical support in terms of sharing information also exists. There are countries which are supported through the Adolescent reproductive health project of UNFPA, work collaboratively with MOH and other NGOs at country level. This provides basis for sharing information and other initiatives on HIV/AIDS and STI prevention.

(5) Education and prevention

All countries in the region embarked on awareness and education on HIV/AIDS and STIs as the main strategy to response to the threat. Many of these educational activities include the prevention of STIs as part of the awareness and education campaigns. However the increase in reported cases of STIs indicates that despite the awareness and preventative education programmes that un-safe sex continues to be practiced and the risk of HIV continues to increase in most countries.

There still high prevalence of teen-age pregnancies, other STIs and cultural taboos that prevents open discussions on sex. These poses real challenge to HIV/AIDS education and awareness programs.

The Pacific region is a particularly youthful one. Young people and women continue to be high risk population in the region. There are programs targeting theses groups. A review of national age structures across Pacific Island Countries and Territories (PICTs) highlights the importance of preventing HIV transmission among the region's youth. In the majority of countries, more than half the population is under 25 years of age. In some countries the rate of pregnancy among girls is high, though there is considerable variation in adolescent fertility across the region[6]. Qualitative data from many countries confirm young Pacific Islanders are having unprotected sex[7].

A recent review of vulnerable groups in the region[8], noted that the youth sector has been one of the most active in the HIV response regionally. Initiatives that can be built on include:

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[6] House, W & Nasiru, I. 1999. 'Fertility patterns of adolescent and older women in Pacific island countries: programme implications.' *Asia-Pacific Population Journal*, June, 1999

[7] Chung, Margaret. 2000. Summary of Research Findings on Adolescent Sexuality and Men's Attitudes to Family Planning in Pacific Island Countries. SPC Regional Population and Reproductive Health Advocacy Project: Noumea

[8] Cathy Vaughan, Review of Vulnerable Groups, 2004 PRHP, Suva Office

- UNICEF's Pacific Life Stars program and the Pacific Regional Youth Congress on HIV/AIDS
- UNFPA/SPC's Adolescent Reproductive Health program
- SPC's Pacific Action for Health program that focuses on urban youth (particularly addressing alcohol – a major determinant of risky sexual behaviour)
- ATFF's regional peer education training
- The Fiji, Cook Islands, Kiribati & FSM (in particular) Red Cross Societies' peer education and community theatre programs
- The awareness raising, peer education and/or service delivery activities of a number of National Youth Congresses (eg. Tonga NYC), Church youth organisations (eg. Sautiamai in Samoa), and local NGOs (eg. Wan Smol Bag in Vanuatu)

In addition to the above, Wan Smol Bag (WSB) managed to conduct theatre group training workshop in Tonga, Tuvalu, Kiribati, Solomon Islands. In Tonga, Twenty-four participants from Tongatapu, Ha'apai, Vavau and Eua attended the workshop and produced two plays. The National Youth Council selected participants as those most likely to use, or are already using drama in HIV education. The Pacific Islands AIDS Foundation (PIAF) hosted a successful AIDS Ambassadors training program at the beginning of December attended by seven PLWHA.

Using peer educators has been very effective in some countries. The youth-to-youth program in Marshall Islands has been very successful in reaching the hard to reach young people. With the support of the GFTAM, the AIDS Task Force of Fiji (ATFF) has been able to trained a number of peer educators for the 11 PICs supported by the GFTAM.

(6) Treatment and Care

Apart from the French Territories (New Caledonia, French Polynesia) and few American Affiliated States (Palau and Guam), there currently limited care services available for PLWHA and are often fragmented without good coordination, hence the absence of continuum of comprehensive care. In addition, because of various barriers for PLWHA to access, such as stigma and discrimination both in the community and at health facilities, access to care and support are difficult.

Low HIV prevalence, also competes with other urgent priorities as clinicians are rather often inexperienced for HIV care and do not find it as an urgent priority among many other health needs. This is also compounded by the fact that existing health care system and capacity is not well prepared for HIV care/treatment in the sense of confidentiality, counseling, long-term care and staff skill.

In most PICTs, VCCT services are lacking or under developed and clinical knowledge in HIV medicine and community-based counselling and support services are not yet sufficiently developed for eligible patients to commence full antiretroviral therapy. Routine antenatal screening for HIV infection is fragmented

and under the GFATM, seven countries has been selected as sentinel sites for surveillance which include strengthening antenatal screening.

Occupational safety at health facility is not sufficient or even lacking in most PICTs, especially the protective supply and PEP drugs. In general, most PICTs are not well prepared to implement the antiretroviral treatment program. At present a number assessment by WHO/GFTAM would enable countries to identify critical areas that need to be improved for an effective ART program.

Use of Highly Active Anti-retroviral Treatment (HAART) has been used in some PICs. For example, Palau has been using ARV as part of HAART since 2000 during the care of a antenatal patient. ARV was also made available than for the purpose of Post Exposure Prophylaxis. In April 2003, 1 patient was started on a 3 drug ARV PI based regimen which has been tolerated extremely well up until now. Physicians and nurses have received training to prescribe and monitor toxicity to these drugs and to monitor treatment thru doing periodic CD4 count and viral loads which need to be sent off-island to Hawaii. The laboratory technicians and nurses have had to undergo special training to become certified packers of infectious disease specimen acceptable to the courier airline-Continental Micronesia.

During the period of assessment, Fiji has undergone the review and a proposed model for HIV/AIDS care and ART has two basic principles[9]:

(1) HIV care should be an outpatient based care mainly under public health approach (not too much reliance on physician).
(2) HIV care should be a comprehensive one with greater involvement of non-medical sector and PLWHA themselves. ART should be recognized as one element of the comprehensive care.

(7) Surveillance and epidemiology

Surveillance for HIV/STIs has been a problem in many PICTs given the lack of facilities and technical capacities to embark on effective surveillance. The geographical nature of some PICs in terms of distance between the urban centers and the rural areas also makes surveillance and reporting difficult. A brief study assessment of selected countries by Labnet technical assessment of level one laboratory of PPHSN shows that a lot of PICs have to send their specimen for confirmations to off-shore laboratory, as shown below:

Country	**HIV**		**STI**	
	Routinely performed or available	Specimen sent to overseas laboratories	Routinely performed or available	Specimen sent to overseas laboratories
Samoa	Serodia Screening Test	- Lab Plus, Auckland, NZ For western blot	Gram Stain Culture Oxidase Test	- Lab Plus, Auckland, NZ

[9] Yasuda Tadashi, Report of APW on HIV/AIDS care development in Fiji Islands, 18 February, 2004

Solomon Is.	Serodia Screening & Determine	Royal Brisbane Hospital, Australia	Test for Syphilis Culture for gonorrhoea	Royal Brisbane Hospital, Australia
Tonga	Determinant & serodia tests	For confirmation in Australia VIDRL	For Gonorrhoea & Syphilis Chlamydia, not routinely done (no reagents)	–
Tokelau	None		None	TTM Hospital Samoa
Tuvalu	Routinely performed ie determine Strip test	We haven't sent any of our positive results from our screening test for confirmation. We are still not sure where to go about packaging & shipping of specimen to a nearby/closer reference laboratory	Test for Syphilis Culture for gonorrhoea	
Vanuatu	Rapid tests (screening), determine test strips	Any suspects for confirmation are sent overseas to either: New Caledonia Pasteur Institute, or WHO collaborating Center Brisbane, Australia.	Basic & routine techniques for gonorrhoea & Rapid test strips for screening of syphilis which is to determine syphilis test None for Chlamydiae	
Wallis & Futuna				

Absence or lack of surveillance and information on HIV/AIDS data also reflected the need to have technical capacity of PICs to conduct surveillance, including second generation surveillance.

(8) Safe blood supply

All blood provided at the medical facilities in most PICTs is tested for HIV. However as this is the only compulsory form of testing for HIV outside of the

ante-natal mothers there is a growing reluctance on the part of some potential blood donors to come forward and provide blood. Pre- and post test counseling have been inadequate and has been identified as an area for future training and support.

For instance in Kiribati, the Strategic Plan identifies that the Kiribati Blood Transfusion Service has a total of around 700-800 donations annually. Approximately 80% of these are from relatives of recipients while the remaining 20% are voluntary donations from institutions such as schools and colleges.

(9) Research

Most PICTs have got a national body that considers all proposals for health research. Most of the researches are programmed based and focused mostly on operational issues. Such research involves behavioral surveillance surveys among specific group such as youth, CSW, etc.

In general, research capacity in the Pacific region has been limited, especially on areas related to HIV/AIDS. In countries that do undertake BSS or social research, the results are not taken on board to guide policies and interventions formulations. The limited capacity in research also reflected in the lack of ability to evaluate and effectively monitor programs. There is need for technical support and capacity building in research, monitoring and evaluation.

(10) Legal and ethical issues.

Confidentiality, discrimination and human rights issues remain a real challenge for the region. This is still one of the barriers in providing effective HIV/AIDs interventions. PNG has been able to develop legislation on HIV/AIDs Management Program (HAMP), but the lack of enforcement by various sectors has been a set back.

Human rights awareness has been a major activities of some of the regional NGOs and agencies as the Red Cross Societies and Fiji Crisis Centers. The current GFTAM support would be able to look at regional human rights and ethics

Implementing the Regional Ethics, Law and Human Rights strategy has been in progress, through Institute of Justice and Legal Services (IJALS) as supported by UNAIDS through UNDP and the GFATM. A provisional work plan drafted. This will involve a review of legislation in selected countries in relation to human rights.

7. Major Findings

1) Current and ongoing challenges

Despite progress in certain areas in relation to accommodating the components of the 1997/2000 Regional Strategy, there are still current and ongoing challenges. There is a need for:

a) Greater commitment by Governments that translate into adequate resources and access to funds to address HIV/AIDS and STI epidemics.

b) Clear targeting of interventions for preventive activities, and extending prevention from information, education and communication (IEC) that leads to behaviour change of vulnerable groups.

c) Strengthening of networking and commitment form key stakeholders in the region.

d) Strengthening laboratory capacity and networking for confirmation of HIV infection and monitoring patients on ART and training for management of PLWHA

e) Strengthening knowledge and skills of health workers in HIV medicine (including adult, perinatal and paediatric care) and systems of palliative care

f) Greater involvement and strengthening the roles of PLWHA in peer education, care and support

g) Countering stigma and discrimination including strengthening patient confidentiality within the health system

h) Provision of continuum of care for patients on ARTs

2) Other observations:

a) The regional strategy has been able to provide framework on national strategic plans, however, there is lack of translating these strategies into effective implementation plans by key decisions makers and other stakeholders in the region.

b) Whatever program is being implemented at country level, based on the areas identified in the strategy, monitoring and evaluation is lacking or inadequate to provided basis for further improvement and progress of the program.

c) Given the fact that the strategy covers the period 1997/2000, lack of review has contribute to inability of the strategy to capture new or emerging issues in the region

d) Political commitments varies in the region, however, it is difficult to measure, as commitments made by leaders at international meetings (UNGASS) or regional meetings are not often reflected at country levels.

e) In countries where, HIV/AIDS prevalence is high, it give high priority and the tendency for complacency. Other STIs and risk behaviors are important, hence the need to for integration with other programs at country levels.

f) Community-based organizations and NGOs are very effective in implementing regional and national HIV/AIDS initiatives

g) Following the UNGASS, there are growing interests in HIV/AIDS initiatives in the region, providing an opportunity to progress further in harnessing a more effective commitment from regional stakeholders (see annex 1).

h) Given the number and range of stakeholders involved in the region, there is a need for more coordination and partnership.

i) All countries have established NAC or equivalent body, however, the commitment varies, and this contributes to non-translation of national strategies and polices effective programs.

j) Funding from national revenues has been a major constraint and budgets that are dedicated specifically to HIV/AIDS & STIs are mostly through other health programs.

k) Training for health care workers and those involved in ART program is often lacking, especially in the area of clinical case management, counseling, infection control and maintenance of confidentiality.

l) Prevention activities still remain the main strategy and priority in the region, while treatment and care services are slowly being addressed within a model of community-based support.

m) HIV and STIs surveillance is still inadequate in most countries in the region which render the HIV/AIDS and STIs statistics to be interpreted with precaution.

n) There is tendency that research and survey finding are not often translated into national activities or interventions.

o) Legal and ethical issues remain real challenges, especially in relation to human rights, discrimination, confidentiality, and violence against women.

During the country visits (Tonga, Samoa, Kiribati, Vanuatau, Solomon Islands and Fiji) and stakeholders workshop meeting, a question was posed to them that relates to what areas / focus would a regional strategy would be most likely benefit countries. The following areas seemed to be commonly referred to as critical:

- Capacity building and Technical support
- Training
- Policy development
- Access to ARVs and care

- Surveillance and research
- Information and IEC resources
- Advocacy targeting decision makers
- Funding and resources mobilization
- Coordination and collaboration
- Gender, youth and other vulnerable groups
- Counselling services

8. Recommendations:

Based on the findings of the review and observations noted during country visits and stake holders meeting, the following recommendation could be made:

- **Enhancement of leadership** at all levels remains an important strategy to reflect the commitment in tangible resources to effectively address HIV/AIDS & STI
- **The process of development of the Regional Strategy should involve all stakeholders** so that the strategy. This should also include process of communication that all stakeholders are kept informed as well having a sense of ownership. A national AIDS authority with a broad-based multi-sectoral mandate should define policy and legislative agendas. The national framework should ensure a participatory and accountable approach, integrating responsibilities across all branches of Government. A national monitoring and evaluation system should assess progress in expanding access and ensuring service equity.
- **While prevention strategy is important, expanding access to treatment will promote equitable access to HIV/AIDS medicines for poor and vulnerable communities and ensuring better health services.** This should include secure safe blood supplies, scale up behavioural prevention and harm reduction. Review of public health laws to ensure that provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS. Prevention requires sustained changes to intimate behaviours, best achieved through gaining the trust and cooperation of those at risk.
- **Combating stigma and discrimination remains an import area for strengthening through enactment of discrimination and confidentiality laws and policy that protect vulnerable groups, PLWHA and that promote gender equity**. This should be done in both public and private sectors with an emphasis on health care settings as a first step. Conduct education to combat stigma and provide support for community based advocacy groups.

- **Address the causes of vulnerability such as poverty and other underlying factors driving the epidemic is important.** Promote gender equity and measures to ensure the social and legal equality of marginalised populations including sex workers, drug users, men who have sex with men, prisoners, homeless youth, minority ethnic, religious and caste groups, indigenous, mobile and rural populations.
- **Enhance and strengthen surveillance, monitoring and evaluation and research** should an important component in any response, and ensuring that these information are translated into meaning response and/or intervention.
- **Implementation should include coordination that clearly specified in terms of roles and responsibilities at all levels and should be communicated** clearly to all involved in the HIV/ADS and STI activities. Building partnership approach should be able to mobilize resources and promote economy of scale on in responding to HIV/AIDS epidemic.
- **Training and capacity building** on four key areas be emphasized: Counselling; Clinical case management, Confidentiality issues; and Infection control.

Annex I: Current Pacific Regional Initiatives on HIV/AIDS

Regional Initiatives	Description	Duration	PICTs Involved	Cost
HIV/AIDS component of the Global Fund to Fight HIV/AIDS, TB, and Malaria	- Strengthen STI, HIV, and behavioral surveillance, blood safety, and laboratory capacity. –Improve and extend STI services and develop a comprehensive HIV care system in countries with an increasing number of cases. –Reduce risk of HIV and other STIs through targeted interventions including education, awareness, and a multi-sectoral response	2003-2005 (-2008)	11 countries: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Palau, Niue, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.	Budget: US$3 million (for 2003-2005), proposed US$3.3 million for 2005-2008
Franco-Australian Pacific Regional HIV/AIDS and STI Initiative	- Develop and monitor the implementation of a Regional Strategy on HIV/AIDS (managed by SPC). - Develop HIV/AIDS Behavioral Change Communication (BCC) methods and provide training on BCC –Increase the capacity of national governments and NGOs to implement effective HIV/AIDS/STI prevention and control activities. –Provide effective and efficient project coordination and management. –In collaboration with the French government, develop, coordinate, and expand participation in HIV/AIDS, STI, and behavioral surveillance (managed by SPC).	Duration: 2003-2008	**Component 2**: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Palau, Niue, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu. **Component 1:** above plus US & French member countries of SPC (& Pitcairn Island).	Budget: A$12.5 million

Regional Initiatives	Description	Duration	PICTs Involved	Cost
Joint United Nations Program on HIV/AIDS (UNAIDS)	Aims: Promote a collaborative and coordinated effort amongst UN agencies to: –Increase political understanding of and commitment to the HIV/AIDS and development issues. –Strengthen STI management and surveillance. –Create a more caring and compassionate environment for people living with HIV/AIDS and their families. –Increase the level of condom use for prevention of HIV and STIs –Strengthen civil society organizations dealing with HIV/AIDS. –Reduce high risk behavior in young people.	Duration: 2002-2005	15 countries: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu & Vanuatu.	Budget: US$2.4 million
Other UN Agency Activities Funded Internally or through other Projects	•**UNICEF**- lifeskills initiative, right to know initiative, counseling, planned focus on prevention of mother to child transmission and pediatric HIV. •**UNDP** - supporting Fiji Positive Network (FJN+)	As above As above	Priority on Kiribati, Solomon Islands, and Vanuatu with ongoing work in the 14 countries listed for UNAIDS (above) 15 countries: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands,	As above

			Tokelau, Tonga, Tuvalu & Vanuatu.	
	•**UNFPA** - adolescent reproductive health, men as partners in reproductive health	As above	As above	
	•**UNAIDS** - Asia Pacific Leadership Forum on HIV/AIDS and Development. Also refer to UNAIDS section above	Ongoing program	As above	
	•**WHO** - - STI diagnosis and care - Comprehensive care and support for PHA - Counseling for HIV - Technical guideline development/ dissemination - Surveillance for STI / HIV - Laboratory Support - Social Behavioural Research - Condom Promotion - Safe blood initiatives	2004 – 2005 and ongoing programme	16 PICTs - Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu	Budget: USD $300,000 (excluding PNG)

Regional Initiatives	Description	Duration	PICTs Involved	Cost
Activities of other Organizations	***Forum Secretariat*** – HIV/AIDS awareness-raising through annual Leaders Forum. - advocacy within Forum work place, different divisions, CROP agencies (Fiji Sch Med) etc - inventory of HIV/AIDS related activities - CROP Pop. and Health Working Group - support for PIAF's AIDS Ambassadors Programme - advisory assistance to the FJN + including assistance with the Candlelight Ceremony - partnership with the WCC & mobilization of Pacific churches - HIV/AIDS included on the agenda of the 4th Forum Presiding Officers Conference Tuvalu April 2004 - Providing input into regional meetings such as regional women's NGO consultation.	ongoing	14 PICs: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue Palau, Papua New Guinea, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.	Executive Liaison Officer and Social Policy Adviser have integrated the issues into their existing work and encourage mainstreaming into trade and security areas. Much work unfunded
	•**AIDS Task Force Fiji (ATFF)** – Establishment of Regional NGO secretariat and implementation of Global Fund related activities including peer education training and NGO capacity building - VCCT - ART Support pilot project	2003-2005 Ongoing programme 2004	12 PICs: Cook Islands, FSM, Fiji, Kiribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu Fiji (willing to train other PICTs) Fiji (willing to train other PICTs)	VCT Budget: Funded through Pacific Global Fund project $US22000 (UNICEF – Seeking further funding) US$9336

	- Capacity Building of Fiji Network of People Living with HIV/AIDS (FJN+)	2004-2006	Fiji (willing to train other PICTs	UNDP Funded
	•**<u>International Federation of the Red Cross (IFRC)</u>** –safe blood activities –aid in establishing psychological support center with University of the South Pacific –HIV education and prevention programs through national societies including peer education - Care and support programs e.g counseling training and support - Anti stigma and discrimination campaigns - Development and distribution of IEC's - Advocacy - Integrating HIV/AIDS education into general programs e.g Disaster preparedness and response	Duration: 2001 – 2008	Peer Ed Operates in 11 PICTS: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu & Vanuatu. Willing to train other PICT NGOs	Projected Budget between AUD$400,000 - AUD$500,000 Global fund US$80,000 WAF $90,000 Oxfam $100,000
	•**<u>Wan Smol Bag (WSB) Theater</u>** –HIV education and prevention programs through drama and peer education - Clinic and Youth Drop in Centre, sexual health clinical services, advice and counselling -Training offered in NGO clinic service delivery through KPH. -Regional training in drama and radio in STI/HIV awareness and advocacy. - Production of videos and user guides	2003- 2005	FSM, Samoa, Fiji, Kiribati, Tuvalu, Palau, Solomon Islands, Tonga, Vanuatu, Papua New Guinea	Projected minimum to average: 250,000NZD per

	Pacific Islands AIDS Foundation (PIAF) –improving quality of life of people living with HIV/AIDS (PLWHA) & improving prevention messaging disseminated by PLWHA	First Strategic Plan 2003-2005	8 countries for the global fund WAF - PNG Oxfam – PNG, Solomons, Vanuatu	annum. Core funding confirmed by NZAID for 2004-2006. Budget: AUD 3.7million
	Family Planning Australia – Pacific Regional South Pacific Reproductive Health & Family Planning Training Project - Training of teachers with knowledge and resources to implement STI and HIV health education in schools - Capacity development of nurses in the provision of high quality STI and HIV awareness and prevention programs - Community educator training to reduce the risk of HIV and other STIs through community education - Capacity development of Pacific FHAs to become a key training provider for STI and HIV training for teachers, nurses and community groups (government & NGOs)	2001 - 2005	5 countries initially (Cook Islands, French Polynesia, Kiribati, Fiji, PNG), Now added Samoa, Vanuatu at request	

Regional Initiatives	Description	Duration	PICTs Involved	Cost
US / CDC Initiative	1. Support for HIV/STI laboratory testing in the US Pacific.	Ongoing	CNMI, Guam, Palau, FSMic, Marshall Is., Am Samoa	Not available
	2. Community-based initiatives through the Government health systems	Ongoing	CNMI, Guam, Palau, FSMic, Marshall Is., Am Samoa	Not available
	3. Training in HIV point-of-care testing (OraQuick).	2004	CNMI, Guam, Palau, FSMic, Marshall Is., Am Samoa	Not Available