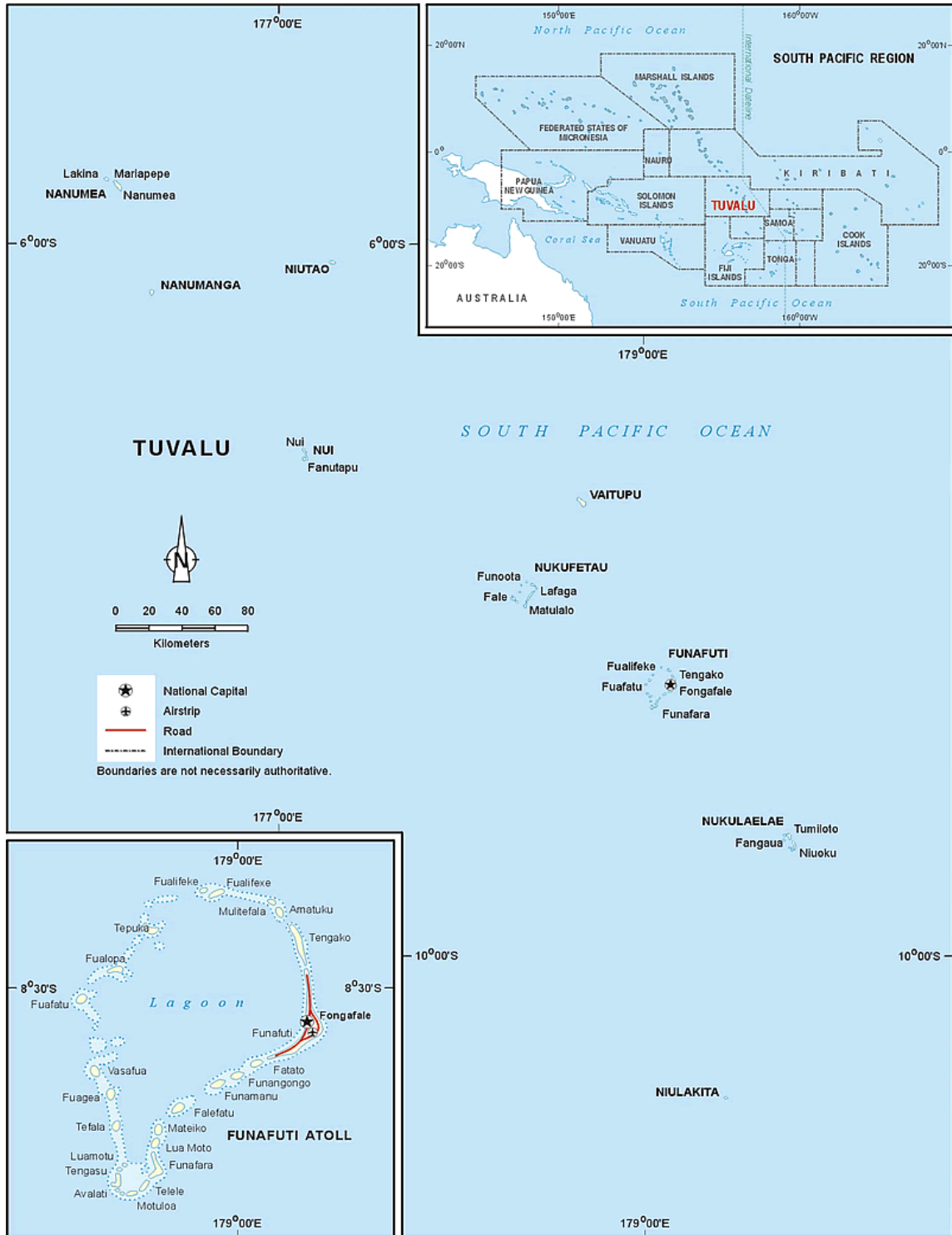


GLOBAL AIDS RESPONSE PROGRESS REPORTING COUNTRY PROGRESS REPORT TUVALU

January 2010- December 2011



Submission date: 13 March, 2012

Table of Contents

Table of Contents.....	2
List of Tables.....	3
List of Figures.....	4
Acronym	5
Status at a Glance.....	6
Inclusiveness of Stakeholders	6
Status of the Epidemic.....	7
Policy and Programmatic Response	7
Core Indicators for GARP Reporting	9
Overview of the AIDS Epidemic.....	13
Organization of the Health System	14
HIV Testing and Counseling Services	17
PMTCT Services	17
ART Treatment (prophylaxis), Care and Support	17
Best Practices.....	19
Major Challenges and Gaps.....	20
Progress from UNGASS to GARP.....	21
Recommendations	22
Priority Areas/Actions for the Next Two Years (2012 and 2013)	23
Support from the Country’s Development Partners	24
ANNEX 1: Consultation/Preparation Process for the Country Report on GARP	27
ANNEX 2: National Commitments and Policy Instrument (NCPI).....	28
References.....	29

List of Tables

Table 1: The Thematic Areas for the Pacific Regional HIV Strategy 2009-13	7
Table 2: Key Priority Areas in the Tuvalu National Strategic Plan for HIV/STI 2009-13	8
Table 3: National Aids Funding for 2009-11	10
Table 4: Reported Cases of HIV in Tuvalu from 2006-11, diasaggregated by gender and Mode of Transmission	15
Table 5: STI Surveillance Data for Males from January-June 2011	16
Table 6: STI Surveillance Data for Males from January-June 2011	17
Table 7: PRISP II MEF Goal and Outcome Indicators	26

List of Figures

Figure1: Graph showing the diagnosis of new cases of HIV in Tuvalu from 1995-11	7
Figure 2: Mid-Year Population of different Islands in Tuvalu in 2010	13
Figure 3: Mid- Year Population of Tuvalu in 2010, disaggregated by age and gender	14

Acronym

AIDS	Acquired Immunodeficiency Syndrome
ARH	Adolescent Reproductive Health
ART	Antiretroviral Treatment
CCM	Country Coordination Mechanism
CDO	Community Development Organization
CMR	Consolidated Monthly Report
CSM	Condom Social Marketing
FBO	Faith Based Organizations
GF	Global Fund
HIV	Acquired Immunodeficiency Syndrome
IEC	Information, Education, Communication
MDG	Millennium Development Goal
MOE	Ministry of Education
MSIP	Marie Stopes International Pacific
NCPI	National Commitment and Policy Index
NSP	National Strategic Plan
NZAID	New Zealand Government Aid
OSSHM	Oceania Society for Sexual Health and HIV Medicine
PIAF	Pacific Islands Aids Foundation
PMH	Princess Margaret Hospital
PMTCT	Prevention of Mother to Child Transmission
PPTCT	Prevention of Parent to Child Transmission
PRISP	Pacific Regional Strategy on HIV and other STIs
RHTP	Reproductive Health Training Program
RRRT	Regional Rights Resource Team
SPC	Secretariat of the Pacific Commission
STI	Sexually Transmitted Diseases
TANGO	Tuvalu Association of Non- Government Organizations
TNCW	Tuvalu National Council of Women
TNYC	Tuvalu National Youth Council
TOSU	Tuvalu Overseas Seaman's Union
TRCS	Tuvalu Red Cross Society
TUFHA	Tuvalu Family Health Association
TUNAC	Tuvalu National Aids Committee
UNFPA	United Nations Population Fund
VCCT	Voluntary Confidential Counseling and Testing

Status at a Glance

Inclusiveness of Stakeholders

Tuvalu National Aids Committee (TUNAC) which comprises of representatives from Tuvalu Ministry of Health (MoH), TOSU-Tuvalu Overseas Seamen's Union, Tuvalu Family Health Association (TUFHA), Tuvalu Red Cross Society (TRCS), Tuvalu Association for Non- Government Organization (TANGO), Ministry of Education (MoE), Department of Women, Tuvalu National Council of Women (TNCW), Faith Based Organizations(FBO) and Tuvalu National Youth Council (TNYC) was involved in preparing the 2012 Global Aids Progress Report.

In addition the following organizations were consulted during the data collection stage:

- The Media
- The Tuvalu Police Department
- Tuvalu Central Statistics Department
- The Clerk Department
- Department of Economic, Planning and Budget

Status of the Epidemic

Tuvalu reported its first case of HIV in 1995. Since then there has been 11 confirmed cases of which four have died (all were males and the deaths occurred in the years 2004, 2007, 2008, 2011).¹

Seafarers account for eight (72%) of all cases, the others are; a wife of one of the seaman and her child; and a student who contracted the disease while studying in Fiji.¹

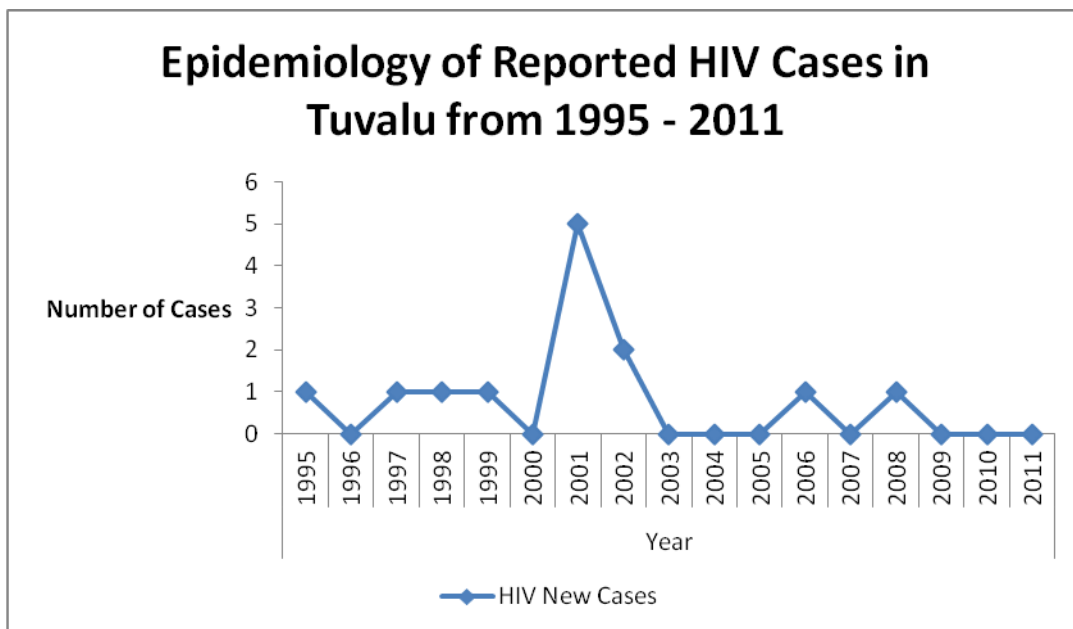


Figure 1: Graph showing the diagnosis of new cases of HIV in Tuvalu from 1995 – 2011

Policy and Programmatic Response

To respond to the HIV epidemic in the Pacific region, the Pacific Island Forum confirmed its commitment to addressing the burden of the disease and extended the Regional HIV Strategy to 2013.²

The Pacific Regional HIV Strategy and Implementation Plan 2009 – 2013 provides a framework for the coordination and mobilization of resources at regional level to support national implementation.³

Thematic Areas for the Pacific Regional HIV Strategy 2009 - 2013
1. Prevention Services
2. Continuum of Treatment, Care and Supportive Systems and Services
3. Leadership and Enabling Environment
4. Strategic Information
5. Governance

Table 1: The Thematic Areas for the Pacific Regional HIV Strategy 2009 – 2013

¹ Tuvalu Millennium Development Goals Progress Report 2010/2011

² Tuvalu National Strategic Plan for HIV/STI 2009 - 2013

³ Tuvalu National Strategic Plan for HIV/STI 2009 - 2013

The Pacific Regional HIV Strategy guides the Tuvalu HIV and STI National Strategic Plan 2009 – 2013. The key priority areas are:⁴

Key Priority Areas for Tuvalu National Strategic Plan for HIV & STI 2009 - 2013
1. Achieving and Enabling Environment
2. Prevention of HIV and STIs
3. Treatment Care and Support
4. Program Management

Table 2: Key Priority Areas in the Tuvalu National Strategic plan for HIV& STI 2009 – 2013

As reported in the 2010 UNGASS Report the following policies and programs remains the same:⁵

- Voluntary Confidential Counseling and Testing (VCCT)
- The only Laboratory in Funafuti does HIV determination and Serodia, serology for syphilis, hepatitis B surface antigen, a gram stain for gonorrhoea, wet mount for trichomoniasis and candida infections. Confirmatory tests for HIV can now be done at Princess Margaret Hospital (PMH) and testing for Chlamydia is done in Fiji.
- Global Fund Round 7 continues to pay for antiretroviral treatment (ART)
- The HIV Unit set up by the Global Fund is in operation and is managed by two program officers.

⁴ Tuvalu National Strategic Plan for HIV/STI 2009 - 2013

⁵ 2010 UNGASS Country Report for Tuvalu

Core Indicators for GARP Reporting

Target 1: Reduce sexual transmission of HIV by 50% by 2015

General Population

- 1.1 Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
- 1.2 Percentage of young women and men aged 15- 24 who have had sexual intercourse before the age of 15
- 1.3 Percentage of adults aged 15- 49 who have had more than one sexual partner in the past 12 months
- 1.4 Percentage of adults aged 15- 49 who have had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse
- 1.5 Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results
- 1.6 Percentage of young people aged 15- 24 who are living with HIV

This indicator is relevant to Tuvalu but there has been no BSS done in 2010-11. Medical records show that 419 men and women between the ages of 15-49 received an HIV test in the past 12 months and know their results.

Sex workers

- 1.7 Percentage of sex workers reached with HIV prevention programs
- 1.8 Percentage of sex workers reporting the use of a condom with their most recent client
- 1.9 Percentage of sex workers who have received an HIV test in the past 12 months and know their results
- 1.10 Percentage of sex workers who are living with HIV

The indicator is not applicable to Tuvalu. There is no market for commercial sex in Tuvalu. Overseas seafarers have shorter length of stay and very few tourists visit the country. Though sex for favor does happen and is unreported.

Men who have sex with men

- 1.11 Percentage of men who have sex with men reached with HIV prevention program
- 1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner
- 1.13 Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results
- 1.14 Percentage of men who have sex with men who are living with HIV

In the 2010 UNGASS report men to men sex (MSM) was not identified as a risk population. In 2011, anecdotal evidence suggests that MSM is becoming prevalent. At this stage there has been no specific programs targeted at this population.

Target 2: Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015

- 2.1 Number of syringes distributed per person who injects drugs per year by needle and syringe programs
- 2.2 Percentage of people who inject drugs who report the use of a condom at last sexual intercourse

- 2.3 Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected
- 2.4 Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results
- 2.5 Percentage of people who inject drugs who are living with HIV

This indicator is not applicable to Tuvalu. Intravenous drug users are not classified as a population that involves in risky behavior here.

Target 3: Eliminate mother- to – child transmission of HIV by 2015 and substantially reduce AIDS- related maternal deaths

- 3.1 Percentage of HIV- positive pregnant women who receive antiretrovirals to reduce the risk of mother- to – child transmission
- 3.2 Percentage of infants born to HIV- positive women receiving a virological test for HIV within 2 months of birth
- 3.3 Mother- to – child transmission of HIV (Modelled)

There is no HIV – positive pregnant women in Tuvalu for the period 2010-2011. There was no mother- to – child transmission of HIV.

Target 4: Have 15 million people living with HIV on antiretroviral treatment by 2015

- 4.1 Percentage of eligible adults and children currently receiving antiretroviral therapy
- 4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

There are zero persons on antiretroviral therapy in Tuvalu.

Target 5: Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015

- 5.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV

There are no known cases of TB- HIV in Tuvalu.

Target 6: Reach a significant level of annual global expenditure (US\$22-24billion) in low and middle income countries

- 6.1 Domestic and international AIDS spending by categories and financing sources

Source *	2009(\$AUD)	2010(\$AUD)	2011(\$AUD)
Public	22,925	12,000	20,180
Private	Nil	Nil	Nil
International	224,687	47,641	156,916
Total	247,612	59,641	177,096

Table 2: National Aids Funding from 2009 – 2011

*Crude figures are shown only. Financial reports could not be obtained from all stakeholders when this report was prepared. Decrease in funding in 2010 could be delay in disbursement from funding bodies.

Target 7: Critical Enablers and Synergies with Development Sectors

- 7.1 National Commitment and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programs, stigma and discrimination and monitoring and evaluation)

Refer to section on National Commitment and Policy Index and Annex 2

- 7.2 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

This indicator is relevant but no survey was done. Data from the Police Department was available but consent was not given for publication when this report was prepared.

- 7.3 Current school attendance among orphans aged 0-14*

This indicator is not relevant to Tuvalu.

- 7.4 Proportion of the poorest households who received external economic support in the last 3 months

This indicator is not relevant to Tuvalu

National Commitment and Policy Index (NCPI)

NCPI was compiled in the special meeting held by TUNAC. Government representatives collectively completed Part A of the questionnaire whilst Part B was completed by other stakeholders in the same forum.

Similarities between 2009 NCPI and 2011 NCPI

- Tuvalu National Strategic Plan for HIV/STI 2009 – 2013 is the guiding document for all HIV/STI programs
- Equal involvement of civil society organizations at all levels of funding, planning, implementation and evaluation of all HIV/STI related programs
- Lower scores for Policy and Law
- Expressed need for greater political involvement

Differences between 2009 NCPI and 2011 NCPI

- Clear cut demarcations in 2011 that MoH will lead treatment of HIV/STI and preventive programs will be shared by all stakeholders
- Workplace policies in HIV has been drafted for all organizations
- Initial discussion on M&E plan has begun with pre-assessment done
- Work on drafting legislation has started

Overview of the AIDS Epidemic

Tuvalu formerly known as the Ellice Islands is located in the South Pacific, just to the north of the Fiji Islands. It is the smallest independent country in the South Pacific, comprising of nine low lying coral atolls with a population of 9561. The total land area is only 26 sq. km, with a large ocean economic zone of more than half a million square kilometers. The highest elevation is five meters above sea level making it one of the first nations to submerge under water from the effects of global warming. The capital of Tuvalu is Funafuti. The first inhabitants were Polynesian people prior to the arrival of the British in the late 19th century. The islands were then administered by Britain as part of a protectorate from 1892 to 1916 and as part of the Gilbert and Ellice Islands colony from 1915 to 1974. Tuvalu became fully independent in 1978 within the Commonwealth after voting for separation in 1974. Tuvalu is a constitutional monarchy and Commonwealth realm with Queen Elizabeth II recognized as Queen of Tuvalu, represented by a Governor-General in Tuvalu. The local parliament has 15 members and is elected every four years. Its members elect a Prime Minister who is the head of government. The Cabinet is appointed by the Governor General on the advice of the Prime Minister. Tuvalu has very limited natural resources, and its main form of income consists of foreign aid. Subsistence farming and fishing remain the primary economic activities. Government revenues largely come from the sale of stamps, coins, fishing licenses and worker remittances. Substantial income is received annually from an international trust fund established in 1987 by Australia, New Zealand and the United Kingdom and supported by Japan and South Korea⁶.

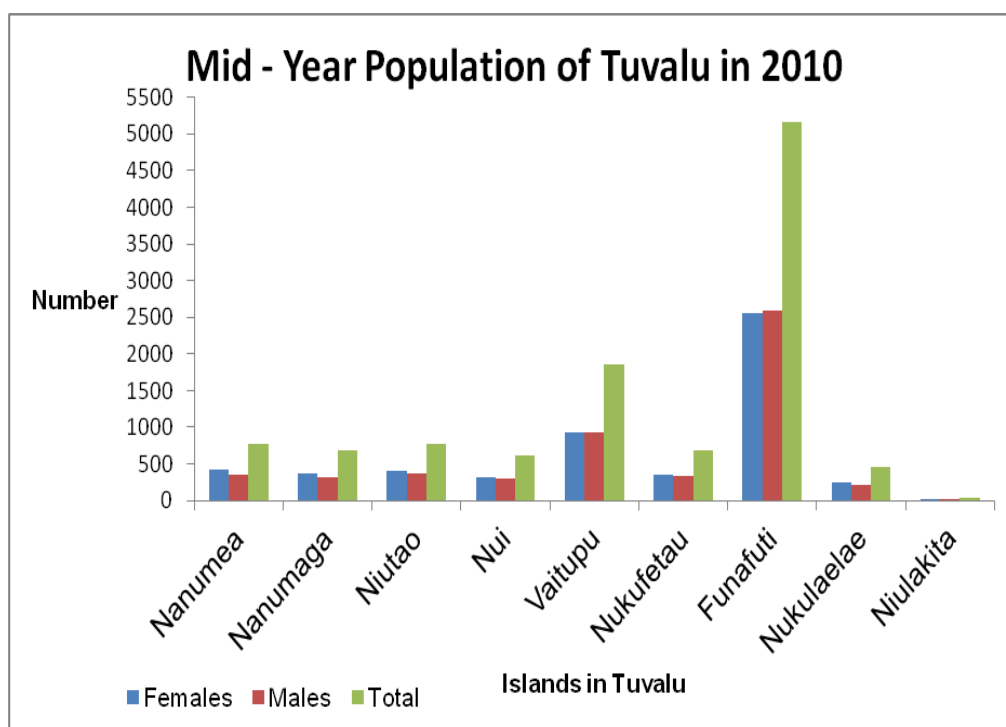


Figure 2: Mid- Year Population of different Islands in Tuvalu in 2010

Source: Tuvalu Central Statistics Department

⁶ Tuvalu Ministry of Health Report 2008

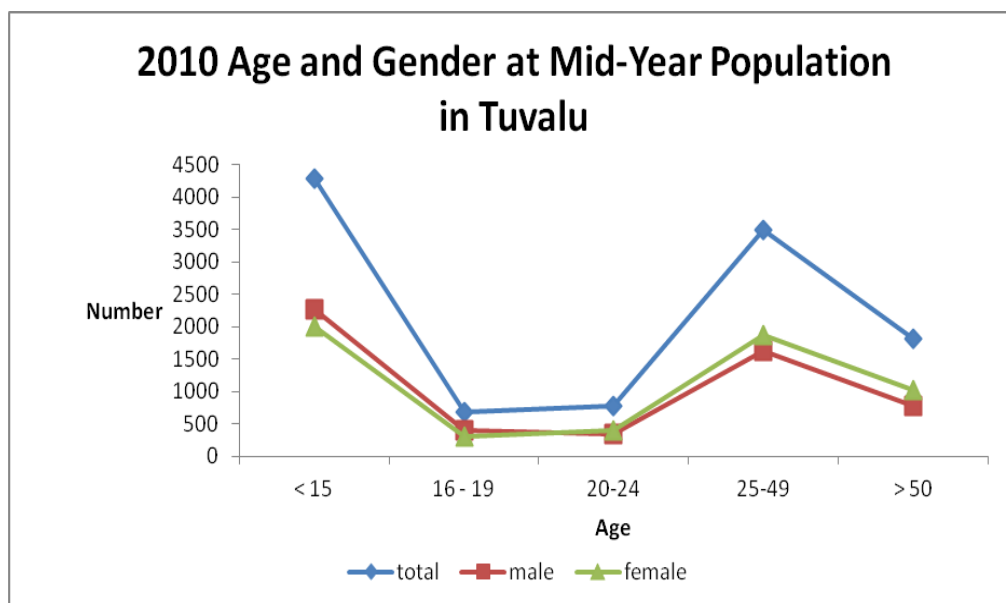


Figure 3: Mid- Year Population of Tuvalu in 2010, disaggregated by age and gender
Source: Tuvalu Central Statistics Department

Organization of the Health System

The Ministry of Health Tuvalu operates from Funafuti the capital island, where the main referral hospital, (PMH) is based. The 50 bed hospital provides secondary level care for the whole population of Tuvalu with referrals to Fiji, New Zealand and India for a few who need tertiary or specialized medical care. The other eight islands in the group have a medical center manned by two nurses, a nurse assistant and two primary health care workers. Medical treatment and care services are free for all Tuvaluan citizens including free medications, hospital stay, and any in-country referrals from any outer island medical center to PMH. The Ministry of Health operates a medical treatment scheme to cater for all medical referrals outside Tuvalu. New Zealand Government (NZAID) also provides a similar scheme for treatment of Tuvaluans referred to Fiji and New Zealand.⁷

PMH is the main centre for child birth. Due to the geography of Tuvalu and shipping being the main mode of transport (which takes between 4 hours – 22 hours of travel each way from Funafuti), each island has a trained mid- wife. First time mothers as well as women with history of previous complicated deliveries or suspected complex cases are always referred to PMH at about 32 weeks of gestation. Around 99% - 100% of births take place in the hospital and are attended by skilled health personnel.⁸ In addition, TUFHA and PMH also provide family planning services. VCCT is offered to all pregnant mothers in Funafuti. Counselling is done by a group of certified HIV counsellors.

The early- referral plan from the islands has been a key influence in reducing Infant mortality rate by two – thirds (66.7%) for the period 1992 – 2009. However, encouraging women to begin antenatal clinics earlier during the pregnancy, education on signs of pregnancy complications and accessing family planning services remains a challenge. This is attributed to the practices and beliefs of the people.⁹ Funding applications are currently being made to UNFPA to look at training mid- wives to roll – out proactive family planning initiatives.

⁷ 2008 Tuvalu Ministry of Health Annual Report

⁸ Tuvalu Millennium Development Goals Progress Report 2010/2011

⁹ Tuvalu Millennium Development Goals Progress Report 2010/2011

Consolidated monthly reports (CMR) are sent by the nurses based in the health centres in the islands to PMH. The only health statistician based in Funafuti, compiles all the data. Since the CMR, is sent via ships, it takes a long time to arrive thus generating timely reports becomes a challenge. Sometimes discrepancies or incomplete CMR causes further delays. To address this, the health statistician travels to the island and collaboratively works with the staff stationed there to correct any inconsistencies. HIV data is regarded as “highly confidential” and is kept with the Director of Ministry of Health.

Bi-annual trainings are conducted for junior and senior nurses at PMH to give them feedback about the CMR and as an incentive for improving the reporting process. Special sessions are delivered by field experts on gaps that were highlighted in the CMR.

There is no HIV legislation in Tuvalu. Work is continuing in drafting the new legislation. Currently, the Tuvalu National Strategic Plan for HIV/STI 2009 – 2013 is the guiding document for all HIV programs. TUNAC is the National HIV coordination mechanism and meets every two months.

The Tuvalu Government allocates \$7000 AUD annually for treatment of HIV and HIV related diseases such as syphilis, gonorrhoea and Chlamydia. A part of this funding is used to increase awareness of HIV related diseases on World Aids Day.

	Dec 2006	Dec 2007	Dec 2008	Dec 2009	Dec 2010	Dec 2011
Gender						
Male	9	9	10	10	10	9
Female	1	1	1	1	1	1
Mode of Transmission						
Heterosexual	9	9	10	10	10	10
Mother-to-child	1	1	1	1	1	1
Homo/bisexual	0	0	0	0	0	0
IDU	0	0	0	0	0	0
Blood Products	0	0	0	0	0	0
Total	10	10	11	11	11	11

Table 4: Reported Cases of HIV in Tuvalu from 2006-11, disaggregated by gender and mode of transmission.

National Response to the AIDS Epidemic

TUFHA in collaboration of Tuvalu Ministry of Health provides youth friendly services on Funafuti. In addition, awareness workshops on HIV and its related diseases are held regularly on every island. These include:

- Condom social marketing (CSM) programs that was initiated in collaboration with Marie Stopes International Pacific (MSIP) targeted marginalized young people, young people attending school, women, people living in rural/ remote communities and sea farers. This program has ended due to lack of funding.
- The Adolescent and Reproductive Health (In conjunction with SPC and UNFPA) program which focused on peer education has ended in 2010
- Classroom – based sessions take place regularly in Funafuti and in the outer islands

Prevention: Specific sub-populations with higher risk of HIV exposure

Tuvalu has identified seafarers and MSM as it high risk group. Review and development of new STI and HIV plan for seafarers is underway. Whole – population approach is used for any health promotional programs. The reason for this is the cultural context, beliefs and practices associated with HIV/AIDS. In 2011, the biggest achievement was getting two HIV ambassadors from Fiji, who were sponsored by PIAF (male/female) to publicly speak about their HIV status.

STI

STI testing is done in the laboratory at PMH. Chlamydia tests are sent to Fiji. It takes a while to receive the results from Fiji therefore syndromic approach is being used for management of STI in Funafuti hospital

Clinic/Patient Category*	Gonorrhoea		Chlamydia		Syphilis		HIV		Hepatitis B	
	Total Tests	Detected	Total Tests	Detected	Total Tests	Detected	Total Tests	Detected	Total Tests	Detected
Main Hosp-OPD	69	8	69	10	148	7	156	0	168	17
Inpatients	1	0	1	0	11	2	15	0	14	0
TUFHA	17	0	17	1	20	0	20	0	20	2
Blood Donor	0	0	0	0	36	1	36	0	36	2
Total	87	8	87	11	215	10	227	0	238	21
Total by Age Groups										
0-4 yrs	0	0	0	0	0	0	0	0	0	0
5-9yrs	0	0	0	0	0	0	0	0	0	0
10-14yrs	0	0	0	0	1	0	1	0	1	0
15-19yrs	16	0	16	2	17	1	17	0	22	2
20-24yrs	51	7	51	7	59	1	60	0	64	3
25-29yrs	24	2	24	6	42	2	43	0	42	4
30-34yrs	13	0	13	2	24	1	25	0	26	2
35+yrs	11	0	11	0	74	5	80	0	80	10
Unknown	1	0	1	0	3	0	3	0	3	0

Table 5: STI Surveillance Data for Males from January-June 2011

*Source: HIV/STI Unit

Clinic/Patient Category*	Gonorrhea		Chlamydia		Syphilis		HIV		Hepatitis B	
	Total Tests	Detected	Total Tests	Detected	Total Tests	Detected	Total Tests	Detected	Total Tests	Detected
Main Hosp-OPD	30	0	30	3	39	0	37	0	41	5
Inpatients	1	0	1	0	6	0	5	0	7	2
TUFHA	3	1	3	1	6	0	6	0	6	1
Main Hosp-ANC	4	0	104	17	130	3	128	0	129	6
Blood Donor	104		0	0	17	0	17	0	17	1
Total	142	1	138	21	198	3	193	0	200	15
Total by Age Groups										
0-4 yrs	0	0	0	0	0	0				
5-9yrs	0	0	0	0	0	0				
10-14yrs	0	0	0	0	1	0	1	0	1	0
15-19yrs	7	1	7	3	20	0	20	0	20	2
20-24yrs	52	0	52	8	62	1	60	0	64	5
25-29yrs	28	0	28	5	40	0	38	0	40	3
30-34yrs	22	0	22	1	34	0	34	0	34	2
35+yrs	21	0	21	2	41	2	40	0	41	3
Unknown	8	0			0	0	0	0	0	0

Table 6: STI Surveillance Data for Females from January-June 2011

Source: HIV/STI Unit

HIV Testing and Counseling Services

Certified HIV Counselors provide voluntary and confidential counseling services. Upon consent, a HIV test is performed at PMH. The laboratory at PMH is currently working on a HIV Testing policy

PMTCT Services

There are 8 ANC facilities in Tuvalu, one for each island except for the island of Niulakita which has a population of 41. 241 births were recorded by ANC in 2010. There is 100% ANC and skilled delivery coverage in Tuvalu. All standard routine tests are done for mothers on their first booking. They are then referred for VCCT which is offered by a group of certified counselors. HIV screening services for pregnant women is offered by TUFHA and PMH. However ART is provided by PMH only. Zero cases of HIV positive pregnant women have been reported in the period 2010-11. Tuvalu does not have a PMTCT/ PPTCT policy at this stage, but work has begun on drafting this. PMH is a baby friendly hospital and implements the Breastfeeding policy.

ART Treatment (prophylaxis), Care and Support

Oceania Society for Sexual Health and HIV Medicine (OSSHM) Guidelines 2010- 2011 revised version is used for ART treatment. There are no cases of HIV- TB co-infection but OSSHM guidelines are in place for patient management, should a case is diagnosed.

9 February 2012

Treatment for HIV patients is done using one of the following drugs:

- Lamivudine 150mg/zidovudine 300mg + Efavirenz 600mg. (comb)
- Zidovudine 300mg tabs
- Lamivudine + Zidovudine 450mg
- Single Nevirapine tabs

Only the Director for Ministry of Health provides treatment for HIV positive persons. There is no one currently on ART. Global Fund Round 7 provides funding for all ART treatment.

Knowledge and Behavior Change Activities among General Population

World Aids days is celebrated nationally. Nurses in outer islands do displays, organize community days and run public quizzes on knowledge of HIV and its related diseases. IEC materials are still in draft stage. Regular training is provided to health staff based in the islands on HIV/ STI.

Best Practices

As outlined in the 2010 UNGASS report the following programs are still continuing;

- TANGO is continuing to work with communities to address HIV issues
- TUFHA conducts health education programs on HIV in the and its related diseases in the community, including the outer islands
- TUNAC actively guides all HIV/ STI programs in the country and has a multi-sectoral membership
- Ministry of Health is responsible for all treatment of HIV and its related diseases.

In the past two years;

- RRRT has conducted training in Human Rights and Law. There is a need for consultations of the draft workplace policies in Funafuti.
- IPPF is working on obtaining international credentials for TUFHA
- Obtaining political support, by doing two presentations in the parliament
- Draft IEC materials in Tuvaluan language

Major Challenges and Gaps

As highlighted in the UNGASS 2010 report the challenges and remedial actions remain the same.

Challenge 1: Outer island access

Remedial Action: TUFHA and MoH have started health education programs in the islands (except the island of Vaitupu). Three sessions were conducted in year 2011.

Challenge 2: Ongoing stigma towards people living with PLWHA

Remedial Action: Two HIV ambassadors (sponsored by PIAF) were invited from Fiji to talk openly about their HIV status.

Challenge 3: Targeting programs at seafarers who are identified as a MARP population in Tuvalu.

Remedial Action: Review and develop new seafarers STI and HIV Training program

Challenge 4: Targeting MSM who are now being recognized as an emerging MARP in Tuvalu

Remedial Action: Anecdotal studies reveal that MSM are coming out openly about their status to health practitioners and future programs will be designed specifically at them

Challenge 5: Changing the Cultural Perception of HIV and its related diseases. For instance, mass condom promotion is not acceptable in the Tuvaluan community.

Remedial Action: It will take a long time to change these beliefs. Inviting HIV ambassadors to talk openly about their status was an eye-opening event for the people.

Challenge 6: Late disbursement of grants delays projects.

Remedial Action: Discussion with funding bodies to address this issue

Challenge 7: Frequent changes in the reporting format requirement by funding bodies, consumes a lot of time to meet expectations.

Remedial Action: Discussion with funding bodies to address this issue

Challenge 8: Obtaining support from the senior generation for HIV and its related programs

Remedial Action: Design programs to target parents of youths

Progress from UNGASS to GARP

Little progress has been made since 2010 to 2012. Tuvalu is a very conservative community with strong cultural beliefs about HIV and its related diseases. The islands separated by the vast ocean add to the burden of delivering and monitoring and evaluating any effective health programs.

The country is highly dependent on donors to undertake any special surveys. This is usually done over a period of five years or more to note any significant change in knowledge, behavior and practice.

Despite the challenges, in the past two years, work has been done in:

- Drafting workplace HIV policies
- Initiating drafting of HIV legislation
- Discussing the M&E plan

Recommendations

- **Program Management**
 - Technical assistance needed
 - Increase in funding
- **Policy/ Coordination**
 - Public consultations for HIV policies and legislation
 - This will increase awareness to the general public that such policies and legislation exist
- **Prevention**
 - Capacity building for staff on HIV and its related diseases
 - Increase awareness of HIV and its related diseases
 - Extend preventive programs to outer islands
 - Encourage staff to do program evaluation
 - Extend screening for HIV and its related diseases to outer islands
 - Development of IEC materials in Tuvaluan language
- **HIV Testing and Counseling**
 - Production of regular newsletters on HIV and its related diseases in English and Tuvaluan language
 - Recruit more certified HIV counselors
- **Treatment, Care and Support**
 - Ongoing training for clinical core team in treatment, care and support
 - Continue funding for ART
- **Knowledge and Behavior Change**
 - To conduct the next BSS survey
- **Financing, Human Resources**
 - Increase in salary for staff working in STI and its related diseases
 - Housing allowance for staff
 - Incentive for timely and quality reports
- **Surveillance**
 - Computerized database system
 - Increase staff motivation to do surveillance
 - Conduct surveillance- specific programs
- **M & E and Technical Assistance**
 - Encourage stakeholders to do M&E
 - Training on M&E
 - On-site technical assistance on M&E

Priority Areas/Actions for the Next Two Years (2012 and 2013)

Additionally the following activities are planned before work begins on the new NSP:

- Training for health workers on comprehensive HIV, STI Training program
- Training on Guidelines for Clinical Care and support for PLWHA
- Annual workshop to review NSP implementation
- Training for Clinical Core Team on HIV Management
- HIV Legislation drafting
- Training on Guidelines for Clinical Care and support for PLWHA
- Review Sexual and Reproductive Health (STI and HIV) education curriculum
- Training of Teachers on the revised curricula (4 sessions)
- HIV and Sports – STI and HIV awareness through national sports events (National Secondary School Games, Tuvalu Games)
- Support Group for HIV and STI
- Recruit Response Fund Officer
- Develop Prevention of Parent to Child Transmission (PPTCT) policy
- Training for health workers in PPTCT policy
- M&E Training
- Advocating for support groups for HIV and its related diseases

Support from the Country's Development Partners

- **Marie Stopes International Pacific (MSIP)**

Condom Social Marketing (CSM) training was done in Fiji and mass distribution of condoms targeted at marginalized young people, young people attending school, women, people living in rural/ remote communities and sea farers. This program has ended.

- **Secretariat of the Pacific Community (SPC)**

The Adolescent and Reproductive Health (together with UNFPA) program which focused on peer education has ended in 2010. Workshop on Proposal Writing for staff was conducted in addition to other capacity building exercises. TUFHA was supported to conduct the 'Play for Life' program which focused on youths and young people to be peer motivators. TANGO was supported for Community Development Organization (CDO)

- **UNFPA**

Adolescent Reproductive Health Program was done with SPC. Funding application is made to look at proactive programs on family planning for the nurses. Support staff to do the Reproductive Health Training Program (RHTP) at the Fiji National University.

- **Global Fund Round 7**

Funds ART in Tuvalu. Setting up of HIV unit as well as supporting 2 FTE.

- **Response Fund**

To fund activities that is not covered by GF Round 7

- **IPPF**

Fund TUFHA for all HIV related diseases programs and train staff. Currently it is supporting TUFHA to obtain international accreditations.

- **FSIP**

Support development of HIV Workplace Policy

- **PIAF**

Provide technical assistance. Fund two HIV ambassadors to visit Tuvalu and publicly speak about their HIV status

- **RRRT**

Conduct training on legal rights and HIV. It funds public consultation on HIV policy and legislation.

Actions that need to be taken by Development Partners to ensure Achievement of Targets

The following actions are suggested that can be taken by developmental partners to achievement of targets;

- Regular contact with the country
- Support persons to visit the country at least three months before the consultant arrives for report writing
- Increase funding for preventive programs and capacity building
- Any other technical assistance requested by the country.

Monitoring and Evaluation Environment

Tuvalu does not have a Monitoring and Evaluation (M&E) Framework. Initial discussion has started on drafting an M&E. This will be based on the Pacific Regional Strategy on HIV and other STI's 2009-2013 (PRISP II MEF).¹⁰

PRSIP Reference/Type of indicator	Indicator
Goal	
Impact indicator 1	Percentage of women and men aged 10-24 who are HIV infected
Impact indicator 2	Percentage of infants born to HIV-infected mothers who are HIV-infected
Impact indicator 3	STI prevalence among pregnant women with a sexually transmissible infection (Chlamydia)
Impact indicator 4	Number of adults and children with HIV known to be on treatment 12 months after initiation of ART
Impact indicator 5	Evidence of people surveyed expressing accepting and caring attitudes towards people living with HIV: 1) Percentage of people who refuse casual contact with a PLHIV 2) Percentage of people who believe a person should be able to keep his/her HIV status private
Outcome indicators	
1.1	Percentage of young men and women aged 10-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
1.2	Percentage of pregnant women who know their HIV status
1.3	Percentage of male and female sex workers reporting condom use with most recent client
1.4	Percentage of units of blood collected from voluntary non-remunerated blood donors (VNRBD) in selected PICTs
1.5	Proportion of young people (aged 10-24) who have had sex while intoxicated during the preceding 12 months
1.6	Number of people by location trained in human rights and stigma and discrimination against HIV positive people
2.1	Percentage of sites providing HIV and STI counselling and testing that do so according to the Pacific minimum standards for VCCT Number of people who receive HIV testing and post-counselling services (including provision of results) as per Pacific minimum standards
2.2	Percentage of Level 2 laboratories in the region providing HIV confirmatory testing, CD4 cell count and viral load Percentage of laboratories in the region strengthened to provide Chlamydia and Gonorrhoea molecular testing
3.1	Evidence of systems of support for PLHIV
3.2	Percentage of STI cases (Chlamydia) treated among the total number of pregnant women tested positive for Chlamydia during antenatal care in a program year
3.3	Percentage of young people surveyed in selected PICTs with regular access to condoms and reproductive health info
3.4	Percentage of ARV and STI treatment sites (national and provincial hospitals) reporting no stock-outs of essential HIV and STI drugs (as per national treatment guidelines) lasting more than 14 days
4.1	Evidence of progress towards achieving the commitments in the Suva

¹⁰ Pacific Regional Strategy on HIV and other STI's 2009-2013 (PRISP II MEF)

	Declaration
4.2	Number of national health legislations and policy frameworks developed, drafted assessed or reassessed in relation to legal aspects of HIV and AIDS Percentage of PICTs that have a proactive, operational support network to provide human rights information to individuals
4.3	Evidence of GIPA at national and regional levels
5.1	Proportion of SGS surveys conducted, analysed & in budget each year Percentage of national programs that are implementing routine, high quality M&E activities according to a nationally coordinated multi-year M&E plan that forms part of the National Strategic Plan (NSP) Percentage of PICTs reporting against all PRSIP indicators relevant to their PICT
5.2	Evidence of regular information sharing between PRSIP partners Results of reviews and research/surveys on communication strategies of PRSIP partners
6.1	Percentage of PICTs that develop an annual activity plan on HIV and STIs each year Percentage of PICTs that have been supported through PRSIP partners to monitor and evaluate their National Strategic Plan; type of support provided
6.2	Evidence of a high-level governance mechanism in place and effective
6.3	Evidence of improved networking of PRSIP, government, CSOs and faith-based organizations with regards to HIV and STIs
6.4	Evidence of continuous and proactive monitoring of PRSIP grants Percentage of HIV and STI funds expended out of total funds allocated

Table 7: PRISP II MEF Goal and Outcome Indicators

Technical assistance is needed to prepare the M&E Framework and to do training for staff on M&E.

ANNEX 1: Consultation/Preparation Process for the Country Report on GARP

TUNAC was involved in the consultation and preparation for the country report on monitoring the progress towards the implementation of the 2011 Declaration of Commitment on HIV/AIDS.

Its members include;

1. Tuvalu Overseas Seamen's Union (TOSU)
2. Ministry of Health (MoH)
3. Tuvalu Family Health Association (TUFHA)
4. Tuvalu Red Cross Society (TRCS)
5. Tuvalu Association of Non- Government Organizations (TANGO)
6. Ministry of Education
7. Dept of Women
8. National Council of Women
9. Faith Based Organizations - include SDA Church, EKT, Catholic and AOG
10. Tuvalu National Youth Council

In addition the following organizations were consulted:

- The Media
- The Tuvalu Police Department
- Tuvalu Central Statistics Department
- The Clerk Department
- Department of Economic, Planning and Budget

We would like to thank everyone who has contributed to the report writing process for the Global Aids Response Progress Reporting 2012.

ANNEX 2: National Commitments and Policy Instrument (NCPI)

2011 NCPI		Government	Non- Government
1	Strategy Planning Efforts in HIV	8	NA
2	Political Support and Leadership	6	NA
3	Prevention	6	8
4	Implementation of HIV Prevention programs	7	9
5	Treatment Care and Support	8	NA
6	HIV- related needs to orphans or vulnerable children	NA	NA
7	Monitoring and Evaluation	5	NA
8	Civil society involvement	NA	8
9	Policy, Law Regulations	NA	1
10	Human Rights Policies, Law and Regulations	NA	NA
	Total	40%	26%

NA – is not applicable

References

1. Tuvalu Millennium Development Goals Progress Report 2010/2011
2. Tuvalu National Strategic Plan for HIV/STI 2009 – 2013
3. 2008 Tuvalu Ministry of Health Annual Report
4. Global Aids Progress Reporting 2012
5. UNAIDS Terminology Guidelines (2011)
6. Tuvalu Government Household and Income Expenditure 2010 Report
7. Pacific Regional Strategy on HIV and other STIs 2009-13. Monitoring and Evaluation Framework Plan