

Regional **S**trategy
for the
and **C**ontrol **P**revention
of

STD/AIDS

in

**Pacific Island Countries
and Territories**

1997–2000

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F oreword

The HIV and AIDS pandemic has created impact on societies like no other past disease. The virus knows no social, ethnic, gender, economic or cultural boundaries. It has caused devastation in many countries in the world, particularly where poverty, crowding and poor human and economic development have provided an ideal environment for the virus to take hold and for AIDS to develop. AIDS is now one of the endemic diseases of the majority of sub-Saharan African countries and is spreading rapidly throughout South-East and South Asia.

While the virus has not reached such terrifying proportions in the Pacific Island countries and territories, the numbers infected and affected are growing. Since HIV was first reported in a Pacific Island country in 1984, there have been 942 HIV infections and 344 AIDS cases. In addition, it is highly likely that there are many unreported cases throughout the region, as current methods of recording and reporting do not yet allow for sophisticated HIV/AIDS and STD surveillance.

The need to inject new energy, innovation and vigilance in relation to HIV/AIDS and sexually transmitted diseases has been recognised through a report commissioned by the United Nations Development Program and released from Suva, Fiji in January 1996. Called *Time to Act: the Pacific Response to HIV and AIDS*, the report highlighted the dangers of becoming too complacent, thus allowing the issues of HIV/AIDS and STD prevention, education, treatment and care to slip off the development agenda. The challenge implicit in this report, to develop a regional strategy which would guide and inject new energy into HIV/AIDS and STD programmes and activities, was taken up by the South Pacific Commission.

The process of development of this document is a reflection of the support and good will of an enormous range and variety of international, regional and local agencies; representatives of governments of Pacific Island countries and territories; churches, tertiary institutions and concerned individuals. The development process has invited consultation with and input from UNAIDS, WHO, UNICEF, UNFPA, UNDP, UNESCO, the World Bank and other key agencies.

The document will be presented for endorsement to the governing body of SPC, the South Pacific Conference, as an indication of support for a coordinated, collaborative and appropriate response to HIV/AIDS and STD in the Pacific Islands countries and territories. However, the strategy is only useful if the information is used to guide activities. I therefore urge you all to use the strategy as a tool to plan, implement and monitor programmes and activities.

In recognition that a strategy is an evolving entity, the national and regional strategies and activities it generates will be reviewed and revised in response to changing environments, new issues and technologies and with feedback from those using the document.

Finally, I wish to express sincere thanks to the SPC health team and the countless number of people and agencies who have contributed to the development of the strategy document.

Dr Robert Dun
Director General, South Pacific Commission



A

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This strategy has been produced by the South Pacific Commission (SPC) in partnership with a variety of organisations and individuals in the Pacific and elsewhere, who took part in the initial meetings at which the draft was elaborated, or who discussed and reviewed it and contributed suggestions for improvement. The initial momentum for a regional strategy was a key recommendation of the end-of-project evaluation of the Regional AIDS prevention Project (September 1995) that a regional AIDS/STD strategy should be developed. This was closely followed by the release of the *Time to Act* study by UNDP, which clearly indicated the urgency for all sectors to act to prevent the spread of HIV in the region. The 1996 Regional Heads of Health Services Conference noted that HIV/AIDS was a serious threat to the region and passed a resolution asking SPC to seek funding for the development of a multisectoral strategy.

The first draft was developed at a meeting in September 1996, and at a smaller workshop in March 1997. The UNAIDS Theme Group in Fiji organised a meeting of donor agencies to discuss and comment on this draft, in Nadi, Fiji, in March 1997. Those who took part in these meetings included: Myriam Abel, Wendy Armstrong, Donald Austin, Philippe Biarez, Leonard Chan, Françoise Droetto, Alan Dubay, Soeur Yvette Dufrêche, Josephine Gagliardi, Diane Goodwillie, Carol Jenkins, Sue Kelly, Maika Kinahoi, Allan Kondo, Diana Lahannier, Heidi Larson, Heather MacDonald, Clement Malau, Pascal Mathey, Mike O'Leary, Pastor Sa'ilali Passa, Linda Petersen, Nemani Seru, Patricia Sheehan, Neti Tamarua-Herman, Palanitina Toelupe, Leigh Trevillian, Steven Vete. The resulting draft was sent to individuals and organisations in a broad range of sectors in the Pacific (including UNAIDS Theme Groups in Papua New Guinea and Western Samoa) and in other parts of the world for comment, and was discussed in meetings of the UNAIDS Theme group in Fiji and at the APCASO Pacific Meeting in June 1997.

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A

bbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APCASO	Asia Pacific Council of AIDS Service Organisations
APHEDA	Australian People's Health Education and Development Agency
ASAP	AIDS Society of Asia Pacific
AusAID	Australian Agency for International Development
CBO	Community-based organisation
CRGA	Committee of Representatives of Governments and Administrations (SPC)
EU	European Union
GDP	Gross Domestic Product
GNP	Gross National Product
Hep B	Hepatitis B
Hep C	Hepatitis C
HIV	Human Immunodeficiency Virus
IDU	Injecting drug use
IEC	Information, education and communication
ILO	International Labour Organization
MDR-TB	Multidrug-resistant tuberculosis
NAC	National AIDS Committee
NACA	National Advisory Committee on AIDS
NGO	Non-government organisation
ODA	Overseas Development Agency (UK)
PASA	Pacific AIDS Alert Bulletin
PCC	Pacific Conference of Churches
PIASSP	Pacific Islands AIDS and STD Prevention Project
PIANGO	Pacific Island Association of Non-Government Organisations
PICTs	Pacific Island countries and territories
PINA	Pacific Island News Association
PNG	Papua New Guinea
SPC	South Pacific Commission
SPEHIS	South Pacific Epidemiological and Health Information Service
SPOCC	South Pacific Organisations Coordinating Committee
SPOCTU	South Pacific Organisation of Councils of Trade Unions
STD	Sexually transmitted disease
TB	Tuberculosis
UN	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPNG	University of Papua New Guinea
USAID	United States Agency for International Development
USP	University of the South Pacific
WHO	World Health Organization
YMCA	Young Men's Christian Association

I ntroduction

1.1 A call to action

The HIV epidemic in the Pacific has been described as “nascent” in the appropriately-titled January 1996 report, *Time to Act: The Pacific Response to HIV and AIDS* ⁽¹⁾. The report acknowledged that over the past decade HIV has spread widely across the region. As of July 1997, a total of 942 HIV infections and 344 AIDS cases have been reported to the South Pacific Epidemiological and Health Information Service (SPEHIS) by 15 countries in the region. These numbers represent a 20 per cent increase over similar data from 1995, when the *Time to Act* report was compiled.

Compared to the magnitude of the HIV epidemic in some other parts of the world, particularly sub-Saharan Africa and South-east Asia, the small numbers of HIV infection in the Pacific might appear insignificant. Yet in the small populations of Pacific Island countries and territories (PICTs), these small numbers add up to a serious per capita incidence. The *Time to Act* report correctly determined that the relatively small numbers of HIV infections reported in the Pacific is no reason for complacency, because the risk behaviours that will fuel a serious HIV epidemic are present in all PICTs. Secondly social, economic, and cultural factors which underlie vulnerability of individuals and communities to HIV infection are also highly prevalent in the Pacific. These include: movement of people out of, into, and within the region; the youthful age structure of Pacific Island populations; the very slow-growing economies of the region, and consequently, very limited opportunities for employment; the growing impoverishment of some people; and socio-cultural factors that pattern the status of women and the behaviour of men.

To date, the response to the evolving HIV epidemic in the region has been variable. All PICTs have established national AIDS prevention and control programmes. However, these programmes have attracted little funding from core budgets of countries and territories. Additionally, political commitment to effective response to the HIV epidemic has been limited. The activities of some non-government organisations, multi-lateral agencies such as WHO, UNICEF and UNDP, some bilateral donors such as AusAID, EU, and USAID and the SPC have ensured that the implications of AIDS in the Pacific have remained on the agenda.

There is now a call for renewed and invigorated response to the burgeoning HIV epidemic in the region. Three significant events have provided the impetus for the development of a coordinated regional strategy to fight the HIV epidemic in the Pacific. First, the September 1995 evaluation of the USAID-funded Pacific Islands AIDS and STD Prevention Project (PIASPP) recommended that a regional STD/AIDS strategy be developed ⁽²⁾. Second, the publication of the *Time to Act* report in January 1996 by UNDP clearly indicated the need to act in order to prevent further spread of HIV in the region. Third, in March 1996, the Heads of Health Services Conference acknowledged that HIV/AIDS was a serious threat to the Pacific region. It passed a resolution requesting the South Pacific Commission (SPC) to seek funding for the development of a multi-sectoral strategy for STD/AIDS prevention and control in the region.

The development of this regional strategy is in response to the urgent call for action to prevent the kind of devastation in the Pacific that has been caused by HIV epidemics in some other parts of the world. The strategy represents a major stage in the development of effective prevention and control of STD/AIDS in the Pacific Island countries and territories.

1.2 Responding to the call: developing the regional strategy

In response to the request by the Pacific Island Heads of Health Services, the South Pacific Commission has facilitated the development of the regional STD/AIDS strategic plan. The development of the Draft Strategic Plan has occurred in stages, encouraging the participation of all Pacific Island countries and territories in the process.

In September 1996, the SPC, with support from UNICEF and other agencies, sponsored a gathering to discuss and develop a regional STD/AIDS strategy. Participants were chosen on the basis of individual experience and expertise, gender and ethnic background; considering sub-regional representation; and a mix of large and smaller countries. In addition, representatives of UNFPA, AusAID and the HIV/AIDS International Development Network of Australia participated in the meeting. The meeting examined the failures and successes of programmes in the region and made specific strategic statements to serve as a framework for the development of a coordinated response to STDs and AIDS in the region.

A small working group was nominated to oversee the further development of a regional strategy. The group met over three days in February 1997 and identified a number of strategies that, if adopted, would improve the regional response to STD/AIDS. A draft document was prepared and circulated widely for comment. A number of individuals and organisations provided comments on the draft document. This document has been re-worked to take account of the comments received.

The next stage of the process will be endorsement of the regional strategy by the Committee of Representatives of Governments and Administrations (CRGA), the South Pacific Conference, and Regional Heads of Health.

1.3 About the regional STD/AIDS strategy

The Regional Strategy provides a broad strategic framework, within which all parties will be encouraged to address STD/AIDS. The roles and responsibilities of the different partners in the regional STD/AIDS response are described. Ten strategic components make up the areas of activity in the strategy. The strategies recommended are chosen to complement and enhance the work at national and local levels. They have been identified and determined by Pacific Island representatives using a participatory process.

The primary purpose of a regional STD/AIDS strategy is to support and enhance effective responses of PICTs. Such responses should be designed to meet the identified needs of the people and address the specific social, cultural, and economic factors underlying risk and vulnerability to HIV and STD infection in each country and territory.

It is important that this strategy (even after endorsement) should be perceived as a working document. Experience of implementing the strategy, as well as lessons learnt from implementing other responses to the STD/AIDS epidemic in the region, should inform further development of the strategy. It is essential that implementation of the strategy be monitored and valuable lessons used to modify it as necessary.

Status and Trends of HIV/AIDS, STDs and TB in the Pacific

In describing the STD/AIDS situation in Island countries and territories of the Pacific, it is important to bear in mind the major differences between countries and within each: any analysis is difficult and challenging.

The Island countries and territories cover 22 sovereign states and dependent territories, comprising three broad ethnic groupings:

Melanesia, consisting of five countries and territories—Fiji, New Caledonia, Papua New Guinea, Solomon Islands and Vanuatu—makes up 84% of the region's population;

Micronesia, consisting of seven states and territories—Federated States of Micronesia, Guam, Kiribati, Marshall Islands, Nauru, Northern Mariana Islands, and Palau—contributes 9% of the regional population;

Polynesia, consisting of 10 states and territories—American Samoa, Cook Islands, French Polynesia, Niue, Pitcairn, Samoa (formerly Western Samoa), Tokelau, Tonga, Tuvalu, and Wallis and Futuna—makes up 7% of the regional population.

2.1 HIV/AIDS in Pacific Island countries and territories

HIV was first reported by a Pacific Island country in 1984⁽³⁾. Since then a cumulative number of 942 HIV infections and 344 AIDS cases have been reported to the South Pacific Epidemiological and Health Information Service (SPEHIS) by 15 countries in the region. As Table 1 shows, the HIV infections are not evenly distributed in the region. Approximately 90 per cent of the reported HIV infections were from four PICTS—French Polynesia, Guam, New Caledonia, and Papua New Guinea—and nearly half of infections have occurred in Papua New Guinea.

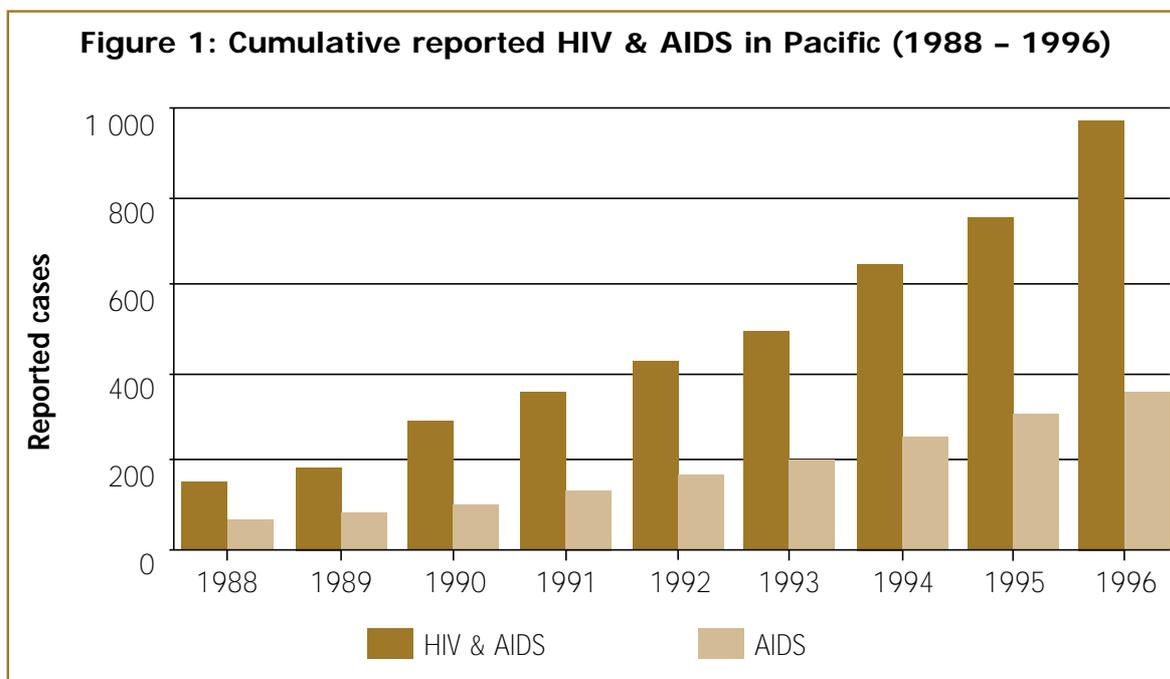
Since the HIV epidemic in the Pacific began, the number of new infections reported each year has increased steadily (Figure 1). Comparison of the data from the four PICTS with the highest number of reported infection shows that PNG contributes the majority of annual increase in HIV infections. While the number of new infections reported from Guam, French Polynesia and New Caledonia have remained steady or even decreased since 1993, the number reported by PNG has increased by 75 per cent annually since 1993.

Table 1: Cumulative HIV & AIDS infections reported to the South Pacific Commission, 1 August 1997

Countries/ territories	Population (mid-year estimates 1997)	Cumulative incidence of HIV & AIDS		No. of known deaths
		No. of notifications	per 100,000 pop.	
American Samoa	61,100	0	0	0
Cook Islands	19,000	0	0	0
Federated States of Micronesia	111,800	2	2	1
Fiji	779,200	34	4	0
French Polynesia	222,300	164	75	46
Guam	145,400	92	61	28
Kiribati	83,400	16	20	3
Northern Mariana Islands	65,100	10	16	6
Marshall Islands	60,000	9	15	2
Nauru	11,200	1	9	0
New Caledonia	201,300	138	69	27
Niue	2,100	0	0	0
Palau	18,100	1	6	0
Papua New Guinea	4,311,500	453	11	73
Pitcairn	47	0	0	0
Samoa	170,700	9	5	6
Solomon Islands	401,100	2	1	0
Tokelau	1,500	0	0	0
Tonga	97,800	9	10	0
Tuvalu*	10,900	0	0	0
Vanuatu	177,200	0	0	0
Wallis and Futuna	14,200	2	14	0

* Informal reports indicate that there is now at least one HIV-positive person in Tuvalu.

Since the HIV epidemic in the Pacific began, the number of new infections reported each year has increased steadily (Figure 1). Comparison of the data from the four PICTs with the highest number of reported infections shows that PNG contributes the majority of annual increases in HIV infections. While the numbers of new infections reported from Guam, French Polynesia and New Caledonia have remained steady or even decreased since 1993, the number reported by PNG has increased by about 75 per cent annually since 1993.



It is widely acknowledged that HIV infections and AIDS cases in Pacific Island countries and territories are under-reported. The current epidemiological data limit knowledge about the prevalence of HIV in Pacific populations. It is nevertheless certain that the HIV epidemic in the Pacific is considerably more serious than the available data suggest. The epidemic is also undoubtedly worsening in the region overall, and particularly so in some countries.

Both the age and gender distribution of HIV infections differ among Pacific Island countries and territories. In PNG and the Marshall Islands, male and female infections are roughly equal. The peak of HIV infections in PNG occurs in people aged 20 to 29 years of age, while in both Fiji and Guam, the peak occurs some 10 years later, in the age-group of 30 to 39 years.

In every other PICT, male infections outnumber female. This is because many infections have been detected in homosexual and bisexual men and in injecting drug users, who are mainly men ⁽¹⁾. The ratio of male to female HIV infections ranges from 2.5:1 to 6:1. The experience from other parts of the world with more mature HIV epidemics is that as the epidemic progresses, the gender differences are likely to narrow as more women become infected.

In a few countries, injecting drug use and sex between men have been a significant avenue for the spread of HIV. However, on the whole, equal numbers of heterosexual and homosexual/bisexual transmissions have been reported, with a large proportion of reports noted among the "unknown" category. The large number of "unknown" is probably due to difficulties in documenting accurate sexual histories, needle-sharing activities, and other risk behaviours of individuals infected with HIV.

There have been few studies of HIV transmission-related risk behaviours in Pacific Island countries and territories. However, there is sufficient evidence to show that a number of risk behaviours are common. For example, many individuals have multiple sex partners, condom usage rates are low, and increasing numbers of individuals are exchanging sex for money. Studies have also found that young

people often have several sexual partners before marriage and that married people also have extra-marital sexual relationships. Other studies have indicated disturbingly high use of alcohol and other mind-altering substances which interfere with decision making. Tattooing and other ritual scarification are prevalent throughout the Pacific.

Several social, economic and cultural factors make Pacific Island communities vulnerable to contracting HIV and STD. The movement of people out of, into and within the region assists the introduction and spread of HIV and STD; and the slow-growing or even down-turned economies of the region and limited opportunities for employment provide the conditions of economic hardship in which STD, HIV and AIDS flourish.

Socio-cultural factors that make some groups of people particularly susceptible to contracting HIV or other STD include the actions and attitudes of youth, the status of women, and the behaviour of men. Some people are exposed to higher risk through their work-related lifestyle, particularly where they travel a good deal on work or where predominantly male work settlements support a local sex industry.

2.2 Other sexually transmitted diseases (STDs)

It is now well established that infection with curable STDs, such as genital ulcer diseases, gonorrhoea and chlamydia, by one or both partners in a sexual liaison greatly increases the risk of sexual transmission of HIV. Studies in Sub-Saharan Africa, Europe and North America have suggested that the risk of becoming HIV-infected is approximately four times greater if a person has a genital ulcer caused by syphilis, for example. In addition, there is more recent evidence of an association between HIV infection and non-ulcerative STDs (gonorrhoea, chlamydia, and trichomoniasis).

The link between other STDs and HIV infection is very significant because curable STDs such as gonorrhoea and syphilis are highly prevalent in most Pacific Island countries and territories. The data available on STDs in Pacific Island countries and territories is uneven because, as is the case with HIV and AIDS, there is considerable under-reporting. The high prevalence of curable STDs further confirms that there are high levels of HIV risk behaviour, particularly unprotected sex with several partners.

The converse of the link between STD and HIV transmission is that better STD treatment, and through it a reduction in the incidence and prevalence of STDs, can substantially reduce HIV transmission. Indeed, a recent study in Tanzania found that early treatment of STDs in a rural population resulted in a 42 per cent decline in the rate of newly acquired HIV infections⁽⁴⁾. Over and Piot⁽⁵⁾ estimated the impact on HIV transmission of curing or preventing each of the curable STDs. They found that by curing or preventing one hundred cases of syphilis in high-risk groups, approximately 1,200 HIV infections linked to those one hundred episodes of syphilis could be prevented over the coming 10-year period. For other curable STDs, the impact of treatment and prevention is also significant, though somewhat less. These important studies show that prevention and control of STDs is vital to effective responses to HIV. Strategies to improve the management of STDs should be essential components of HIV/AIDS prevention and control plans of all Pacific Island countries and territories.

2.3 Tuberculosis

People infected with HIV are susceptible to a variety of opportunistic infections, one of the most important of which is tuberculosis (TB). In most developing countries, TB is the most important opportunistic infection observed among HIV-infected patients because it occurs frequently, and is transmissible to both HIV-infected and uninfected patients.

The WHO estimates that 8.8 million new cases of TB and 3 million deaths due to TB occurred worldwide in 1995. These numbers are predicted to increase further; thus more than 10 million TB

cases and 3.5 million TB-related deaths could occur in the year 2000. It is anticipated that the HIV epidemic will be responsible for 20 per cent of the projected global increase in TB ⁽⁶⁾.

WHO has determined that the Western Pacific is one of the regions most seriously affected by the TB epidemic. Data available to SPEHIS indicate a high prevalence in many Pacific Island countries and territories. The number of newly detected cases of TB in PNG increased steadily between 1990 and 1994 (Table 2). PNG also has the highest number of HIV infections among Pacific Island countries and territories. It is not known what proportion of the increases in TB cases can be attributed to the HIV epidemic. However, given the link between the two infections, it is likely that the HIV epidemic in PNG is influencing the increase in tuberculosis infection in PNG.

Table 2: Tuberculosis in Papua New Guinea ⁽⁷⁾.

Year	No. of newly detected cases*
1990	3,841
1991	4,192
1992	4,380
1993	5,547
1994	5,648
1995	5,337
1996	5,168

* North Solomons figures are not included, and a new reporting system was introduced in 1995.

There is a clear need to intensify efforts to prevent and control tuberculosis in all Pacific Island countries and territories, as part of the expanded response to HIV/AIDS.

A

n Overview of Responses to HIV/AIDS in the Pacific

The response to HIV/AIDS in the Pacific to date reflects the fact that most countries and territories are in the early stages of the epidemic. Few people are personally affected and many still react with hostility and blame against people who are known to be HIV positive ^(1, p.18). The overall response has been described as limited. The responses by government, NGOs, multi-lateral agencies and bi-lateral donors are summarised below.

3.1 Responses by government

In all the Pacific Island countries and territories, apart from the very smallest (Nauru, Niue, Tokelau, and Pitcairn Islands), ministries or departments of health have developed national AIDS plans, with assistance from WHO/GPA. All PICTs have also established national AIDS committees to guide policies and programme strategies. However, national AIDS Committees have attracted criticism since they have not performed as they were intended to do. It is reported that they have been hampered by infrequent meetings, lack of autonomy and lack of influential representation; hence national AIDS programmes are constrained by limited commitment, poor coordination and lack of resources ⁽¹⁾.

The *Time to Act* report notes that in almost all Pacific Island countries and territories, ministries and departments of health have alone been responsible for drafting and implementing the national AIDS plans. While there has been some involvement of educational institutions, other government ministries and departments have rarely been involved. The report suggests that the current channelling of funds for HIV and AIDS activities through health ministries and departments reinforces the disease-prevention and patient-management focus of national AIDS policies.

HIV and AIDS programmes attract little funding from core budgets of Pacific Island countries and territories, although some provide resources such as staff, transport and office administrative support. The majority of funds continues to be provided from multilateral donors such as WHO and the UN and bilateral donors such as Australia.

3.2 Responses by non-government organisations

There is a range of local, regional and international NGOs implementing HIV/AIDS, STD and more comprehensive sexual and reproductive health programmes in the majority of Pacific Island countries and territories.

NGOs active in HIV/AIDS prevention programmes in many PICTs include Family Planning Associations, the Red Cross, National Councils of Women and National Councils of Churches, the YMCA, YWCA, Youth Councils and Councils of Chiefs.

Some of the most affected PICTs have dedicated AIDS NGOs, e.g. Fiji, French Polynesia, Guam, New Caledonia, Papua New Guinea.

The Christian Church is one of the most influential NGOs in the region. In recognition of the need to have church support, HIV/AIDS organisations and programme managers are working with many churches to conduct training courses in HIV/AIDS and STDs. In 1994, the SPC conducted a regional seminar in order to involve key church leaders in the region in HIV/AIDS prevention and education activities. The seminar produced a plan for increasing HIV/AIDS and STD awareness in the community.

Regional organisations engaged in HIV/AIDS and sexual health activities include Save the Children Australia, Foundation for the Peoples of the South Pacific, Family Planning Australia, APHEDA and the Australian Federation of AIDS Organisations.

While there are many NGOs active in the field, the degree of collaboration between government and non-government organisations differs amongst PICTs. As reported in *Time to Act*, there is often poor coordination between NGO and government programmes and they often appear to duplicate activities and oppose one another.

Community theatre groups have become a feature of many Pacific Island countries and territories and are a popular means of providing information to and raising awareness of communities about AIDS and STDs. These groups deliver messages about AIDS and STDs to communities in local languages, frequently using traditional and custom story-telling techniques as a medium for communication. Community theatre requires little technology, is inexpensive and can be an effective and culturally appropriate method of raising awareness among urban and rural communities.

3.3 Multi-lateral agencies

Multi-lateral agencies which have supported HIV/AIDS and STD responses in the Pacific include WHO, UNESCO, UNFPA, UNDP and UNICEF. WHO provided technical support throughout the Pacific to develop plans and conduct training in relation to AIDS and STDs. Between 1989 and 1991, WHO and UNESCO conducted a joint project to enable Pacific Island countries and territories to develop school-based AIDS education programmes. UNFPA and UNESCO are engaged in assisting education ministries to integrate population education, including sex education, through secondary school curricula. UNICEF is focussing on harm minimisation among youth, especially in relation to risk-taking behaviour around sexual and reproductive health. UNDP is active in HIV/AIDS and was a major supporter of the *Time to Act* report.

In 1995, UNAIDS, the joint United Nations Programme on AIDS, co-sponsored by six UN agencies—UNFPA, UNDP, UNICEF, UNESCO, WHO and the World Bank—was created to provide global leadership in response to HIV/AIDS. At regional and country levels, the role of UNAIDS is to coordinate the efforts of the co-sponsors. Three UNAIDS theme groups have recently been formed in the Pacific and a UNAIDS Country Programme Representative operates from the WHO office in Suva. UNAIDS is not a direct funding agency, focussing on capacity building and technical assistance to enable Pacific Island countries and territories to identify and implement their own programmes.

3.4 Major bilateral donors

The major bilateral donors which have supported HIV/AIDS responses in the region are the Australian Agency for International Development (AusAID), the European Union (EU), the British Overseas Development Agency (ODA), and the United States Agency for International Development (USAID). AusAID, through its international health assistance programme, has demonstrated increased

commitment to HIV/AIDS and STD programmes. In line with a policy shift to providing regional support, AusAID has provided funds for the South Pacific Commission to develop a regional HIV/AIDS strategy 1997–2000. The British ODA provides assistance for reproductive health IEC programmes for youth in several Pacific Island countries and territories. The EU has provided funding to the SPC for an HIV/AIDS Peer Education Project in three Pacific Island countries. USAID funded the Pacific Islands AIDS and STD Prevention Project from 1990 to 1995.

3.5 Summary

It is clear from the sections above that there have been efforts by a variety of organisations—government and non-government—to prevent the spread of HIV in Pacific Island countries and territories. In analysing the response to date, *Time to Act* identified the following barriers to more effective action on HIV/AIDS:

Failure to acknowledge the serious nature of the problem: The potential seriousness of the epidemic has not been appreciated by many Pacific Island governments and people, because they are misled by the small numbers of reported HIV infections.

The social invisibility of HIV- and STD-transmitting behaviours: Although there is good evidence that premarital and extramarital sexual relations are very common in Pacific Island societies, many people prefer to deny that their behaviour puts them at risk of contracting HIV or STD and unrealistically believe that HIV/AIDS and/or STD will not become a serious problem in their community.

Barriers to public discussion about sexual matters: Pacific Island people generally do not openly discuss sexual matters. This keeps the issue of HIV/AIDS and STD off both the family and the public agenda.

Discrimination against and fear of those infected with HIV: Initial fear-based campaigns plus the association of AIDS with immorality have resulted in an unreasonable stigma against HIV-positive persons. Because many people fear AIDS, people with HIV often hide their infections to avoid being discriminated against. This makes the epidemic even more invisible and keeps the public perception of HIV risk too low.

Ignorance about the growing risk of contracting HIV and STD locally: Public perceptions of low risk are reinforced by the emphasis in the media on HIV/AIDS as something introduced from outside the region, rather than a disease transmitted between individuals engaging in risk behaviours, be they foreigners or other nationals. The spread of HIV between Pacific Islanders who have had no foreign contact already accounts for a large proportion of cases in those PICTs where HIV is most prevalent.

The belief that HIV/AIDS is specifically a health issue: The development repercussions of HIV have received little attention by PICTs. Ministries of Health have taken the lead in HIV/AIDS programmes but other sectors have had little involvement.

Limited resources: Pacific Island governments and administrations have limited resources and HIV/AIDS and STD programmes must compete for them with other health, education, development, and social welfare programmes.

These barriers are acknowledged in the development of this regional strategy, and appropriate programmes have been designed to enable an effective expansion of the HIV/AIDS response in Pacific Island countries and territories.

The Pacific Regional HIV/AIDS and STD Strategy

Guiding principles & essential elements

The diversity of Pacific Island countries and territories shapes this strategy. The strategy does not aim to prescribe solutions for the different countries and territories in the region. Instead the strategy identifies and defines approaches which can be applied in all countries and territories.

The approaches are based on lessons learnt from the response to the HIV/AIDS epidemic to date. The strategy is also informed by “international best practice”—practical experience of sound policies and strategies from around the world that have been proven to be effective.

4.1 The Pacific approach to HIV/AIDS and STD prevention and control

The approach adopted in this first regional HIV/AIDS and STD strategy is that a vigorous response to HIV/AIDS in the Pacific will need the involvement of all sectors. All sections of society are affected by the epidemic and so it is essential to motivate all sectors to participate in the response. Such **multi-sectoral** action requires the development and nurturing of **respectful partnerships** between the different sectors—government, non-government, private (business), etc. The approach is also defined by the principle that affected communities must be partners in the response.

4.2 Links with sexually transmissible diseases

Sexually transmissible diseases pose an important public health problem in their own right. They are also markers of unsafe sexual practices that can result in HIV transmission. The presence of some STD, particularly those that cause genital ulceration, facilitates the transmission of HIV. Given the high rates of STD in Pacific Island countries and territories (Chapter 2), control of STDs is an essential strategy for the prevention and control of HIV.

4.3 Links with tuberculosis

People infected with HIV are susceptible to a variety of opportunistic infections, one of the most important of which is tuberculosis (TB). In most developing countries, TB is the most important opportunistic infection observed among HIV-infected patients because it occurs frequently, and is transmissible to both HIV-infected and uninfected patients. This strategy incorporates measures to control TB in Pacific Island countries and territories.

4.4 Strategic components

The regional strategy describes 10 areas of activity in the next three years of implementation. They fall into two broad categories: the supportive components and the programme components.

The supportive components

These components consist of strategies and activities aimed at supporting programme development and implementation in Pacific Island countries and territories. In general, a regional or international organisation will have primary responsibility for coordinating these components, which are:

- Strategic planning of national HIV/AIDS and STD responses,
- Capacity building,
- Funding and resource mobilisation,
- Networking and information sharing,
- Research.

The programme components

This category comprises components which will be included in national strategic plans of Pacific Island countries and territories. The regional strategy recognises that the different countries and territories may address these programme areas differently. However, it describes approaches that are known to work and identifies some strategies and activities which are essential for all national programmes. The programme components are:

- Education and prevention,
- Treatment and care,
- Surveillance and epidemiology,
- Safe blood supply,
- Legal and ethical issues.

R

oles and Responsibilities

The effectiveness of the Pacific regional HIV/AIDS and STD strategy depends on coordinated and concerted action by a wide range of sectors—different government sectors, non-government and community organisations (including churches), the private sector, regional organisations, multi-lateral organisations, and bilateral agencies. The roles and responsibilities of the various partners are described in general terms below. It is essential that each of the partners develops an appropriate plan of action to fulfil its responsibility.

5.1 Governments and administrations of Pacific Island countries and territories

The regional strategy recognises that primary responsibility for the response to HIV and AIDS in each Pacific Island country and territory rests with the government. Governments are responsible for:

- providing leadership in the development of laws and policies that enable effective prevention and care programmes to be implemented;
- motivating all sectors of society (government, non-government, private) to participate in the response;
- ensuring that enough resources are devoted to HIV/AIDS programmes;
- ensuring that all people, including the disadvantaged, have access to available HIV/AIDS prevention and care programmes;
- ensuring that laws, policies and practices do not discriminate against people living with HIV/AIDS, and create an environment of support, care and non-discrimination for those affected.

Managing the implementation of the national HIV/AIDS and STD strategy is usually the responsibility of a national programme manager appointed by the government. In most countries and territories, the national STD/AIDS programme manager has other responsibilities. Sometimes this compromises their ability to discharge responsibility for managing the national HIV/AIDS response effectively. **It is important for all Pacific Island governments and administrations to ensure that national HIV/AIDS programme managers have both the time and the skills required to do the job effectively.**

5.2 National AIDS Committees

The National AIDS Committee (NAC) in each Pacific Island country and territory will be responsible for advising on the implementation of national strategic plans. With broad representation from all sectors involved in the national response, National AIDS Committees are very well placed to regularly review and evaluate strategies, and ensure that all the partners are working in a coordinated manner.

- The terms of reference for the NAC may vary in the different Pacific Island countries and territories.
- However, the responsibilities may include the following:

..... monitoring the implementation of the national HIV/AIDS strategy;

identifying emerging issues in the area and ensuring that the national strategy is able to respond to them;

developing national guidelines for the different programme areas of the national strategy, as necessary;

monitoring the extent of collaboration among the partners in the national response;

communicating with NACs in other Pacific Island countries and territories, and with regional organisations;

producing an annual report on the status of implementation of the national strategy and recommending how to remedy areas of concern.

- To ensure that National AIDS Committees are able to work effectively, it will be necessary to:

..... review and revise the membership to reflect the participation of different sectors in the national AIDS response. Whilst the ministry or department of health has an important role on the NAC, other government sectors should be encouraged to participate. Non-government and community sector (including church) representation on the NAC is essential. The participation of people living with AIDS should be actively encouraged. The private sector and unions can also play an important role on the NAC;

review the functioning of the National AIDS Committee. It is important that NACs meet regularly, and work to a plan of action developed according to their terms of reference.

5.3 Community-based and non-government organisations

- Community-based and non-government organisations play important roles in HIV/AIDS prevention and care programmes. They are particularly effective in involving communities and people in their programmes and, through encouraging this public participation, their work is more often effective and self-sustaining. CBOs and NGOs are able to reflect the views and perspectives of their respective communities. They are uniquely placed and have a responsibility to assess and advise on the whole of the national response. The community-based and non-government sector has a role in the following principal areas:

..... peer education and information;

community-based and home-based care, counselling and support of people infected with HIV and their families;

contributing to the development, delivery and evaluation of policies and programmes;

advocacy.

- Peak NGO bodies such as the Pacific Island Association of Non-government Organisations (PIANGO) the Asia Pacific Council of AIDS Service Organisations (APCASO) and the Pacific Conference of Churches (PCC) have an important role in coordinating and supporting the efforts of community and non-government organisations in countries and territories.

5.4 The private sector

An enlightened business community can provide critical leadership and help catalyse political will to deal with issues affecting the labour force, the economy, and the welfare of the country as a whole. In the context of HIV/AIDS, the private sector can contribute effectively to prevention efforts for employees; to the provision of health care and social support to workers and their families; to advocacy for broader government actions on AIDS; and to philanthropic actions ⁽⁶⁾.

The workplace has been considered an appropriate and effective setting for HIV prevention programmes. Fears and misconceptions about AIDS can be alleviated, discrimination against people with HIV can be prevented, managers can be helped to deal fairly with HIV-infected workers, and employees can be educated to reduce their risk for HIV transmission. These efforts may help corporations contain and even reduce other costs related to treatment and health insurance, decreased productivity, loss of workers with specific training or skills, or re-training of the workforce. In many countries, workplaces also provide a unique opportunity to provide accurate information about HIV to sexually active adults who would be difficult to reach through other channels.

5.5 South Pacific Commission

The South Pacific Commission is the oldest regional organisation, with a comprehensive membership of all 22 Island countries and territories and 4 metropolitan states. SPC is therefore uniquely placed to play an important role in facilitating and coordinating the regional response to STD/AIDS. SPC's responsibility began with it facilitating the development of the regional strategy. SPC will continue to provide technical support for implementing the strategy, particularly in the areas of strategic planning, capacity building, surveillance and epidemiology, networking and information sharing.

There is a need to monitor the implementation of the regional strategy. While SPC can undertake some of the monitoring responsibilities, consideration may be given the eventual formation of a body representative of the partners involved in the regional response, to take on this role.

5.6 Forum Secretariat

The Forum Secretariat is another regional agency, representative of 15 member countries, with the Heads of State or Heads of Government as members of its governing body. In recent years the Forum has taken up the role of coordinating policy on regional initiatives. The Forum has an important role in ensuring political commitment for the regional and national responses to HIV/AIDS.

5.7 UNAIDS

As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

For the Pacific regional response, UNAIDS has the responsibility to provide leadership in coordinating the support provided by UN agencies, particularly the six co-sponsoring agencies (UNDP, UNICEF, UNFPA, UNESCO, WHO and World Bank), to countries. UNAIDS can also play an important role in advocating for political commitment to the regional response.

5.8 Multi-lateral agencies

World Health Organization (WHO)

WHO has over 10 years experience with managing the global response to HIV/AIDS. For the Pacific regional strategy, WHO can provide technical guidance and expertise in the following programme areas: surveillance and epidemiology; safe blood supply; strengthening of tuberculosis programmes; improved STD management; and introduction of and training for health services in the syndromic approach to STD management.

United Nations Development Programme (UNDP)

UNDP is committed to increasing awareness of the development implications of HIV; enhancing community capacity to respond to HIV; promoting and assisting prevention, care and support programmes for women; and assisting governments in developing multi-sectoral HIV strategies. UNDP has provided leadership in the area of HIV-related law and ethics. UNDP can continue to support the implementation of the Pacific regional strategy in these areas.

United Nations Children's Fund (UNICEF)

UNICEF's mission is to support promotion of the health of youth and women, particularly their sexual and reproductive health. UNICEF has responded to HIV/AIDS within the broader context of young people's needs and problems. It has developed and implemented prevention programmes for young people in and out of school and in difficult circumstances. For the Pacific regional STD/AIDS strategy, UNICEF has an important role in supporting HIV prevention efforts directed to young people.

United Nations Population Fund (UNFPA)

UNFPA's work centres on women's health and fertility, and provides support to training programmes for maternal and child health/family planning providers, who in many countries are the only health-service providers that women see. UNFPA supports HIV/AIDS prevention within the larger framework of on-going programmes in the population sector. For the Pacific regional strategy, UNFPA can play a crucial role in reaching women with accessible HIV/AIDS and STD prevention and care services.

United Nations Educational, Scientific and Cultural Organisation (UNESCO)

UNESCO works primarily with ministries of education, with particular expertise in policy and planning in education and curriculum development. UNESCO's HIV/AIDS strategy focuses on providing technical assistance in developing and implementing AIDS educational prevention strategies that are culturally appropriate. UNESCO's support for the revival of the School AIDS Education Programme will be of great benefit to the Pacific regional AIDS strategy.

International Labour Organization (ILO)

The ILO brings governments, employers and trade unions together in the cause of social justice and better living conditions. It is a tripartite organisation, with worker and employer representatives taking part in its work on equal status with those governments. The ILO could play an important role in advocating for workplace education and preventive measures on HIV/AIDS, and in developing policies to protect the employment rights of people with

5.9 Bilateral donor agencies

A number of donor agencies and governments, including AusAID, the European Union, the French Government, and USAID, have supported AIDS/STD prevention and care programmes in the Pacific. Their on-going financial and technical support will be very beneficial. In addition, these agencies (and their governments) can play an important role in ensuring on-going political commitment from governments and administrations of Pacific Island countries and territories.

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Strategic Components

The regional STD/AIDS strategy for Pacific Island countries and territories 1997–2000 has ten strategic components. They fall into two broad categories: the supportive strategies and the programme components.

A. SUPPORTIVE COMPONENTS

These components consist of strategies and activities aimed at supporting programme development and implementation in Pacific Island countries and territories. They are: strategic planning of national HIV/AIDS and STD responses; capacity building; funding and resource mobilisation; networking and information sharing; research.

6.1 Strategic planning of national HIV/AIDS and STD responses

The effectiveness of a regional strategy in prevention and control of STDs and AIDS will depend to a large extent on the successful implementation of effective national policies, strategies and programmes. Hence the stated purpose of this regional STD/AIDS strategy is to support and enhance effective responses of Pacific Island countries and territories. Such responses should be designed to meet the identified needs of the people and address the specific social, cultural, and economic factors underlying risk and vulnerability to HIV and STD infection in each country and territory.

In recognition of the importance of effective national responses to the overall success of a Pacific regional strategy to prevent STDs and AIDS, the development of national strategic plans is accorded a high priority. During the period of implementation of this first Pacific regional STD/AIDS strategy, the development of strategic plans for expanded responses to STD/AIDS will be promoted. A programme will be implemented to enhance capacity in Pacific Island countries and territories to develop strategic national responses to STD/AIDS. Technical support will be provided for development of these plans, as needed.

Pacific Island country and territory NACs will be encouraged to develop strategies and policies based on the knowledge and understanding of specific social, cultural, economic and political environments. Ideally a strategic planning process will consist of:

- **situational analysis** to identify and describe the major cultural, social, economic and political factors within a PICT which affect the transmission of HIV and the suitability of various prevention strategies;

- response analysis** to critically examine the response to the HIV epidemic to date, and identify and describe:

- the programmes and strategies which are working well,
- gaps in programme areas, approaches and methods,

- – obstacles to effective implementation and
- – opportunities for expanding the response;

..... formulation of a national strategic plan based on the information obtained from the situational and response analyses, and guided by “best practice” in STD/AIDS prevention and care strategies.

- Any strategic planning process should be regarded as an opportunity to involve a variety of participants from different sectors—government, non-government, and private sector—in the national AIDS response.

6.1.1 *Guiding principles for the strategic planning process*

- The effectiveness of a regional strategy in prevention and control of STDs and AIDS will depend to a large extent on the successful implementation of effective national policies, strategies and programmes. Hence the stated purpose of this regional STD/AIDS strategy is to support and enhance effective responses of Pacific Island countries and territories. Such responses should be designed to meet the identified needs of the people and address the specific social, cultural, and economic factors underlying risk and vulnerability to HIV and STD infection in each country and territory.

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- gaps in programme areas, approaches and methods,
- obstacles to effective implementation and
- opportunities for expanding the response;

formulation of a national strategic plan based on the information obtained from the situational and response analyses, and guided by “best practice” in STD/AIDS prevention and care strategies.

- Any strategic planning process should be regarded as an opportunity to involve a variety of participants from different sectors—government, non-government, and private sector—in the national AIDS response.

6.1.2 *Desirable characteristics of national strategic plans*

- The *Time to Act*⁽¹⁾ report describes some principal actions which will need to be taken by each country or territory in response to the HIV epidemic. These principal actions (described below) also describe some desirable characteristics of national strategic plans. An effective plan should:

..... expand people's choices as to how they will protect themselves and their families from HIV infection and care for people who are already infected;

reduce risk factors such as the prevalence of sexually transmitted diseases;

develop locally appropriate prevention and care programmes;

involve all sectors of society in constraining the spread of HIV;

ensure that development policies slow, not accelerate, the spread of HIV;

include strategies that deal with the human development consequences of the epidemic; and

ensure that legal and ethical structures build a supportive and enabling social environment that treats with compassion people already living with HIV or AIDS.

The component programmes of national AIDS strategic plans will vary among the different countries and territories. However, it is reasonable to expect the following programme areas to be included:

-
- Education and prevention,
 - Treatment and care,
 - Safe blood supply,
 - Surveillance and epidemiology and
 - Legal and ethical issues

6.1.3 Roles and responsibilities for the strategic planning process

In each Pacific Island country and territory, the primary responsibility for the response to HIV/AIDS, and thus the strategic planning process, rests with the government. The South Pacific Commission, along with other regional agencies such as UNAIDS, UNDP and WHO, will provide necessary training and technical support to assist the development of plans by each country and territory.

6.2 Capacity building

The participation of a wide range of sectors is acknowledged as crucial for an effective national (and regional) response to the HIV epidemic. An important prerequisite for active participation by all sectors is capacity building, as described in the *Time to Act* report:

Although agencies or institutions may have a clear role to play in HIV prevention and care programmes, they may lack the skills or institutional capacity to do so. This will mean opportunities are missed and the overall response is less effective. The capacity of each sector, therefore, must be built so that they can participate fully. The epidemic will continue for a long time. Even if it requires time and effort now, building capacity is a worthwhile investment (1, p. 103).

Capacity building is therefore an important plank in the Pacific regional STD/AIDS strategy. The key areas identified for capacity building are described below.

6.2.1 Strategic planning and management

Planning and management skills are as important for the successful implementation of STD/AIDS programmes as they are for all other programmes. Some general programme management training has already occurred

- in the Pacific, as has specific STD/AIDS-directed programme management training. WHO provided training in these areas in the early 1990s. However, the turnover of staff, as well the necessity to involve sectors which have not been previously engaged in the response to STD/AIDS, means that there is a need for strategic planning and management training to support the regional and national strategies.
- National AIDS programme managers are obvious candidates for strategic planning and management training. To increase the depth of skills available in the region, it will be important for the training to be made available to staff from other government sectors as well as non-government and community-based organisations involved in the national response.

6.2.2 Counselling

- Counselling is recognised as an integral part of HIV/AIDS prevention and care programmes. There is wide acceptance of counselling as an ethically necessary part of information provision, both before and after HIV-antibody testing. As such, counselling is an important part of prevention, particularly when health education can also be provided, to encourage and empower individuals to negotiate low HIV-risk behaviour⁽⁶⁾. Similarly, counselling is a crucial supportive function in the care of people with HIV infection. Training is vital in HIV/AIDS counselling. The following strategies are advocated for enhancing the capacity for counselling in Pacific Island countries and territories:

Provide training on counselling issues and techniques to selected personnel from government and non-government organisations involved in HIV/AIDS counselling.

Advocate for review of all curricula and course content of tertiary, technical and community education agencies which provide training in counselling specifically or as a component of a social science course (e.g. University of the South Pacific and University of Papua New Guinea) to ensure the inclusion of HIV/AIDS case studies.

Advocate for a designated person or designated centre of excellence in counselling in each country to provide a focal point for advice on problems, best practice, training opportunities, etc.

Promote the concept of using nominated persons (male and female volunteers trusted by their community) selected by each village to receive one to two weeks training on basic information and issues regarding STD/AIDS and subsequently be a local resource source for their community.

Promote awareness of the range of counselling options and counselling facilities (relevant to AIDS and STDs) available in each PICT, including through governments, NGOs and the private sector

6.2.3 Health worker training

Too few health professionals in the Pacific Island countries and territories have skills to provide proper care management even to people with STD (given some emerging complexities); while skills to deal with HIV/AIDS or the conjunction of HIV and TB are relatively non-existent. The *Time to Act* report states that this is particularly the case in those PICTs where there are most cases, namely Fiji, Papua New Guinea, New Caledonia and French Polynesia.

Advanced clinical training is even more scarce. Of the 100 general practitioners in Fiji, for example, only one has advanced training in the clinical management of patients with HIV-related illness or AIDS.

There is some information about the kinds of training required to enhance the skills of Pacific Island health care and laboratory workers for diagnosis, care and treatment of STDs, HIV/AIDS and TB.

There is evidence to suggest that there is a need to upgrade the clinical skills of health workers and as well as the diagnostic training of laboratory technicians. All health care workers need training in such issues as confidentiality, informed consent, and counselling.

Although information is incomplete and it may be advisable to undertake training needs analysis of health care and laboratory workers in order to design a plan of action, there are a number of areas which need urgent attention. For example:

..... ensuring that training in the use of new technologies, infection control and guidelines for reporting is provided as part of core and regular in-service training for laboratory technicians;

ensuring that all health worker pre- and post-basic as well as in-service training includes factual HIV/AIDS and STD information, as well as sessions which address counselling and communication skills, values clarification and health worker accountability. This training must have a major focus on client's/patient's rights and confidentiality.

6.2.4 *Coordination of training activities*

A significant number of training workshops of relevance to STD/AIDS are organised and provided by a range of organisations each year in the Pacific. However, often these activities are uncoordinated and/or not known to other key agencies and groups.

There is an identified need to coordinate the training activities in the region to prevent duplication and ensure that all Pacific Island countries and territories have access to the training opportunities available in the region.

It is proposed to produce and distribute an annual comprehensive calendar of all scheduled STD/AIDS training activities in the region. UNAIDS has expressed willingness to be responsible for producing and distributing the calendar.

6.3 Funding and resource mobilisation

6.3.1 *Funding for national AIDS responses*

To date, national HIV and AIDS programmes in Pacific Island countries and territories have attracted little funding from recurrent core budgets. The majority of funds have been provided by multi-lateral and bilateral development assistance agencies. Expanding the response to HIV in Pacific Island countries and territories will require increased mobilisation of funding from internal and external sources. Provision of funding from budgets of Pacific Island countries and territories will be a clear indication of the commitment of governments to expanding the national response.

The private sector is a potential source of funding for the national response. Community groups and NGOs are already actively involved in national responses and can contribute both financial and human resources. Multilateral and bilateral agencies can also contribute financial and technical resources.

Resource mobilisation is an important part of the development of national strategic plans. It is clear that resources for implementing the national strategy have to be provided from a variety of sources. Organisations are more likely to commit resources to the implementation of the plan if they have contributed to its development. This further strengthens the case for fostering partnerships with a wide variety of sectors and organisations in the national strategic planning process.

6.3.2 *Funding for NGO and community programmes*

Throughout the Pacific, non-government organisations (NGOs) have been active in creating awareness about HIV and AIDS (and to a much lesser extent STD), and providing information about risk factors. Despite their acknowledged effectiveness, NGOs generally get very little financial support from national STD/AIDS programmes and rely on outside donors. NGOs often lack the resources, volunteers, and management capacity to fully meet the need for their services.

From 1990 to 1995, SPC managed a Small Grants Programme which provided organisations (both government agencies and NGOs) throughout the region with up to US\$5,000 for AIDS and STD interventions. More than 80 separate activities were funded. These included tours for theatre groups; a number of train-the-trainer projects (with groups such as teachers, prisoners, youth and women's organisations); the development and duplication of educational materials such as flip-charts, comic books, and radio spots; and awareness workshops for key groups.

In general, some projects were outstanding examples of cost-efficient and cost-effective behaviour-change interventions; nearly all projects made some contribution. In a number of instances the small grant recipients and/or other community organisations were able to conduct additional activities as a result of the initial small grant activity. In these instances, the small grants served as a catalyst in stimulating community interest in this area (2, p. 31–33).

Continuation of a Small Grants Scheme was identified as a high priority by NGO representatives involved in developing the regional HIV/AIDS strategy. The South Pacific Commission will investigate funding options for continuing the Small Grants Scheme.

6.4 *Networking and information sharing*

6.4.1 *Inter-country staff exchanges*

Exchange of staff between PICTs can be a useful strategy to provide a practical focus to theory and options. Such exchange can be a useful tool for new ideas and improving collaboration between countries and territories within the region; it can also better inform staff from low-prevalence PICTs of the mechanisms that need to be put in place, and, it is hoped, some pitfalls to avoid when mounting a response in their own country or territory.

6.4.2 *International conferences*

International HIV/AIDS and STD conferences provide a valuable opportunity to learn from the experiences of HIV/AIDS responses in other countries and communities. Participation of representatives from Pacific Island countries and territories in such international conferences has been limited. For example, at the Third International Congress on AIDS in Asia and the Pacific (ASAP), held in Chiang Mai, Thailand, in 1995, only six out of more than 3,000 delegates were from Pacific Island countries. Attendance at the ASAP conference could help national and local AIDS prevention and control projects prepare better for management of an epidemic.

It is important for a regional organisation such as SPC to develop and implement a strategy to increase the participation of Pacific Islanders at appropriate international conferences. The strategy should include a process for conference participants to share their experience with colleagues through workshops or newsletters.

6.4.3 Collection, development and dissemination of key information materials

The Pacific Islands AIDS and STD Prevention Project (PIASSP), established in 1991 within the Community Health Programme of the South Pacific Commission (SPC), set up an information exchange. The project collected, reviewed, catalogued and stored information and materials from around the world on AIDS and STD that had relevance to the needs of Pacific Island communities.

PIASSP also developed a range of its own informational materials—three videos, pamphlets, posters and other materials—and publishes *Pacific AIDS Alert* (PASA) and *AIDS/STD Information*. The quarterly *Pacific AIDS Alert*, which includes news from the Pacific and stories about successful approaches to AIDS/STD prevention, is currently mailed to over 7,000 addresses, mainly within Pacific Island countries and territories. Recently, a four-page 'flier', *Highlights*, has been added to the regular publications—it is aimed at publicising recent material thought to be most relevant to the network.

Collection, development and dissemination of key resource materials will continue to be a part of this regional strategy. SPC will continue to facilitate this through production and distribution of PASA, which is a popular forum for the exchange of information and ideas, lessons learnt and 'best practice' between and among subscribers.

The PIASSP will continue to provide technical assistance to establish regional resource centres. A number of centres have been established by PIASSP over the past five years. They differ from libraries in that they seek to initiate and/or support social change through providing the most appropriate materials that lead to action.

These resource centres will become a focal point for the collection, display and distribution of information, education and communication (IEC) materials which will facilitate and/or support well informed responses to HIV/AIDS and STD programmes.

B. THE PROGRAMME COMPONENTS

This category comprises components recommended to be included in national strategic plans of Pacific Island countries and territories. The regional strategy recognises that the different countries and territories may address these programme areas differently. However, the strategy describes approaches that are known to work and identifies some strategies and activities which are essential for all national programmes. The programme components are: education and prevention; treatment and care; surveillance and epidemiology; safe blood supply; research; legal and ethical issues.

6.5 Education and prevention

Education and prevention are the cornerstones of an effective national response to HIV/AIDS. It is essential that education and prevention of national programmes work to change behaviours that increase the risk of infection.

In Pacific cultures, traditional leaders can be encouraged to act as role models by acknowledging the seriousness of HIV/AIDS and taking preventive action, for example in adapting formal ceremonies where blood may be shed or spilled on others. Community leaders are in an ideal position to influence social mobilisation of communities. However, this influence needs to be exerted in a positive fashion rather than negatively.

In recognition that some behaviours and activities carry greater risk of infection, education campaigns need to be better targeted at people at particular risk from STD and HIV. These groups include migrant and itinerant workers (seafarers, miners, long-distance truck drivers); students and others (senior

- bureaucrats, businessmen) travelling to higher-incidence countries; prison inmates; military personnel; sex industry workers (including opportunistic sex workers), and clients of sex workers.
- The focus of education requires a major change. STD/AIDS education programmes in the Pacific so far focus almost exclusively on information dissemination and give almost no attention to training people in decision-making, such as how to negotiate abstinence or safer sex, or in prevention skills, such as how to use condoms correctly.
- Managing the transition from mere awareness raising to the comprehensive strategies required for interventions leading to behaviour change—building healthy public policy; creating supportive environments; strengthening community action; developing personal skills, and reorienting health services⁽⁹⁾—will require substantial skills.
- Unfortunately, while a number of key individuals in the Pacific understand and support the theory of health promotion, this has never been put into action as regards interventions ‘designed’ to deal with STD/AIDS. For instance, it is unrealistic for STD and HIV/AIDS prevention programmes to restrict their focus to safer sex practices, for this alone will not protect the majority of women. Cultural systems that allow women little control over their sexuality and place them in a subordinate position within marriage need to be challenged. Otherwise, all that may happen could be that women have greater awareness of and information about STD/AIDS—they will not have been given any opportunity to act on this information. Nor has information been provided to families and communities on how to support and care for people living with HIV/AIDS.
- Pacific Island communities have a very rich history of storytelling and drama for communication of traditional values and beliefs. One effective way to provide information on STD/AIDS to Pacific Island communities is through small community theatre groups that take plays about STD and HIV/AIDS into local villages. Several funding agencies, including SPC, WHO and AusAID, have provided assistance to theatre groups. The message theatre groups deliver to local communities often has much more impact than those delivered through the newspaper or radio.
- Drama presentations are often the best way of delivering information on health or social matters to populations with limited literacy, particularly when ensuring the message is presented in the local language, and preferably local dialect. Several theatre groups in the Pacific have operated by involving unemployed youth as actors—the very act of learning the script provides direct information to those individuals; involvement in the troupe raises the self-esteem of the individuals and may in turn influence and reduce risk-taking behaviours.
- Similarly, involving key role models and community leaders to influence others is an essential component of an effective response.

6.5.1 *Guiding principles for education and prevention*

Education and prevention initiatives for specific communities are best developed and delivered by the communities involved.

Education and prevention initiatives must take account of diversities in culture, language, gender, age, and sexual orientation.

A supportive legal and policy environment must complement education and prevention strategies for HIV/AIDS and STDs.

Education and prevention initiatives should be founded on sound social, behavioural and epidemiological information.

Education and prevention programmes should promote behaviour change and provide the means for behaviour change.

All health care workers, carers and educators should have access to appropriate training in HIV and infection-control procedures.

Relationships should be formed and/or strengthened with local and regional media and professional bodies (e.g. PINA), in order to attract greater public recognition of and support for HIV/AIDS/STD prevention activities.

6.5.2 Education and prevention for young people

Two major factors that restrict the ability of young people to protect themselves from STD and HIV are their limited access to information about sexual health, and the ability to use what knowledge they have. Family planning programmes have been operating for almost three decades in many countries of the region. However, many communities continue to believe that knowledge of and access to contraceptives implies and encourages loose sexual behaviour. Yet the lack of sex education is often mentioned as contributing to the increasing number of unintended teenage pregnancies. HIV/AIDS poses a serious threat to young people and thus to the future of the country. It is important that each national HIV/AIDS and STD strategic plan include education and prevention strategies directed to young people in and out of school.

Comprehensive sex education in all schools

In one recent public opinion poll, 87% of the respondents wanted formal sex education in the schools. The figure was higher for respondents aged between 18 and 30 years (94%) than it was among respondents aged over 45 years. Most respondents believed sex education should begin at late primary-school level (*Time to Act*, p. 34).

There is little discussion about sexual development or reproductive health in most homes in Pacific countries and territories. There are few effective programmes on sex education in the schools. Those that exist mostly target senior secondary students in biology courses, although in some Island countries many young people leave school well before they reach that level.

Education Departments usually cite community and parental opposition to sex education. However, it is possible that social and religious opposition to sex education in schools is exaggerated, as the information in the box suggests.

A number of studies throughout the world have shown clearly that well-designed sex education in schools has a positive effect on: delay in age of first intercourse, greater use of contraception when sex occurs, and generally, a greater responsibility around sexual matters.

The sex education proposed would aim to develop in adolescents and youth knowledge and skills needed for healthy human relationships, effective communication and responsible decision-making behaviour that will protect themselves and others from HIV/STD infection and optimise health. Such programmes would also include fostering attitudes and behaviour that would prevent discrimination against those infected with HIV/STD, and thus respect their human rights.

The UNESCO/WHO School AIDS Education programme contains all the elements of an effective programme for young people in school and can be used to guide the development of national strategies. Additionally, UNESCO and WHO can provide technical support for implementation of the programme.

Peer approaches in HIV/AIDS education for youth

Throughout the world, peer education relating to STD/AIDS has clearly demonstrated its effectiveness and relative cost-efficiency in promoting and sustaining behaviour change. Peer approaches are particularly relevant for reaching young people out of school.

- As with most other aspects of HIV/AIDS prevention, a supportive social and legal environment increases the ease of implementation and the effectiveness of youth peer education. It is particularly important to train community leaders about basing peer education strategies on the lived realities of young people.
- There is a need for youth organisations and other CBOs to link with support services such as STD clinics, national AIDS programme co-ordinators, National Advisory Committees or other formal institutions, to ensure supplies such as condoms are readily available as options for young people.

Some examples of peer education

The European Union has funded a project for peer youth education, managed through the SPC, and currently underway as a pilot scheme in Fiji, Samoa and the Marshall Islands. Assistance is being provided to youth groups to develop their own AIDS and STD prevention and education activities, working in Samoa with the YMCA; in Fiji with the Red Cross; and in the Marshall Islands with Youth-to-Youth in Health. A mid-term evaluation has recommended continuance of the approach, with further refinements to training and support of the peer educators.

A slightly different approach to peer education has been undertaken by the AIDS Task Force of Fiji. The Task Force has established a Peer Education Outreach Project which targets young, sexually active people in nightclubs and bars in Suva, and marginalised groups in the community, such as female and male sex workers. This project has been demonstrating significant success in working with 'atrisk' groups not reached by existing health services or other agencies, and in strengthening the community response to STD/AIDS by involving people at most risk.

6.5.3 Education and prevention for the general community

- Teachers, parents and health educators need assistance to undertake the in-depth discussion of sexuality and sexual expression required to guide education leading to safe behaviour. Decision-leaders need to be convinced of the need for a supportive environment for behaviour change. Parents need to have the skills to pass on appropriate messages to children. New initiatives involving parents, and other significant adults in young people's lives, are required to encourage them to be active in discussing issues of sexuality, STD and HIV/AIDS. It is essential to acknowledge that premarital and extramarital sexual behaviour by both men and women is common in the Pacific.
- It is advocated that national HIV/AIDS programmes include strategies to promote greater discussion of sexuality and sexual expression within the PICTs. These include:

Develop an **advocacy strategy** targeted at key leaders, parents, and community leaders in order to strengthen and institutionalise school AIDS education programmes in all Pacific Island countries and territories.

Promote the development of a **parent education programme** in all Pacific Island countries and territories, taking into account the various moral, cultural, ethical and religious issues.

Promote the **leadership role of church groups** in STD/AIDS education.

Utilise existing **NGOs, community-based organisations, church and private industry networks** to reach provincial, district and local communities in order to sensitise and educate them about STD/AIDS issues and sexual health, to help create a supportive community environment.

- Other focuses of the education and prevention programme are:

Promote awareness of links between the use of decision-altering substances (e.g. alcohol, marijuana, cocaine, Ecstasy), and STD/HIV transmission;

Promote awareness of risk for transmission of HIV (and Hepatitis B and C, and other blood-borne organisms) involved in tattooing and some traditional ceremonial practices involving scarification and circumcision. Encourage elders to review ceremonies to lessen risks.

For countries with significant numbers of local injecting drug users (IDU), promote use of the harm minimisation approach for HIV prevention among IDU.

6.5.4 Programmes on HIV/AIDS in the workplace

The workplace can play a frontline role in preventing the further spread of HIV, and in improving ability to cope with the effects of HIV/AIDS for individuals, their families and whole communities.

When considering workplace interventions, both the private sector and the public sector should be included. Industries which keep people away from their homes for significant periods of time need to be targeted as a priority, since people in these industries (e.g. fishing, long-distance trucking, mining, military) are at particularly high risk of infection with HIV/STD and of subsequently spreading the disease.

Some of the areas that could usefully be addressed for a workplace STD/AIDS programme, including within the private sector, could be: HIV/AIDS workplace policy (recruitment and hiring, sick leave, part-time work, bereavement leave, and other employment arrangements); counselling/medical service; confidentiality policies; occupational health and safety; first aid arrangements; health insurance; life insurance; pension entitlements for people with HIV/AIDS; general STD/AIDS prevention and care education; and condom distribution.

A very good set of guidelines on the issues that need to be addressed with HIV/AIDS and the workplace, and a training manual containing advice on how to implement the programme, are available from WHO.

6.5.5 Condom promotion and distribution

Social marketing of condoms at a regional and national level

Condoms have been widely promoted as the best means of protection against HIV and STD during sexual intercourse. For many people in Pacific Island countries and territories, however, this information is difficult to act upon because legal or administrative restrictions limit the distribution of condoms.

In some Pacific Islands countries and territories, the Ministry or Department of Health categorises condoms as a drug, making them available only through a registered clinic or pharmacy. Because condoms have been part of Ministry or Department of Health family planning campaigns, in most cases they are usually supplied through health clinics. Clinic nurses often decide who can or cannot be supplied condoms (and how many), and although national health policy may be to supply anyone who asks for them, in practice unmarried people, in particular unmarried women, are either refused condoms or are inhibited from asking for them.

All national AIDS plans developed by Pacific Island countries and territories need to include strategies to improve the availability, accessibility and affordability of condoms.

Purchase and storage of condoms

In some Pacific Island countries and territories condoms are sometimes out of stock for six months or more. It is essential that all national HIV/AIDS programmes ensure the availability of condoms at all times. A strategy for ensuring continuous supply of condoms would be the establishment of a central point within

- the Pacific for storage and primary distribution of condoms. The feasibility of such a strategy will need to be assessed by a regional organisation such as SPC.

Guidelines for the storage of condoms

- It is essential for national HIV/AIDS programme to ensure that the condoms distributed are of good quality. Storage conditions affect the quality of condoms. Guidelines on the temperature range, and other environmental conditions required for the appropriate storage, distribution and use of condoms are needed by Pacific Island countries and territories. The guidelines need to be very practical, giving alternatives for air-conditioned storage (which is unlikely to be available in many locations). They will also need to convince agencies that condoms should not be distributed after their use-by dates.

Female condoms (Femidom)

- The use and acceptance of Femidoms has been widely piloted during the last year or so, with one pilot study involving PNG. Evidence suggests that Femidoms are acceptable in some circumstances and to some individuals. The regional strategy advocates that Femidoms should form part of the repertoire of methods available for those seeking protection from HIV and STD, in addition to contraceptive control. UNFPA will be requested to take a leading role in ensuring the availability of Femidoms in Pacific Island countries and territories.

Research on condom use

- In many countries, there are many reasons given for refusal to use condoms by those who, while understanding the theories supporting condom use outside a mutually exclusive lifetime relationship, do not use them in practice.

- Some reasons may be behavioural, while others may be technical. Research on the use of condoms in the Pacific may assist with addressing technical problems, such as size or frequent breakages, as well as behavioural issues.

6.6 Treatment and care

- In this regional strategy, 'treatment and care' encompasses the range of services required for managing HIV-related diseases, STD and TB and for supporting people affected by HIV/AIDS. They include the following:

- HIV testing and counselling services, counselling and peer support for people with HIV, inpatient and outpatient clinical care for HIV-related diseases, STD and TB, infection control in health care settings, community-based and home-based care for people with HIV and support (social and economic) for families of people with HIV infection,

6.6.1 *Develop Pacific Island standard-of-care guidelines for STD, HIV/AIDS, TB, and multidrug-resistant TB*

- In recent years, there have been significant advances in scientific understanding and clinical practice in regard to HIV/AIDS, and to a lesser extent to STD and TB.

- In most developed countries, particularly since 1996, HIV/AIDS is now achieving the status of a chronic, manageable disease such as diabetes.

- Unfortunately, relatively little attention has been given to this area in the Pacific, partly due to a perception that recommended treatment for HIV/AIDS is too expensive for any PICT. However, many people with diabetes

or cancer or other chronic diseases in Pacific Island countries and territories receive care and treatment that is probably no more expensive than the expected cost of best-practice treatment for people with HIV/AIDS.

National programmes and regional organisations need to explore what actions are underway by international agencies, such as WHO, regarding public-sector prices for antiviral drugs for use in poorer countries and territories.

Successful treatment of HIV/AIDS depends on early intervention, as soon as possible after infection, matching viral and immune system status with appropriate HIV-specific therapy and therapy for conditions associated with infection with HIV. A range of laboratory tests is required to assess and monitor therapy. There have been rapid developments in drug regimes and in the tests which guide therapy.

Bearing in mind that inadequate treatment or delayed treatment may be worse than no treatment at all, the time may not yet be right for incorporation of the 'best practice' approach to HIV/AIDS treatment in the Pacific.

Whether or not there is a move in the Pacific to use the new antiviral drugs for treatment of HIV/AIDS, standard-of-care guidelines need to be developed and distributed. There are significant clinical and other interventions that can, in a highly cost-effective fashion, prolong and improve the life of someone with HIV infection or with AIDS. These interventions can perhaps be encapsulated in the principle of health maintenance, including early diagnosis and treatment of opportunistic infections, and appropriate use of lifestyle modification (such as attention to nutrition) and medication to promote health. Health maintenance for people with HIV/AIDS is not happening in most areas of the Pacific—significant attention is now required.

Traditional medicine has a valuable and significant role in AIDS and STD treatment and care. For many Pacific Island people, traditional medicine has been the only affordable and available treatment for symptomatic relief and to alleviate suffering. The strategy therefore recommends that any guidelines incorporate reference to, and where appropriate, research into the role of traditional medicine in AIDS and STD treatment and care.

The cost of care for people with HIV infection or with AIDS could be reduced if the stigma attached to the disease was removed. Many people with HIV/AIDS prefer the more expensive private care, because this provides them privacy that is not possible in the public system. In addition, the stigma felt in the community is one factor behind some people being hospitalised excessively, when they could receive treatment and better care at home. The inadequacies of previous HIV/AIDS-related information campaigns need to be addressed, so that the normal role in the Pacific of extended family ties and traditional care systems comes back into action.

The future of treatment regimes needs wide discussion, with the aim of preparing health professionals and the community for alternative modes of delivering adequate treatment, including home-based and ambulatory care for patients with AIDS.

Similarly, developments in recent years in the treatment of STD and TB, particularly MDR-TB, require the development and distribution of recommended standard-of-care guidelines to guide treatment and care arrangements in all Pacific Island countries and territories.

6.6.2 *Strengthen TB control programme management*

Given the high and increasing rates of TB in some Pacific Island countries and territories, the emergence of multi-drug-resistant strains of TB (MDR-TB) globally and within the region, and the interaction of TB and HIV, TB monitoring and care management needs to be strengthened in a number of PICTs.

Co-infection with HIV usually causes TB to be more intractable to treatment, requiring both stronger and multiple drug combinations and lengthier treatment regimes, as well as hastening the clinical progression of both HIV/AIDS and TB.

Regional bodies need to ensure that Pacific Island countries and territories are aware of the importance of the interaction between HIV and TB, and have instituted appropriate monitoring and care-management arrangements.

6.6.3 *Promote use of syndromic approach to STD diagnosis and treatment*

- For many relatively poor countries and territories, particularly at the local level, resources are insufficient to provide access to state-of-the-art laboratory services to aid in the diagnosis and treatment of STD. Similarly, access to a number of highly-trained specialist venereologists is seen as a luxury.
- In these circumstances, a very acceptable compromise is available through the use of a syndromic approach to STD diagnosis and management. This provides a highly cost-effective means of managing STD diagnosis and treatment, and is an approach that a number of agencies believe could be adopted to the benefit of many Pacific Island countries and territories.
- The strategy aims to promote the use of appropriate IEC materials, such as those designed by WHO and Johns Hopkins University, specifically to support health workers in implementing the syndromic approach to STD management. Training in the use of this approach should also be provided to grassroots doctors and community health workers.
- As mentioned above, there have been significant developments in recent years in the management and care of STD, with particular attention to drug-resistant strains. Given the relatively high rates of STD in many Pacific Island communities, at least one focal point within each country for advice on proper management and care of all STD, including drug-resistant strains, is essential.

6.6.4 *Promote strategies to control inappropriate use of antibiotics*

- Self-medication for STD is becoming common throughout the Pacific, with an associated rise in drug-resistant strains. The Yanuca Declaration called for attention to the inappropriate use of antibiotics—the situation in respect of STD is of major concern.

6.6.5 *Advocate for integration of STD management with primary health care services*

- STD clinics are perceived very poorly in some PICTs, resulting in patients being unwilling to attend clinics for proper management and care because of the shame they would feel if they were even seen entering or leaving the site. Integration of STD services with primary health care services will improve access for those who will not attend STD clinics.

6.6.6 *Infection control*

- There is a need to promote greater attention to infected waste disposal and discarded needles/sharps from health centres. Universal infection control is not in place throughout the Pacific. As well as a focus on necessary training of health personnel and sterilisation/re-use of clinical equipment, attention to the disposal of potentially infected waste and contaminated needles/sharps is essential. It is important that each Pacific Island country and territory addresses these issues, and develops guidelines for waste disposal based on its own particular environment and health arrangements.
- The regional strategy proposes the development and distribution of a Pacific-specific infection-control manual, which sets out a minimum framework for different settings, and provides advice on the most cost-effective form of infection control for a basic regional standard.

6.7 Surveillance and epidemiology

Surveillance and epidemiology of HIV/AIDS, STDs and TB are an essential part of both the regional and national strategies. Good surveillance data can guide the implementation of the strategy by identifying trends in the epidemic. There is a need to improve the surveillance of HIV/AIDS, TB and STD in Pacific Island countries and territories.

The regional strategy advocates that national HIV/AIDS programmes of Pacific Island countries and territories include the following in their surveillance strategy:

6.7.1 *Incorporate private doctors in national surveillance systems*

The official STD statistics are thought to be only a fraction of the total number of cases of STD. Many others go untreated, are self-treated or are seen by private doctors who are not required to report them. Many national health authorities know their STD reporting systems are inadequate, as are their systems for following up the sexual contacts of identified STD cases.

A mechanism needs to be developed between the private and public sectors in most Pacific Island countries and territories to enable a more accurate assessment of STD prevalence, and perhaps of HIV/AIDS. It is crucial that the confidentiality of clients is ensured by the surveillance system.

6.7.2 *Monitor at sentinel sites for presence of antibiotic-resistant strains of STD*

There are increasing signs of the emergence of antibiotic-resistant strains of STD within the Pacific region and globally, due to under-treating and mistreating of STD (often due to self-diagnosis and treatment). The regional strategy advocates for national HIV/AIDS and STD programmes to monitor for the presence of antibiotic-resistant strains of STD. If this monitoring is to be successful, it is important that the selected sites be well-resourced and strengthened to enable this responsibility to be adequately managed.

6.7.3 *Regional reports on STD, HIV/AIDS, TB*

Epidemics involving STD, HIV/AIDS and TB can all move quite suddenly from the 'slow burn' to the 'explosive growth' stage. Regional reports have the benefit of reminding other Pacific Island countries and territories that their neighbours have major problems, perhaps stimulating more action in their own country. Regional surveillance and epidemiology reports will continued to be produced by the SPC during the period of implementation of this strategy.

The regional strategy proposes that each SPC epidemiology report provide detailed information about the HIV/AIDS situation and the status of implementation of the national strategy of two PICTs. In this way each PICT will receive attention every few years.

6.7.4 *Case studies of lessons learnt and 'best practice'*

There is a need to include in reports—epidemiological and progress—regular case studies which, while anonymous, put a human face to people with HIV/AIDS or STDs, in order to improve understanding and use of epidemiological reports and statistics by non-epidemiologists.

6.8 Safe blood supply

- Screening donated blood for HIV and Hepatitis B and C infections is an important part of national HIV/AIDS strategies. The regional strategy proposes implementation of the following activities to support the provision of safer blood supply.

6.8.1 *Review of blood-screening kits*

- Within the last few years, there has been rapid development of improved systems and kits for screening populations for the presence of infectious diseases, including blood-borne organisms.
- Particularly in relation to HIV, the new saliva tests may offer a cheaper, equally effective way of monitoring the infective status of potential blood donors. Overall, the results of numerous investigations of these new methods, as presented at the International AIDS Conference in Vancouver in 1996, seem to offer equally accurate results compared with established methods, at far less time and cost.
- The regional strategy advocates that a cost-effectiveness review of available systems/kits for screening blood for the presence of viruses (e.g. HIV, Hep B, Hep C, etc.) be conducted in order to recommend a range of simple, easy-to-use kits for Pacific Island countries and territories.

6.8.2 *Implementation of safe blood policy*

- Given the financial constraints facing many Pacific Island health systems, blood transfusions are often seen as a relatively cheap intervention that can be given when medication or other clinical options are considered very expensive. The possibility of blood-borne transmission is a particular concern for women. The possibility of blood-borne HIV transmission increases when childbirth complications require blood transfusions. The majority of blood transfusions in the Pacific are for the treatment of anaemia and haemorrhage in women.
- The regional strategy strongly advocates the implementation of safe blood policy by all Pacific Island countries and territories. To support this strategy, a review of existing technical guidelines on safe blood supplies, including use of blood-substitution alternatives, is proposed. Simple guidelines promoting appropriate and cautious use of blood and blood products will be produced and widely distributed.

6.9 Research

- The purpose of research in the national and regional HIV/STD strategies is to increase knowledge about ways of preventing or controlling the spread of HIV and STDs and of reducing the harm caused by infection.
- Satisfactory behaviour modification programmes in any area of health promotion cannot be put in place without accurate information on the extent and nature of risky behaviour in a community, the level of risk for different sub-populations, the factors influencing that risky behaviour, and barriers to change.
- When that information has been collected, and used to inform a planned intervention campaign, then further research is needed to refine the exact messages and images of the campaign so that it is seen by the target group as directly and personally relevant, and likely to influence behaviour change to that recommended.
- Subsequent research is then required to ascertain the effectiveness of the education programme on achieving the desired behaviour, where the education programme failed and how it might be improved in the future.

In an area such as STD/AIDS, where the behaviour change required affects some of the most sensitive and intimate parts of a person's life, detailed and accurate research is even more essential if planned campaigns are going to have any positive impact, and avoid negative impacts.

Unfortunately, most of the past STD/AIDS campaigns in the Pacific have not used research to guide them, and have generally been singularly unsuccessful in engendering safe behaviour by those at risk, while leading to the negative result of fear and discrimination directed to fellow members of communities. Greater use of social research should lead to a more effective use of funding and other resources in the regional response to STD/AIDS.

Research also plays a role in providing data adequate for monitoring the effectiveness of the strategies.

6.9.1 Guidelines for undertaking research

Research on HIV/AIDS and STDs in Pacific Island countries and territories will be conducted according to agreed guidelines. The draft guidelines for research are shown below, and will be agreed by all partners when the regional strategy is approved.

Biomedical research

- (i) Community-based STD surveys to determine:
 - the extent of the problem,
 - which sexually transmitted pathogens are in circulation,
 - who is infected, what age-groups are infected, and where the disease is occurring.
- (ii) Drug-resistance testing, especially for gonococcus, in order to advise on standard treatment regimes.
- (iii) Clinical manifestations of AIDS and STDs in order to know the most likely clinical pictures at time of presentation, both to sensitise physicians and to enable clinical diagnosis in remote areas unable to test.
- (iv) TB and HIV interactions and TB treatment.

Operational research

- (i) Serosurveillance in specifically defined groups, as surveillance not linked to the general population.
- (ii) Effectiveness of interventions, e.g. alternative arrangements for STD clinics; changes in drug regimes for STD; changes in knowledge; shifts in perceptions of own risk, and of people living with HIV/AIDS; alterations of sexual behaviour; changing levels of condom use; effectiveness of sex education, of peer education, of counselling/testing services, etc.
- (iii) Cost-effectiveness of apparently useful interventions.

Providing a supportive setting for research

- (i) Establishing ethical clearance bodies.
- (ii) Providing research co-ordination.
- (iii) Inventing effective modes of dissemination, including mechanisms to incorporate research findings and address their implications for policy development, programme design and management.

Behavioural and socio-cultural research

- (i) Quantitative surveys to determine:
 - levels of knowledge about STD/HIV/AIDS,

- – prevalence of types of attitudes,
- – estimated levels of condom use.
- (ii) Qualitative studies in order to understand:
 - – the meaning and contexts of risk-taking behaviour among special groups, e.g. sailors, commercial sex workers, young people,
 - – the messages to be constructed and the terminology to be used in targeted campaigns,
 - – the barriers to safer sex, including condom negotiation, among people in relationships, i.e. marriage and other long-term arrangements,
 - – participatory research on the parameters of disadvantaged socio-economic communities.

6.9.2 *Learning from research already conducted*

- A number of regional centres and/or institutions have conducted research with relevance to STD/AIDS. In order not to repeat research which has already been conducted, it will be necessary to determine what already exists. An annotated report of available research data will be prepared and distributed to Pacific Island countries and territories. The report will also identify individuals and organisations in the region with appropriate research skills who can assist others in research.
- A central database containing a copy of all relevant research reports will be established and the material made available to Pacific Island organisations and individuals. SPC is in a pre-eminent position to provide this service, and has indicated its willingness to perform this role.

6.9.3 *Ethical approval and coordination of research*

- Several Pacific Island countries and territories have expressed concern about past problems with external researchers conducting research within the country and then leaving with the data, with neither senior policy makers nor relevant parties being briefed on the preliminary findings or receiving copy of the subsequent analysis.
- Pacific Islanders identified the need for a research-clearance body or similar oversight arrangement to prevent continuance of this practice.
- In addition, it is important that governments themselves identify research of particular interest to them and negotiate with researchers or research institutions to encourage research on priority topics.

6.10 *Legal and ethical issues*

- The importance of a supportive legal environment to the success of HIV/AIDS responses is well recognised. As *Time to Act* notes, policies and laws that are based on an ethic of compassion for people infected with HIV will increase the effectiveness of prevention programmes. Alienating people with HIV breeds indifference and low self-esteem, creating perfect conditions for the spread of the virus, and discouraging voluntary changes in behaviour. A supportive social and legal environment encourages people infected with HIV and/or STD and people whose behaviours might put them at risk of HIV and STD, to respond to education campaigns and resources, and to make use of services such as STD clinics or counselling. It is important that the national HIV/AIDS strategies developed by all Pacific Island countries and territories incorporate measures for producing and maintaining a supportive legal and ethical environment.
- The following strategies/activities are advocated for inclusion in national HIV/AIDS strategic plans of all countries and territories:

Identify and review laws promulgated in Pacific countries and territories that may assist in increasing HIV transmission, rather than aiding in reducing transmission or being transmission-neutral (i.e. review those laws which foster risky behaviour).

Ensure that ethical/legal issues are incorporated into the course content of training workshops for the police or law-enforcement agencies, including prisons (e.g. USP training course on ethics for police).

Incorporate HIV/AIDS legal and ethical issues into the curriculum of theological colleges, legal/law courses and other relevant situations.

Promote greater attention to ethical and legal matters in the curricula for health professionals.

Promote the removal of HIV/AIDS-related travel and study restrictions. People in the Pacific are mobile, moving to and from the region to countries outside it, as well as among and within Pacific Island countries and territories. For such a regional population, travel and study restrictions pose a particularly heavy barrier. Imposing such restrictions tends to undermine educational messages about necessary safe behaviour in all locations and reinforce the erroneous message that HIV and AIDS is only outside a country, with no problems within it.

Organise meetings on AIDS-related law and ethics, similar to the UNDP-sponsored meeting held in Nadi, Fiji, in 1995. Such meetings can help to stimulate debate and action in this area.

Foster alliances with international and regional organisations concerned with law and ethics such as ILO, SPOCTU, the Pacific Regional Human Rights Education Resource Team, women's rights movements, and other human rights, labour and professional bodies.

6.10.1 *Roles and responsibilities*

The governments and administrations of Pacific Island countries and territories have the primary responsibility for legal reform associated with HIV/AIDS. However, community and non-government organisations have an important role in pressing for law reform.

At a regional level, UNDP has taken a leadership role in promoting the development of a supportive legal and ethical environment. It is advocated that it continue and increase its activities in this area.

M

onitoring and Evaluation

A regional strategy which involves a range of activities and programmes implemented by a variety of institutions and organisations presents a challenge to the development of effective monitoring and evaluation mechanisms. Information obtained from monitoring and evaluation is integral to the on-going learning required for effective responses to HIV/AIDS and STD in the Pacific. The objectives of monitoring and evaluation in this regional strategy are as follows:

- to assess the progress of implementation of the component programmes (regional and national);
- to assess the continued relevance and priority of the strategic components in the light of current circumstances, including changes in the epidemiology of the HIV epidemic, the political and economic situation and government policy;
- to assess the case for establishing new programmes or extending existing programmes;
- to decide whether the resources for the strategy are adequate;
- to provide a mechanism for accountability to all key stakeholders (partners);
- to provide a means of communicating to the wider community the successes of the strategy and problems and challenges that need to be addressed;
- Monitoring and evaluation of the regional STD/AIDS strategy will occur through two separate mechanisms:

Each partner will be responsible for monitoring and evaluating its activities. That is, strategies developed by each of the identified partners in the regional strategy—governments, NGOs, multilateral and bilateral agencies, SPC, UNAIDS and other UN agencies—will include monitoring and evaluation and will contribute information for monitoring the implementation of the regional strategy.

Consideration will be given to establishing a body representative of the partners involved in the regional response to form a **Pacific Regional HIV/AIDS Committee**, representative of Pacific Island AIDS programme managers, peak NGOs, multilateral and bilateral agencies. The committee would play a vital role in coordinating and monitoring the implementation of the regional HIV/AIDS strategy.

- SPC, in partnership with a regional committee or alternative body, will be responsible for facilitating a comprehensive review of the regional strategy after the three-year period of implementation.

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