

Vanuatu NCPI

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NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: First of all a desk review was done followed by a Road Map was developed by Local Consultant and shared amongst stakeholder partners expected to part of the gathering and validation process. Since funds are slow one to one interview was done instead of consultation meeting, which enable the report writer to gather information to input into the report. Stakeholders are also send forms both hard and soft copies of NCPI A and B were send to stakeholders for their inputs, those with difficulties filling the form shared their queries either through email or phone

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Ministry of Health, STI and HIV Unit	Mr Caleb Garae, National HIV Coordinator	
Ministry of Health, STI and HIV Unit	Ms Sangita Robson, HIV M&E Officer	A1,A2,A3,A4,A5,A6
Ministry of Health, Reproductive Health Unit	Mrs Marrie Nickllam, Assistant RH Coordinator	A1,A2,A3,A4,A5,A6
Ministry of Health, TB Unit	Mr Markleen Tagaro, TB National Coordinator	
Ministry of Health, TB Unit	Mr Saen Fanai, TB M&E Officer	A1,A2,A3,A4,A5,A6
Shefa Provincial Health Office	Mr Morris Amos, Family Health Manager	A1,A2,A3,A4,A5,A6
Shefa Provincial Health Office	Mr Robson Joe, Shefa Provincial STI, HIV Officer	A1,A2,A3,A4,A5,A6
Lenakel Hospital	Mr Andrew Williams, Tafea Provincial STI, HIV Officer	A1,A2,A3,A4,A5
Northern District Hospital	Mr Jeffery Vutilolo, Sanma Province STI, HIV Focal Person	A1,A2,A3,A4,A5,A6
Sola Provincial Hospital	Dr Graham Patas, Chief Medical Officer, Torba Province	A1,A2,A3,A4,A5,A6
Sola Provincial Hospital	Mrs Colenso Silas, Torba Province STI, HIV Focal Person	A1,A2,A3,A4,A5,A6
Paunagisu Health Center	Mr Kalwat Poilapa, Nurse in Charge	A1,A2,A3,A4,A5,A6
Ministry of Education, Curriculum Development Unit	Mrs Lesiel Masingiow, Senior Education Officer	A1,A2,A3
Ministry of Justice & Social Welfare, Vanuatu Law Commission	Mr Powrie Vire, Senior Legal Researcher	A1,A2,A3
Ministry of Justice & Social Welfare, Vanuatu Law Commission	Ms Nadya Roberts, Legal Researcher	A1,A2,A3
Ministry of Justice & Social Welfare, Vanuatu Law Commission	Mrs Bertha Pakoasongi, Secretary	A1,A2,A3

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
Wan Smol Bag Theatre	Mrs Siula Bulu, Health Project Manager	B1,B2,B3,B4,B5
Save the Children, Australia	Mr Chris Hagarty, Senior Health Officer	B1,B2
Vanuatu Family Health Association	Mr Danstan Tate, Executive Director	B1,B2
Secretariate of the Pacific Community, Vanuatu Office	Mrs Dolsi Kalo	B1,B2
Volunteer Services Overseas, Vanuatu	Mr Carlos Sisen, Reproductive Health Strengthening Adviser	B1,B2,B3,B4,B5
VASANOC	Ms Anolyn Lulu, STOP HIV Programme Coordinator	B1
Volunteer Services Overseas, Vanuatu	Ms Dawn Holye, Country Director	
Vanuatu Family Health Association	Mr. Julius Ssenabulya	B1,B2

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2008-2012

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Development of new NSP 2014-2017 is at the final stages and will be launching soon. The previous NSP was in complete with no M&E frame for monitoring and evaluation of STI and HIV Activities Development of standard operational procedures to deal with STI and HIV related issues Training of Health Care Workers in STI and HIV Syndromic management, Development of flow charts for STI cases, policies and guidelines

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministry of Health, Vanuatu

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: Funding for the 2008-2012 activities were entirely response Fund (NZAID and Ausaid funding support) Generally, the government of Vanuatu has an interest in fighting HIV, part of which includes Aid donors through financial assistance. Ministry of Finance and each multi sector plans and discussions, what amount of the allocated budget their sectors need for addressing issues related to HIV activities per sector

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: All these areas have been address either directly or indirectly via multisectoral activities and each sectors have done some activities to at least to target some bits of HIV issues

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Seasonal Workers

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: No

1.6. Does the multisectoral strategy include an operational plan?: No

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: No

b) Clear targets or milestones?: No

c) Detailed costs for each programmatic area?: No

d) An indication of funding sources to support programme implementation?: No

e) A monitoring and evaluation framework?: No

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Moderate involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: Each year MOH, STI and HIV unit organized colorful, Challenging and interesting activities involving multi sector population of Port Vila and throughout the six provinces on 1st December World AIDs Day

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: The previous NSP was not widely distributed to all relevant stakeholder partners and development partners, thus, not all partners are aware of the plan and how to implement it Some International partners have cease from funding World AIDS day activities to support in country commemorations

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: No

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: No

Sector-wide approach: No

Other [write in]:

: No

2.2. IF YES, are the following specific HIV-related areas included in one or more of the develop-ment plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: No

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: No

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: No

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): No

Other [write in]:

: No

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 2

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: YES, there is a current reform structure in place to improve the current health system and we should experience and improve services in HIV related issues if the reform is successful

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Few

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Few

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Few

i) Other comments on HIV integration: - VCCT Services is provided at all 6 provincial hospitals throughout the country, inclusive of few Health centers and dispensaries also providing VCCT - HIV is not a one man business. It supposed to be everyone's business. Programs concerning health related issues especially that of HIV should be integrated into other health programs and services.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 3

Since 2011, what have been key achievements in this area: Since 2011, Response fund has been the main source of funding for NSP with the funding support ending in June 2013. There were no key achievements in 2013 in this area. An appointment of new officers to take over the office and political influence affects program implementation Some other achievements include; - HIV counseling and testing with sexual reproductive health services has improved

What challenges remain in this area: - There is a need to complete the NSP and funding to support implementation of HIV work in Vanuatu - Funding still remain in this area for collection of data but also staffs at the lows level in the province needs to undergo a training in M&E and infect know the importance

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: No

B. Other high officials at sub-national level: No

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: - Sometimes around the early 2013, the Ministry of Health (MOH) under the direction of Director Public Health initiated an idea to review the Public Health Act, part of which to gather for HIV and AIDs - Participating in WAD celebrations and actually giving official speeches and awareness to the public or communities - Each year MOH plan and organize WAD activities where other ministries and departments also take part

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed:: HIV Program is managed by Ministry of health; National AIDs Committee is only a voluntary body to the program. There is HIV unit both at National and Provincial Level and although it has other major stakeholder partners which include NGO's there is not functional multisectoral HIV Coordination

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: No

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Mr. Len Tarivonda (Interim Chair)

Have a defined membership?: Yes

IF YES, how many members?: 17

Include civil society representatives?: Yes

IF YES, how many?: 7

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: No

IF YES, briefly describe the main achievements:: Establishment of the Provincial AIDS Committee for all the 6 provinces

What challenges remain in this area:: - NAC and PAC have quite large number of members and sometimes it is difficult to call meetings with all members involvement as some do not turn up for meetings most of the times and meetings may be canceled as there is no quorum for the meeting - No incentives to drive the quarterly meetings which is one set back and which also contributes to member not attending the meeting - Members of both committees wear too many hats and cannot be represented in meetings where they feel less important - Funds to operate the committees is another setback which is also a reason why the committees are not operating

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 50

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: VIEWS WITH REGARD TO LAW • The Public Health Act [Cap 234] identified AIDS/HIV seropositive as a Notifiable Diseases under the Notifiable Disease list. • There is no other detailed provision or clause that deals with HIV in the PHA. • In 2013 the Vanuatu Law Commission done a review of the law upon the request from the MOH and recommends that the new PHA should or must gather for HIV/AIDS. • These policies and laws have been discussed by the Health Workers forum, agreed upon each development.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 1

Since 2011, what have been key achievements in this area:: There is nothing really, no achievement really in this area, political influence in 2013 has affected the program in a negative way rather than positive which leave the program in a stagnant state There were various supports (Financially) in the provinces this is inclusive of other support such as VSO, SCA, and NAC grant via response fund. This makes up a good support regarding implementation of HIV program in the provincial level - Capacity building services have been improved' - Coordination with other implementing agency have been improved - Information on priority needs have been improved - Procurement and distribution of medication and other supplies - Technical

support have been on going

What challenges remain in this area: 1. HIV Knowledge for Politicians 2. Political Influence with the change and shifting of staffs out of offices and into areas which are not program friendly and which will only live the program to sleep 3. Vanuatu to have a stand alone, detailed legislation for HIV and AIDS. 4. There is need for more support at the provincial level in terms of funding, strengthen good working relationship to combat HIV. 5. Literacy at the provincial and community level is still a major problem there is need for more focus group discussions so program managers both at the national and provincial can reprogram to suit people's needs 6. Shortage of appropriate candidate to attend capacity building services 7. Shortage trainers for trainings 8. Implementing partners have their own policies about the usage of funds 9. Priority needs are donor driven 10. Lack of government support for medical supplies

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: - HR - HIV victim should have the same rights as normal do. A right to live, a right to employment, right to save housing, right to clean water etc... - HR - No discrimination against disable people. - HR - Prison inmates have the right to be treated fairly and with respect - CAT... not to be tortured. - Vanuatu also needs to own up to Children's rights conventions, specifically Children with special needs. Every child has the right to be respected irrespective of nationality (race), color, religious group. Every child has the right to education and despite of disability etc... There are 42 articles in child protection.

Briefly explain what mechanisms are in place to ensure these laws are implemented: - Set up of respective offices to regulate and ensure laws are implemented. - National laws enacted to gather for Vanuatu's International obligations. - There are units created within the police department for child protection, the Vanuatu council of woman (for domestic violence) and NGO organization such as SCA, UNICEF, UN Woman advocating for woman and Children's rights

Briefly comment on the degree to which they are currently implemented: - Generally, Vanuatu because of its cultural believes and ideas do not recognize Human Rights (HR) very much in the past. There have been a lot of breaches with regard to HR aspects. However, currently the whole system changed. Human Rights are now recognized and up hold by the people. National laws also recognize Human Rights. - There are laws that governed these convention and these exercises the right of individuals whether children/ adults regarding their right and officers working in this sections implement the coordination policy

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: - Human right policy for an individual

Briefly comment on how they pose barriers: Laws impose human rights, rights for an individual to make inform choices and decisions. For Instance, STI and HIV Clients have human rights govern in the Law, thus a doctor or nurse cannot impose decisions on the client unless the client decides to.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: No

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy::

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Targeted information on risk reduction and HIV education

Other populations [write in]:

:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 5

Since 2011, what have been key achievements in this area:: Youth Friendly Health Services are now introduced as part of VCCT program in all the provinces - There is good networking with other NGO's and Stakeholders to fight STI and HIV in Vanuatu - HIV Policy is now part of the Public Health Act and looking forward to be cassette by the parliament in the next parliament sitting - There is greater involvement of men in reproductive health - Establishment of VCCT sites where clients feel more comfortable to attend - There are policies developed to guide implementation of HIV activities, it is slow with various reasons adding to the progress - # of condom distributions have been increased over the last year by MOH and its partners - HIV testing and counseling sites have been improved - RH and HIV prevention and treatment services has some improvements as well - Stigma and discrimination is slowly decreasing but there is still more work to be done - Trainings of strategic health communication

What challenges remain in this area:: - There is need for more empowerment to make free choices - Efficacy - taking own responsibility for self and for others - Continue fight to keep HIV at 0 - Expansion of VCCT Sites to more remote areas - There is need for improved Coordination and management of the program at the National Level, too much change of staff with little or no knowledge of the programs makes program implementation very slow. As described in the new NSP addressed the no.3 impact result cross cutting 3 which improve efficiency and effectiveness of the program management - There are still people both man and woman who still have issues with condom use even at the health care setting - VCCT settings in the remote areas most of the times have no access to supplies for HIV - There is still stigma and discrimination - IEC materials is still a problem and government will need to development more IEC materials rather than relying on donor funding

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: 1. VCCT were established so that young people can have access to STI and HIV treatment 2. Awareness on basic HIV information in schools and communities to increase peoples knowledge on

HIV prevention and others 3. People in some remote areas throughout the country can now have access to STI and HIV care and counseling support and treatment at the clinics 4. Monthly and annual reports 5. Program Surveillance 6. Case report 7. Clinic report

IF YES, what are these specific needs? : 1. High rates of STI specifically Chlamydia and Hepatitis B which should be reduced by 2015 2. Low level of knowledge amongst youth 3. Need for more functional VCCT in very remote areas 4. High rate of unprotected sex 5. HIV cases is slowly increasing, there is need for reassessment 6. Reduce prevalence of HIV/STI as impact result 7. Reduce morbidity and mortality from AIDS 8. Improve efficiency and effectiveness of the program management

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Strongly disagree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly disagree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: N/A

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Disagree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Agree

Treatment as prevention: N/A

Universal precautions in health care settings: Agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 5

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized: VCCT Sites have been scaled up to provide treatment care and support to PLWH - All HIV cases are treated with care and confidentiality with proper counseling - All antenatal mother received HIV test during first visit with a given concern and all its test results

Briefly identify how HIV treatment, care and support services are being scaled-up?: The HIV treatment care and support services are being scaled up through the up scaling of VCCT program - HIV test results turnaround time has slowly improved - Partner tracing has been introduced and is now being followed - Mechanisms and policies and laws have been in place to deal with HIV Cases

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: N/A

Family based care and support: Strongly disagree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Disagree

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: No

Please clarify which social and economic support is provided: ARV have been available and easy accessible to all patients at VCH and other outlets for HIV patients

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: Yes

IF YES, for which commodities?: Condoms, STI Drugs and Antiretroviral drugs - Regional procurement of STI and HIV drugs - Supply management and mechanism is in place

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 3

Since 2011, what have been key achievements in this area?: - Most HIV patients are on ARV and support is on going with major donor support from Global Fund. - Program effort to make sure PLWH go on ARV and that ARV are free to all Positive Patients - There was no key achievement on this area in 2013, as activities were not effectively implemented - Post delivery ART provision to woman is provided following WHO guideline - Post exposure prophylaxis for non occupational exposure provided - Management of STI and HIV has slowly improved - Co HIV TB infection and treatment has been improve

What challenges remain in this area?: - VCCT services are still are problem especially in the provinces with frequent shortage of drugs for STI patients and continuum of care for PLWH is still a problem with a need to strengthen - ART compliance for PLWH - Majority of youths in less developed areas of the country and even in the urban and rural areas still lack information on HIV, comprehensive knowledge is still low - VCCT facilities still face up with testing difficulties due to long delay in reagents and drugs to treat clients

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
N/A

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 3

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: Vanuatu is still a long way with support for orphans and vulnerable children. Government needs to make it a priority to focus on these issues.

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: In Progress

Briefly describe any challenges in development or implementation:: Development for New M&E Frame Work is in process

1.1. IF YES, years covered: 2014-2017

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: No

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: No

Routine programme monitoring: No

A data analysis strategy: No

A data dissemination and use strategy: No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): No

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 50

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles::

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
National Hiv Coordinator	Full-time	2013-Date
Assistant HIV Coordinator	Full-time	2009-Date
M&E Officer	Full-time	2010-2013
Provincial Officers	Full-time	2009-Date

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
	Full-time	
	Full-time	
	Full-time	

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: - Quarterly and six monthly reporting - Data templates are collected from VCCT sites and other identified locations such as Health facilities - Forms have been developed by the unit and shared to all VCCT sites, HIV Focal persons for monthly data collections; these are then send to the National office for data analysis and send off to donors for program planning and continued financial support There is currently no M&E unit within the Ministry of Health; however an M&E officer is recruited by Global Fund based at the National HIV unit to focus on data collection, supervision and monitoring and evaluation of HIV activities and program implementation at the national and provincial level. Six provincial HIV officers are trained to provide monthly data to the M&E officer for data analysis and report to donor and government for program planning. Often there is no top down approach on data collection and officers are left with no report back of how they have progress in the last 6 months which is where the unit should be building its data

What are the major challenges in this area:: Data collection is still a problem, Ministry of Health Information System does not function and data collection thru that system does not provide all that the program needs. Program has a parallel data collection system but forms need to be reviewed and formatted to suit the data collector's needs 1. There is a need for MOH to have an M&E unit 2. Health information system needs to be strengthen and forms need to be reviewed to meet the country and program specific needs 3. Reporting procedures need to be amended reviewed 4. Reporting template needs to be reviewed to provide the officers with lesser run around but with quality data 5. Need to have a advance and more secured database for future reporting

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: Database for HIV sits within the National HIV office, MOH information System does not function well and information's collected does not fully meet the programs requirements

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: No

At subnational level: No

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: No

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: No

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?:

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: It gives a general idea of the disease burden that would determine priority areas for resource or activity allocations

10. In the last year, was training in M&E conducted

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Interactive activities with Ministry of Health, Health Information System unit to improve data collection and reporting mechanism

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 1

Since 2011, what have been key achievements in this area?: - Regular recording and reporting activities - Up to date information's on the program development and achievements

What challenges remain in this area?: - Delay in reporting - Records are unavailable - Remoteness and communication problems

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples:: Although the number of NGO's working on HIV at the national level has not increased all that much, due to provision of small financial support, many more community based organizations have been working on HIV issues over the last couple of years. For Instance, VFHA has been in a group composed of NGOs and Government officials to address issues affecting the lives of people of Vanuatu, example, UNCAP Review, Population Committee, etc. VFHA has also engaged with members of the Parliamentary Social Welfare committee, the chiefly system, former president, Former Lord Mayor of Port Vila Municipal council church leaders and MoH Officials at different levels HIV effort including Advocacy, consultation discussions on strategy and policy reviews Save the Children's STARS teams provide ongoing advocacy to provincial governments for the importance of HIV prevention activities at the community level Civil society like VSO has contributed to the formation of Provincial AIDS committees and has representatives in all provinces who have attended committee meetings and planning activities. Volunteers have been working with an NGO on HIV and AIDS advocacy

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 4

Comments and examples:: Civil society members were an integral part of the planning and work that went into the draft NSP. Future work on the NSP will continue to involve NGO's that are currently working in HIV. Save the Children was consulted on the NSP development, but this was a rapid process given very short notice. The NSP development process was not largely consultative, and was not well introduced such that civil society contributors had time to prepare and engage with the process. Civil Society members were an integral part of the planning and work that went into draft NSP. Future work on the NSP will continue to involve NGO's that are currently working in HIV

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 2

c. The national HIV reports?: 3

Comments and examples:: Civil society services are all included in the NSP. All HIV related activities by civil society is funded by donor funds, either provided directly to the NGO's or channeled through the MOH. There are no specific funds allocated in the national budget for HIV activities although most MOH staff doing HIV work are nurses who are public servants. National statistics include reports from the NGO service delivery points. NGOs like Save the Children and other NGOs are very involved in prevention, and provide minimal treatment and care services also. Budget development is not largely consultative as it is often developed with short notice and against tight deadlines. When it comes to reporting, however, Save the Children is regularly asked to provide data and expenditure to the Ministry of Health. And again, this is often with short notice There is rooms for improving the recording and reporting of STI cases throughout the country. Civil Society could coordinate with HIS or HIS should create network with civil society. When the new NSP is finalized, should be well disseminated to the civil society. M&E could also be conducted to the budget allocations to civil society. Contributions of Civil societies are recognized in the National Strategic Plan, no implementation support funds are provided to civil societies from government; Reporting is general does not specifically indicate contributions of civil society.

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 3

Comments and examples:: Civil societies undertake M&E for their own activities. Involvement in monitoring at the national level does not involve civil society at this time. A national M&E plan will be produced after a national training which should guide the involvement of everyone in monitoring and evaluating of the NSP Civil society involved in planning M&E; providing information for M&E; and selected civil society members are elected on the NAC -TAG committees The M&E Plan is not widely communicated, and apart from NGO's own M&E of its HIV prevention activities, NGO's are not invited to be part of national HIV response M&E. Where the latter does take place, NGO's have not received reports which communicate the response progress and impact There is a need to come out with a clearer and doable M&E Plan and this should be initiated by NAC

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples:: Civil Society organizations are members of NAC and participate in planning of national strategic plans, policies and guidelines The only organization representing positive people is very involved in HIV work in Vanuatu. There are no sex worker organizations but sex workers are involved in some of the HIV work that is being carried out by some NGO's. Faith based organizations are involved although some are more active than others. There has been an effort lately to involve marginalized groups in the HIV work at the national level. A member of Solidarity, an MSM organization, is now part of the interim group working on revitalizing the VCCM, the governing body for the Global Fund funded activities. Thus, Civil Society makes up the main HIV response beyond delivery of ARV therapy

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 4

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples:: The handful of NGO's that are running HIV activities at the national level are able to access funding to maintain their activities. And securing TA to support their activities whenever needed is not a problem The SPC HIV response fund was an excellent means of being able to access funds for HIV programs. With the conclusion of this fund, it is unclear where funds will come from in the future to support HIV programming However, Limited financial and technical support is received

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: >75%

People who inject drugs: <25%

Sex workers: 51-75%

Transgender people: 51-75%

Palliative care : 51-75%

Testing and Counselling: >75%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: <25%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 6

Since 2011, what have been key achievements in this area:: Civil society participation has not been as good as it has been in the past. For this participation to be improved there has to be good leadership at the national level. That is, the MOH has to take the lead in ensuring that all stakeholders are involved in all aspects of the national response. NGO's support the Ministry of Health with clinics that provide PMTCT and VCCT Services to people of all ages and functions thru project site coordinators who also advocate for elimination of discrimination against PLWH, by networking with church groups and community leaders Conduct of awareness during special events like World AIDS Day. Attendance of civil society in provincial AIDS committee meetings.

What challenges remain in this area:: Civil societies should be supported financially, technically to continue providing services in areas they have better comparative advantage The Ministry of Health's HIV Unit has been in such turmoil in 2013, that there have been few opportunities to engage in any programming. They have not been able to lead the national response, nor support civil society. With the concluding of the SPC HIV Response Fund, there will be few resources available for HIV programming in 2014. The national HIV work is being coordinated by the HIV Unit within the MOH. Although a new coordinator was appointed, issues within the larger MOH set-up resulted in the HIV unit not being able to undertake most of what it normally does.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened: Through the MOH, the positive people's organization is part of any policy work or programme implementation. And Solidarity, the MSM support group, is now involved in the National HIV Strategic Plan development

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws: HIV is not specifically mentioned but the Constitution provides that no-one shall be discriminated against based on health etc. The MOH is working on an HIV legislation that will ensure non-discrimination on the basis of HIV status

Briefly explain what mechanisms are in place to ensure that these laws are implemented::

Briefly comment on the degree to which they are currently implemented::

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: No

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: No specific laws or provision in laws prohibiting this.

Briefly comment on how they pose barriers: A provision in the penal code talks about homosexuality but it does not prohibit working with men who have sex with men.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: The Family Protection Bill provides ways for women who suffer domestic violence to deal with their situation and get protection.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy: Yes - it is mentioned in the NSP

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism:

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

If applicable, which populations have been identified as priority, and for which services?: Everyone in Vanuatu is entitled to receive HIV prevention services. ART is being provided to the HIV positive people that need ART, at this time, the plan is to provide anyone who is positive and needs the treatment with free treatment. Due to the small number of HIV positive people, care related activities have been minimal but anyone is entitled to care and support interventions if they need them

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: All of these are included in the National HIV Strategy which promotes equal access for all, regardless of sex, race, age, sexual orientation or any other criteria. Any HIV work, be it at the prevention, treatment & care or support level, must be accessible to anyone who needs and wants it.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: To a certain extent, the NSP provides for strategies that will define how to reach these vulnerable sub-populations

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

IF YES on any of the above questions, describe some examples:: The country subscribes to international conventions like CEDAW, UNGASS, MDG's etc. An Ombudsman exists in Vanuatu and in practice, the authorities are supposed to protect the rights of HIV positive people but to date, no case has been brought up for the authorities to deal with.

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 3

Since 2011, what have been key achievements in this area:: Efforts have been ongoing to include HIV in the Health legislation.

What challenges remain in this area:: Lack of dedicated person in country to look into these needs. And issues within the MOH, who is the leading agency

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area?: I believe that stakeholder partners are very aware of human rights related issues and are making an effort to implement them. More and more the authorities are taking more care in ensuring that human rights are protected although we have a long way to go in this area. Drafting of Vanuatu STI/HIV and AIDS Prevention and Control Law

What challenges remain in this area?: The challenge is that there have not been many cases where a specific policy or law has been challenged on its application to a HIV situation so it is not really clear whether it works or not. Efforts are not organized in raising the draft to the Parliament.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Stakeholders put together the NSP which details the national HIV prevention program needs

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Disagree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6

Since 2011, what have been key achievements in this area?: With the ending of response fund and the uncertainty of Global Fund funding, continuing to fund HIV activities will be a challenge

What challenges remain in this area?: Individual stakeholders have continued to carry out their HIV work effectively although the coordination of these activities has been somewhat poor in 2013. However, activities are being implemented and the population is benefitting from these activities. There is need for integration of HIV and AIDS intervention to Reproductive Health Services

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized?: A core team has been established and there is a system in place for dealing with positive cases

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Disagree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly agree

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Disagree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: More VCCT centers operating

What challenges remain in this area: Still many people not having access to services. Despite centers existing, there are still problems with staffing, supplies etc that need to be solved. The number of HIV cases is still very low there is need for more awareness to promote VCCT services

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 5

Since 2011, what have been key achievements in this area: VCCT services throughout Vanuatu are now becoming more and more accessible with more VCCT centers set up and accredited. There is more work in the communities addressing issues faced by different groups like young people.

What challenges remain in this area: The challenge is that people are still not testing and this is probably due to many issues like confidentiality, supplies etc.