

5th July 2004

THE PACIFIC REGIONAL STRATEGY
ON HIV/AIDS

2004-2008

Executive Summary

Community and cultural values, traditional and family support systems and religious beliefs play a central part in the lives of peoples across the Pacific. As a result, development initiatives must recognise the importance of these factors if they are to be effective and sustainable. The new regional HIV/AIDS Strategy has been developed within this context, which aims to guide the response of the region to the pandemic during the next five years. Globally, the HIV/AIDS pandemic is already having a devastating impact. In the Pacific, failure to effectively prevent its future spread will pose a direct and significant threat to sustainable health, economic and social development goals of our communities.

Since HIV was first reported in a Pacific Island country in 1984, there have been 8,268 confirmed HIV infections and 1,672 AIDS cases reported. Over 95% of reported HIV infections have been from five PICTs—French Polynesia, Guam, New Caledonia, Fiji and Papua New Guinea. In addition, there are almost certainly many unreported cases throughout the region. Significant risk factors for HIV transmission exist within the region: youthful age structure of populations, significant movement of people into, through and out of the region, and in particular high rates of other Sexually Transmitted Infections (STIs) and teenage pregnancies. Limited economic opportunities and weak economies compound the vulnerability of PICTs.

Key challenges in addressing HIV/AIDS in the region include: (i) Inadequate surveillance and monitoring capacity at all levels; (ii) Long distances and communication difficulties; (iii) Providing sustained leadership at all levels; (iv) Lack of resources; (v) Culture as a barrier to understanding and prevention initiatives, including lack of understanding of gender relations; (vi) Lack of capacity in all aspects of HIV response and at all levels; (vii) Difficulty in sustaining comprehensive national responses; (viii) The need for coordination at national and regional levels; (ix) The need to deal with vulnerable groups; (x) The need to address stigma and discrimination; and (xi) The need to build capacity to provide treatment to those with AIDS.

In 2002, HIV/AIDS was discussed for the first time at the Pacific Islands Forum meeting where it was acknowledged that HIV/AIDS was a development issue and could have devastating impact on the economies, societies and the security of the region. In August 2003, leaders again discussed HIV/AIDS, and called for a regional strategy on HIV/AIDS to be developed by the 2004 Forum.

The process undertaken to develop the strategy

The Pacific Regional Strategy and Key Actions on HIV/AIDS 2004-2008 was developed through an extensive consultative process, taking into consideration the uniqueness of the Pacific region and issues related to HIV/AIDS including lessons learnt from countries that have successfully halted and reversed the spread of HIV/AIDS.

Following the Regional HIV/AIDS Coordinating meeting in October 2003, in Nadi, Fiji, a Regional Strategic Reference Group (RSRG) was established, comprising of representatives from main sub-regions of the Pacific, including

the American affiliated Pacific Island Countries and the French territories; PLWHA; NGOs; UNAIDS; and Technical Agencies. The RSRG met on two occasions (March and April 2004) to discuss and formulate the strategy, drawing from the findings of the review of the 1997/2000 Regional Strategy and a situational analysis to identify emerging issues.

The concepts and the components of the Strategy have been discussed at two Regional Strategic Reference Group meetings in Suva, Fiji (March & April 2004); Joint Fiji Great Council of Chiefs/UNAIDS 'Accelerating Action Against HIV/AIDS in the Pacific' Meeting at Vuda, Fiji (March 2004); The World Council Churches (Pacific Office) Meeting in Nadi (March 2004); Regional Workshop on HIV / STI Surveillance in Nadi (May 2004); CROP Working Group on Health and Population meeting in Suva (May 2004); and the Pacific Regional Consultation on Gender and Development in Nadi (May 2004).

The first draft was widely distributed for consultations following the UNAIDS/ Great Council of Chiefs Regional Workshop on Accelerating Action Against AIDS in the Pacific, March 2004 and the second draft was produced and distribute for further consultation following the second RSRG meeting.

A major challenge has been to accommodate the varying views and concerns in the region with diverse cultures and religious backgrounds, and differing national HIV epidemics, whilst also having a strategy that is based on universal principles such as leadership, prevention, reducing vulnerability, care, support and treatment. A strategy that "feels and smells" like the Pacific and at the same time is based on sound practices that can be implemented with tangible outcomes.

Key direction taken in the strategy

The Regional Strategy will support national efforts to prevent and control HIV/AIDS and strengthen work at the regional level through improved coordination, collaboration and partnership between regional organizations and national programs. It will also support national efforts to prevent and control HIV/AIDS as well as supporting national efforts against other Sexually Transmissible Infections.

The goal of the Strategy is to reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus in Pacific communities. It has three main purposes: (a) to increase the capacity of PICTs to achieve and sustain an effective and sustainable response to HIV/AIDS; (b) to strengthen coordination of the regional-level response, and mobilize resources/expertise to assist countries achieve their targets; and (c) to assist PICTs to achieve and report on their national and international targets in response to HIV/AIDS. The Strategy is framed within eleven principles that acknowledge the traditional, cultural and religious values of the Pacific communities; affirms the protection and promotion of human rights; is based on partnerships and a multi-sectoral approach; and includes a gender and vulnerable groups sensitive approach.

Strategic areas and key actions

The Strategy builds on eight (8) Pacific themes. These are: (1) Leadership; (2) A Safe and Healthy Pacific Islands Community; (3) Access to Quality Services; (4)

Human Rights and Greater Involvement of People With and Affected by HIV/AIDS; (5) Coordination, Collaboration and Partnership; (6) Funding and Access to resources; (7) Planning, Monitoring & Evaluation, Surveillance and Research Activities; and (8) Addressing Vulnerability. Building on these themes, the Strategy defines each thematic goal, strategies and key actions. The Strategy clearly articulates an implementation plan over a 5-year period by regional governments; civil society organizations, including NGOs and media; regional agencies; and development partners.

During the process of implementation, reviews and monitoring and evaluation will be conducted to ensure that the purposes of the Strategy are achieved.

Acknowledgement

The Pacific Regional Strategy on HIV/AIDS was developed through an extensive consultative process to ensure that the uniqueness of the Pacific region is fully reflected in the Strategy. The process involved consultations in many Pacific island countries and territories and meetings with a broad range of stakeholders to identify the issues that could be best addressed at a regional level. Questionnaires were used to solicit inputs from those who could not be consulted in person.

The Pacific Regional Strategy also builds on lessons learned by countries outside the region that have successfully halted and reversed the spread of HIV/AIDS. It also takes into account lessons learned in countries where the fight against the disease has been less successful.

The Secretariat of the Pacific Community wishes to acknowledge the contributions that governments, faith-based organisations, individuals, NGOs, and regional and international organisations have made to the development of the strategy. Throughout the process, the members of the Regional Strategic Reference Group provided guidance and additional expert advice.

The Secretariat also wishes to acknowledge the financial support from the Government of Australia, through the Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, to fund the activities relating to the development of this strategy.

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List of Acronyms:

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
CRGA	Conference of Regional Governments and Associations
CROP	Committee of Regional Organizations and Programs
CRIS	Country Response Information System
GDP	Gross Domestic Products
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immuno-deficiency Virus
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
NGOs	Non-Governmental Organizations
PIAF	Pacific Islands AIDS Foundation
PICTs	Pacific Islands Countries and Territories
PIFS	Pacific Islands Forum Secretariat
PIASPP	Pacific Islands AIDS and STD Prevention Program
PIRMCCM	Pacific Islands Regional Multi-Country Coordinating Mechanism
PLWHA	People Living with HIV/AIDS
RSRG	Regional Strategic Reference Group
SPC	Secretariat of the Pacific Community
SPOCC	South Pacific Organizations Coordinating Committee
STIs	Sexually Transmissible Infections
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
UNDP	United Nations Development Program
UNFPA	United Nations Funds for Population Awareness
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations International Children Education Fund
USAID	United States Aid for International Development
VCCT	Voluntary, Confidential, Counselling and Testing
WHO	World Health Organization
WTO	World Trade Organization

1. Introduction

Community and cultural values, traditional and family support systems and religious beliefs play a central part in the lives of peoples across the Pacific. As a result, public health initiatives must recognize the importance of these factors if they are to be effective and sustainable. A new regional HIV/AIDS Strategy has been developed within this context, which aims to guide the response of the region to the pandemic during the next five years. In order to protect Pacific peoples from HIV infection while caring for and supporting Pacific peoples who are HIV positive, this new regional strategy advocates for a regional approach where working together, nations will develop more effective responses to HIV/AIDS.

The Regional Strategy 2004-2008 will support national efforts to prevent and control HIV/AIDS. Simultaneously, because of their importance as a key risk factor for the transmission of HIV in the Pacific, it also aims to support national efforts against other Sexually Transmissible Infections (STIs). It will also strengthen work at the regional level through improved coordination, collaboration and partnerships between regional organizations and national programs.

Since the first case of HIV/AIDS was reported in the Pacific region in 1984, the response has been largely led by donors, focusing on HIV/AIDS as a health issue and as such, working mainly through the Ministries of Health.

With funding support from the World Health Organization (WHO), the Australian Agency for International Development (AusAID) and United States Agency for International Development (USAID), the Secretariat of the Pacific Community (SPC) implemented its Pacific Islands AIDS and STD Prevention Program (PIASPP), launched by Tonga's Bishop Finau at the Committee of Regional Government and Associations (CRGA) meeting in 1990.

“AIDS challenges us all to be better human beings.”
Bishop Finau

Building on the review findings of PIASPP and Pacific analysis of the UNDP/UNICEF/UNFPA document *HIV/AIDS and Human Development in the Pacific (later edited and printed as Time to Act: The Pacific Response to HIV/AIDS)*¹ and the evolving role of UNAIDS in the region, the first Pacific Regional Strategy was developed. The first Regional Strategy 1997/2000 provided a framework for seeking additional funds as well as outlining roles and expectations of regional organizations and Pacific Islands Countries and Territories (PICTs). The Regional Strategy for the Prevention of AIDS and STD in PICTs (1997/2000) was launched at the SPC's CRGA meeting in Canberra in 1997 and later endorsed by the meeting of representatives of the South Pacific Organizations Coordinating Committee (then SPOCC, now CROP) in May 1998. Since then, a number of activities and initiatives on HIV/AIDS have been developed and carried out within the region by governments, community

“...we must keep stressing that HIV and AIDS are not just a health issue, that this virus affects all sectors of the community. It is therefore the responsibility of the community as a whole to assist in efforts to develop and deliver appropriate responses”

Her Excellency Adi Lady Lalabalavu Mara CF

¹ UNDP, “Time to Act: The Pacific Response to HIV/AIDS, January 1996, Suva, Fiji

groups, NGOs, regional organizations, multilateral agencies and bilateral development partners.

The first ever Pacific Regional HIV/AIDS and STI conference was held in Nadi, Fiji, in 1999², which among other things, reviewed progress of implementation of the 1997/2000 regional strategy on HIV/AIDS. The conference was opened by the then First Lady of Fiji- Her Excellency Adi Lady Lalabalavu Mara CF.

Since that time, the situation has evolved and new issues emerged. At a regional consultation workshop on HIV/AIDS held in Nadi, Fiji, in 2001³, following the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (UNGASS), there was a call for strengthening the regional response to accommodate commitments at UNGASS by PICTs leaders, to redevelop the regional strategic HIV/AIDS framework, coordinate regional activity, advocate the need to effectively address the issue in the region, and support national action on HIV/AIDS.

In 2002, HIV/AIDS was discussed for the first time at the Pacific Islands Forum meeting, which gave support for the regional initiatives and for Pacific regional application

“...Leaders expressed serious concern over the continued rate of HIV/AIDS transmission in Forum Island Countries, and acknowledged that HIV/AIDS was a development issue and could have devastating impact on the economies, societies and the security of the region. Leaders affirmed that strong government leadership generated the most effective responses to HIV/AIDS and committed to implementing their national HIV/AIDS strategies and addressing some of the constraints faced by their national governments”

to the Global Fund to fight AIDS, Tuberculosis and Malaria. In 2003, Leaders again discussed HIV/AIDS, resulting in a communiqué that reaffirmed their commitment and called for a new regional strategy to be prepared in time to be considered at their 2004 meeting.

Eleven Elements of the UNGASS Declaration of Commitment (2001)

1. Leadership
2. Prevention
3. Care, Support and Treatment
4. HIV/AIDS and Human Rights
5. Reducing Vulnerability
6. Children orphaned by HIV/AIDS
7. Alleviating Social and Economic Impact
8. Research and Development
9. HIV/AIDS in conflict and disaster affected region
10. Resources
11. Follow up

2. The Vision, Goal, Purposes and Principles

2.1 The Vision for our Pacific Region:

Where the spread and impact of HIV/AIDS is halted and reversed; where leaders are committed to lead the fight against HIV/AIDS; where people living with and affected by HIV are respected, cared for and have affordable access to treatment; and where all partners commit themselves to these collective aims within the spirit of compassion inherent in Pacific cultural and religious values.

² SPC, Report on 1st Pacific Regional HIV/AIDS and STD Conference, Noumea, New Caledonia

³ SPC, Report on AusAID/SPC Consultative Workshop For regional Program on HIV/AIDS and Sexually Transmitted Infections, Noumea, New Caledonia

2.2 The Goal:

To reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus in Pacific communities.

2.3 Purposes:

The purposes of the Pacific Regional Strategy on HIV/AIDS 2004-2008 are:

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

2.4 Overarching Principles:

The Strategy

1. Acknowledges traditional, cultural and religious values of Pacific communities that are based on compassion and reconciliation
2. Affirms the protection and promotion of human rights.
3. Emphasizes the need for leadership and non-partisan political support and commitment
4. Respects existing programs and structures that put people first
5. Involves affected individuals and communities at all levels of the development and implementation of services, programs and policy
6. Is linked to other global, regional and national strategies, including commitments made at UNGASS and the Millennium Development Goals (MDG).
7. Is based on partnerships and a multi-sectoral approach
8. Advocates for facilitation of a continuum of care and support for PLWHA, and access to quality and affordable treatment
9. Includes a major focus on prevention, health promotion and behavioral change communication strategies as captured in the themes of the Healthy Islands approach
10. Emphasizes the need for ongoing and sustainable funding support
11. Includes integration of an approach sensitive to gender and vulnerable groups

3. Background

3.1 HIV/AIDS Situation in the Pacific

Globally, the HIV/AIDS pandemic is already having enormous health, social and economic consequences. In the Pacific, failure to effectively prevent its future spread will pose a direct and significant threat to sustainable health, economic and social development goals of the Pacific communities.

“HIV/AIDS is a generalized epidemic in Papua New Guinea. We could be just seeing the tip of the iceberg in the rest of Pacific region, partly due to inadequate surveillance but most importantly because we fail to acknowledge its existence”.

HIV/AIDS Section - SPC

GLOBAL SUMMARY OF THE HIV/AIDS EPIDEMIC DECEMBER 2003

Number of people living with HIV/AIDS
= 40 million (34 - 46 million)
People newly infected with HIV in 2003 =
5 million (4.2 - 5.8 million)
AIDS deaths in 2003 = 3 million (2.5 - 3.5
million)

(UNAIDS 2003 Report)

HIV/AIDS Statistics for Pacific Islands Countries and Territories						
Cumulative officially reported HIV cases (including AIDS) and rates per 100,000 population as at 31 st December 2003						
Country	HIV plus AIDS	Mid year population (June 2003)	Cumulative incidence rate per 100,000	AIDS + (AIDS deaths)	Male (HIV/AIDS)	Female (HIV/AIDS)
American Samoa	2	61,400	3.3	1 (0)	1	1
Cook Islands	1	17,800	5.6	0 (0)	1	0
Federated States of Micronesia	14	112,600	12.4	7 (3)	n/a	n/a
Fiji	142	831,600	17.1	25 (15)	88	54
French Polynesia	229	250,000	91.6	77* (56*)		
Guam	176	162,500	103.4	68 (42)	151	24
Kiribati	42	88,100	47.7	19 (19)	28	14
Marshall Islands	9	54,000	16.7	2* (2*)	3	2
Nauru	1	12,100	8.3	0 (0)	1	0
New Caledonia	263	235,200	111.8	99 (58)	193	68
Niue	0	1,650	-	0 (0)	0	0
Northern Mariana Islands	25	75,400	33.2	11 (7)		
Palau	4	20,300	19.7	2 (2)	2	2
Papua New Guinea	7,320	5,617,000	130.3	1,336* (n/a)		
Pitcairn	0	50	-	0 (0)	0	0
Samoa	12	178,800	6.7	8 (8)	8	4
Solomon Islands	2	450,000	0.4	1 (0)	1	1
Tokelau Islands	0	1,500	-	0 (0)	0	0
Tonga	13	101,700	12.8	11 (11)	9	4
Tuvalu	9	10,200	88.2	2 (2)	8	1
Vanuatu	2	204,100	1.0	2 (0)	0	2
Wallis and Futuna	2	14,800	13.5	1 (n/a)		
TOTAL reported by 31 Dec '03	8,268	8,500,800	97.2	1,672 (n/a)	-	-

In comparison to the worst affected parts of the world, the prevalence of HIV in the majority of Pacific Island Countries and Territories (PICTS) remains low. However, numbers infected and affected are growing and the rate of increase is alarming. Since HIV was first reported in a Pacific Island country in 1984, there have been 8,268 HIV infections and 1,672 AIDS cases reported. Over 95% of reported HIV infections have been from five PICTs—French Polynesia, Guam, New Caledonia, Fiji and Papua New Guinea—and 86% of infections occur in Papua New Guinea. Official statistics reports suggest as many as 7,320 cases, but the World Bank estimates there are at least 50,000 people in PNG living with the virus, and it seems the disease is spreading rapidly⁴. In addition, there are certainly many unreported cases throughout the region due to the unavailability of testing facilities and generally low levels of surveillance.

3.2 Economic Impact

The HIV/AIDS epidemic is disproportionately affecting the most productive members of society, young and middle-aged adults. In Kiribati⁵, for instance, majority of HIV cases are reported among seafarers, an important working population group in that country. The cost also relates to their wives who are infected and could not contribute to the welfare of the family and communities. In addition to causing suffering and death, the disease disproportionately affects poorer communities, and contributes to worsening poverty through people being unable to work, dropping out of school, losing savings and investments. The social and economic costs are enormous.

⁴ Go Asia Pacific In Focus – The Stigma if AIDS in Papua New Guinea, 10th May 2004

⁵ Kiribati Aids Taskforce Annual report, 2003

Given the limited resources available to support health care services in most PICTs, for coping with the prevailing disease burdens of other communicable and non-communicable diseases, the cost of treating HIV/AIDS would add more strain. Health care costs would increase and resources might be diverted away from other socio-economic development activities.

Lessons learnt from the devastating impact of the HIV/AIDS epidemic in other parts of the world, especially the sub-Saharan Africa region should clearly indicate to the Pacific that HIV/AIDS must be addressed effectively now. It is therefore imperative that Pacific Island Countries and Territories, international organisations and donor partners work together.

3.3 Risk Factors

Although current known HIV prevalence is relatively low in most countries in the region, significant risk factors for HIV transmission exist. This particularly relates to the very high prevalence of other Sexually Transmissible Infections (STIs), as well as high rates of teenage pregnancies, indicating the high prevalence of risk-taking behaviors and low use of condoms. Because a number of STIs also make transmission of HIV easier, it is well established that better STI detection and treatment, and through it a reduction in their incidence and prevalence, can substantially reduce HIV transmission. Strategies to improve the management of STIs are an important component of HIV/AIDS prevention and control plans of all PICTs.

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

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

The most at risk population groups in the PICTs are young people and women. Given the youthful population structure of most PICTs, young people are an important sector of the population that need to be targeted. In Vanuatu⁶ for instance, many young people are sexually active and vulnerable to STIs and

⁶ Emele Niras, 1997, Young Peoples Project, National Cultural Center, Port Vila, Vanuatu

HIV through unprotected sex. Creating conducive environments for young Pacific Islanders, where young men treat young women with respect and care, will encourage protecting themselves from HIV/AIDS and simultaneously from STIs and unwanted pregnancies, and, are key elements of a strong and effective response to HIV/AIDS in the Pacific.

There are clear reasons why HIV/AIDS is a gender issue⁷. Although HIV/AIDS affects both men and women, because of biological, epidemiological and social reasons, women are more vulnerable. Around the world, in situations where macro policies lead to increased gender disparities, the epidemic is more pronounced. Rapid spread of HIV/AIDS can only be slowed if meaningful changes are brought about in the sexual behavior of men. A gender-based response recognizes different power relationships and works towards reducing gender disparities and differences.

In general, ways that gender plays a role in making women vulnerable to HIV infection often relates to disparity in decision making and power relations between men and women. . For instance, in Papua New Guinea⁸, enshrined customary values and practices makes men undermine the vulnerability and value of women and often rape is perceived to be legal and often not condemned or regarded as an act of sexual violence. In Fiji⁹, 8 out of 10 domestic workers report that because of their experience of physical or sexual abuse in their workplace, they often leave, resulting in increased poverty and most of these women (often deserted wives) resorting to sex work, once again demonstrating the vulnerability of women.

More women are being infected at a younger age now than before. For instance in Fiji¹⁰, in 1989, within the age group of 19-29 years, females accounted for 25% of cases, however, in recent years (1998-2003) females accounted for more than 40% of HIV positive cases. The majority of these women are in a single partner relationship and/or are housewives, highlighting a paradox of what should be low risk situation actually being associated with high vulnerability. It is not the behavior of the women themselves that is putting them at risk, but that of their partners, their socio-economic situations, and cultural/traditional practices.

3.4 Tuberculosis in the Pacific

Tuberculosis (TB) is a common co-infection with HIV/AIDS and because of this, the relatively high prevalence of tuberculosis in many PICTs with low case detection rates for the past 10 years is a significant cause for concern. It is estimated that 16,000 people in the 22 SPC member PICTs become sick with TB every year, 50% of whom are infectious cases, although only an average of about 9,000 new TB cases have been diagnosed annually since 1995. Strategies that recognize the relationship between TB and HIV/AIDS should be implemented, for example, to ensure adequate HIV testing for all TB patients in order to provide appropriate care and support to those affected.

⁷ UNDP, *Regional Project HIV & Development Asia and the Pacific*, April 1999, Vol.1, Issue 1.

⁸ Jenkins.C, *An Epidemic with a Future? WorldAIDS*, 1993, 29:2

⁹ Soroptimists and SPC Co-operate, *Pacific AIDS Alert Bulletin*, 1994, 9:8

¹⁰ Fiji Ministry of Health report on HIV/AIDS data, 1989-2003



4. The Pacific Regional Response

4.1 Responses and Challenges in the Region

The Pacific Region commenced its response to the challenges of HIV/AIDS in the early 1980s with the first case of HIV reported. It was not until the mid 1990s however, following a meeting of Health Directors and Ministers, that the Secretariat of the Pacific Community (SPC) was strongly urged to seek and secure funding for a regional meeting of National AIDS Managers, NGOs and church leaders to assist in developing a multi-sectoral strategy for AIDS/STD education and prevention for PICTs. The 1996 report "Time to Act" provided basis for the development of the first regional strategy, 1997-2000.

Since then, there have been a number of milestones, indicating an increased momentum in the Pacific response. In 1999 the 16th Directors and Ministers of Health Meeting resolved that SPC should continue working in the area of HIV/AIDS and STIs in partnership with national governments, non-government organisations and regional agencies to implement the *'Regional Strategy for the Prevention of AIDS and STD'*, building on successes such as the recently held 1st Pacific Regional Conference on HIV/AIDS.

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

These regional initiatives, including meetings, conferences and fora have produced a growing awareness of the key challenges in the region. These include -

- Inadequate surveillance and monitoring capacity at all levels
- Long distances and communication difficulties

Regional Events

Early 1980s – mostly through general population awareness
Mid 1990s – multisectoral approach through national multisectoral strategic plans and actions
1999 - 1st Regional Conference on HIV/AIDS (February)
2001 - UNGASS, New York (June)
2001 - ICAAP Meeting – Melbourne (October)
2002 - 1st Information Workshop on Global Fund (June)
2002 - Launch of PIAF (July)
2002 - Pacific Leaders Forum (August)
2002 - 1st Meeting of the PIRMCCM (October)
2002 - UNICEF/ Reg. Youth Congress, HIV/AIDS (Sept)
2002 - SPATS Regional Conference on HIV/AIDS (Sept)
2003 - WHO/SPC Health Ministers Meeting (March)
2003 - 2nd Meeting of the PIRMCCM (March)
2003 - Approval of Franco/Aust Pacific HIV/AIDS/STI Initiative (July)
2003 - Approval of Component 2 AusAID funded Pacific HIV/AIDS project (August)
2003 - APLF Pacific component discussions (July/Aug) and APLF Shared Learning Workshop meeting in Madang (Samoa, Fiji, Kiribati, Solomon Islands, and PNG) October 2003.
2003 - Pacific Forum Leaders Communiqué (August)
2003 - HIV/AIDS/STI Adviser appointed (Sept)
2003 - UNAIDS Coordinator took up post (Aug/Sept)
2003 - 3rd Meeting of PIRMCCM (October)
June 2003- signing of grant agreement for the GFATM
2003 Regional HIV/AIDS stakeholders coordinating meeting (October)
2004 - UNAIDS/ Great Council of Chiefs Regional Workshop on Accelerating Action Against AIDS in the Pacific (March)

- Providing sustained leadership at all levels
- Lack of resources
- Culture as a barrier to understanding and prevention initiatives
- Lack of capacity in all aspects of HIV response and at all levels,
- Difficulty in sustaining comprehensive national responses
- The need for coordination at national and regional levels
- The need to deal with vulnerable groups, including gender training and awareness
- The need to address stigma and discrimination
- The need to build capacity to provide treatment to those with AIDS

4.2 Lessons Learned

Since the implementation of the first regional strategy (1997), there has been a number of innovative approaches from individual countries, providing lessons on what works and what needs to be improved, such as in the areas of political leadership and national mobilisation. For example:

Kiribati has succeeded in establishing a joint-committee on HIV/AIDS and TB made up of three members of Parliament and at least three people from the National Task force, showing the commitment at senior political levels to effectively tackle HIV/AIDS issues.

PNG has established a National AIDS Council under an Act of Parliament in 1997 and in 2002, passed an anti-discrimination law, and later the HIV/AIDS Management and Prevention Act (HAMP Act) in 2003. This led to the formation of a Parliamentary committee on HIV/AIDS in 2004.

Fiji has benefited greatly from the commitment of leaders at the highest level, including the President and the Great Council of Chiefs. This is also reflected in the increase in the national budget provision for HIV/AIDS.

Samoa and French Territories provide free HIV/AIDS treatment to PLWHA.

Over the last twenty years the region has learnt that confronting HIV/AIDS requires: strong political commitment and leadership; supportive legislative and policy frameworks; enhanced access to treatment, prevention, care and support for PLWHA; approaches based on human rights to combat stigma and discrimination; the promotion of gender equality; and the active participation of PLWHA and affected communities.

Learning from other regions in the world¹¹, it is also known that approaches to prevention, care and treatment and impact mitigation must be sustained and comprehensive in order to effectively address the pandemic; not only do antiretroviral therapies improve the lives of people living with HIV/AIDS, improving treatment access also supports effective prevention; and ultimately, when these other aspects are in place, prevention works when people are provided with accurate information and tools so that they can protect themselves.

¹¹ National policy should comply with the *International Guidelines on HIV/AIDS and Human Rights* Geneva: OHCHR & UNAIDS 1998, *HIV/AIDS and Human Rights Revised Guideline 6* Geneva: OHCHR & UNAIDS 2002

5. Opportunities for a Pacific Thematic Response

Experiences and initiatives in the region and lessons learnt to date have helped to define major themes of an effective regional response to HIV/AIDS. These themes highlight broad areas that require strengthening and enhancement at the regional level in light of challenges and gaps identified regionally. While these thematic areas do not specifically state the eleven elements of the UNGASS commitment, these elements can be correlated meaningfully in the Pacific context.

	Pacific Themes	What it entails	Elements of UNGASS Commitment
1	<ul style="list-style-type: none"> □ Leadership 	This involves regional, national and community leaders working together to address HIV/AIDS in the Pacific, both political and traditional leadership.	<ul style="list-style-type: none"> ➤ Leadership
2	<ul style="list-style-type: none"> □ A Safe and Healthy Pacific Islands Community 	The Pacific community is knitted closely together. Working within and across sectors is important and is also complementary to the vision of the Healthy Islands Initiatives in the Pacific Region.	<ul style="list-style-type: none"> ➤ Prevention
3	<ul style="list-style-type: none"> □ Access to Quality Services 	This builds on the continuum of treatment, care and support that can be accessible to all, and building on the support and care from families and communities, a norm in the Pacific.	<ul style="list-style-type: none"> ➤ Care, Treatment and Support
4	<ul style="list-style-type: none"> □ Human Rights and Greater Involvement of People With and Affected by HIV/AIDS 	This emphasizes respect to human rights in relation to PLWHA. Based on these rights, PLWHA be actively involved and supported through networks and interface with mainstream services.	<ul style="list-style-type: none"> ➤ HIV/AIDS and Human Rights ➤ Reducing Vulnerability ➤ Children Orphaned by HIV/AIDS ➤ Alleviating social and economic impact
5	<ul style="list-style-type: none"> □ Coordination, Collaboration and Partnership 	This involves a coordination mechanism with roles and enabling system that facilitates working as a team, in responding to HIV/AIDS in the region	<ul style="list-style-type: none"> ➤ HIV/AIDS and disaster affected region ➤ Resources
6	<ul style="list-style-type: none"> □ Funding and Access to resources 	This involves advocating for increases in national budgets as well as better management of resources and funding support for regional activities, including human resources.	<ul style="list-style-type: none"> ➤ Resources
7	<ul style="list-style-type: none"> □ Planning, Monitoring & Evaluation, Surveillance and Research Activities 	This takes into consideration strengthening the capacity of countries to plan, monitor and evaluate their national responses to HIV/AIDS. Research and surveillance activities also assist countries to improve their responses and interventions.	<ul style="list-style-type: none"> ➤ Research and development ➤ Follow up

8	<input type="checkbox"/> Addressing Vulnerability	Recognizing that there are vulnerable populations, interventions must be targeted to address groups such as youth, women, men, transgender and other vulnerable groups	<input type="checkbox"/> Reducing vulnerability
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6. The Pacific Regional Strategy – Themes and Key Actions

PACIFIC THEME ONE : Leadership

Leadership

Objective:

To achieve strong commitment and action from all leaders for the prevention and reduction of HIV/AIDS infections, and care and support for those affected by the virus.

Strategy:

Advocate for the engagement and sustained commitment of leaders as a multi-sectoral issue through all fora and meetings.

Key Actions:

1. Establish a Pacific Leaders Champions programme.
2. Lobby for and advocate that HIV/AIDS be addressed in all relevant regional fora and meetings.

PACIFIC THEME TWO : A Safe and Healthy Pacific Island Community

A Safe and Healthy Pacific Island Community

Objective:

To prevent the spread and minimise adverse impact of HIV/AIDS on individuals, families and communities

Strategy:

Strengthening HIV/AIDS responses within the Healthy Islands settings approach¹².

Key Actions:

1. Integrate HIV/AIDS into the activities of Healthy Islands initiatives through a multi-sectoral approach

¹² “Healthy Islands” is a broad-based participatory approach to, and an overarching framework for, health protection and health promotion in the Pacific for the 21st Century, that integrates various initiatives and programmes implemented by the health and other sectors. Adopted at a Health Ministers' meeting on Yanuca Island, Fiji, in 1995.

2. Identify and encourage cultural, traditional and religious practices that prevent the spread HIV/AIDS
3. Advocate and promote communication best practices on HIV/AIDS, including behavioral change communication strategies, media practices, Pacific Specific Regional Conference on HIV/AIDS, family reunion meetings and other traditional communication networks
4. Promote inclusion of HIV/AIDS prevention into formal school curricula
5. Promote and integrate gender training and awareness in all regional and national HIV/AIDS programs, including mainstreaming of gender into HIV/AIDS responses
6. Strengthen partnership between mainstream health care providers including traditional health care providers

PACIFIC THEME THREE : Access to Quality Services

Access to Quality Services

Objective:

To provide a comprehensive continuum of care that responds to diverse and complex needs of PLWHAs, including other people affected by HIV/AIDS, and contributing to the prevention of HIV transmission

Strategy:

Advocate for a comprehensive package of care and develop guidelines to reduce barriers to the uptake of services including: (a) Voluntary Confidential Counselling and Testing (VCCT); (b) clinical care including access to ARVs and drugs for treatment and prevention of opportunistic infections; (c) palliative care; (d) psychosocial support; (e) HIV prevention and health promotion; and (f) information and education

Key Actions

Clinical Care

1. Improve and strengthen other STI case detection and treatment
2. Increase access to ARVs, HIV test kits, and condoms, through various activities including identifying the best supplier and advocating for and negotiating best prices for ARVs; and undertaking situational assessment and analysis of legal access and intellectual property related issues associated with HIV/AIDS medicines
3. Provide best practice information and technical support to PICTs for developing and updating STI and HIV/AIDS treatment protocols
4. Strengthen the regional laboratory network to provide level two laboratories in the region and improve monitoring of HIV treatment including procurement of blood test kits such as CD4 counts
5. Build capacity in general care services including infection control
6. Provide advisory role on accessing medicines, especially under conditions stipulated by multilateral trade agreements such as World Trade Organization (WTO).

Health Education and Training

7. Train health workers, social welfare workers, NGOs and Churches in HIV/AIDS & STI counseling and VCCT, including courses to improve skills
8. Train medical and nursing staff in HIV and STI case management
9. Develop training guidelines for community-based care of people with HIV/AIDS
10. Develop guidelines for HIV and STI testing (including confidentiality), case management, occupational health, blood safety, and prevention of vertical transmission

PACIFIC THEME FOUR : Human Rights and Greater Involvement of People With and Affected by HIV/AIDS

Human Rights and Greater Involvement of People With and Affected by HIV/AIDS

Objective:

To eliminate HIV-related stigma and discrimination, as well as involving people living with and affected by the virus as key partners in the response.

Strategy:

Advocate for and create a conducive and supportive environment for the involvement of PLWHA.

Key Actions:

Development of legislation, policies and ethical guidelines that protect the rights of people infected and affected by HIV/AIDS is supported

1. Utilize existing guidelines e.g. the HIV/AIDS Management and Prevention Act of Papua New Guinea to inform, and support development of legislation, policies and ethical guidelines in PICTs
2. Provide training in HIV/AIDS human rights related issues to all stakeholders in PICTs

Involvement of HIV positive people in programs strengthened across the PICTs.

3. Identify, train and provide ongoing support to AIDS Ambassadors from PICTs
4. Develop and promote mechanisms in government departments and agencies for encouraging the active involvement of HIV positive

people in all program levels (including strategy development and implementation) on confidential basis.

Strengthen PLWHA organizations and their links to other national, regional and international PLWHA networks

5. Strengthen national and regional PLWHA organizations in PICTs where they exist and support the establishment of PLWHA organizations in other PICTs where relevant.
6. Strengthen links between PICT national and regional PLWHA organizations and other PLWHA networks, i.e. APN+, NAPWA Australia, Body Positive (New Zealand), as well as to global networks of PLWHA (GNP+, International Community of Positive Women (ICW+))

PACIFIC THEME FIVE : Coordinate Collaboration and Partnership

**Coordination,
Collaboration
and
Partnership**

Objective:

To promote and encourage effective coordination, collaboration and partnerships, minimizing duplication of activities and maximizing targeting of priority areas.

Strategy:

Create mechanisms to promote better communication and coordination across PICTs

Key Actions:

1. Ensure well coordinated efforts between local, regional, international and UN agencies
2. Formalise relationships between regional and international agencies and the UN theme groups for the implementation of the Regional Strategy
3. Encourage PICTs to integrate HIV/AIDS into mainstream programs
4. Encourage regional organisations to integrate HIV/AIDS into mainstream programs
5. Ensure that all cross-cutting issues on HIV/AIDS, including workplace policies, and gender are addressed by PICTs
6. Support and sustain the development of a regional network of NGOs, including Pacific NGO HIV/AIDS Network for improved coordination of NGO responses
7. Formalise recognition of the regional NGOs including Pacific NGO HIV/AIDS Network as a partner in the implementation of the Regional Strategy

PACIFIC THEME SIX : Funding and Access to Resources

Funding and Access to Resources

Objective:

To have adequate resources and funding to support regional and national HIV/AIDS responses

Strategy:

Advocate for and establish sustainable mechanisms for the increased allocation of resources and funding for HIV/AIDS in the region

Key Actions:

1. Advocate for leaders to allocate adequate funding for national HIV/AIDS responses in national budgets
2. Explore the feasibility of establishment and management of a Pacific Regional HIV/AIDS funding mechanism for specific HIV/AIDS related activities
3. Advocate with UN agencies and bi-lateral development partners to increase and sustain adequate funding to support the response to HIV/AIDS in PICTs
4. Establish a central information data base of skilled individuals and organizations available to provide technical support for PICTs in HIV/AIDS responses

PACIFIC THEME SEVEN : Planning, Monitoring and Evaluation, Surveillance and Research

Planning, Monitoring & Evaluation, Surveillance and Research

Objective:

To develop effective planning, monitoring, evaluation, surveillance and research activities for the region

Strategy:

Provide regional guidelines and training for surveillance, research, monitoring and evaluation

Key Actions:

1. Develop regional guidelines to facilitate and support development and updating of National Strategic Plans including, data management and monitoring and evaluation framework

2. Develop regional guidelines for research proposals on HIV/AIDS and/or STIs in PICTs including guidelines for ethical review, including behavioral and sero-surveillance activities in PICTs
3. Strengthen monitoring and evaluation of PICT HIV/AIDS programs via training of PICT representatives in accredited Monitoring and Evaluation programs
4. Advocate for national governments to commit 5-10% of their HIV/AIDS budget to support key HIV/AIDS related surveillance, monitoring and evaluation, and operational research activities
5. Develop methods of monitoring equitable distribution of resources to Pacific NGOs to ensure their on-going strengthened response in the implementation of regional HIV/AIDS activities
6. Facilitate and support research on gender and HIV/AIDS to ensure that cross-cutting and cross-sectoral issues of gender and HIV/AIDS are effectively addressed.

PACIFIC THEME EIGHT : Addressing Vulnerability

Addressing Vulnerability

Objective:

To strengthen regional capacity for effective prevention and care interventions targeting vulnerability and high-risk behavior

Strategy:

To encourage equitable attention to and participation of women and young people and members of other vulnerable groups including seafarers, those involved in commercial sex, University students and men who have sex with men (including indigenous sexual identities such as *fa'afafine* and *fakaleiti*) in regional activities.

Key Actions:

1. Establish and support a regional network to identify “demonstration projects”/ successful processes/behavioral change communication activities that could be replicated or adapted for other PICTs in relation to working with vulnerable groups
2. Support organisations /others wanting to work with groups particularly hard to effectively reach, including sex workers and men who have sex with men
3. Advocate for national and regional policies and programs on gender, youth and other vulnerable groups to incorporate HIV/AIDS
4. Promote and support workshops and other activities that assist youth and other vulnerable groups to understand HIV/AIDS and access safe sex materials and information to better protect themselves
5. Map out vulnerable groups in the region to conduct and support peer education training on HIV/AIDS

7. Implementation, Review and Re-Development of Regional Strategy

7.1 Implementation:

The Pacific Regional Strategy on HIV/AIDS will be implemented over a 5-year period by all governments, NGOs, and regional stakeholders. The process will involve working with countries to encourage them to meet the commitments made by the leaders to actively play their part implementing the strategy.

The first step is communication of the strategy to all stakeholders. The next step will be an initial meeting to plan joint implementation. Following this, the initial implementation of the strategy will be facilitated and lead by the Secretariat of the Pacific Community (SPC) working with PICT governments and regional stakeholders. These initial activities will be supported through the current Franco-Australian Pacific Regional HIV/AIDS & STI Initiative.

7.2 Review and Redevelopment:

While SPC will be actively involved in facilitating an independent review and re-development of the strategy, it is envisaged that a body comprising various government representative, NGOs, regional organizations and bilateral partners would be established to oversee and support this process.

The strategy and its implementation should be reviewed at two points during its five year life - firstly a mid-term review in early 2006, and secondly a final review during 2008 which is anticipated to be a key step in the development of an updated regional strategy for the following five year period.

8. Monitoring and Evaluation

Monitoring and evaluation of the 2004-2008 Pacific Regional Strategy on HIV/AIDS will be conducted on three levels:

- (a) The overall goal and thematic objective level
- (b) The key action level, and
- (c) The work programme level

At the overall goal and thematic goal level, the strategy's major indicator targets are linked to the PICTs' international commitments to the UNGASS and MDGs. This is to give surety to PICTs that the Pacific thematic response areas are meeting the intended goals and objectives of the strategy as well as global goals and targets. For example, the regional strategy sets out, in its overall goal, to reduce the spread and impact of HIV/AIDS. This high-level objective corresponds to the MDG target to "have halted by 2015 and begun to reverse the spread of HIV/AIDS". Working together with the national authorities, SPC will continue to collect, analyse and report the relevant statistics (see also the table on page 11 on HIV/AIDS statistics in Pacific Island Countries and Territories for current baseline data).

At the key action level, this strategy identifies a number of activities whose implementation can be monitored relatively easily. A separate monitoring and evaluation matrix has been prepared that identifies appropriate indicators for each key action (eg the number of medical and nursing staff training in HIV and STI case management). At this stage, however, it is difficult to set definitive targets, in particular since baseline data are often lacking. More work will be required in this area. Working with its partners, SPC will continue to develop the regional strategy's monitoring and evaluation framework and report progress toward the key results annually.

As Annex 1 describes, the Regional Strategy will be implemented through a number of regional projects (and, very importantly, complement national activities). The Joint Implementation Meeting, which brings together the regional players, will be the main vehicle to coordinate and oversee the implementation of the Regional HIV/AIDS strategy at the work programme level.

Annexure:

I Current Pacific Regional Initiatives on HIV/AIDS

Annex I: Current Pacific Regional Initiatives on HIV/AIDS

Regional Initiatives	Description	Duration	PICTs Involved	Cost
HIV/AIDS component of the Global Fund to Fight HIV/AIDS, TB, and Malaria	<ul style="list-style-type: none"> - Strengthen STI, HIV, and behavioral surveillance, blood safety, and laboratory capacity. –Improve and extend STI services and develop a comprehensive HIV care system in countries with an increasing number of cases. –Reduce risk of HIV and other STIs through targeted interventions including education, awareness, and a multi-sectoral response 	2003-2005 (-2008)	11 countries: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Palau, Niue, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.	Budget: US\$3 million (for 2003-2005), proposed US\$3.3 million for 2005-2008
Franco-Australian Pacific Regional HIV/AIDS and STI Initiative	<ul style="list-style-type: none"> - Develop and monitor the implementation of a Regional Strategy on HIV/AIDS (managed by SPC). - Develop HIV/AIDS Behavioral Change Communication (BCC) methods and provide training on BCC –Increase the capacity of national governments and NGOs to implement effective HIV/AIDS/STI prevention and control activities. –Provide effective and efficient project coordination and management. –In collaboration with the French government, develop, coordinate, and expand participation in HIV/AIDS, STI, and behavioral surveillance (managed by SPC). 	Duration: 2003-2008	<p>Component 2: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Palau, Niue, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.</p> <p>Component 1: above plus US & French member countries of SPC (& Pitcairn Island).</p>	Budget: A\$12.5 million

	<p>men as partners in reproductive health</p> <p>•UNAIDS - Asia Pacific Leadership Forum on HIV/AIDS and Development. Also refer to UNAIDS section above</p> <p>•WHO -</p> <ul style="list-style-type: none"> - STI diagnosis and care - Comprehensive care and support for PHA - Counseling for HIV - Technical guideline development/ dissemination - Surveillance for STI / HIV - Laboratory Support - Social Behavioural Research - Condom Promotion - Safe blood initiatives 	<p>Ongoing program</p> <p>2004 – 2005 and ongoing programme</p>	<p>As above</p> <p>As above</p> <p>16 PICTs - Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu</p>	<p>Budget: USD \$300,000 (excluding PNG)</p>
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Regional Initiatives	Description	Duration	PICTs Involved	Cost
Activities of other Organizations	<p>Forum Secretariat</p> <ul style="list-style-type: none"> – HIV/AIDS awareness-raising through annual Leaders Forum. - advocacy within Forum work place, different divisions, CROP agencies (Fiji Sch Med) etc - inventory of HIV/AIDS related activities - CROP Pop. and Health Working Group - support for PIAF's AIDS Ambassadors Programme - advisory assistance to the FJN + including assistance with the Candlelight Ceremony - partnership with the WCC & mobilization of Pacific churches 	ongoing	14 PICs: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue Palau, Papua New Guinea, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.	Executive Liaison Officer and Social Policy Adviser have integrated the issues into their existing work and encourage mainstreaming into trade and security areas.

	<p>- HIV/AIDS included on the agenda of the 4th Forum Presiding Officers Conference Tuvalu April 2004</p> <p>- Providing input into regional meetings such as regional women's NGO consultation.</p> <p>•AIDS Task Force Fiji (ATFF) – Establishment of Regional NGO secretariat and implementation of Global Fund related activities including peer education training and NGO capacity building</p> <p>- VCCT</p> <p>- ART Support pilot project</p> <p>- Capacity Building of Fiji Network of People Living with HIV/AIDS (FJN+)</p> <p>•International Federation of the Red Cross (IFRC) –safe blood activities –aid in establishing psychological support center with University of the South Pacific –HIV education and prevention programs through national societies including peer education - Care and support programs e.g counseling training and support - Anti stigma and discrimination campaigns - Development and distribution of IEC's</p>	<p>2003-2005</p> <p>Ongoing programme</p> <p>2004</p> <p>2004-2006</p> <p>Duration: 2001 – 2008</p>	<p>12 PICs: Cook Islands, FSM, Fiji, Kiribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu</p> <p>Fiji (willing to train other PICTs)</p> <p>Fiji (willing to train other PICTs)</p> <p>Fiji (willing to train other PICTs)</p> <p>Peer Ed Operates in 11 PICTS: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu & Vanuatu.</p>	<p>Much work unfunded VCT Budget: Funded through Pacific Global Fund project</p> <p>\$US22000 (UNICEF – Seeking further funding)</p> <p>US\$9336</p> <p>UNDP Funded</p> <p>Projected Budget between AUD\$400,000 - AUD\$500,000</p>
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	<ul style="list-style-type: none"> - Advocacy - Integrating HIV/AIDS education into general programs e.g Disaster preparedness and response <p>•Wan Smol Bag (WSB) Theater</p> <ul style="list-style-type: none"> -HIV education and prevention programs through drama and peer education - Clinic and Youth Drop in Centre, sexual health clinical services, advice and counselling -Training offered in NGO clinic service delivery through KPH. -Regional training in drama and radio in STI/HIV awareness and advocacy. - Production of videos and user guides <p><u>Pacific Islands AIDS Foundation (PIAF)</u></p> <ul style="list-style-type: none"> -improving quality of life of people living with HIV/AIDS (PLWHA) & improving prevention messaging disseminated by PLWHA <p><u>Family Planning Australia – Pacific Regional South Pacific Reproductive Health & Family Planning Training Project</u></p> <ul style="list-style-type: none"> - Training of teachers with knowledge and resources to implement STI and HIV health education in schools - Capacity development of nurses in the provision of high quality STI and HIV awareness and prevention programs - Community educator training to reduce the 	<p>2003- 2005</p> <p>First Strategic Plan 2003-2005</p> <p>2001 - 2005</p>	<p>Willing to train other PICT NGOs</p> <p>FSM, Samoa, Fiji, Kiribati, Tuvalu, Palau, Solomon Islands, Tonga, Vanuatu, Papua New Guinea</p> <p>8 countries for the global fund WAF - PNG Oxfam – PNG, Solomons, Vanuatu</p> <p>5 countries initially (Cook Islands, French Polynesia, Kiribati, Fiji, PNG), Now added Samoa, Vanuatu at request</p>	<p>Global fund US\$80,000 WAF \$90,000 Oxfam \$100,000</p> <p>Projected minimum to average: 250,000NZD per annum. Core funding confirmed by NZAID for 2004-2006.</p> <p>Budget: AUD 3.7million</p>
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	risk of HIV and other STIs through community education - Capacity development of Pacific FHAs to become a key training provider for STI and HIV training for teachers, nurses and community groups (government & NGOs)			
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Regional Initiatives	Description	Duration	PICTs Involved	Cost
US / CDC Initiative	1. Support for HIV/STI laboratory testing in the US Pacific.	Ongoing	CNMI, Guam, Palau, FSMic, Marshall Is., Am Samoa	Not available
	2. Community-based initiatives through the Government health systems	Ongoing	CNMI, Guam, Palau, FSMic, Marshall Is., Am Samoa	Not available
	3. Training in HIV point-of-care testing (OraQuick).	2004	CNMI, Guam, Palau, FSMic, Marshall Is., Am Samoa	Not Available