

Working Draft v.3

**The Pacific Regional Strategy
on HIV and Other STIs**

2009–2013

Note:

This document is produced as a working draft for the development of the Pacific Regional Strategy on HIV and other STIs (2009-2013)

1. Introduction

The diverse cultural and community values and support systems of the Pacific Island region are factors that make the region unique. These complex and important factors also need to be taken into account in initiatives that affect and touch the lives of the people living in the Pacific. Initiatives that respond to HIV and AIDS and other sexually transmitted infections (STIs) in the region are no exception to this requirement. That is, to be successful and sustainable, any such response must incorporate Pacific values and support systems.

Since the first case of HIV in the region was reported in 1984, various responses have been made at regional and national levels. One major landmark was the endorsement of the Pacific Regional Strategy on HIV and AIDS (2004–2008) by the Pacific Leaders Forum in 2004. Their endorsement has facilitated the commitment of leaders and the mobilisation of resources to support the implementation of the strategy.

A review of the Pacific Regional Strategy on HIV/AIDS (2004–2008) in 2006 noted that there has been some positive movement in strengthening leadership. For example, senior political and individual leaders are involved in a number of Pacific Island countries and territories (PICTs), and civil society organisations, in particular those involving people living with HIV (PLWH), have become increasingly engaged in supportive roles. However, existing institutional governance arrangements for programmes are not strong, with a lack of clarity in their multisectoral approaches and roles. The prevailing environment of stigma and discrimination in the region also creates challenges in the task of maintaining a supportive environment for PLWH on the part of both service providers and the community at large.

The Pacific Regional Strategy on HIV and Other STIs (2009–2013) will build on the success and strengths of the previous work in supporting national efforts to prevent and control HIV and AIDS. Simultaneously, because other STIs are a key risk factor for the transmission of HIV in the Pacific, it will support national efforts against them as well. It will also strengthen work at the regional level through improved coordination, collaboration and partnerships between regional organisations and national programmes.

2. The Vision, Goal, Purposes and Principles

2.1 *The vision for our Pacific region*

Our Pacific region is to be a place where the spread and impact of HIV and other STIs are halted and reversed; where leaders are committed to leading the response to HIV; where people living with and affected by HIV are respected, are cared for and have affordable access to treatment; and where all partners commit themselves to these collective aims within the spirit of compassion inherent in Pacific cultural and religious values.

2.2 The goal

The goal of the Pacific Regional Strategy on HIV and Other STIs (2009–2013) is to reduce the spread and impact of HIV and other STIs while embracing people living with and affected by HIV in Pacific communities.

2.3 Purposes

The purposes of the strategy are to:

1. increase the capacity of PICTs to achieve and sustain an effective and sustainable response to HIV and other STIs;
2. strengthen coordination of the response at regional level and mobilise resources/expertise to assist individual PICTs in achieving their targets;
3. assist PICTs to achieve and report on their national and international targets in response to HIV and other STIs, in particular the MDGs, the UNGASS and Universal Access.

2.4 Overarching principles

The strategy:

1. acknowledges traditional, cultural and religious values of Pacific communities that are based on compassion and reconciliation;
2. affirms the protection and promotion of human rights;
3. emphasises the need for leadership and non-partisan political support and commitment;
4. respects existing programmes and structures that put people first,
5. involves affected individuals and communities at all levels of the development and implementation of services, programmes and policy;
6. is effectively linked to other global, regional and national strategies, including commitments made at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the Millennium Development Goals (MDGs), and Universal Access;
7. is based on partnerships and a multisectoral approach;
8. advocates for facilitation of a continuum of care and support for PLWH, and access to quality and affordable treatment; including other STIs;
9. includes a major focus on prevention, health promotion and behavioural change communication strategies as captured in the themes of the Healthy Islands approach;
10. emphasises linkages between HIV, STIs and Adolescent Sexual and Reproductive Health; Maternal, New born and Child Health Services;
11. emphasises the need for ongoing and sustainable funding support; and
12. includes integration of an approach sensitive to gender and vulnerable groups.

3. Background

3.1 HIV, AIDS and other STIs situation in the Pacific Island region

Since HIV was first reported in the Pacific Island region in 1984, the region has had more than 15,000 confirmed HIV infections and 3189 AIDS cases.¹ Over 95 per cent of HIV infections have occurred in five PICTs: French Polynesia, Guam, New Caledonia, Fiji Islands and Papua New Guinea. In addition, there are almost certainly many unreported cases throughout the region. Although the number of cases remains low, there is an upward trend. Some countries, such as Fiji Islands, have recently reported an exponential rise since 2000.

There are significant risk factors for HIV transmission in the Pacific Island region. These include the large number of young people in the region; significant movement of people into, through and out of the region; practices such as tattooing and polygamy; and, in particular, high rates of other STIs and teenage pregnancy. Limited economic opportunities and weak economies compound the vulnerability of Pacific people to HIV.

In the Pacific Island region, HIV is mostly sexually transmitted, although there is also some perinatal transmission (Figure 1). In PNG, reported routes of infection are almost entirely from heterosexual exposure. Across the remainder of the region, approximately half of all reported exposures are heterosexual and a third are due to male-to-male sexual transmission.

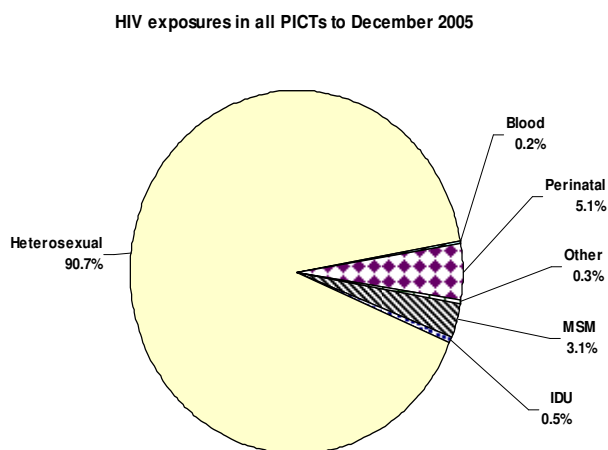


Figure 1: HIV exposures in Pacific Island countries and territories to December 2005

Source: HIV & STI Section, SPC, 2006

3.2 Economic impact and implications

Health-care services in most PICTs have limited resources available to cope with the prevailing disease burdens of communicable and noncommunicable

¹ 2005 accumulated HIV data, HIV & STI Section, SPC.

diseases in general. In this environment, the cost of treating HIV and AIDS intensifies the strain, increasing health-care costs significantly.

Moreover, HIV/AIDS is no longer just a health issue. It has been identified as a serious threat to the socio-economic development of PICTs and, recently, as a security issue as well.

HIV is a wider issue because, first, the costs of HIV and AIDS health care could divert resources away from activities related to socio-economic development. In addition, in the Pacific Island region, already facing challenges relating to its small populations and narrow economic base, HIV has the potential to weaken the limited workforce and thus reduce economic activity, which in turn would affect the delivery of essential services such as education and health.

Providing such basic essential services also requires reliable systems of communications and transport in a region vulnerable to the effects of climate change, such as rising sea levels, and natural disasters (cyclone, earthquake, tsunami, etc.), which have the potential to damage infrastructure. HIV in this context adds to the burden and constrains progress towards sustainable development.

In regions where HIV has already become a generalised epidemic, the impact on demographic dynamics has been alarming in some areas. For example, in Botswana, life expectancy has dropped from 67.6 years to 44.4 years.² Among people living with HIV (PLWH) who are taking the new line of anti-retroviral drugs that is available, life expectancy has improved. However, given the limited health budgets of small island states, this treatment may not be sustainable as these drugs are costly.

The movement of people between their small island states and metropolitan neighbouring countries increases the vulnerability of PICTs to HIV. However, restricting this movement may not be a favourable option in PICTs where tourism is a significant or the most significant form of revenue generation.

3.3 Risk factors

While known HIV prevalence is relatively low in most PICTs, significant risk factors for HIV transmission exist. As noted above, of particular concern are the very high prevalence of other STIs and high rates of teenage pregnancies, both of which indicate that risk-taking behaviours are common and that condom use is not.

It is well established that, because a number of STIs also assist in the transmission of HIV, better detection and treatment of STIs, and consequently a reduction in their incidence and prevalence, can substantially reduce HIV

² Overpopulation.com. AIDS/HIV Effect on Life Expectancy.
<http://www.overpopulation.com/faq/hiv-aids/aidshiv-effect-on-life-expectancy>. Retrieved from the Internet 15 September 2007.

transmission. Strategies to improve the management of STIs are therefore an important component of plans for HIV/AIDS prevention and control in all PICTs.

The high prevalence of other STIs was evident in the findings of the second-generation surveillance (SGS) surveys that were conducted in 2005 in six PICTs (Samoa, Solomon Islands, Vanuatu, Fiji Islands, Kiribati and Tonga). These “targeted and tailored” cross-sectional studies aimed to measure the prevalence of HIV and other STIs in particular populations, as well as behaviours that may contribute to their transmission.

The main findings of the SGS surveys were a high prevalence of STIs (Figure 2); limited knowledge of modes of HIV transmission; low rates of condom use, particularly among young people; a high number of people with multiple sexual partners; and the common occurrence of commercial sex activities in most countries surveyed.

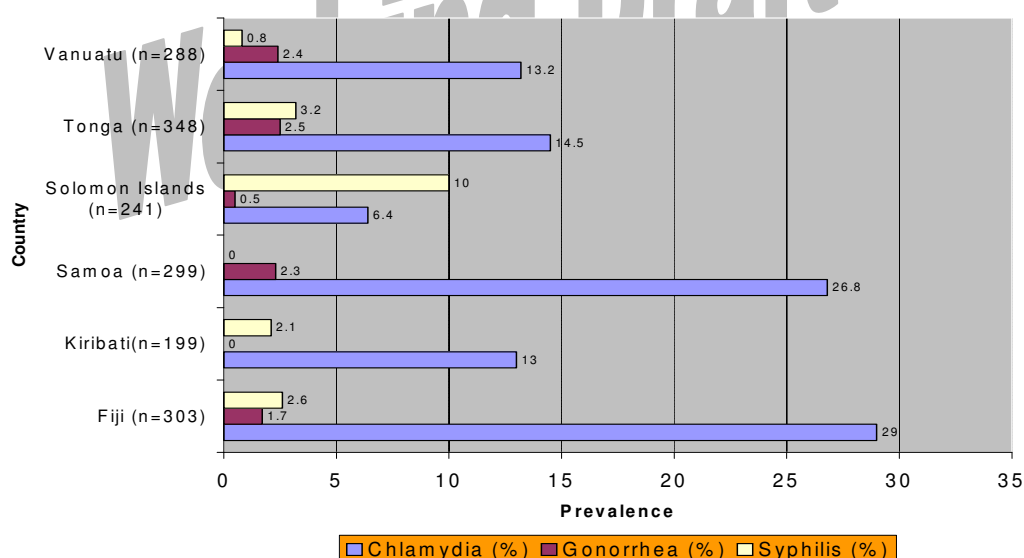


Figure 2: STI prevalence among pregnant women in six PICTs, 2005

Apart from risks posed through the high prevalence of other STIs, common risk factors in the Pacific Island region include: a significant amount of travel into, out of and within the region; and practices such as tattooing and polygamy. Further challenges are the uneven levels of development, the inequalities faced by women in all aspects of their lives and the increasing levels of violence against women, and the variable accessibility of health services (both preventive and curative). Large rural populations add to the difficulty of providing access to services and information. Limited economic opportunities and high levels of unemployment sometimes force people to engage in sex work as a means of generating income. In areas of conflict and social unrest, the prevalence of forced sex, including gang rapes, is high.

Cultural taboos prevent open discussion of sexual matters and compound the vulnerability of people in the region. Other customary practices and cultural

norms may condone or encourage multiple sex partners. Where religious beliefs are interpreted in a way that discourages the use of condoms and that perpetuates misconceptions about marriage protecting individuals from HIV, they may contribute to unsafe sex and unwanted pregnancies.

3.4 Tuberculosis in the Pacific

Because tuberculosis (TB) is a common co-infection with HIV/AIDS, its relatively high prevalence in many PICTs, with low case detection rates, for the past 10 years is a significant cause for concern. It is estimated that 11,000 people in the 22 member PICTs of the Secretariat of the Pacific Community (SPC) become sick with TB every year, 50% of whom are infectious cases, although only about 9000 new TB cases have been diagnosed on average each year since 1995.

Strategies that recognise the relationship between TB and HIV should be implemented. For example, there should be adequate HIV testing for all TB patients in order to provide appropriate care and support to those affected.

4. The Pacific Regional Response

4.1 Responses and challenges in the region

The Pacific Island region has responded to HIV in varying degrees since the early 1980s. Major initiatives have emerged as the result of international commitments made in the region.

In August 2002, 11 PICTs agreed to put forward a proposal to the Global Fund to fight AIDS, Tuberculosis and Malaria. This proposal was accepted, resulting in the signing of the grant agreement in June 2003, and the project commenced 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; develop and implement national strategies on HIV/AIDS; and strengthen surveillance of HIV and other STIs in the region.

With the regional strategy (2004–2008), the leaders committed to one vision and one goal. As articulated in the strategy, in this vision the Pacific region will be a place where the spread and impact of HIV/AIDS are halted and reversed; where leaders are committed to leading the fight against HIV; where people living with and affected by HIV are respected, are cared for and have affordable access to treatment; and where all partners commit themselves to these collective aims with the spirit of compassion inherent in Pacific cultural and religious values. The goal is to reduce the spread and impact of HIV, while embracing people infected and affected by the virus.

Various commitments by Ministers of Health in a number of small island states have also been reaffirmed through the *Samoa Commitment 2004* and *Vanuatu Commitment 2007*. These commitments have arisen at biennial meetings of Pacific Ministers of Health, which include the small island states and are co-facilitated by the World Health Organization (WHO) and SPC.

There are, however, major challenges to responses in the region. For example, surveillance is inadequate, especially in identifying the critical dynamics and determinants of the epidemic in the region. In addition, cultural and religious barriers that fuel stigma and discrimination continue to pose a major challenge.

Regional events

Early 1980s	Most responses involved general population awareness
Mid 1990s	Multisectoral approach through national multisectoral strategic plans and actions
1999	1st Regional Conference on HIV/AIDS (February)
2001	UNGASS, New York (June)
2001	International Congress on AIDS in Asia and the Pacific (ICAAP) Meeting – Melbourne (October)
2002	1st Information Workshop on Global Fund (June)
	Launch of Pacific Islands AIDS Foundation (July)
	Pacific Leaders Forum (August)
	1st Meeting of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM) (October)
	UNICEF Regional Youth Congress, HIV/AIDS (September)
	South Pacific Association of Theological Schools (SPATS) Regional Conference on HIV/AIDS (September)
2003	WHO–SPC Health Ministers Meeting (March)
	2nd Meeting of the PIRMCCM (March)
	Approval of Franco-Australian Pacific HIV/AIDS and STI Initiative (July)
	Approval of Component 2 of AusAID-funded Pacific HIV/AIDS project (August)
	Asia Pacific Leadership Forum (APLF) Pacific component discussions (July/August) and APLF Shared Learning Workshop meeting in Madang (Samoa, Fiji, Kiribati, Solomon Islands and PNG) (October)
	Pacific Forum Leaders Communiqué (August)
	HIV/AIDS/STI Adviser appointed (September)
	UNAIDS Coordinator took up post (August/September)
	3rd Meeting of PIRMCCM (October)
	Signing of grant agreement for the Global Fund (June)
	Regional HIV/AIDS stakeholders coordinating meeting (October)
2004	UNAIDS–Great Council of Chiefs Regional Workshop on Accelerating Action Against AIDS in the Pacific (March)
	Endorsement of the Pacific Regional Strategy on HIV/AIDS (2004–2008) by Pacific Islands Forum and Committee of Representatives of Governments and Administrations (CRGA)
2006	Additional resources through ADB grant and NZAID

Other ongoing challenges are the limited absorptive capacities at both national and regional levels to implement activities, coupled with limited strengthening of health systems.

Finally, coordination of various initiatives in the region remains a challenge that needs to be addressed.

4.2 Lessons learnt

Major lessons learnt in responding to HIV and other STIs relate to the sustainability of the commitment and interventions at both regional and national levels.

Access to anti-retroviral therapies has been progressed in a number of PICTs. However, there remains a need for further engagement with the health system to reach out to HIV positive people who require treatment.

Reaching out in this way will require strong political commitment and leadership; supportive legislative and policy frameworks; enhanced access to treatment, prevention, care and support for PLWH; approaches based on human rights to combat stigma and discrimination; the promotion of gender equality; and the active participation of PLWH and affected communities in the response.

As the experience of other regions in the world has shown,³ approaches to prevention, care and treatment, and impact mitigation must be sustained and comprehensive in order to effectively address the pandemic. Improving access to anti-retroviral therapies does more than improve the lives of PLWHA: it also supports effective prevention. Ultimately, when health systems reach out to PLWHA in the ways identified above, prevention becomes increasingly more common as people are provided with accurate information and tools so that they can protect themselves.

5. Opportunities for a Pacific Thematic Response

Experiences and initiatives in the region and lessons learnt to date have helped to define seven major themes of an effective regional response to HIV and other STIs. These themes, which are outlined in Table 1 below, highlight broad areas that must be strengthened and enhanced at the regional level in light of challenges and gaps identified regionally. Although these themes do not specifically mention the 11 elements of the UNGASS commitment, all these elements can be a meaningful part of the themes in the Pacific context, as shown in Table 1.

³ National policy should comply with the International Guidelines on HIV/AIDS and Human Rights, Geneva, OHCHR & UNAIDS 1998, HIV/AIDS and Human Rights Revised Guideline 6, Geneva, OHCHR & UNAIDS 2002.

Table 1: Pacific themes in the response to HIV/AIDS and other STIs (2009–2013)

	Pacific Theme	Elements of UNGASS Commitment
1	<input type="checkbox"/> Prevention Services	<input type="checkbox"/> Prevention <input type="checkbox"/> Reducing vulnerability
2	<input type="checkbox"/> Continuum Treatment, Care, and supportive systems and services	<input type="checkbox"/> Care, treatment and support <input type="checkbox"/> HIV and AIDS and disaster affected region <input type="checkbox"/> Children orphaned by HIV/AIDS
3	<input type="checkbox"/> Leadership and enabling Environment	<input type="checkbox"/> Leadership <input type="checkbox"/> HIV/AIDS and human rights <input type="checkbox"/> Alleviating social and economic impact
4	<input type="checkbox"/> Strategic Information	<input type="checkbox"/> Research and development <input type="checkbox"/> Follow up
5	<input type="checkbox"/> Governance	<input type="checkbox"/> Resources <input type="checkbox"/> Partnership

6. The Pacific Regional Strategy – Themes and Key Actions

The strategic responses outlined in this document are divided into two parts: those that deal with service delivery in regard to HIV and other STIs and those that deal with programme support.

Part One: HIV and other STIs Programme Delivery

Theme 1: Prevention Programme

Objective:

To support national and regional efforts to prevent the spread and minimise the adverse impact of HIV and other STIs on individuals, families and communities.

Strategy:

Support the development and strengthen effective and sustainable preventative interventions for HIV and other STIs in the Pacific region, including actions to address vulnerability.

Key Action Areas:

- ❖ Packaging of information to target audiences
- ❖ Support development and implementation of safe blood strategy
- ❖ Support and integrate HIV and other STIs into priority non-health sector including CBDs
- ❖ Strengthen men's involvement and access to services and information
- ❖ Identify high risk groups and target interventions (including tertiary students)

- ❖ Establish Gender & HIV theme group to coordinate response to gender and HIV
- ❖ Advocate for the incorporation of HIV and other issues into national and regional policies and programmes on gender, youth and other vulnerable groups.
- ❖ Support organisations and others wanting to work with groups that are particularly hard to effectively reach, including sex workers and men who have sex with men
- ❖ Promote inclusion of prevention education on HIV and other STIs in formal school curricula
- ❖ Advocate and promote best practices for communication on HIV, including behavioural change communication strategies, media practices, Pacific Specific Regional Conference on HIV, and other traditional communication networks.

Theme 2: Continuum of Treatment, Care and Support systems & services

Objective

To strengthen the capacity of PICTs to provide a comprehensive continuum of treatment, care and support for people living with and affected by HIV and other STIs

Strategy

- (1) Support PICTs in the provision and delivery of comprehensive care and improve access to quality, affordable services;
- (2) Strengthen community service organisations and PLWH networks to increase the treatment, care and support available for people living with and affected by HIV;
- (3) Strengthen PICT health systems so that they can effectively and sustainably respond to HIV and other STIs.

Key Action Areas:

- ❖ Strengthen Health Systems, focusing on laboratory proficiency testing, VCCT, condom-use and human resources for HIV and other STI programmes;
- ❖ Programme development and implementation for TB-HIV Co-infection ;
- ❖ Access to ART with emphasis on sustainability, including management of opportunistic infections;
- ❖ Establish linkages and explore role of traditional medicine in the case management and support of people living with HIV;
- ❖ Improve and strengthen case detection and treatment of other STIs;
- ❖ Provide best practice information and technical support to PICTs for developing and updating treatment protocols for HIV and other STIs;
- ❖ Strengthen the regional laboratory network to provide level two laboratories in the region and improve monitoring of HIV treatment, including through the procurement of blood test kits such as CD4 counts;
- ❖ Build capacity in general care services, including infection control;
- ❖ Provide an advisory role on accessing medicines, especially under conditions stipulated by multilateral trade agreements such as those of the World Trade Organization (WTO);
- ❖ Develop training guidelines for community-based care of people with HIV/AIDS;

- ❖ Develop guidelines for HIV and STI testing (including confidentiality), case management, occupational health, blood safety, and prevention of vertical transmission (prone 3 & 4).

Part Two: HIV and other STI programme support

Theme 3: Leadership and enabling environment

Objective

To achieve strong commitment and engagement from leaders at all levels and in all sectors to address the challenges of HIV and other STIs.

Strategy:

- (1) Advocate for the mainstreaming of HIV into all meetings;
- (2) the greater involvement of people living with, affected by, and vulnerable to, HIV;
- (3) the development and implementation of rights-based legislation and the policy; and
- (4) the allocation of adequate and sustainable human and financial resources.

Key Action Areas:

- ❖ Integration of HIV and other STI initiatives at different levels (nationally, regionally and locally);
- ❖ Promotion of HIV workplace policies;
- ❖ Strengthen and maintain partnerships at regional and national levels;
- ❖ Development and adaptation of advocacy packages targeting leaders at all sectors;
- ❖ Strengthen linkages of human rights mechanisms (where they exist) and NGOs working with people living with and affected by HIV;
- ❖ Support the development of legislation, policies and ethical guidelines that protect the rights of people infected and affected by HIV;
- ❖ Strengthen the involvement of HIV positive people in programmes across PICTs;
- ❖ Encourage PICTs to integrate HIV into mainstream programmes;
- ❖ Encourage regional organisations to integrate HIV into mainstream programmes;
- ❖ Promote and integrate gender training and awareness in all regional and national HIV and AIDS programmes, including mainstreaming of gender.

Theme 4: Strategic Information

Objective

To support and strengthen effective planning, monitoring, evaluation, surveillance and research at the national and regional level.

Strategy

Assist PICTs in developing/ updating and providing training modalities; provide technical and financial assistance for effective reporting, surveillance, research, monitoring and evaluation.

Key Action Areas:

- ❖ Strengthen research capacities in PICTs, including monitoring and evaluation;
- ❖ Facilitate use of information into programme planning and development;
- ❖ Support and strengthen regional research institutions;
- ❖ Develop and adapt tools for effective monitoring and evaluation including research;
- ❖ Appropriate targeting of information and disseminate lessons learnt across the region.

Theme 5: Governance

Objective

To promote and encourage effective international coordination through collaborative, transparent, accountable, decision-making processes and mechanisms at regional and national levels.

Strategy

Create and promote sustainable mechanisms for effective communication, coordination and collaboration across PICTs, including resource mobilisation for HIV and other STIs initiatives

Key Action Areas:

- ❖ Strengthen coordination across various levels and stakeholders;
- ❖ Strengthen partnerships between sectors and institutions;
- ❖ Establish a mechanism for coordination and information sharing;
- ❖ Establish an effective communication mechanism across the region on issues related to HIV and other STIs;
- ❖ Strengthen joint-planning mechanisms between regional agencies and partners;
- ❖ Maintain support to NGOs and other non state actors;
- ❖ Strengthen the co-ordination of international agreements from Global/International, Regional and National level.

7. Implementation, Review and Redevelopment of the Regional Strategy

7.1 Implementation

The Pacific Regional Strategy on HIV and Other STIs (2009–2013) will be implemented over a five-year period by all governments, NGOs and stakeholders of the region. The process will involve working with PICTs to encourage them to meet their leaders' commitments to actively playing their part in implementing the strategy.

The first step is communication of the strategy to all stakeholders. The next step will be an initial meeting to plan joint implementation. Following this meeting, the initial implementation of the strategy will be facilitated and led by SPC and UNAIDS, working with PICT governments and regional stakeholders.

7.2 Review and redevelopment

While SPC will be actively involved in facilitating an independent review and redevelopment of the strategy, it is envisaged that a body comprising various government representatives, NGOs, regional organisations and bilateral partners would be established to oversee and support this process. The Regional Strategic Reference Group on HIV and other STIs will take on this role.

The strategy and its implementation will be reviewed at two points during its five-year life. The first point will be a mid-term review in early 2011. The second will be a final review during 2013, which is anticipated to be a key step in the development of an updated regional strategy for the following five-year period.

8. Monitoring and Evaluation

Monitoring and evaluation of the Pacific Regional Strategy on HIV and Other STIs (2009–2013) will be conducted on three levels:

1. overall goal and thematic objectives
2. key actions
3. work programme

At the level of overall goal and thematic objectives, the strategy's major indicator targets are linked to the PICTs' international commitments to UNGASS and MDGs. The purpose of this approach is to give surety to PICTs that the Pacific thematic response areas are meeting the goal and objectives of the strategy, as intended, as well as global goals and targets. For example, the regional strategy sets out, as part of its overall goal, to reduce the spread and impact of HIV and AIDS. This high-level objective corresponds to the MDG target to "have halted by 2015 and begun to reverse the spread of HIV/AIDS".

Working together with the national authorities, SPC will continue to collect, analyse and report the relevant statistics.

At the key action level, this strategy identifies a number of activities whose implementation can be monitored relatively easily. A separate monitoring and evaluation matrix has been prepared that identifies appropriate indicators for each key action (e.g. the number of medical and nursing staff training in case management of HIV and other STIs). Working with its partners, SPC will continue to develop the regional strategy's monitoring and evaluation framework and report progress toward the key results annually.

The Annual Joint Implementation Meeting, which brings together the regional players, will be the main vehicle to coordinate and oversee the implementation of the regional strategy at the work programme level.

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