



**Mid-Term Review**  
**Of the Pacific Regional Strategy on HIV and AIDS**  
**(2004-2008)**

**Draft Report**

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## **EXECUTIVE SUMMARY**

The Pacific Regional Strategy on HIV and AIDS was adopted at the 34<sup>th</sup> Meeting of Pacific Island Forum leaders in 2004. The goal of the strategy is to reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus.

The strategy has three main purposes:

- to increase the capacity of Pacific Island Countries and Territories (PICTs) to achieve and sustain an effective and sustainable response to HIV/AIDS;
- to strengthen coordination of the regional-level response and to mobilise resources and expertise to help countries to achieve their targets;
- to assist PICTs to achieve and report on their national and international targets in response to HIV/AIDS.

An implementation plan for the strategy was adopted in mid 2005. Implementation of the strategy is conceived as a collaborative exercise between all governments, civil society organizations (including groups of people living with and affected by HIV/AIDS), Faith Based Organisations, Community Based Organisations, Non Government Organisations and media), regional agencies, and development partners.

The Secretariat of the Pacific Community has lead responsibility for coordinating implementation of the strategy. Coordination occurs through the HIV and STI section within the public health division. Technical staff are employed with expertise in the areas of program management, clinical service provision, behaviour change communication, monitoring/evaluation and strategic information (e.g. epidemiology/surveillance, data management, vulnerability mapping).

The implementation plan provides a framework in which objectives, outputs and activities are grouped according to the following components:

Component 1: Leadership and Governance

Component 2: Access to Quality Services

Component 3: Regional Coordination

Component 4: Programme Management

In mid 2006 the Secretariat of the Pacific Community commissioned a mid term review of the Pacific Regional Strategy. The review was intended to assess the impact of the strategy in each of the component areas of the implementation plan as well as provide findings and make recommendations to support and contribute to an expanded and sustainable multi-sectoral response to HIV and AIDS across the region and in each country. The methodology proposed and implemented was review of documentation and consultations with regional and national partners.

## **Leadership and Governance**

At a regional level HIV is recognised as a major issue facing PICTs. Key implementing agencies and donors have recognised that developing leadership across different levels of society and sectors is essential if the development challenges of HIV are to be effectively addressed. This includes political leadership, faith based and traditional leaders, institutional leaders (e.g. government ministries) and civil society.

The adoption of the regional strategy by PICT leaders through the Pacific Islands Forum reflects political leadership at the highest level. There is also evidence of strong political leadership in many of the PICTs. This includes the personal engagement of key political leaders (e.g. the involvement of the Fiji Parliamentary Speaker as a UNAIDS ambassador and the Prime Minister of Samoa as patron of the Samoa AIDS Foundation) as well as specific budget allocations in some PICTs (e.g. Solomon Islands, Tuvalu, Marshall Islands, Samoa, Fiji).

Examples of leadership in other sectors of society include:

- \* the adoption of the Nadi declaration by the World Council of Churches Pacific members which commits the church to embrace people with HIV and combat discrimination. It also supports prevention efforts by recognising “the freedom for individuals to make informed choices and to have access to condom use”.
- \* the adoption of a joint policy through the Pacific Islands Chiefs of Police Forum
- \* the inclusion of HIV and STIs in school based adolescent and reproductive health programs

Most PICTs have established multi-sectoral National AIDS Commissions (NACs) to coordinate strategy implementation. Generally NACs are not functioning well in regard to strategy direction and coordination. Attendance is poor, participation by sectors outside of health is erratic and there is general confusion regarding roles and responsibilities. Given the diversity of PICTs, there needs to be greater flexibility in determining governance structures.

## **Access to Quality Services**

There is variable access to quality services across PICTs.

In regard to prevention there is evidence of effectiveness in building broad community awareness. However this has not been extended into effective programs to promote behaviour change. Also the availability of condoms is uneven in many PICTs.

Voluntary confidential counselling and testing is not widely available in most PICTs. However there is evidence of effective scaling up in Papua New Guinea.

STI services are of poor quality in most PICTs.

Care and support for people with HIV is a priority in most PICTs. While much remains to be done, Papua New Guinea and Fiji are making significant effort to scale

up this area of service provision. The Pacific Islands AIDS Foundation (PIAF) is playing a major role in supporting PICT efforts.

Significant effort is being made to ensure access to HIV anti retroviral therapy in most PICTs. The work of SPC staff and WHO as well as other regional partners has contributed to this.

Universal access to ART needs to be at the cornerstone of the Pacific response to HIV. In principle access to necessary treatment is seen as a basic human right. In practice the benefit of testing without access to ARV is outweighed for most people by high levels of stigma and discrimination. HIV testing is a strategic priority primarily because of its potential prevention benefit (reducing sexual transmission between partners, reducing mother to child transmission, reducing infectivity through reduced viral load). It also provides essential surveillance information necessary to map disease transmission and target interventions effectively.

Implementation of the regional strategy needs to be more focussed on assisting PICTs in developing effective programs to improve access to quality services. This includes:

- a more operational approach in planning
- integrating capacity development into ongoing assistance and program/project implementation
- better targeting of grants to PICTs
- closer alignment between HIV, STIs and reproductive health programmes

### **Regional Coordination**

Since the adoption of the regional strategy there have been improvements in coordination of activity between regional agencies. This is most evident in the adoption of a regional strategy implementation plan across agencies. The plan describes all activities being implemented by agencies relevant to the regional strategy.

The regional implementation plan while likely to reduce duplication in activity does not facilitate a coordinated approach to planning. Currently it is a combination of separately developed plans by different regional agencies. Also the framework is of little use to PICTs in aligning their work with the regional plan and identifying linkages. Recommendations are made in this report for coordinated planning in the context of an operational program framework.

### **Program Management**

At the regional level there is broad agreement around role delineation between agencies (even though there are overlaps in functions between agencies). This is a significant achievement given different policy mandates, funding sources, PICT coverage and different project timeframes. However a coordinated approach to planning, development of cross agency teams and better communication could improve management. Initiatives in these areas would also improve support for PICT program implementation.

## **Gender**

Gender inequality is a fundamental cause of vulnerability to HIV. Its most profound impact is on women and is compounded by biological factors. However it also contributes to vulnerability among men by reinforcing stereotypical roles associated with higher risk taking. Those who adopt a transgender role also suffer specific forms of vulnerability.

In undertaking this review there was strong support for addressing gender issues and specific interventions were reported on. Projects targeting women are the third largest group (after youth and sex workers) in competitive grants administered through PRHP. The relationship between human rights and gender equality is a focus of the UNDP funded Regional Rights Resource Team (RRRT). Men as partners projects were reported to be very effective in those countries where they were implemented. Papua New Guinea has developed a draft HIV and gender strategy to complement their National HIV Strategic Plan.

Ensuring that the gender dimension of HIV is effectively addressed requires an approach that integrates HIV with a broader approach to sexual and reproductive health including interventions that focus on underlying causes of gender inequality. The Revised Pacific Platform for Action on Advancement of Women and gender Equality 2005 to 2015 provides the policy context for addressing the causes of gender inequality.

Immediate actions that should be undertaken to more specifically address gender in the context of the regional strategy are:

- employ a gender specialist as part of the core PRS team
- establish a gender team across regional agencies
- undertake a situational review/assessment of gender in the context of HIV in the Pacific
- integrate a specific consideration of gender in developing the next strategy implementation plan (program implementation framework)
- assist PICTs in integrating gender into program planning

## **The Way Forward**

Key directions in revising the regional strategy over the next two years are:

- Adoption of a common program framework at the regional and PICT level and more systematic and coordinated planning
- an increased focus on implementation at the PICT level
- a more focused approach on key sectors and cross cutting issues in mainstreaming
- more flexibility in interpretation of the concept of one national AIDS authority
- adoption of key priorities for service delivery
- mainstreaming gender into the strategic and program response
- an integrated approach to HIV and STIs through closer alignment between the HIV strategy and the Adolescent and Reproductive Health Program
- integration of capacity development into ongoing collaboration/support arrangements

- development of lead NGO agencies for advocacy and prevention among most at risk groups in PICTs

Detailed recommendations to implement these directions are outlined in section 7.1.5 of this report.

## **ACRONYMS**

|        |  |
|--------|--|
| ADB    | Asian Development Bank   |
| AIDS   | Acquired Immune Deficiency Syndrome  |
| APLF   | Asia Pacific Leadership Forum on HIV/AIDS and Development                  |
| ARH    | Adolescent Reproductive Health   |
| ART    | Anti Retroviral Therapy  |
| ARVs   | Anti Retroviral Drugs  |
| AusAID | Australian Agency for International Development                            |
| CCM    | Country Coordinating Mechanism   |
| CDO    | Capacity Development Organisation  |
| CEDAW  | Convention on the Elimination of all forms of Discrimination against Women |
| CRIS   | Country Response Information System  |
| FBO    | Faith Based Organisation   |
| GFATM  | Global Fund to Fight AIDS Tuberculosis and Malaria                         |
| HIV    | Human Immunodeficiency Virus   |
| MDG    | Millennium Development Goal  |
| MERG   | Monitoring and Evaluation Reference Group                                  |
| MSM    | Men who have Sex with Men  |
| NAC    | National AIDS Council/Commission   |
| NGO    | Non Government Organisation  |
| NZAID  | New Zealand Agency for International Development                           |
| PIAF   | Pacific Island AIDS Foundation   |
| PIC    | Pacific Island Country   |
| PICASO | Pacific Island Council of AIDS Service Organisations                       |
| PICT   | Pacific Island Countries and Territories                                   |
| PLWHA  | People Living With HIV/AIDS  |
| PNG    | Papua New Guinea   |
| PRHP   | Pacific Regional HIV Strategy  |
| PRSIP  | Pacific Regional Strategy Implementation Plan                              |
| RRRT   | Regional Rights Resource Team  |
| SPC    | Secretariat of the Pacific Community                                       |
| STI    | Sexually Transmissible Infection   |
| UN     | United Nations   |
| UNAIDS | Joint United Nations Programme on HIV/AIDS                                 |
| UNDP   | United Nations Development Programme                                       |
| UNFPA  | United Nations Population Fund   |
| UNICEF | United Nations Children Fund   |
| UNIFEM | United Nations Development Fund for Women                                  |
| VCCT   | Voluntary Confidential Counselling and Testing                             |

## **1.0 BACKGROUND**

The Pacific Regional Strategy on HIV and AIDS was adopted at the 34<sup>th</sup> Meeting of Pacific Island Forum leaders in 2004. The goal of the strategy is to reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus.

The strategy has three main purposes:

- to increase the capacity of Pacific Island Countries and Territories (PICTs) to achieve and sustain an effective and sustainable response to HIV/AIDS;
- to strengthen coordination of the regional-level response and to mobilise resources and expertise to help countries to achieve their targets;
- to assist PICTs to achieve and report on their national and international targets in response to HIV/AIDS.

An implementation plan for the strategy was adopted in mid 2005. Implementation of the strategy is conceived as a collaborative exercise between all governments, civil society organizations (including groups of people living with and affected by HIV/AIDS), Faith Based Organisations, Community Based Organisations, Non Government Organisations, regional agencies, and development partners.

At the regional level, funding provided by AusAID to SPC for strategy implementation covers 22 PICTS. However funding provided through other mechanisms covers a subset of these (e.g. GFATM covers 11 PICs). The period for which different projects are funded also varies.

The Secretariat of the Pacific Community has lead responsibility for coordinating implementation of the strategy. Coordination occurs through the HIV and STI section within the public health program. Technical staff in the HIV/STI section are employed with expertise in the areas of program management, clinical service provision, behaviour change communication, monitoring/evaluation and strategic information (e.g. epidemiology/surveillance, data management, vulnerability mapping). Most staff have only commenced employment in the six months prior to the commissioning of the mid term review.

The implementation plan provides a framework in which objectives, outputs and activities are grouped according to the following components:

Component 1: Leadership and Governance

Component 2: Access to Quality Services

Component 3: Regional Coordination

Component 4: Programme Management

In mid 2006 the Secretariat of the Pacific Community commissioned a mid term review of the Pacific Regional Strategy. The review was intended to assess the impact of the strategy in each of the component areas of the implementation plan as well as provide findings and make recommendations to support and contribute to an expanded and sustainable multi-sectoral response to HIV and AIDS across the region and in each country. The methodology proposed and implemented was review of

documentation and consultations with regional and national partners in eleven (11) PICTs. This document is the first draft report of the review.

## **2.0 CONTEXT**

HIV/AIDS has had a devastating impact on individuals, families, communities and nations world wide. Almost 30 million have died and an estimated 40 million are currently living with HIV/AIDS, mostly in developing countries. HIV/AIDS is not only a health crisis but also one that fundamentally threatens the development aspirations of those nations most affected. Economies have been devastated and basic social service sectors such as health and education are collapsing.

With the exception of Papua New Guinea, Pacific Island Countries and Territories have been largely spared the worst consequences of HIV/AIDS. Infection levels are still generally low and consequently the broader impact on society has not been great. However the conditions which have led to high levels of HIV infection elsewhere also exist in the Pacific. Unless effective action is taken now, Pacific Island Countries and Territories may face the same impact from HIV as that endured elsewhere as well as in one of its own members – Papua New Guinea.

Many of the factors that have contributed to high levels of HIV transmission elsewhere also are present in the Pacific. They include: the high proportion of young people in the population; significant movement of people into, through and out of the region; and in particular, high rates of other sexually transmissible infections (STIs) and teenage pregnancies. Limited economic opportunities and weak economies compound the vulnerability of Pacific Island Countries and Territories to HIV transmission<sup>1</sup>.

## **3.0 LEADERSHIP AND GOVERNANCE**

### *Terms of Reference*

- Assess the level of PICT national leadership and capacity for planning and coordinating a response to HIV/AIDS, and if relevant identify possible ways of strengthening national capacity.
- Assess the level and status of involvement of HIV positive people in both regional and national level and recommend ways of strengthening the involvement of HIV positive people.

## **3.1 Key Findings**

### **3.1.1 Leadership**

At a regional level HIV is recognised as a major issue facing PICTs. Key implementing agencies and donors have recognised that developing leadership across different levels of society and sectors is essential if the development challenges of HIV are to be effectively addressed. This includes political leadership, faith based and traditional leaders, institutional leaders (e.g. government ministries) and civil society.

The adoption of the regional strategy by PICT leaders through the Pacific Islands Forum reflects political leadership at the highest level. This political leadership is given organisational form through the strategy organisational structures established in the Secretariat of the Pacific Community.

There is also evidence of strong political leadership in many of the PICTs. This includes the personal engagement of key political leaders (e.g. the involvement of the Fiji Parliamentary Speaker as a UNAIDS ambassador and the Prime Minister of Samoa as patron of the Samoa AIDS Foundation) as well as specific budget allocations in some PICTs (e.g. Solomon Islands, Tuvalu, Marshall Islands, Samoa, Fiji).

The church, which is a major social force in the Pacific region, is playing a leadership role. The adoption of the Nadi Declaration by the World Council of Churches' Pacific members in 2004 is helping to establish a supportive environment in which HIV programs can be implemented. In particular, the Nadi Declaration commits the church to embrace people with HIV and combat discrimination. It also supports prevention efforts by recognising "the freedom for individuals to make informed choices and to have access to condom use".<sup>2</sup>

Despite the sensitivity and often conservative attitudes within the church regarding issues of sex and sexuality many church leaders in PICTs are contributing to more open discussion and supporting adoption of necessary HIV interventions. At a very practical level churches in some countries (e.g. Tonga, Fiji, and Solomon Islands) have provided refuge for positive people who have been rejected from their communities.

Successful interventions have also occurred in engaging other influential forces in society. They include traditional leaders and the media.

Leadership capacity is being developed more broadly in civil society through the establishment of HIV focused NGOs and inclusion of HIV in the programs of other NGOs. At the level of program/project implementation in PICTs the performance of many NGOs is highly effective.

The performance of NGOs addressing HIV, as advocates for civil society or specific constituencies is limited at the regional level and variable at the PICT level. At the regional level there is little coordination between NGOs working on HIV and no

unified voice. In some countries NGOs are closely involved in HIV policy formulation and have strong partnerships with government. In others there are strong divisions between NGOs and poor relationships with government.

Funding has been allocated regionally to enhance the role of NGOs in policy advocacy and develop better linkages between NGOs working at PICT level. There is little evidence that this funding has been used effectively to implement these activities

At a regional level HIV is being increasingly recognised as an issue that impacts more broadly on development aspirations and therefore needs to be addressed in sectors additional to health. Examples of how this has occurred include the adoption of a joint policy through the Pacific Islands Chiefs of Police Forum and the inclusion of HIV and STIs in school based adolescent and reproductive health programs.

The potential for greater engagement with the union movement should be explored as it can enhance involvement in policy development, strengthen awareness within sectors and can benefit from regional and global HIV guidelines and technical assistance.

Despite initiatives being implemented in other sectors, at a PICT level HIV is still primarily addressed as a health issue. Given the relatively low prevalence of HIV currently in most PICTs and the range of other development challenges this may be inevitable. In pursuing a multi-sectoral response it may be appropriate to focus on consolidating broad political awareness of the potential development threat of HIV and prioritise interventions in those sectors where action is of most immediate relevance and/or preparedness most important.

### **3.1.2 Planning and Coordination Capacity**

Overall, efforts to develop strong policy leadership for responding to HIV at a regional and PICT level have been very effective. However institutional arrangements for providing leadership in planning and coordination have been less effective particularly at the PICT level.

At the regional level key implementing agencies – UN organisations, SPC and PRHP- are committed to the three ones principle. This is evident in the endorsement of the regional strategy and adoption of the Pacific Regional Strategy Implementation Plan (PRSIP). Discussions are occurring to build on the Global Fund Country Coordinating Mechanism (CCM) to establish one governing body for implementation of the strategy. The development of a common monitoring and evaluation framework is also being discussed.

While the above measures indicate progress towards a coordinated response, they do not reflect a shared approach to planning. The PRSIP is a combination of separately developed implementation plans by different agencies. While this will assist in reducing duplication it is unlikely to contribute significantly to a strategic programmatic approach. This is discussed further in section 4.1 of this report.

Coverage of different PICTs through each of the projects included in the strategy and variable conditions of funding are a significant barrier to coordination of planning. This is particularly the case in relation to those PICTs that relate to French and US jurisdiction.

The regional strategy identifies National AIDS Councils/Committees (NACs) as the key organisational structure at the PICT level for leadership in planning and coordination. In most, if not all PICTs, stakeholders have expressed concerns regarding the capacity of NACs in undertaking this role. Common problems identified included poor attendance, lack of commitment from those not directly involved in program implementation, content not linked to program implementation, lack of role definition, and inadequate/non preparation of agenda papers. Major contributing factors have been competing demands on the time of senior decision makers – particularly in government, and limited capacity to provide the secretariat functions necessary for the operation of multi-tasked high level committee.

Capacity Development Organisations (CDOs) have been tasked in the regional strategy with assisting the performance of NACs. However some CDOs do not have the organisational experience to perform this role. In some cases CDOs have problematic relationships with governments which further frustrate their capacity to support the functioning of NACs.

The concept of partnership between government and civil society which underlies the concept of National AIDS Councils requires a significant organisational cultural shift in how most government instrumentalities operate. To some extent, institutional arrangements for governance of the GFATM at the regional level serve as a model for partnership. Strengthening the role of the Pacific Islands Council of AIDS Service Organisations (PICASO) in advocacy and as a peak body at the regional level for PICT NGOs, could also contribute to partnership at the PICT level. In regional forums PICT NGOs would work with PICASO in advocating on behalf of their constituencies thereby gaining experience that can be applied at a national level.

The principle of one national AIDS authority should not be interpreted as centralising all planning and coordination functions in one national committee. Differences between PICTs, particularly in regard to population and institutional capacity, require flexibility in governance arrangements for HIV strategy. Governance structures should be focused on achieving operational objectives and guided by principles of accountability, transparency and partnership. A realistic assessment needs to be made of the resources required and available for different governance structures.

In PICTs, the concept of one national AIDS authority should be interpreted as agreement to institutional arrangements for governance based on the principles of accountability, transparency and partnership.. The functions of those arrangements are:

- To facilitate partnership between government and civil society agencies in policy formulation as well as program planning and coordination
- to ensure the best available expertise and experience is utilised in decision making
- to enhance multi-sectoral involvement
- to enhance collaboration between and within sectors

- to strengthen high level leadership support for addressing HIV

There are different mechanisms that can be adopted to achieve the above functions. In larger countries it may be feasible to provide the secretariat support necessary for NAC members to give informed input across a range of relevant issues. This might include structures that include technical support committees which will also require secretariat support. In some smaller countries where support capacity and technical expertise may be limited alternative organisational arrangements will need to be considered. This might include an annual congress, where additional technical expertise can be bought from outside to assist in planning, coordination and review. This might be supplemented by more regular meetings during the year between key implementing agencies.

### **3.1.3 Involvement of HIV positive people**

The involvement of HIV positive people at the regional and national levels is limited. At the regional level the Pacific Islands AIDS Foundation has been established to provide advocacy and support for positive people. Through its AIDS Ambassador Program, support is being given to positive people in the region to be public spokespersons.

At a PICT level a positive support group only exists in PNG and Fiji. However a small number of positive people in other countries are playing an active public role as well as initiating the development of peer based positive support groups (e.g. Vanuatu).

There are a number of barriers to strengthening the involvement of HIV positive people. They are also barriers to HIV testing and consequently the number of people who are HIV positive but unaware of their status is probably higher than the number diagnosed. This alone reduces the involvement of HIV positive people.

At the Pan Pacific Conference, the 'Declaration of the Positive People of the Pacific' identified four key areas for improving quality of living for PLWHA: Stigma and discrimination; HIV in the workplace; Treatments; and Advocacy. The Pacific Islands Positive network (PIN+) was also launched.

Major barriers to testing include:

- poor protection of HIV confidentiality in HIV testing
- inadequate provision of pre and post test counselling
- high levels of stigma and discrimination regarding HIV
- lack of legal protection against discrimination for people who are HIV positive
- lack of ongoing counselling for people with HIV
- inadequate provision of care and support facilities for people with HIV
- inadequate access to ARV treatment

There are initiatives being implemented to address legal issues related to HIV. The Pacific Islands AIDS Foundation (PIAF) and the USP Law School established the PIAF legal Task Force which is addressing the dangers criminalizing HIV

transmissions. PIAF has produced brochures informing PLWHA of their legal rights. The Regional Rights resource Team (RRRT) is being funded in 11 PICs to provide technical support to reform legislation in relation to HIV and other STIs. SPC has been tasked in the Strategy Implementation Plan (PRSIP) to assist in this process. RRRT is also training Community Paralegals in HIV/AIDS human rights and the law.

In PNG the HIV/AIDS Management and Prevention Act 2003, provides legal protection against discrimination or stigmatisation. It also provides legal protection for privacy and confidentiality. Areas covered by the act include employment, contractual arrangements, accommodation and school attendance among others. Legal action can be taken by complaints to bodies such as the Ombudsman Commission, civil action or criminal prosecution.

Initiatives are also being implemented to address stigma and discrimination. In addition to the role of churches discussed earlier, the Asia Pacific Leadership Forum (APLF) is engaging political and civil society leaders in launching the Declaration of Partnership and Commitment to Overcoming Stigma and Discrimination.

During consultations it was clear that people with HIV are currently experiencing high levels of stigma and discrimination and generally lack legal recourse. However initiatives in addressing such issues have only recently commenced and it is too early to comment on their effectiveness and therefore premature to make recommendations on how measures can be strengthened. Existing measures need to be closely monitored and remedial action taken if they are not effective.

## **4.0 ACCESS TO QUALITY SERVICES**

### *Terms of Reference*

- Identify and comment on issues affecting PICT service delivery for HIV prevention, testing and counselling, treatment and care – particularly in the context of providing universal access to treatment care, including upskilling and training of VCCT services providers.

### **4.1 Key Findings**

Activities undertaken by regional partners involved in the Pacific HIV strategy have contributed to HIV being given significant priority by governments and civil society in PICTs. In turn this is creating a supportive environment necessary for implementation of an effective HIV response at the PICT level. However the emphasis given to developing broad, overarching strategic plans has not extended to planning more focused programmatic interventions that address the core service response required to achieve universal access.

There are gaps in service provision in most PICTs across the spectrum from prevention to treatment and care that will prevent the achievement of universal access. A programmatic approach is required in service planning if these gaps are to be filled. Such an approach is one that includes:

- Setting operational objectives
- establishing quantifiable targets necessary to achieve operational objectives
- identifying mechanisms to achieve targets
- assessing the costs and benefits of different mechanisms
- determining the human and financial capacity needs to develop/strengthen selected mechanisms
- establishing policies, protocols and guidelines to implement programs
- developing monitoring and reporting systems including quality management and improvement processes
- adopting implementation plans specifying inputs, outputs, timelines, roles and responsibilities

At a regional and PICT level, the overlap between HIV, STIs and reproductive health is becoming recognised and a shared programmatic response in some areas is being implemented. Examples include:

- \* procurement of condoms is based on forecasting need across programs
- \* in the Vanuatu Ministry of Health Adolescent and Reproductive Health and HIV are jointly managed

However service delivery in these areas is not well integrated into the PRSIP. This creates risk of duplication of effort and failure to maximise synergies.

#### **4.1.1 HIV Treatment**

With the possible exception of Papua New Guinea, the Pacific region is in the unique position internationally of potentially being able to offer universal access to anti retroviral treatment in the relatively near future. The number of people infected is still low, adequate funds are available and technical expertise is available.

Universal access to ART (in the context of voluntary confidential counselling and testing) needs to be at the cornerstone of the Pacific response to HIV. In principle access to necessary treatment is seen as a basic human right. In practice the benefit of testing without access to ARV is outweighed for most people by high levels of stigma and discrimination. HIV testing is a strategic priority primarily because of its potential prevention benefit (reducing sexual transmission between partners, reducing mother to child transmission, reducing infectivity through reduced viral load). It also provides essential surveillance information necessary to map disease transmission and target interventions effectively.

Barriers to HIV testing and treatment are both systemic and social. At the social level, despite significant progress, discrimination and stigma associated with HIV infection remains high. Efforts to engage leaders at all levels of society and broadly targeted communication to improve community knowledge regarding HIV must continue, care and support structures must be established and legal protection provided.

While the pre-requisites to provide universal access exist, various challenges must be addressed to achieve this objective. They include:

- Variation in health system infrastructures between PICTs and different levels of need (i.e. number of people who are HIV positive) will require responses to be tailored to specific PICTs.
- Small numbers of people with HIV in some PICTs may require shared care arrangements (e.g. ARV assessment and prescribing at regional/external level and monitoring, primary health care in PICT).
- Staff turnover is a factor mitigating against sustainability of highly specialised treatment particularly in smaller countries. Flexibility in protocols and systems is required to allow for this.

#### **4.1.2 Care and Support**

Access to ART is the one measure that will provide the greatest health benefit for people with HIV. However access to testing, maintaining adherence to complex treatments and ensuring quality of life also requires care and support services. Ideally this should include access to peer support and professional services such as quality counselling as well as systemic approaches to dealing with wider welfare needs.

Currently the small numbers of people with HIV in some PICTs may make HIV positive peer support groups unviable and consequently alternatives to peer support structures need to be considered. Already in some countries where numbers are small, NGOs and church groups have prioritised the meaningful involvement of people with HIV in their organisations. At the regional level the Pacific Island AIDS Foundation (PIAF) provides a mechanism for communication, solidarity and support for some people with HIV who are isolated because of small numbers in their own country.

In consultations undertaken in preparing this report the quality of counselling available to people with HIV (with some exceptions) was generally reported to be poor. In some countries there is no capacity to provide post test counselling for those receiving a positive diagnosis (and sometimes when there is, the quality is poor). In many PICTs ongoing access to counselling for people with HIV either doesn't exist or is of poor quality.

Systemic approaches to protecting the human rights (e.g. freedom from discrimination in regard to issues such as housing and employment) and addressing the welfare needs of positive people need to be developed. Already in Fiji access to housing grants and support allowances for people with HIV who are unemployed, is occurring and may provide an example for other PICTs. Churches in Tonga, the Solomon Islands and Fiji and the Samoa AIDS Foundation have provided more immediate assistance in the form of housing and employment for people with HIV who have been disadvantaged because of their HIV status.

### **4.1.3 Voluntary Confidential Counselling and Testing (VCCT)**

Despite some efforts in capacity development the availability and quality of VCCT services across PICTs is generally reported to be poor (although there is evidence of significant scaling up in PNG). Common themes raised during the consultation phase of this review which have contributed to poor availability and quality included:

- Poor definition of minimum requirements for VCCT. Lack of standardisation. Protocols lacking.
- No clear planning regarding capacity development.
- Ethical issues regarding testing and access to ARV not widely considered.
- Values, beliefs and attitudes of health care workers that hinder VCCT are not adequately addressed
- Lack of strategic consideration regarding targeting of VCCT service provision.
- Linkage between HIV and STI testing not clear.
- Respective role of STI syndromic diagnosis/treatment and laboratory based testing not clearly defined.

### **4.1.4 HIV Prevention**

Overall the quality of prevention strategies in the Pacific is not high. Specific interventions are often developed in isolation from broader program frameworks. Awareness raising interventions are often equated with behaviour change. Evaluation is usually at best superficial and more often absent and therefore doesn't contribute to quality improvement.

At the regional level efforts to support prevention services are not well integrated. Different agencies develop and support a range of intervention types (e.g. condom availability, behaviour change communication, social marketing and peer support) with little consideration of how they fit into a broader prevention planning framework (e.g. health promotion; health outcomes) or how they are linked to other strategy components such as VCCT, treatment, care and support.

PRISP by describing what different agencies are doing is a significant contribution to reducing duplication in effort and clarifying respective roles. However rather than being the result of a strategic planning process it is more akin to an agreement to combine separately planned projects/programs.

Strategic information is necessary, particularly for prevention planning but also more broadly for program planning. Strategic information needs cover traditional public health domains such as epidemiology/surveillance as well as behavioural monitoring, social research, service utilisation data and monitoring/evaluation. With the notable exception of 2<sup>nd</sup> generation surveillance efforts and to some extent monitoring/evaluation, efforts have been piecemeal at the regional level in defining and meeting strategic information needs.

At the PICT level there are what appear to be some well planned and implemented prevention activities. However broader program planning approaches largely

replicate those at the regional level. Priority appears to be given to achieving consensus in planning in order to develop a sense of shared commitment. However the same outcome can be achieved through participatory processes where criteria for decision making are agreed to beforehand and planning processes are well facilitated.

Understanding and prioritisation of target populations at the PICT level is variable. Among larger population groups such as youth and women some projects are based on a clear assessment of different levels of risk among population segments, contributing factors, analysis of opportunities and barriers, identification of critical intermediaries and adoption of a range of interventions to achieve objectives. However most are not thereby reducing their effectiveness.

There are examples of well planned approaches to targeting populations at higher risk in some countries. They include MSM in Samoa, sex workers in the Solomon Islands and seafarers in Kiribas. However in general, marginalised and other populations at higher risk are not sufficiently prioritised in most PICTs. This particularly applies to sex workers.

Peer education appears to be a catch all phrase used to describe any type of interpersonal communication at an individual or small group level (except for counselling). The quality of peer education is reported by stakeholders to be highly variable. Several have attributed this to inadequate peer education training both in regard to time allocated and quality.

The tasks required of peer educators need to be acknowledged in the region of training and ongoing mentoring of peer education programmes. The training should address complexity of information they need to understand, communication and presentation skills, and practice in conducting the activities. Peer education programmes need to be constantly mentored to inform ongoing skills and capacity development of the peer educators.

There would be significant benefits in improving collaboration between the Adolescent Reproductive Health Program and PRSIP partners. The Adolescent and Reproductive Health Program which is auspiced by SPC is funded by two of the PRSIP partners – UNFPA and UNICEF. Both programs target youth and have overlapping objectives. Within the broader context of family life education, the program aims to ensure young people are knowledgeable about HIV and STIs and in the context of life skills education ensure young people are empowered to make life decisions including those around sex and sexuality.

While young people (aged 10-25) are the primary target population, the program also aims to develop a supportive environment by targeting parents, teachers, and churches. In each of the ten countries in which the program operates there is a focal point in government and non government sectors.

#### **4.1.5 Procurement of ARVs and essential commodities**

There is reported to be significant progress in the procurement of ARVs in the region. The Fiji national pharmacy is acting as regional hub for procurement for several countries and has good distribution channels to those countries. ARVs are being purchased from pre qualified agents in Australia and supply lead time is three weeks compared to 4-6 months if sourced through WHO systems.

Procurement of condoms is a significant problem in the region. UNFPA is responsible for the procurement of all reproductive health commodities. There have been repeated stock outs of condoms at the Fiji warehouse as a result of under forecasting needs by some countries. High turnover of pharmacists at a country level may be contributing to poor forecasting. A significant increase in demand over the past two years may also make forecasting more difficult. (E.g. the number of condoms ordered regionally has more then doubled in the past two years).

Within PICTs supply chains do not always operate well. Anecdotally condoms are not always available at district or village level health services.

#### **4.1.6 Laboratory Capacity**

Laboratory capacity for HIV confirmatory testing and diagnosis of bacterial STIs and antimicrobial susceptibility is limited in the region. Consideration needs to be given as to whether these services are needed more widely.

## **5.0 REGIONAL COORDINATION**

### *Terms of Reference*

- Assess inputs of key partners including AusAID (PRHP), GFATM, UN agencies, ADB and NZAID under the regional strategy's framework and identify gaps/overlaps and the extent of harmonisation of regional initiatives.
- Identify ways to develop better linkages across countries' national strategic planning and implementation processes; this should include the level of strategic connection between the Regional Strategy and the National Plans (HIV and broader overarching National Strategic Development Plans where they exist).
- Assess the coordination of peer education activities at both the regional and national levels, and recommend ways of strengthening peer education activities.
- Assess the extent to which existing knowledge and capacity in the region is being utilised (in terms of duplication and reinventing processes).

## **5.1 Key Findings**

### **5.1.1 Harmonisation**

The adoption of the Pacific HIV Regional Strategy and development of the PRSIP reflect strong commitment by key partners to harmonisation of regional initiatives to address HIV. During consultations undertaken in preparing this report, key partners indicated a willingness to engage in further harmonisation such as agreement on common reporting and monitoring/evaluation systems as well as adopting program based funding.

AusAID, NZAID and the ADB have adopted a pragmatic approach in harmonising the allocation of funding in light of the respective mandates of UN agencies, less flexible funding frameworks of the GFATM and different PICT coverage by respective agencies. AusAID as the initial and largest funder of the regional strategy allocated funds on the basis of identifiable gaps in the work of the UN agencies and activities funded through the GFATM. Allocations by NZAID and ADB have addressed remaining gaps and helped compensate for funding shortfalls resulting from unsuccessful GFATM bids for further HIV/AIDS funding.

Recognising the complexity inherent in having a diversity of technical agencies working on HIV/AIDS, UN agencies have adopted a joint programming approach to better coordinate their activities. UNAIDS is committed to adopting this approach in working with other multilateral agencies and donors. “The UN is committed to a rational division of labour and well-balances use of resources, identifying lead agencies for specific activities and achieving harmonisation through inter-agency collaboration and joint programming”.<sup>3</sup>

Given the number of PICTs covered by the regional strategy, different country coverage through different funding agencies, different timelines for different funding programs, and different mandates among agencies, goodwill and pragmatism will continue to underpin harmonisation. This approach has meant that while there are overlaps in the mandates of different agencies, there is a relatively low level of duplication in activities funded.

### **5.1.2 Strategy gaps**

There are significant gaps in the PRSIP. In July 2005 an analysis of programmatic and funding gaps was produced<sup>4</sup>. That analysis correctly identified the following intervention areas as priorities to avoid early escalation of the HIV epidemic in the Pacific.

- A stronger focus on targeted outreach to vulnerable and higher risk individuals<sup>1</sup>

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<sup>1</sup> The analysis identified the following groups as vulnerable to and at increased risk of HIV transmission:

- Condom advocacy, targeted distribution and social marketing
- Scaling up voluntary confidential counselling and testing services
- An aggressive approach to strengthening STI diagnosis and treatment
- Enhancing targeted prevention of mother-to-child transmission.

To some extent these gaps reflect a structural weakness in the planning framework for the PRSIP. Coordination is more based on sharing plans separately developed by agencies rather than joint planning across the strategy. While this has reduced potential duplication in activity the contribution of PRSIP to a comprehensive response has been limited.

### **5.1.3 Regional/PICT linkages and utilisation of existing knowledge and capacity**

Currently linkages between strategies and implementation plans at the regional and PICT level are not strong. Different implementation frameworks make it difficult to efficiently link technical expertise and financial support to country needs. Different frameworks also make it difficult for PICTs to utilise existing knowledge and capacity in the region and thus avoid duplication and reinventing processes.

The development of a common program framework for implementation plans at the regional and PICT level would enhance linkages. Any HIV/STI implementation framework should include the following components:

- prevention
- clinical services (ART, STIs, VCCT, procurement, laboratory)
- care and support
- Governance (organisational structures and funding arrangements)
- Enabling environment (leadership projects, community development, gender, national development)
- capacity development (human resources, institutional strengthening)
- strategic information (surveillance, monitoring/evaluation, behavioural/social research, operational research)

Operational components will be guided by principle underlying strategies. For example governance arrangements will be informed by principles such as transparency and partnership among others.

During the consultations undertaken in the review process, agencies in PICTs expressed great interest in accessing information about similar activities in other PICTs and collaborating on joint projects. Examples ranged from targeting socially

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- commercial seafarers and their partners
  - individuals with sexually transmissible infections
  - internationally and internally mobile populations
  - individuals who engage in 'transactional' sexual practices with multiple sexual partners
  - men who have sex with men

Priority interventions required were noted as : behaviour change communication, HIV and STI related counselling and support, and reliable access to simple and rapid diagnostic testing and condoms.

marginalised populations (e.g. sex workers, MSM) to developing shared protocols around treatment issues (e.g. commencement of ART).

The potential to better leverage regional initiatives was also identified. For example in most PICTs efforts are being made to involve the churches in creating a more supportive environment for implementing HIV strategies. However many were unaware of the Nadi Declaration of church leaders. When they were informed, it was considered a useful mechanism to help build church support in their own country.

The adoption of a common program framework allows PICTs to more easily identify and access relevant linkages at a regional level. It also allows PICTs to benchmark performance against each other. Benchmarking is a basic tool for quality assurance and improvement. A common program framework would also assist monitoring/evaluation at both a regional and PICT level.

The adoption of a common program framework is also consistent with the concept of regional cooperation articulated in the Pacific Plan<sup>5</sup>. It also contributes to the objective under good governance in the Pacific Plan of, “Improved transparency, accountability, equity and efficiency in the management and use of resources in the Pacific”<sup>6</sup>.

There is an inherent complexity in the diversity of technical agencies working on HIV/AIDS in the Pacific. A common program framework and joint planning will reduce duplication of effort. Formation of teams across agencies where staff are working on common program areas could further contribute to an integrated approach in implementation.

While the adoption of a common program framework would greatly enhance linkages, it is acknowledged that other initiatives are being made regionally to improve communication. They include the PRHP website and the publication of a HIV newsletter by SPC Cooperative mechanisms are also being established in the purchase of ARVs. This is also meets the criteria for regional provision of public goods/services outlined in the Pacific Plan<sup>7</sup>.

#### **5.1.4 Development Planning Linkages**

In many PICTs HIV planning occurs in isolation from either other health sector planning processes or broader development planning.

Some key donor agencies in the Pacific are adopting sector-wide approaches in health funding. To ensure HIV is accorded high priority, consideration should be given to scheduling of HIV planning in relation to broader health sector planning. Issues related to human resources, health service facilities and health service delivery considered in broader health planning impact upon the capacity to deliver HIV related services.

Broader development planning also has implications for a HIV strategy. Issues such as gender and human rights are of fundamental importance in ensuring an effective

HIV response and are key considerations in national development planning. More generally most areas of national development planning will have implications for HIV risk and vulnerability.

Advocacy for measures to mitigate any adverse consequences for HIV risk and vulnerability resulting from national development policies should occur in national development planning. However most PICTs do not have the policy capacity within their own HIV sectors to effectively undertake this alone. Regional organisations, particularly UNDP have a key role to play in assisting PICTs in this regard. Mainstreaming within regional agencies (e.g. SPC) will also enhance capacity to inform PICT level HIV mainstreaming.

## **6.0 PROGRAM MANAGEMENT**

### *Terms of Reference*

- Identify issues to improve reporting, monitoring and implementation of the regional strategy and recommend ways to improve it's M/E framework.
- Recommend any revisions needed to the regional strategy, and include references to any necessary budget, personnel and/or management implications of the recommendations.
- Assess the adequacy of funding for the regional strategy, in the context of the extent to which available funding is matched to (a) PRSIP, and (b) current estimated needs in the Pacific, including analytical assessment of proportion of funds that are directly related to management compared to implementation of activities.
- Assess and recommend ways of pooling of resources to effectively manage and report on the PRSIP – i.e.: programming approach with one reporting format to all funding agencies and partners.
- Assess the integration of national strategic planning processes at country level and how these might be better integrated into national development planning processes (if not already).

## **6.1 Key Findings**

### **6.1.1 Regional Strategy Reporting, Monitoring, Evaluation and Implementation**

The regional partners have established a Monitoring and Evaluation Reference Group (MERG) to improve activity in this area. In 2005 this group modified a monitoring and evaluation framework agreed to earlier in the year. The modified framework provides an effective structure for monitoring and reporting against the three purposes stated in the regional strategy:

- To increase the capacity of PICTs to achieve and sustain an effective response to HIV/AIDS
- To strengthen coordination of the regional level response and mobilise resources and expertise to assist countries to achieve their targets
- To help PICTs to achieve and report on their national and international targets in response to HIV/AIDS

The revised framework includes a standardised core set of tools to collect and analyse data and to report against other requirements (e.g. UNGASS, MDGs). For the purpose of data management it utilises the Country Response Information System (CRIS).

The framework also provides an effective mechanism for evaluating the overall achievement of the strategy purposes. However its utility in analysing strategy failure is more limited. The underlying assumption is that the activities outlined in the PRSIP will if implemented result in the purposes being achieved. The extent to which they are achieved can be simply attributed to quality and timeliness in the implementation of activities.

As discussed earlier in this report, the current approach to planning (in effect an amalgamation of plans developed separately by partner agencies) is inadequate for an effective strategic response. The adoption of a health outcomes approach to planning, mapping of externally mandated actions (e.g. by UN agencies) against the resulting plan, and identification of key gaps and possibly inconsistencies would add capacity to analyse strategy failures.

### **6.1.2 Strategy Revisions**

The eight themes which frame the regional strategy provide an appropriate basis for an effective response to HIV/AIDS in the Pacific. However the PRSIP does not provide a clear framework for an effective programmatic response.

The implementation plan should group core services, infrastructure and governance requirements for an effective response (i.e. a program) to achieving the overall goal of the strategy. Ideally this framework would be replicated by PICTs. In so doing the PRSIP will address two immediate challenges noted in an independent review of programmatic and funding gaps conducted in 2005<sup>8</sup>. They were:

- The regional strategy and the RSIP must provide a very clear framework for future investment by bilateral and multilateral partners in the fight against HIV/AIDS in the Pacific.
- The RSIP must be closely linked to the immediate programmatic and funding priorities at the national level.

As proposed in section 5.1 of this report, the framework would consist of:

- prevention
- clinical services (ART, STIs, VCCT, procurement, laboratory)
- care and support
- Governance (organisational structures and funding arrangements)
- Enabling environment (leadership projects, community development, gender, national development)
- capacity development (human resources, institutional strengthening)
- strategic information (surveillance, monitoring/evaluation, behavioural/social research, operational research)

The level of detail contained within this framework will depend upon country capacity. In larger countries and those already with a diverse range of agencies involved in the HIV response, the framework would be comprehensive. In smaller countries and those at an earlier stage of organized response, the framework might be quite simple. Overall attention to this Framework complies with the aim of the Paris Declaration to develop result-orientated operational programmes in countries.

Within the proposed framework greater emphasis should be given to supporting service delivery. Of immediate priority are the high priority activities and interventions identified in the 2005 review (although targeted prevention of mother to child transmission is now occurring):

- A stronger focus on targeted outreach to vulnerable and higher risk individuals
- Condom advocacy, targeted distribution and social marketing
- Scaling up voluntary confidential counselling and testing services
- An aggressive approach to strengthening STI diagnosis and treatment
- Enhancing targeted prevention of mother-to-child transmission.

During consultations undertaken in conducting this review significant gaps in each of these areas were identified in PICTs.

As discussed in section 4.1 universal access to ART must also be a priority.

The additional cost of implementing these activities over the period 2007-2011 was been estimated at \$US4,043,000. (GFATM round 5). Since the 2005 review, funding has been received from ADB to cover these gaps in 10 PICs.

### **6.1.3 Adequacy of Funding**

There is a lack of clarity regarding funding roles at the regional and PICT levels in the Pacific for HIV strategies. This includes the respective roles of donor agencies and PICT governments.

Funds are allocated through regional agencies (e.g. PRHP, UN agencies) to support service delivery in PICTs. However various criteria are used in determining allocations (e.g. competitive grant processes, historical relationships). Generally these criteria are not explicitly linked with any objective assessment of need related to criteria such as existing HIV burden or risk in PICTs, availability of bilateral aid funds or economic capacity.

There is also limited collaboration and clarity regarding funding roles within agencies working at both the regional and county level.

Until implementation planning is done that includes identification of the minimum service requirements necessary to implement a comprehensive response at a PICT level (the program framework described in section 5.1) its not possible to develop a detailed costing and hence assess the adequacy of existing funding. This planning would include identifying what tasks can be done most effectively at the regional level (in line with the principles outlined in the Pacific Plan). It would then be possible to more appropriately determine allocations to be made at regional and PICT level.

The delineation between regional agencies and PICTs in program implementation will also assist in clarifying donor roles at a multilateral and bilateral level. At the regional level funding should be allocated for implementation of those tasks which can best be undertaken regionally as well as the ongoing provision of high level technical assistance. Given the urgency of the threat of HIV, funding should also be allocated regionally for enhancement of core program functions at a PICT level necessary to respond. Over time these functions should be funded at a PICT level possibly with assistance from bilateral aid arrangements.

### **6.1.4 Resource Pooling**

In principle most donor agencies in the Pacific are committed to the Paris Declaration on Aid Effectiveness. This includes:

- harmonisation and alignment of aid delivery between donor agencies
- alignment of aid with partner countries' priorities, systems and procedures
- reforming and simplifying donor policies and procedures
- provide reliable indicative commitments of aid over a multi-year framework and disburse aid in a timely and predictable fashion according to agreed schedules

The Paris Declaration also commits partner countries to:

- develop prioritised results-oriented operational programmes as expressed in medium term expenditure frameworks and annual budgets

- encouraging the participation of civil society and the private sector in co-ordinating aid

The adoption of a common program framework at regional and PICT level as described already in this report would be consistent with the commitments made in the Paris Declaration. It would be operational and could be costed so as to provide medium term expenditure frameworks and annual budgets. It would also provide greater clarity in aligning the commitments of different agencies as well as leveraging the comparative advantages of different donors.

To minimise duplication of management and administrative arrangements at the regional level and between the region and PICTs it is recommended that a resource pool be established at SPC to receive donor funds for implementation of the regional HIV strategy. Existing mechanisms including infrastructure established for the Global Fund could be adapted for this purpose. Allocation of funds to other regional implementing agencies and PICTs would occur through this fund.

The reasons for utilising SPC for this purpose are twofold. Firstly the SPC is an agency of the PICTs. Secondly as the Principal Recipient of the Global Fund an existing infrastructure exists for administering a multi country HIV program.

The establishment of a resource pool is also consistent with the development of the Pacific Health Fund. The concept of the fund was endorsed by the Pacific Islands Forum Leaders in 2005 as a possible means for financing health priorities in the Pacific Islands region.

Conditions of funding should be standardised between donors as far as possible. The development of a single monitoring/evaluation framework should provide a common framework for performance reporting. The development of common financial reporting standards is also consistent with commitments made in the Paris Declaration.

The existing PRHP grants program has contributed to broadening the involvement of civil society organisations in PIC strategy implementation and fostering innovative projects. However the determination of priorities and grant allocations for PIC level activity is not consistent with the broad directions of the Paris Declaration. Over the remaining two years of the PRHP transitional arrangements should be made for devolving grants determination and administration for PIC based activity to the country level. A formula should be developed for funding allocations to PICTs that takes account of HIV burden and risk, availability of bilateral aid as well as economic capacity. Other factor might also be considered such as geographic accessibility and existing infrastructure.

### **6.1.5 Integration with national development planning**

The development of operational programs at the PICT level will assist in better integration with national development planning frameworks. It will provide greater clarity regarding human and financial resource needs which can be factored into national development planning. Operational programs will also identify program needs in other sectors.

The timing of HIV program operational planning should occur so that input can be made into national planning.

## **7.0 GENERAL**

### *Terms of Reference*

- Identify ways in which gender can be more specifically addressed to ensure that the gender dimensions of the epidemic are effectively addressed with a stronger focus by all implementing agencies and partners.
- Comment on and recommend ways to further streamline the coordination and management of the regional strategy, including a focal resource center for HIV programs in the region.
- With a major focus on the way forward (both at the strategic policy level and concerning management/administration aspects – meetings, communications, etc), recommend areas where the regional strategy needs to be revised.
- Assess whether too focus on stand alone national HIV plans are impeding on HIV mainstreaming efforts.

### **7.1 Key Findings**

#### **7.1.1 Gender**

Gender inequality is a fundamental cause of vulnerability to HIV. Its most profound impact is on women and is compounded by biological factors. However it also contributes to vulnerability among men by reinforcing stereotypical roles associated with higher risk taking. Those who adopt a transgender role also suffer specific forms of vulnerability.

In countries where heterosexual transmission is the major cause of HIV women are increasingly affected. In sub-Saharan Africa the majority of new infections are in women. Reported new infections in Papua New Guinea are now higher among women than men.

Greater vulnerability among women is associated with lower social and economic status. Women are often disempowered in sexual relations and therefore unable to negotiate around sexual practices. In this situation their vulnerability to HIV risk is entirely dependent on their male partner's infection status and risk practices.

Economic insecurity can also result in women engaging in sex in exchange for money, goods and services. In most countries rates of HIV are higher among women engaged in sex work.

During consultations, violence against women was reported to be high in many countries. This is also associated with increased vulnerability to HIV infection.

Ensuring that the gender dimension of HIV is effectively addressed requires an approach that integrates HIV with a broader approach to sexual and reproductive health including interventions that focus on underlying causes of gender inequality. The Revised Pacific Platform for Action on Advancement of Women and Gender Equality 2005 to 2015 provides the policy context for addressing the causes of gender inequality<sup>9</sup>

The Pacific Platform, which was adopted at the second Pacific Ministers Meeting on Women attended by 20 PICTs in 2004, outlines commitments against four strategic themes: mechanisms to promote the advancement of women, women's legal and human rights, women's access to services and the economic empowerment of women. Across each of these themes eradication of poverty is a focus. HIV/AIDS is recognised in the Pacific Platform as a critical emerging issue affecting women.

There are a number of ways to more specifically and effectively address gender in the strategic response to HIV. Many of these were identified in preparing the Pacific Plan. They include:

- \* integrating HIV into sexual and reproductive health within strengthened primary health care services (including access to HIV/STI testing and treatment)
- \* developing legal safeguards that protect human rights in regard to sexual and reproductive health
- \* promote reforms to laws and social policies that inhibit women's economic independence (e.g. property and inheritance laws)
- \* engage political, religious and traditional leaders in challenging beliefs that reinforce gender inequality
- \* engage men as partners in addressing gender inequality
- \* ensure women are effectively targeted in prevention campaigns
- \* Ensure surveillance and data collection reflects gender aspects
- \* the development of a gender audit tool by UNIFEM

In undertaking this review there was strong support for addressing gender issues and specific interventions were reported on. Projects targeting women are the third largest group (after youth and sex workers) in competitive grants administered through PRHP. The relationship between human rights and gender equality is a focus of the UNDP funded Regional Rights Resource Team (RRRT). Men as partners projects were reported to be very effective in those countries where they were implemented.

Papua New Guinea compared to other PICTs has in recent years more fully investigated the implications of gender for developing a comprehensive effective approach to addressing HIV<sup>2</sup>. Numerous research and evaluation studies have been undertaken, existing policies and strategies have been reviewed and a draft national policy and a draft strategic plan on gender and HIV has been developed.

The strategic approach adopted is underpinned by mainstreaming and integration of gender in a programmatic approach. As described in a report on strengthening a

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<sup>2</sup> Although PNG has developed a national strategic plan to address gender and HIV/AIDS, it is reported that the level of gender expertise in PNG is low, and that the gender capacity of the Women's Division of the Department of Community development and of the National Council of Women has declined over the past two years.

gendered approach “Mainstreaming for gender and HIV/AIDS itself involves two strands: mainstreaming gender into specific HIV/AIDS programming and mainstreaming “gender and HIV/AIDS” across sectors as part of a multi-sectoral approach”<sup>10</sup>.

The above report also notes that mainstreaming “must be teamed with targeted programmes for women and girls (or men and boys, in aspects where they are disadvantaged).”<sup>11</sup> This is consistent with findings from consultations undertaken in this review. Many of those consulted expressed a strong commitment (though sometimes limited understanding) to addressing gender but uncertainty as to how this could be translated to action.

To promote a programmatic approach to gender, the PNG gender strategy includes a situational analysis of each of the key focus areas of the broader national strategic plan and identifies actions (gender strategies).

Some of the priorities, both organisational and issue based in the PNG gender strategy are likely to be identified as such more generally in the Pacific context (e.g. developing a gender mainstreaming framework, leadership and gender based violence). However a more detailed situation analysis and review of existing strategies at regional and PICT level is required in order to identify priorities.

Immediate actions that should be undertaken to more specifically address gender in the context of the regional strategy are:

- \* employ a gender specialist to work specifically on the PRS
- \* establish a gender team across regional agencies
- \* undertake a situational review/assessment of gender in the context of HIV in the Pacific
- \* integrate a specific consideration of gender in developing the next strategy implementation plan (program implementation framework)
- \* assist PICTs in integrating gender into program planning

In developing the next regional strategy, gender should be included as a key planning issue.

### **7.1.2 Improved Coordination and Management of the Regional Strategy**

Despite the number of coordinating, implementing and donor agencies at the regional level, coordination between most is relatively good. There is strong commitment from most to work cooperatively and in so doing minimise duplication of effort. The PRSIP, while not necessarily an effective planning tool, has provided a framework to coordinate activities. The major gap in coordination is the limited involvement by agencies responsible for US and French jurisdictions.

Theoretically, combining the management of activities carried out by SPC and PRHP would enhance coordination (a recommendation made for other reasons in this report). However there is already good communication between the two.

There are some initiatives, raised during consultations that could further enhance coordination. They include:

- circulating reports on PICT visits by different agencies in order to share information gained
- sharing schedules for PICT visits to reduce burden on key people at the country level
- consideration of joint missions to PICTs when objectives overlap

While there is good coordination between agencies at the regional level, this does not result in clear lines of communication for agencies at the PICT level. There are many agencies at the regional level, often with overlapping functions. Opportunities to access resources (information, financial, technical) or simply share information are consequently wasted.

The establishment of a focal resource centre at the regional level that could be both a referral point to other agencies as well as a distribution point for information could improve communication between regional and PICT agencies.

Adoption of a common program framework would also enhance communication. It would allow agencies at a PICT level to more easily identify entry points to source information and resources. This would occur through:

- using standard terminology
- identifying key contacts
- specifying technical and other resources available
- providing information on comparable interventions elsewhere in the region

### **7.1.3 National HIV Plans and Mainstreaming**

UNAIDS has defined mainstreaming in relation to HIV/AIDS as:  
“.. a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within the workplace”.

Mainstreaming is important because policies and practices across different sectors:

- frame HIV risk and vulnerability (e.g. mobile populations are more likely to engage in sex with different partners because of physical separation from regular partners)
- impact on health seeking behaviours (e.g. discriminatory employment practices are a barrier to people testing for HIV)
- affect the care and support of people living with HIV (e.g. availability of income and housing assistance)
- contribute to underlying vulnerability (e.g. issues related to gender, culture, education)

At a fundamental level, HIV/AIDS is not only a health crisis but also one that fundamentally threatens the development aspirations of those nations most affected.

In many parts of the world, economies have been devastated and basic social service sectors such as health and education are collapsing. HIV/AIDS is a disease that disproportionately infects youth particularly those of child bearing age. The death of parents has left millions of children orphaned, with little hope of an adequate supportive upbringing.

National HIV plans should facilitate mainstreaming efforts rather than impede them. Planning should engage actors from other sectors and identify key points of entry into other sector policies and programs. This has occurred to a variable extent at both regional and PICT levels in the Pacific. At the regional level, activities described under leadership and governance in this report have helped establish a core group of advocates in other sectors for inclusion of HIV considerations. Funding provided for the Regional Rights Resource Team has contributed to consideration of HIV at a regional and PICT level in the context of human and associated legal rights. Examples at a PICT level also include the adoption of a strategic plan for responding to the impact of HIV/AIDS on women in Samoa.

Mainstreaming needs to occur on the basis of a realistic assessment of capacity and priorities. Attempts to be very broadly inclusive of other sectors (despite HIV having potential impact in all sectors), has arguably had negative consequences in the Pacific. These include:

- National AIDS Commissions with membership from a very broad range of sectors being unfocussed and suffering from lack of commitment reflected in poor attendance
- Strategic plans being overly ambitious and too abstract to clearly identify priorities and provide operational direction

Focusing mainstreaming efforts on those sectors most relevant to current program priorities may have the greatest impact on the HIV response and reduce the risk of diluting effort given limited capacity. In addition to health this would include cross cutting themes such as gender, human rights, religion and culture and sectors such as education and labour. Broader leadership initiatives such as the Asia-Pacific Leadership Forum, involvement in the Pacific Parliamentary Assembly on Population and Development and activities associated with the Pacific Islands Forum should be continued to maintain wider support.

Regional agencies that operate across sectors should play a leadership role in mainstreaming. They include SPC, UNAIDS and UNDP. Consideration should be given to developing sector specific plans. This would assist PICTs identifying priorities for mainstreaming.

#### **7.1.4 Papua New Guinea**

In general the key findings of this report do not relate to Papua New Guinea. The sheer scale of the epidemic in that country necessitates a response that would overwhelm consideration of other PICTs. Significant resources are being allocated by aid donors to assist in that response.

There are however potential linkages in the Pacific regional strategy that can benefit PNG as well as opportunities for other PICTs to learn from the PNG experience.

Regional strategies aimed at building an enabling environment to support the implementation of a multi-sectoral response to HIV are relevant to PNG. Common issues include:

- \* building high level political support
- \* strengthening the role of faith based organisations
- \* NGO capacity development particularly in regard to advocacy
- \* utilising regional sporting and cultural events to promote HIV awareness
- \* integrating gender into strategic responses
- \* addressing broader multi-sectoral and development dimensions of HIV

The impact of HIV in PNG is seen by many PICTs as representing the threat faced by their own countries. There is a keen interest in learning from the successes and failures of that country.

Perhaps the greatest challenge PNG has faced in recent years has been scaling up the HIV response so as to have a significant impact at a population level. This challenge on a smaller scale at this stage confronts all PICTs.

Its not possible on the basis of consultations undertaken over two days to make any realistic assessment of the successes and failures of PNG in scaling up its response. However there is evidence that over the past three years, the number of people on ART has increased significantly, a systematic approach is being implemented that will establish the infrastructure necessary to provide VCCT and care/support services accessible to the majority of PNG citizens, and widespread HIV awareness is being achieved. There is also some evidence of a reduction in risk behaviour (though largely anecdotal).

Regional strategies aimed at promoting an enabling environment should include PNG. Policies, protocols and systems adopted in scaling up access to services in PNG should be considered in program design in other PICTs. Opportunities for staff from other PICTs to undertake placements in PNG should be investigated in the context of capacity development.

### **7.1.5 The Way Forward**

Key directions in revising the regional strategy over the next two years are:

- Adoption of a common program framework at the regional and national level and more systematic and coordinated planning at all levels
- an increased focus on implementation at the PICT level
- a more focused approach on key sectors and cross cutting issues in mainstreaming
- more flexibility in interpretation of the concept of one national AIDS authority
- adoption of key priorities for service delivery
- mainstreaming gender into the strategic and program response
- an integrated approach to HIV and STIs through closer alignment between the HIV strategy and the Adolescent and Reproductive Health Program
- integration of capacity building into ongoing collaboration/support arrangements

- support for lead NGO agencies for prevention among most at risk groups in PICTs as well as broader policy advocacy

An effective response to HIV is primarily dependent on implementation at the PICT level. The PRSIP is the framework for implementation of the regional strategy. In its current form it is primarily focused on activity at the regional level. It is of limited value in guiding the response to HIV at the PICT level or facilitating the availability of technical and other assistance.

The adoption of a common program framework at regional and PICT level has been recommended in this report as a mechanism to address a range of issues that will also contribute to PICT implementation. They include improved planning, coordination and reporting, as well as better harmonisation of funding and technical assistance (including role delineation). By focusing on service delivery and related infrastructure/support requirements it can also facilitate better linkages through clearer communication between regional and PICT levels.

There is limited capacity in most PICTs to adopt a broad multi-sectoral approach. Priority needs to be given to those sectors and issues that impact most on risk and vulnerability.

Most PICTs have interpreted the principle of one national AIDS authority to mean a national AIDS committee with broad high level multi-sectoral representation. In most, if not all PICTs, these national AIDS committees are dysfunctional. While there should be adherence to one governance structure there should be flexibility in determining the most effective organisational arrangements.

In section 4.0 of this report weaknesses and gaps regarding access to quality services were identified. Systematic and coordinated planning at the regional and PICT level will help rectify these weaknesses and gaps.

The following priorities for service delivery should be adopted over the remaining years of the strategy to avoid escalation of the HIV epidemic in the Pacific.

- A stronger focus on targeted outreach to vulnerable and higher risk individuals
- Condom advocacy, effective targeted distribution and social marketing
- Scaling up voluntary confidential counselling and testing services
- An aggressive approach to strengthening STI diagnosis and treatment
- Enhancing targeted prevention of mother-to-child transmission.

Each will require specific action plans and possibly allocation of additional resources.

Addressing the gender dimension of HIV is fundamental to addressing underlying causes of risk and vulnerability. It requires specific consideration in all aspect of planning, including strategy, programmes and projects. It needs to be integrated through institutional frameworks and human resource capacity development.

The objectives of the HIV strategy and the Adolescent and Reproductive Health Program largely overlap in relation to youth. Most of the priorities noted above for the remaining years of the strategy have a strong focus on STI prevention, diagnosis and

treatment. A joint programming approach should be adopted between the HIV strategy and Adolescent and Reproductive Health Program in areas of common coverage. Consideration should be given to providing additional funding to the Adolescent and Reproductive Health Program to expand the PICTs currently covered.

Existing processes adopted at the regional level for capacity development in PICTs need to be integrated into ongoing support arrangements. The current approach to capacity development is dominated by one off skills development workshops and short term assistance in planning exercises. Most stakeholders consulted in undertaking this review commented that this approach:

- is too generic and needs to be tailored to specific local contexts
- places too high a learning demand in too short a period of time and should be complemented by refresher training
- is too abstract and would benefit by being integrated into the design and delivery of actual projects
- is often delivered to the wrong people
- does not provide ongoing support for participants to resolve problems that arise when implementing projects based on learning from workshops

Solutions proposed during consultations included training delivered at service delivery sites, training integrated into project/service design and delivery, staff attachments with comparable services/projects and other ongoing mentoring arrangements.

Support/mentoring relationships need to be established between individuals at the regional and PICT level around key components of program implementation. It was noted during consultation that this is already happening around ART and is contributing to greater preparedness and actual service provision. Development of teams across agencies at the regional level will strengthen capacity to establish such relationships.

The NGO sector has a special role in broad policy advocacy as well as delivery of prevention programs targeted at most at risk populations. In regard to policy, unlike government ministries, NGOs are not limited by the mandates of elected governments. They also have greater direct access to population groups whose behaviour may place them in conflict with other aspects of government policy (e.g. sex workers, MSM).

During consultations it was observed that those NGOs which are most effective in advocacy and/or highly targeted prevention met one or more of the following criteria<sup>3</sup>:

- were highly focused on HIV as their core work (e.g. Samoa AIDS Foundation, AIDS Task Force of Fiji)
- had a lengthy history of extensive HIV involvement (Vanuatu One Small Bag)
- had extensive international experience working on HIV (Save the Children Fund and Oxfam in Solomon Islands)

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<sup>3</sup> Agencies listed often met more than one of the criteria.

To enhance quality of advocacy and prevention programming in the NGO sector, sufficient funding should be available to at least one lead NGO to support a critical mass of staff and projects.

It was also observed that countries where these NGOs were also CDOs had a better partnership between government and non government sectors. It is recommended that these observations be considered in the upcoming review of CDOs to be conducted by PRHP.

The role of NGOs at regional and PICT level would benefit through better coordination. Despite funding for a regional NGO network, coordination is currently weak. Investigation as to why this is the case should occur and if necessary consideration be given to alternative arrangements (e.g. biannual rotation of host organisation).

## **RECOMMENDATIONS**

### **Leadership and Governance**

1. That a multi-sector response to HIV/AIDS should focus on consolidating broad political awareness of the potential development threat of HIV and prioritise interventions on those themes and sectors where action is of most immediate relevance and/or preparedness most important. At the regional level and in all PICTs those themes will include gender, human rights, religion and culture. Sectors will include (in addition to health) education, justice, uniformed services, and transport.
2. That in PICTs the principle of one national AIDS authority should be interpreted as common agreement to institutional arrangements for governance. The objectives of those arrangements are:
  - Facilitating partnership between government and civil society agencies in planning and coordination
  - active participation in decision making
  - ensuring the best available expertise and experience is utilised in decision making
  - enhancing multi-sectoral involvement
  - enhancing collaboration between and within sectors
  - strengthening high level leadership support for addressing HIV

Mechanisms adopted to achieve these objectives should be guided by principles of accountability, transparency and partnership and based on a realistic assessment of the resources required and available for different governance structures.

3. That existing measures to strengthen the involvement of positive people are closely monitored and remedial action taken if they are not effective.

## **Access to Quality Services**

4. That a common program framework for implementation plans be promoted at the regional and PICT level. The HIV/STI program framework will include the following components:
  - prevention
  - clinical services (ART, STIs, VCCT, procurement, laboratory)
  - care and support
  - Governance (organisational structures and funding arrangements)
  - Enabling environment (leadership projects, community development, gender, national development)
  - capacity development (human resources, institutional strengthening)
  - strategic information (surveillance, monitoring/evaluation, behavioural/social research, operational research)
5. That the common program framework incorporate planning based on the following processes:
  - Setting operational objectives
  - establishing quantifiable targets necessary to achieve operational objectives
  - identifying mechanisms to achieve targets
  - assessing the costs and benefits of different mechanisms
  - determining the human and financial capacity needs to develop/strengthen selected mechanisms
  - establishing policies, protocols and guidelines to implement programs
  - developing monitoring and reporting systems including quality management and improvement processes
  - adopting implementation plans specifying inputs, outputs, timelines, roles and responsibilities
6. That universal access to ART for those who need it, is adopted as an urgent and key objective of the Pacific regional strategy on HIV.
7. Over the remaining years of the Pacific strategy increased priority should be given to the following areas of intervention:
  - A stronger focus on targeted outreach to vulnerable populations and people who might be at higher risk
  - Condom advocacy, targeted distribution and social marketing
  - Scaling up voluntary confidential counselling and testing services
  - An aggressive approach to strengthening STI diagnosis and treatment
  - Enhancing targeted prevention of mother-to-child transmission.

## **Regional Coordination**

8. That regional agencies move beyond coordination of separately developed implementation plans to joint planning within a common program framework.
9. That regional agencies should develop joint work teams on common function areas. E.g. monitoring and evaluation.

10. That the PRHP website and SPC HIV/AIDS websites be amalgamated to become the website for the Pacific Regional Strategy. It should include the proposed program framework and implementation plan. Against each component a mix of the following information should be included:
  - model policies, procedures and protocols developed regionally and by PICTs
  - comparative data from PICTs against performance indicators
  - outline of technical, financial or other support available
  - key contacts
  - links to other relevant information
11. That a team working across regional agencies should be established to better coordinate and strengthen assistance to PICTs in mainstreaming efforts.

### **Program Management**

12. That a fully costed strategy and program implementation plan (utilising the framework recommended in this report) should be developed for the five year period post 2008. This would include identification of those functions which can be best done regionally in line with the principles of the Pacific Plan and those that should be implemented at a PICT level.
13. That over the five year period 2008-2013, funds provided to the regional strategy to supplement country level core functions should be allocated according to an agreed formula. Such a formula would include demographic factors, HIV risk and vulnerability, availability of bilateral donor funds and development need.
14. That a common fund be established at SPC for receiving funds provided for the regional strategy. Existing arrangements for the Global Fund might be modified to provide the infrastructure necessary for allocating fund to other agencies regionally and at PICT level.
15. That following conclusion of existing contractual arrangements, functions currently separately administered for the PRHP and PRS should be amalgamated through SPC.
16. That a joint programming approach should be adopted between the HIV strategy and Adolescent and Reproductive Health Program in areas of common coverage. Consideration should be given to providing additional funding to the Adolescent and Reproductive Health Program to expand the PICTs currently covered.

### **General**

17. That in order to more specifically address gender in the context of the regional strategy the following actions should be adopted:
  - employ a gender specialist to work specifically on the PRS
  - establish a gender team across regional agencies

- arrange a situational review/assessment of gender in the context of HIV in the Pacific
- ensure specific consideration of gender occurs in developing the next strategy implementation plan (program implementation framework)
- assist PICTs to integrate gender into program planning

In developing the next regional strategy, gender should be included as a key planning issue.

18. That capacity development interventions should where possible, be specifically tailored to, and better integrated with PICT program interventions. This includes:
  - training programs specifically tailored to PICT circumstances and needs
  - more localised training provision
  - integrating training into programme/project implementation
  - refresher training and follow up assessment
  - development of partnering and mentoring arrangements between PICT agencies and between regional and PICT agencies
19. that to enhance quality of advocacy and prevention programming in the NGO sector, sufficient funding should be available to at least one lead NGO at a PICT level to establish a critical mass of staff and projects. This matter should be included in the upcoming review by PRHP of CDOs.
20. That a review should be undertaken of existing arrangements for the funding and functioning of a peak NGO organisation at the Pacific regional level.

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