

GLOBAL AIDS
MONITORING REPORT
FOR
THE REPUBLIC OF PALAU



Ministry of Health of PALAU 2017

Statement by the Ministry of Health on the official submission

The 2017 Palau Country Report to the Global AIDS Monitoring (GAM) Report is the result of the collaborative efforts between stakeholders including the Ministry's own Bureau of Public Health, the Bureau of Hospital & Clinical Services and the recently inaugurated Bureau of Nursing. Additional support and guidance was provided by external stakeholders and partners including the Palau HIV/AIDS & STI Advisory Group (PHASAG) whose constitution includes families of People Living with HIV/AIDS (PLWH), special populations, The National Congress, traditional organizations and community groups, among others. The purpose of this report is to provide an overview of the epidemic, relevant statistics and programmatic responses.

The cross-cutting nature of the epidemic dictates that we must take a broader approach to stem, and reverse, the trend of HIV infection and AIDS-related deaths, while still targeting those most at risk. While confidential counselling and screening services continue to be made available, the numbers we are seeing are primarily amongst pregnant women and/or women of reproductive age, as these services have long been integrated into existing "specialty" clinics. We hope to engage more of our populace, and the many communities within them, to include men who have sex with men (MSMs), Ladies in the Entertainment Business (LEBs) & their clients. Creative means of recruitment have to be explored to reduce the stigma associated with screening services, thereby elevating them to the realm of the routine and mundane.

We continue to thank our development partners and request further assistance in implementing programs, specifically in the areas of survey planning & implementation, data collection & analysis, and clinical skills training. As this report clearly shows, there is urgent need for updated, population-based behavioral surveys specific to sexual and reproductive health, to include broader definitions of gender, sexual preference and practices.

We are hopeful that this report will serve as a tool to raise greater awareness amongst our national & community leaders, local agencies & organizations and the community as a whole to really delve into the issues surrounding HIV/AIDS. To help realize that while we hope to achieve our 90-90-90 targets within the next 10 years, we as individuals within communities and as a nation should also recognize the need for open and frank discussions on sex, sexuality and reproductive health based on these findings so that we may better inform future investments, both human and financial.

Table of Contents

I.	Status at a glance	4
	LIST OF REPORTED INDICATORS	8
II.	Overview of the AIDS epidemic	14
III.	National response to the AIDS epidemic	17
IV.	COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020.....	18
V.	COMMITMENT 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018.....	18
VI.	COMMITMENT 3: Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners	19
VII.	COMMITMENT 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020	19
VIII.	COMMITMENT 5: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.....	20
IX.	COMMITMENT 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enable.....	21
X.	COMMITMENT 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C21	
XI.	The situation with human rights in relation to HIV	21
XII.	Best practices.....	22
XIII.	Major challenges and remedial actions.....	22
XIV.	Support from the country’s development partners (if applicable)	22
XV.	Monitoring and evaluation environment	22
	ANNEXES	22
	BIBLIOGRAPHY (SOURCES).....	23

I. Status at a glance

The report writing process and the inclusiveness of the stakeholders in this process

The preparation of the 2017 Global AIDS Monitoring Report (GAMR) for Palau was facilitated and compiled by the Ministry of Health (MoH), in consultation with relevant government agencies and one non-government organization (NGO) partner involved in the response to HIV/AIDS and STIs in Palau.

The Core Team for the GAMR was made up of staff for HIV/AIDS and Sexually Transmitted Infection (STI) Program, Public Health Epidemiology Unit with the advice of development partners from SPC & UNAIDS, among others. Consultations were held with staff members from the Ministry of Health (MOH), MOH Finance and Budget Office, Palau Red Cross Society, and members of the National Advisory Group on HIV/AIDS known as the Palau HIV/AIDS & STI Advisory Group (PHASAG).

Following a Technical Assistance request, the SPC supported a country-led End Term Report and the development of a Country Dialogue and Concept Note in November of 2014. Stakeholders included members of the National Congress, PHASAG, Women's Organizations, Government Agencies, NGOs, families of PLWHA, and key affected populations.

The Policy and Programmatic Response in Palau

As the national focal point for HIV/AIDS and STI, The MOH provides strategic guidance and technical assistance to ensure interventions are delivered in accordance with national strategies and standards, and to minimize fragmentation and duplication. The MOH is also responsible for setting up the framework for multi-sector participation addressing HIV/AIDS and STI in Palau.

Accordingly, the PHASAG was established as the national coordinating mechanism (NCM) for HIV/AIDS in Palau. The PHASAG meets 4-6 times per year plays an active role in reviewing the HIV/AIDS and STI Program budget, and in the development of the National HIV & STI strategy in November 2007, and continue to be involved in all national HIV/AIDS and STI Program planning and activities, such as World AIDS Day. The MOH is the lead agency that funds all HIV-related activities, dependent on the availability of funds and resources through various funding sources.

The Palau National HIV and STI Strategic Plan 2009-2013 was developed in collaboration with representatives from government, business, faith-based and community sectors at a workshop held in Koror in October 2008. Key stakeholders from a variety of sectors were informed about the HIV situation and response, and engaged in developing the new plan. Workshop participants included

representatives from: (i) Senate; (ii) PHASAG; (iii) Government of Palau Ministries and Departments of Youth, Health and Justice; (iv) Chamber of Commerce and Palau Visitors Authority; (vi) the media; and (vii) other civil society and faith-based organizations. This group is known as the National Strategic Planning (PNSP) Working Group.

The New Strategic Plan for 2016-2019 aims to broadly outline the key focus areas and strategies to be implemented by the HIV and STI Program and its partners across health and other sectors in Palau. It provides the broad overview of the key issues, setting the scene and rationale for the choice of strategy and key actions to move from the current status, to the desired situation. Specific actions, resources, roles and responsibilities are to be identified on an annual basis.

The current plan addresses specific vulnerabilities in the Palau context, for example, (i) the over-reliance on external funding; (ii) high rates of other STIs; (iii) increasing travel and migration, especially to areas with high rates of HIV; (iv) the presence of the full range of risk behaviors; (v) stigma and discrimination, often associated with denial and misinformation – including refusal to take HIV seriously, and difficulties discussing HIV issues. Additionally, the plan recognizes the need for further ongoing training and up-skilling of service providers. Initial steps have been taken with the Non-Communicable Disease Unit’s Breast and Cervical Clinic, who have begun a pilot project to include STI screenings.

The relationship between government and civil society has improved through increased collaboration and involvement in key areas of HIV/STIs, including, in particular, with the Palau Red Cross Society, which has been active in the response to HIV/AIDS and STIs in Palau. Due to the small population, the members of PHASAG are all involved in various boards and other organizations; however, the group had always garnered quorum to conduct its business.

People interviewed/ contributed to the Report:

Name	Title	Organization
Sherilynn Madraisau	Director, Bureau of Public Health	Ministry of Health
Allyne Andrew	Senior Disease Intervention Specialist	Ministry of Health
Willa Wong	Surveillance Coordinator, HIV/AIDS	Ministry of Health
Tmong Udui	Public Health Epidemiologist	Ministry of Health
Lieb Bells	Data Specialist	Ministry of Health
Santy Asanuma	Chair person	PHASAG
Dr. Angela Marcil	Physician, Communicable Disease Clinic	Ministry of Health
Columbo Sakuma	Program manager (CDU)	Ministry of Health

Palau is an island nation located in the southwest portion of the North Pacific Ocean and is made up of more than 340 islands with only 9 inhabited. The total population of Palau in 2012 was 17,501 of which 73.5% are Palauan, 16% are Filipinos and 10.5% are from other countries including the USA, Japan, China, Taiwan, Bangladesh, Australia, and New Zealand. Gender distribution in Palau is 53% male and 47% female.

Table 1 2012 Population for Palau by Age and Sex

Age group	Male	% Male	Female	% Female	Total age group	% Age group
0 to 4	596	6%	568	7%	1,164	7%
5 to 9	650	7%	562	7%	1,212	7%
10 to 24	1,953	21%	1,760	21%	3,713	21%
25 to 44	3,105	34%	2,578	31%	5,683	32%
45 to 64	2,438	26%	2,136	26%	4,574	26%
65+	475	5%	680	8%	1,155	7%
Total	9,217	53%	8,284	47%	17,501	

Census data are from Palau Mini-Census 2013, ROP Ministry of Finance, Office of Planning and Statistics

Year	Total Population	Live Births	Crude Birth Rate	Deaths	Crude Death Rate	Infant Deaths	IMR	Fetal Deaths
2002	19,976	259	13.0	134	6.7	6	23.2	2
2003	20,304	312	15.4	136	6.7	2	6.4	2
2004	20,610	259	12.6	142	6.9	8	30.8	18
2005 Census Year	19,907	279	14.0	134	6.7	6	21.5	5
2006	21,669	259	12.0	144	7.2	2	7.7	6
2007	20,227	279	13.8	152	7.5	2	7.2	2
2008	20,389	295	14.5	170	8.4	2	6.8	1
2009	20,552	273	13.3	174	8.5	6	34.5	5
2010	20,717	247	11.9	168	8.1	3	17.9	4
2011	20,882	247	11.8	173	8.3	1	5.8	1
2012	21,050	268	12.7	164	7.8	2	12.2	3
2013 Census Year	17,501	229	13.1	192	11.0	4	20.8	2

Source: Bureau of Public Health, Ministry of Health & Statistics Office, Ministry of Finance

Download date: 3/18/2015 3:55pm

<http://palaugov.org/health-statistics/>

LIST OF REPORTED INDICATORS

Indicators for Commitment 6 and 7 will be reported starting with 2018

Indicator	Value 2017	Source	Comments
COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020			
1.1 Percentage of people living with HIV who know their HIV status at the end of the reporting period	100%	Program Report	CONFIDENTIAL-Periodic Patient Summary List
1.2 Percentage and number of adults and children on antiretroviral therapy among all adults and children living with HIV at the end of the reporting period	60%	Program Report	CONFIDENTIAL-Periodic Patient Summary List
1.3 Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting	60%	Program Report	CONFIDENTIAL-Periodic Patient Summary List
1.4 Percentage of people living with HIV who have suppressed viral loads at the end of the reporting period	60%	Program Report	CONFIDENTIAL-Periodic Patient Summary List
1.5 Percentages of people living with HIV with the initial CD4 cell count <200 cells/mm ³ and <350 cells/mm ³ during the reporting period	0	CONFIDENTIAL-Periodic Patient Summary List	Please see for 2016 HIV diagnosed case
1.6 Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period	0		Zero ARV Stock Out
1.7 Total number of people who have died from AIDS-related causes per 100 000 population		CONFIDENTIAL-Periodic Patient Summary List	Please see for 2016 HIV diagnosed case
COMMITMENT 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018			

2.1 Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth	0		No Pregnant women reported to be HIV positive this reporting period
2.2 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	0		No Pregnant women reported to be HIV positive this reporting period
2.3 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV	0		No Pregnant women reported to be HIV positive this reporting period
2.4 Percentage of women accessing antenatal care services who were tested for syphilis, tested positive and treated	6		Reportable Disease Surveillance System
2.5 Percentage of reported congenital syphilis cases (live births and stillbirth)	2		Reportable Disease Surveillance System
COMMITMENT 3: Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners			
3.1 Number of people newly infected with HIV in the reporting period per 1000 uninfected population	1	Program Reports	CONFIDENTIAL-Periodic Patient Summary List
3.2 Size estimations for key populations	19907		ROP Census
3.3a Percentage of sex workers living with HIV	0		Program Reports
3.3b Percentage of men who have sex with men who are living with HIV	0		Program Reports
3.3d HIV prevalence among transgender people	0		Program Reports
3.3e Percentage of prisoners/inmates/detainees who are living with HIV	0		Program Reports
3.4a Percentage of sex workers who know their HIV status	0		Program Reports
3.4b Percentage of men who have sex with men who know their HIV status	0		Program Reports
3.4d Percentage of transgender people who know their HIV status	0		Program Reports
3.5a Percentage of sex workers living with HIV receiving antiretroviral therapy in the past 12 months	0		Program Reports

3.5b Percentage of men who have sex with men living with HIV receiving antiretroviral therapy in the past 12 months	0		Program Reports
3.5d Percentage of transgender people living with HIV receiving antiretroviral therapy in the past 12 months	0		Program Reports
3.5e Percentage of prisoners living with HIV receiving antiretroviral therapy in the past 12 months	0		Program Reports
3.6a Percentage of sex workers reporting using a condom with their most recent client	0	Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population
3.6b Percentage of men reporting using a condom the last time they had anal sex with a male partner	0	Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population
3.6d Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex	0	Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population
3.7a Percentage of sex workers reporting having received a combined set of HIV prevention interventions	0	Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population
3.7b Percentage of men who have sex with men reporting having received a combined set of HIV prevention interventions	0	Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population
3.11 Percentage of sex workers with active syphilis	0		Program Reports
3.12 Percentage of men who have sex with men with active syphilis	0		Program Reports

3.13 HIV prevention and treatment programmes offered to prisoners while detained		Annual TB/HIV & STI Jail Screening	No annual jail screening this reporting period
3.14 Prevalence of hepatitis and coinfection with HIV among key populations	0	CONFIDENTIAL-Periodic Patient Summary List	No coinfection cases this reporting period
3.15 Number of people who received PrEP for the first time during the calendar year			
3.16 Percentage of men 15-49 that are circumcised	0		No available Data
3.17 Annual number of males voluntarily circumcised	0		No available Data
3.18 The percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months.		Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; 2015 YRBS	
COMMITMENT 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020			
4.1 Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV	0		No survey conducted this reporting period.
4.2a Percentage of sex workers who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest		Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population
4.2b Percentage of men who have sex with men who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest		Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population
4.2d Percentage of transgender people who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest		Pacific Multi-Country Mapping and Behavioral Study: HIV and STI Risk Vulnerability among Key Populations; Risky Business Palau	No size estimation for Key population

4.3 Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months		Belau Family Health and Safety Survey	National Research Project on Violence Against Women in Palau
COMMITMENT 5: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year			
5.1 Percentage of women and men 15-24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission		2015 YRBS	
5.2 Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods			No Data available
COMMITMENT 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enable			
8.1 HIV expenditure - Annex			
COMMITMENT 9: Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights			
9. National Commitments and Policy Instrument – Annex		Palau NSP	Palau National Strategic Plan for HIV/AIDS & STI
COMMITMENT 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C			
10.1 Percentage of estimated HIV-positive incident tuberculosis (TB) cases that received treatment for both TB and HIV	0	CONFIDENTIAL-Periodic Patient Summary List	No HIV cases this reporting year with active TB
10.2 Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care	0	CONFIDENTIAL-Periodic Patient Summary List	CONFIDENTIAL-Periodic Patient Summary List
10.3 Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period	0	CONFIDENTIAL-Periodic Patient Summary List	CONFIDENTIAL-Periodic Patient Summary List
10.4 Number of men reporting urethral discharge in the past 12 months	0		No Data available

10.5 Rate of laboratory-diagnosed gonorrhoea among men in countries with laboratory capacity for diagnosis	0		No Male diagnosed with Gonorrhoea this reporting period
10.6 Proportion of people starting antiretroviral therapy who were tested for hepatitis B	0	CONFIDENTIAL-Periodic Patient Summary List	
10.7 Proportion of people coinfectd with HIV and HBV receiving combined treatment	0	CONFIDENTIAL-Periodic Patient Summary List	No HIV cases this reporting year diagnosed with HBV
10.8 Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)	0	CONFIDENTIAL-Periodic Patient Summary List	
10.9 Proportion of people coinfectd with HIV and HCV starting HCV treatment	0	CONFIDENTIAL-Periodic Patient Summary List	
10.10 Proportion of women living with HIV 30–49 years old who report being screened for cervical cancer using any of the following methods: visual inspection with acetic acid or vinegar (VIA), Pap smear or human papillomavirus (HPV) test	0	CONFIDENTIAL-Periodic Patient Summary List	No data available to show if women living with HIV 30-49 were screened this reporting period

II. Overview of the AIDS epidemic

Since testing and surveillance were implemented in 1989, a total of twelve people have been identified as HIV-positive in the Republic of Palau. Of these cases, one was diagnosed outside of Palau, returned home later and was receiving care and treatment. Given these small numbers, we will present cumulative prevalence case data for the Republic of Palau since 1993 when the first case was detected in the following tables. All of the cases are of Pacific Islander race, so most tables and graphs will not include the race/ethnicity variable.

With these small numbers it is difficult to compare the ages and ethnicity of the cases to the total population. The geographic distribution of cases generally reflects that of the total population. All current cases reside in Koror, the main population center, as does 70% of the total population and approximately 90% of the population in those age groups.

HIV/AIDS diagnosis by gender and age group (age at diagnosis) 1993- 2014

HIV/AIDS Diagnosis by Gender and Age (age at diagnosis), 1993-2014						
Age Group	Male		Female		Total	
	No.	%	No.	%	No.	%
0-4	0		0			
5-9	0		0			
10-24	0		0			
25-44	6	75%	3	75%	9	75%
45-64	2	25%	1	25%	3	25%
65+	0		0			
Total	8	100%	4	100%	12	100%

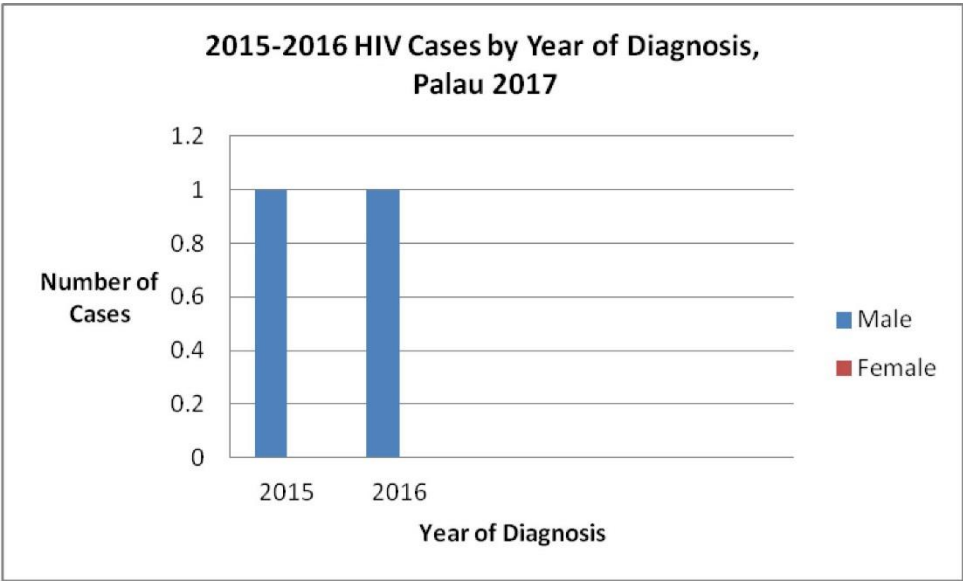
Source: Bureau of Public Health: Communicable Disease Unit Surveillance

Five of the twelve people living with HIV (PLHIV) are currently alive and reside in Palau. Of the remaining eight people, five have died and three have left the country. In 2007 four reactive results were found in the screening test but all four were returned negative after

Western Blot testing. Two of these results were detected through blood donor screening, one through prenatal screening and one through STI-clinic screening. There are currently five people living with HIV in Palau. Three are receiving ART and are linked to the care of Ministry physicians/clinicians. The two remaining individuals have not, as yet, been linked to care. However, Ministry of Health staff remain in contact with the individuals and are negotiating with them to initiate ART.

Figure 1:

Annual number of HIV/AIDS diagnosed persons, by gender and year in Palau, 2005-2014



Source: Bureau of Public Health – Communicable Disease Unit Surveillance

There was new case of HIV reported during the reporting period (2016), and with a cumulative total of 13 HIV cases reported since first detection in 1993; HIV prevalence remains low in Palau.

The Palau Second Generation Surveillance Survey (SGSS) conducted in 2005-2006 also reported encouraging results, including high exposure to HIV prevention activities, high proportion of those who ever used condoms, and high awareness of HIV testing availability. Currently, there are no young people in the age group 15-24 who are infected with HIV.

However, it is clear that more needs to be done to reduce the risk of HIV and other STIs in Palau. The prevalence of Chlamydia is quite high compared to global levels (14% among ANC surveillance in 2011), which indicates the need for increased testing and treatment programs as well as promotion of condom use to prevent transmission. A number of men report casual sexual partners outside their primary relationship and condoms are used inconsistently. Knowledge of HIV is relatively good, however myths about transmission persist and many have never been tested previously for HIV. Consumption of legal drugs appears to be much more common than use of illegal drugs, with high levels of alcohol consumption a particular concern.

III. National response to the AIDS epidemic

A. Prevention: Youth

The National HIV & STI Strategic Plan (NSP) prevention objective is to: “reduce the number of new infections of HIV and STI by promoting safer sexual behaviors and addressing vulnerabilities” through the following specific strategies and key action areas:

1: Strategy One: Provide behavior change communication (BCC) and education programs on HIV and STI transmission, at-risk behaviors and safer sex practices to all people in Palau, including vulnerable groups, leaders and the general population. The key action areas for this strategy are: (i) BCC awareness and education on key HIV and STI, including the full range of protective responses, from abstinence, monogamy and condoms education to all groups, particularly youth; (ii) use community action theater and media to disseminate HIV and STI education and BCC; (iii) develop a community program utilizing prevention officers and education officers to reach youth and other vulnerable groups in the community.

2: Strategy Two: Promote condom use and distribution to all vulnerable groups, particularly youth and mobile groups in the community, including seafarers, tourists, sex workers – both foreign and locals, overseas students and government workers and other social groups.

3. Strategy Three: Improve counseling, testing and referral services and increase access to all groups in the community.

The SGSS, and Palau's Youth Risk Behavior Surveys (YRBS) conducted biannually (most recent available data is 2009) have contributed significantly to an improved understanding of the STI/HIV/AIDS situation, including evidence-informed information on risk behavior and vulnerability to HIV infection for improved policy planning and advocacy. However, further qualitative behavioral research is needed to ensure better targeted policies and responses.

B. Prevention: Specific Sub-populations with higher risk of HIV exposure

There are informal prevention interventions for specific sub-populations with higher risk for HIV, such as sex workers, referred to in Palau as “Ladies in the Entertainment Business” which allows for interventions to take place without formally defining them as sex workers, which is illegal in Palau. Worth, et al 2016, *Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations*, reports that

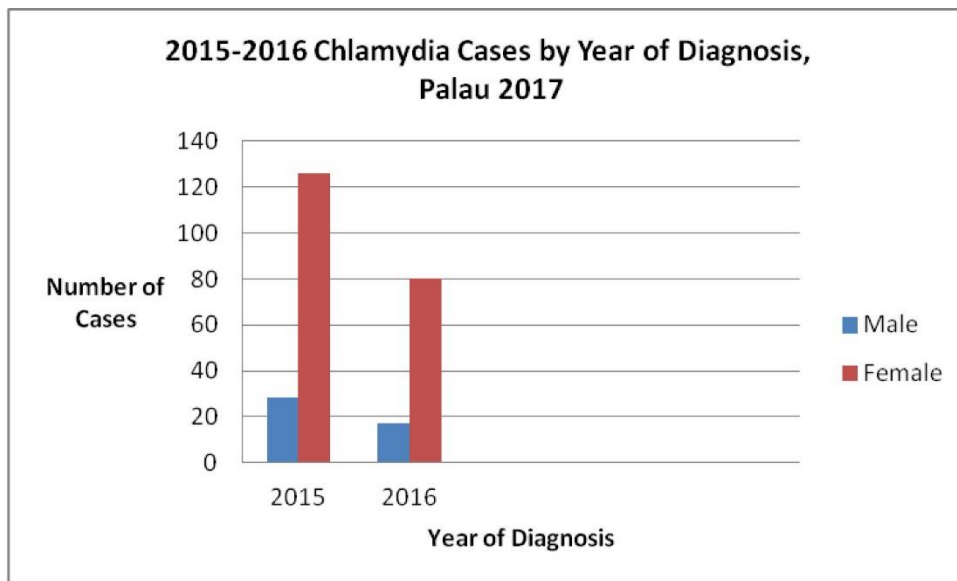
“Tourist numbers in Koror have increased, but the demographics have changed. Tourism is now dominated by Chinese tour groups that cater primarily for families and couples on holiday. Much of the tourist activity is provided in-house (including the provision of bus and boat trips). A key Filipina informant said that the sex industry had declined: there were no more US military stationed there, tourist demographics had changed (dominated by Chinese families and couples, rather than Korean and Japanese men and male divers), and the numbers of Korean businessmen had decreased. The owners of one of the major sex work businesses in the area had recently moved offshore to the Marshall Islands, where there are fewer competitors.”

The study goes on to list several factors hindering the engagement of LEBs including lack of trust, perception of lack of informed consent, staff turnover and no recall of last outreach.

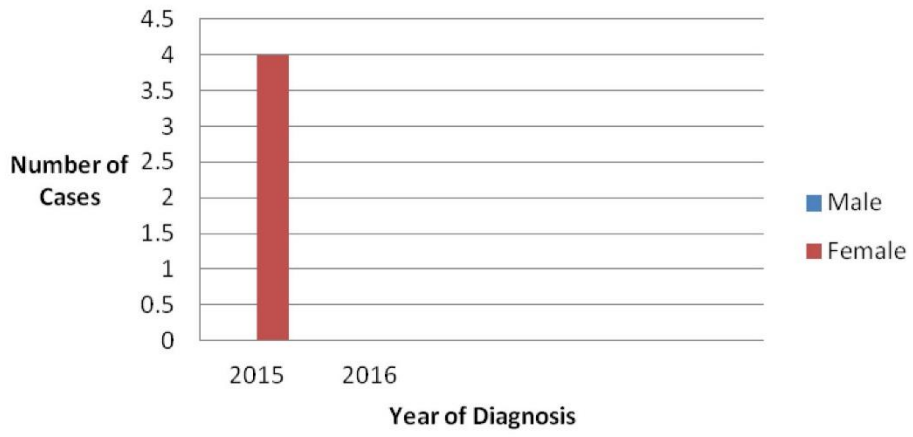
Palau still needs to define its groups, and the health sector would benefit from assistance to develop the technical skills on specific research methodology and data analysis. At present, there is no available data on specific sub-populations at higher risk for exposure to HIV. Future plans with Global Fund resources include targeted surveys to better define special populations including MSM & TGs.

C. Sexually Transmitted Infections (STI)

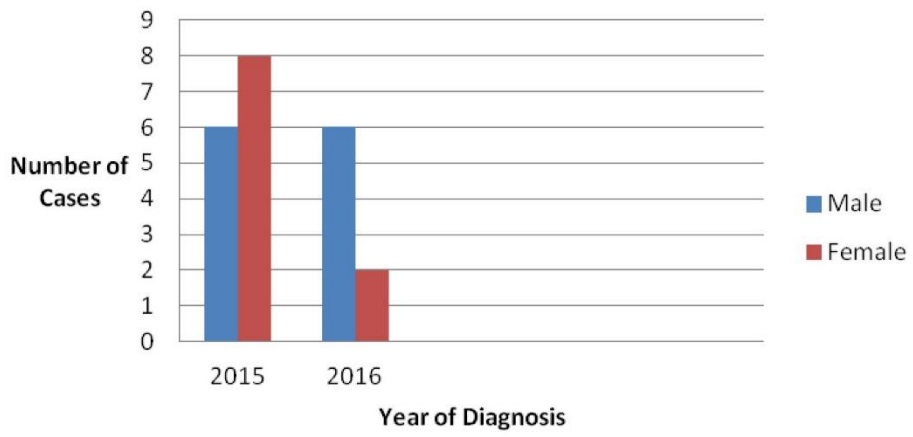
The results of the 2005-2006 SGSS indicate that while pre-marital sex is common among both men and women (as indicated by much lower age at first sex than first marriage), men are more likely to have casual sexual partners outside their primary relationships, consistent with studies elsewhere in the Pacific region. Ten of 144 pregnant women reported having multiple sex partners in the last 12 months without using condoms in their last sexual activity. Chlamydia rates in Palau are high among the female population. The program is actively working with community partners and other public health programs to increase access to care through testing and other preventive measures. A new initiative by the Non-Communicable Disease Unit seeks to integrate STI services with breast and cervical screenings at the largest Community Health Center in Koror. With funding from the Center for Disease Control, the Program was able to procure and launch two GeneXpert diagnostic systems. Both systems were strategically placed in the MOH main laboratory and CHC based laboratory and have greatly enhanced the capacity for the Programs to test for Chlamydia, gonorrhea, and TB testing locally. While testing capacity has indeed improved, the Program is now faced with the challenge of maintaining testing supplies as shipping cost can equal the cost of supplies.



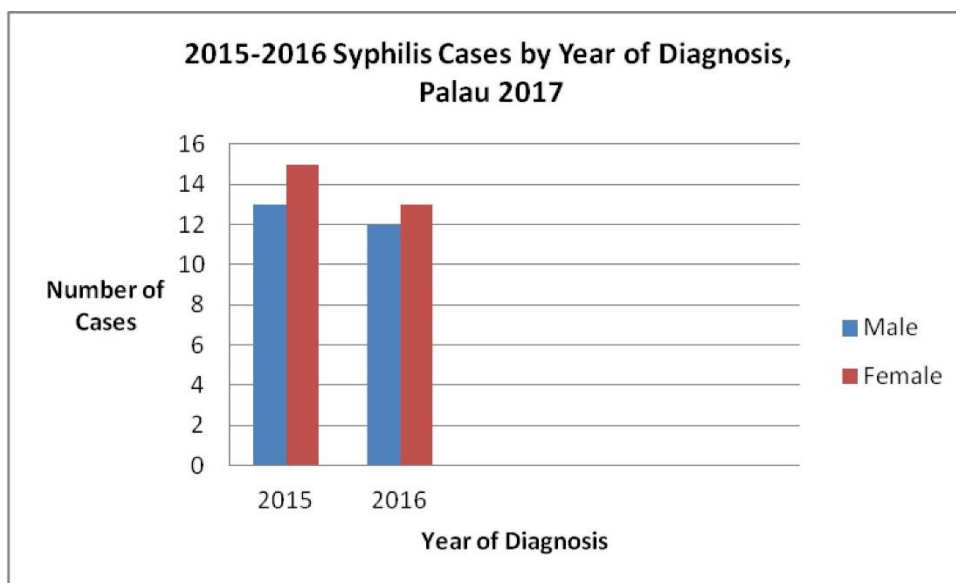
**2015-2016 Gonorrhrea Cases by Year of Diagnosis,
Palau 2017**



**2015-2016 Hepatitis B Cases by Year of Diagnosis,
Palau 2017**



Source: Bureau of Public Health - Communicable Disease Unit Surveillance



Source: Bureau of Public Health - Communicable Disease Unit Surveillance

The SGSS found that condom use with casual partners for both sexes is inconsistent and represents a clear risk for transmission of HIV and other STIs, and the need for strategies to reduce risk, such as making condoms more widely available and for designing health promotion approaches for recognizing risk and for discussion of safer sex with partners.

While knowledge of HIV awareness of HIV testing availability and exposure to HIV prevention activities is quite high, myths about HIV transmission persist and almost half of those interviewed had not previously been tested for HIV. This suggests the need to strengthen HIV and STI prevention programs to ensure the target groups have accurate knowledge of HIV transmission and to increase the uptake of HIV testing.

The CDC Youth Risk Behavior Surveys (YRBS) conducted in high schools in the United States are also conducted biannually in the single public high school of Palau. These surveys collect information about tobacco, alcohol and drug use, dietary behaviors and physical activity, injuries and violent behaviors and sexual behaviors that contribute to unintended pregnancy and STIs. The latest available YRBS survey results are from the 2015 survey, which found that among middle school students aged 10-15 years of age:

- 12.5% of males and 1.9% of females answered yes to having ever had sexual intercourse.
- 8% had sexual intercourse for the first time in the 7th grade (13 year olds). Some males had sexual intercourse as young as 8 years old (2.9%) and females as young as 12 (1.4%)
- 7.9% of males answered yes to using a condom at last sexual intercourse while 5.6% said they didn't.

YRBS data for the only public high school in Palau asking if they have ever been tested for HIV, 17% answered yes (24% males;10.6% females).

D. HIV Testing and Counseling Services

The MOH is the sole provider of free voluntary HIV testing and counseling (VTC) services in

Palau. Within the MOH there are seven sites that provide VCT, and three private clinics that refer clients to the MOH for VCT.

Confidential testing and referral is conducted at the CDU and at the Belau Hospital Family Health Unit (Family Planning/ Antenatal Clinic). Since 2007 a resource center at the Palau Community College campus has been providing counseling, testing and referral, and a resource center provides for education, information, referral and distribution of condoms.

Rapid test kits used for initial testing with preliminary confirmatory tests conducted in Palau using Determine, Intsi and Unigold. If positive, presumptive treatment is commenced where required. Western Blot confirmation is done in Hawaii and takes 1-2 weeks to get results. Contact tracing is undertaken by the nurses in the CDU. All testing of contacts is voluntary. HIV and STI cases are reported to the Reportable Diseases Surveillance System (MOH). A UNDP-supported program now allows local testing of viral load using GenXpert technology.

Key achievements during the reporting period include: (i) universal screening for pregnant women is in place; and (ii) universal screening for all donated blood is in place. HIV/STI services have also been integrated into other public health clinics such as the Male Health Clinic, Family Planning, MCH, and the Community Health Centers. Programs are working with other key community partners to develop target testing initiatives that targets vulnerable groups such as the MSM population and the sex workers. Program continues to provide health education in the school setting and trainings to public health teachers and private schools.

IV. COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Antiretroviral Therapy (ART) Treatment (prophylaxis), care and support

The National HIV & STI Strategy addresses the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services. According to antiretroviral therapy (ART) registers and program monitoring, 100% of eligible adults and children (2 adults, one male and one female) are currently receiving ART. Both of these HIV positive adults have been on ART for more than three years (CTX prophylaxis), and remain so.

The MOH (at the National Hospital in Koror) is the sole provider of care, treatment and support for both HIV and TB for PLHIV, including ART services for PLHIV, and with demonstrable universal infection control practices that include TB control. TB status is assessed as part of the PLWHIV regular check-ups with medical doctors.

Key treatment, care and support successes during the reporting period include: (i) availability of ART through the Global Fund drug procurement mechanism; (ii) ART policy and guidelines established in 2004 and an update is planned for 2008; (iii) all PLHIV are on ART; (iv) the new HIV testing algorithm is in place since January 2011, which allows screening and confirmatory tests to be done in Palau and samples no longer need to be sent overseas; (v) A recently conducted workshop (March 2017) by the WHO & SPC with UNAIDS and UNICEF consultation, funded by the Global Fund, produced a draft National Guideline for ART. The Guidelines is in the process of review and endorsement. Palau's primary HIV/AIDS and STI funding sources for ART are The Global Fund and the US Centers for Disease Control (CDC) and Health Resources & Services Administration (HRSA) grants.

V. COMMITMENT 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

There were no pregnant women diagnosed with HIV during over the period. All pregnant women tested for HIV in the last 12 months know their results. There is no information about male partners of pregnant women tested for HIV, because none of the pregnant women tested positive for HIV. In the event of a positive test, contact investigation will take place. There were no infants born to HIV infected women during the reporting period.

There are two health facilities providing ANC services in Palau. One of these facilities provides CD4 testing on site and has a system for collecting and transporting blood samples for CD4 testing for HIV-infected pregnant women.

The SGSS for pregnant women conducted in 2005 and 2006 was administered to 41 women on their first visit to the clinic. The findings regarding respondents aged 15-24 who gave correct

answers to all five questions are limited due to the small sample of pregnant women respondents. The Survey also does not include information from the male population.

A recently conducted workshop (March 2017) by the WHO & SPC with UNAIDS and UNICEF consultation, funded by the Global Fund, produced a draft National Guideline for the Prevention of Parent to Child Transmission of HIV. The Guideline is in the process of review and endorsement.

VI. COMMITMENT 3: Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Worth, et al 2016, *Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations*, lists several reasons hindering the engagement of MSMs and TGs. One factor being that there is no organized network that can be tapped into. Most are acutely aware of the stigma associated and have felt them early in their lives. Foreign MSMs comment that tolerance in their home countries is high compared to Palau.

VII. COMMITMENT 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

A recently published study sponsored by UNFPA and AusAid indicates that “over one-third of ever-abused women (37%) had never told anyone about the violence. Those who did disclose the violence mostly confided in family members or friends.” Additionally, “a majority of ever-abused women (65.8%) never sought help from formal services or authorities.” (Palau Family Health and Safety Study, UNFPA)

The Palau Family Protection Act, enacted in November 2012, aims to offer protection and create effective remedies to deter further acts of family maltreatment, including violence, abuse and neglect. The Act also seeks to expand and strengthen the ability of police officers to assist victims and enforce the law effectively. “The Act has a “no drop” policy; therefore, once a victim calls, it will follow due process. The human rights violations of women and girls that have been successfully prosecuted since 2010 are child abuse, domestic violence, and trafficking cases.”

(<http://evaw-global-database.unwomen.org/en/countries/oceania/palau/2012/palau-family-protection-act> viewed 3/31/2017)

VIII. COMMITMENT 5: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

The National HIV & STI Strategic Plan (NSP) 2009-2013 prevention objective is to: “reduce the number of new infections of HIV and STI by promoting safer sexual behaviors and addressing vulnerabilities” through the following specific strategies and key action areas:

1: Strategy One: Provide behavior change communication (BCC) and education programs on HIV and STI transmission, at-risk behaviors and safer sex practices to all people in Palau, including vulnerable groups, leaders and the general population. The key action areas for this strategy are: (i) BCC awareness and education on key HIV and STI, including the full range of protective responses, from abstinence, monogamy and condoms education to all groups, particularly youth; (ii) use community action theater and media to disseminate HIV and STI education and BCC; (iii) develop a community program utilizing prevention officers and education officers to reach youth and other vulnerable groups in the community.

2: Strategy Two: Promote condom use and distribution to all vulnerable groups, particularly youth and mobile groups in the community, including seafarers, tourists, sex workers – both foreign and locals, overseas students and government workers and other social groups.

3. Strategy Three: Improve counseling, testing and referral services and increase access to all groups in the community.

The SGSS, and Palau's Youth Risk Behavior Surveys (YRBS) conducted biannually (most recent available data is 2009) have contributed significantly to an improved understanding of the STI/HIV/AIDS situation, including evidence-informed information on risk behavior and vulnerability to HIV infection for improved policy planning and advocacy. However, further qualitative behavioral research is needed to ensure better targeted policies and responses.

A 2015 UNESCO document entitled “*Attitudinal Survey Report on the Delivery of HIV and Sexual Reproductive Health Education in School Settings in Nauru, Niue, Palau and Samoa*” reports that “while Health Education was provided at every grade level, HIV and SRH were not covered in all. HIV and other STIs were covered in grades 8–12, and safe sex also in grades 8–12. In Palau, teachers were unsure about the HIV and SRH curriculum, the school policy on HIV and SRH, and the parents/community support. They were also dissatisfied with the training and resources available for SRH education.” A Palauan educator is quoted as saying “*I do hope that SRH Education be included in health curriculum in the true sense of the word. This kind of information should be disseminated to young people because they’re the very first people who get hurt when they make wrong decisions on sexual activities. They always want to ‘experiment’ and they lose the choice to have a better and healthy life because of sexual ignorance. If sex is not taught at home, who would teach them?*”

So they go out and ignorantly go into sex and then get STDs or become pregnant. I strongly recommend that this programme be completely taught in school.” In Palau, the age of consent is 18 years of age. Adolescents younger than 18 years old seeking SRH services are provided with those services. However, if they are pregnant, they are counselled and encouraged to bring a trusted adult on their next visit.

IX. COMMITMENT 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enable

A majority of the current funding for HIV prevention is received from the US Centers for Disease Control (CDC). The US Health Resources & Services Administration (HRSA), the Global Fund, and the Republic of Palau also contribute to prevention efforts. Most Prevention funds are spent on community outreach, condom distribution, and other activities. Treatment and care services are provided by MOH Physicians with support from the above referenced agencies.

X. COMMITMENT 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

A recently conducted workshop (March 2017) by the WHO & SPC with UNAIDS and UNICEF consultation, funded by the Global Fund, produced a four draft National Guidelines:

- HIV Testing Services
- The Use of Antiretroviral Drugs for Treating and Preventing HIV Infection
- Prevention of Parent to Child Transmission of HIV
- Sexually Transmitted Infections

These Guidelines are still in the process of review and endorsement.

XI. The situation with human rights in relation to HIV

Stigma and discrimination persists, though they are not institutionalized. There are no laws and/or policies that hinder access to treatment. *Palau HIV and Human Rights Legislative Compliance Review: March 2009* lists several “priority actions to build a human rights framework for addressing HIV in Palau include:

(i) to introduce provisions for confidential notification of HIV diagnoses, voluntary and confidential testing and counselling, confidential contact tracing with consent, and right to access information about sexual and reproductive health and means of prevention of HIV and STIs; and (ii) introducing anti-discrimination legislation that covers discrimination in all areas of public life (not just employment, but also access to services, insurance, accommodation, education) on the grounds of actual or assumed:

- HIV status;
- disability;
- sex;”
- sexuality or sexual orientation; and

- transgender status
- (iii) decriminalizing homosexuality and abortion. (decriminalized April 2014)

XII. Best practices

Partnerships with different programs of the Ministry of Health is increasing in an effort to maximise limited resources. The Palau Cancer Program and the Communicable Disease Unit are partnering up to reach LEBs in their workplace. The Male Health Program and the STI Program have engaged several communities with their respective services, with more still being scheduled. Business establishments have agreed to the placement of condom dispensers in their place of business. Scaling-up of outreach services is being supported by local governments and promises further engagement in those communities.

XIII. Major challenges and remedial actions

- (a) Funding for GenXpert test kits remains an issue. Elevating HIV testing into the routine, needs support from funders so we can integrate STI, Pap smear, Cervical and HIV screening to include other non-communicable diseases in our efforts.
- (b) Distrust amongst KTV owners and workers hindering efforts to engage LEBs in their work place.
- (c) Program is working with the Ministry of Finance to facilitate a better working relationship with establishments.

XIV. Support from the country's development partners (if applicable)

A recently conducted workshop (March 2017) by the WHO & SPC with UNAIDS and UNICEF consultation, funded by the Global Fund, produced four draft National Guidelines:

- HIV Testing Services
- The Use of Antiretroviral Drugs for Treating and Preventing HIV Infection
- Prevention of Parent to Child Transmission of HIV
- Sexually Transmitted Infections

These Guidelines are still in the process of review and endorsement.

Ongoing technical assistance from the US Centers for Disease Control, and the various Training Centers they fund, remain an integral part of program advancement.

XV. Monitoring and evaluation environment

M & E remains a struggle. Our surveillance systems are not robust enough to capture much needed data, whilst at the same time are still within their respective siloes. Efforts are underway that may improve the process, including a Global Fund funded proposal to create an interface to link the various existing databases.

ANNEXES

BIBLIOGRAPHY (SOURCES)

UNDP Pacific Centre, Regional Rights Resource Team SPC and UNAIDS “**Palau HIV and Human Rights Legislative Compliance Review**”: March 2009

Risky Business Palau: Hostessing, Sex Work and HIV Prevention in Koror (McMillan et al 2015).

Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations Palau. (Worth et al 2016).

Youth Risk Behavior Survey 2015. Centers for Disease Control.

<https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

Gender Profile Palau.

http://www.forumsec.org/resources/uploads/attachments/documents/Palau_Gender_Profile.pdf

Pacific Islands Forum Secretariat.

<http://evaw-global-database.unwomen.org/en/countries/oceania/palau/2012/palau-family-protection-act>