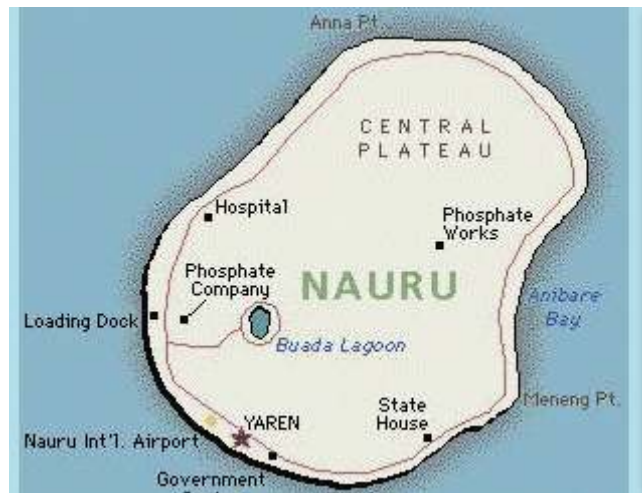


UNGASS COUNTRY PROGRESS REPORT 2010

Nauru

Reporting period: January 2008–December 2009



Submitted by Nauru UNGASS Taskforce

26 March 2010

Acronyms and Abbreviations

ANC	Antenatal clinic
ARV	Antiretroviral
BSS	Behavioural surveillance survey
CSO	Civil Society Organisation
CCM	Country Coordinating Mechanism
CRGA	Committee of Representatives of Governments and Administrations
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDU	Injecting drug user
IEC	Information, Education & Communication
IPPF	International Planned Parenthood Federation
KIT	Keep in touch
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MSM	Men who have sex with men
NASA	National AIDS spending assessment
NDHS	Nauru Demographic Health Survey
NCPI	National composite policy index
NCM	National coordinating mechanism
NGO	Non-governmental organisation
NZAID	New Zealand Agency for International Development
PIF	Pacific Islands Forum
PLWH	People living with HIV
PMTCT	Prevention of mother-to-child transmission
OSSHM	Oceania Society of Sexual Health Medicine
RONH	Republic of Nauru Hospital
SGS	Second-generation surveillance
STI	Sexually transmitted infection
SPC	Secretariat of the Pacific Community
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
VCCT	Voluntary confidential counselling and testing
WHO	World Health Organization

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II. Status at a glance

Nauru is a small nation with a population estimate of 9,570 (2008)¹ living on one island approximately 21 square kilometres in size. The size and scale of Nauru has had a critical impact upon its experience and response to the challenge of HIV/AIDS.

(a) the inclusiveness of the stakeholders in the report writing process

This report was compiled by the Nauru UNGASS Task Force coordinated by the Department of Public Health which is leading the HIV/AIDS programme response on Nauru. All members of UNGASS Task Force were actively involved in preparing and reviewing the report in its various drafts.

The data and commentary presented in this report was drawn from a diverse range of sources including (but not limited to): Department of Public Health, RON Hospital Laboratory and STI Clinic administrative and reporting data; Nauru's Demographic Health Survey (2007) and key informant interviews.

A Nauru UNGASS Task Force was set up in September 2009 to coordinate the reporting process. Two meetings were held to plan and coordinate data collection and reporting. The Task Force included members from the Department of Public Health (responsible for submitting the UNGASS report), Republic of Nauru Hospital staff, and representatives from the departments of Education, Police, Transport and Labour. Civil Society Organisations, including NGOs and Churches were also included².

Data was collected through key informant interviews. Interviews (some joint) were held with:

1. Dr Thant Zin, Director of Public Health, Ministry of Health
2. Zinnia Vada Grundler, Communicable Diseases Coordinator, Department of Public Health, Ministry of Health
3. Preston Itaia, Acting Director of Youth Affairs, Ministry of Education
4. Maria Waibeiya, Assistant Youth Officer, Youth Affairs, Ministry of Education
5. Jiosese Mailulu, Senior Laboratory Technician, Republic of Nauru Hospital
6. Roland Ange, Laboratory Technologist, Republic of Nauru Hospital
7. Simron Botelanga, VCCT Counsellor
8. Emmaline Caleb, Health Promotion in Schools Coordinator, Ministry of Education
9. Ann Hubert, General Secretary, Nauru National Youth Council
10. Camalus Reiyetsi, Senior Technical Services Officer, Nauru Fisheries and Marine Resources Authority
11. Norman Powell, Strategic Health Planner, Ministry of Health
12. David Dowiyogo, Health Planning Officer, Medical Records, Republic of Nauru Hospital
13. Asnath Bam, Assistant Officer in Charge, Medical Records, Republic of Nauru Hospital
14. Roxy Kepae, Data Clerk, Medical Records, Republic of Nauru Hospital
15. Julie Olsson, Coordinator, Nauru Island Association of NGOs
16. Gemma Adam, Secretary, Nauru Island Association of NGOs

¹ SPC Pacific Island Population Estimates 2000 to 2015

² A full list of Nauru UNGASS Task Force members is included in an Appendix

Two reporting workshops were held; one with government officials, one with civil society and community based organizations. The workshops provided a forum for each sector to discuss and complete the National Composite Policy Index questionnaires. The draft UNGASS report findings were also considered and validated.

(b) the status of the epidemic

Nauru currently has no identified cases of HIV or AIDS. Historically it has had two cases of HIV infected people; both over ten years ago.³ The profile of Nauru's national response to HIV/AIDS is thus one of surveillance with programme activity focused on prevention awareness and improved testing. The context of this response is that Nauru has high levels of sexually transmitted infections (STIs) and its HIV efforts have been combined with programmes tackling STIs for most of the 2008 – 2009 reporting period. However, in the latter half of 2009, HIV activity has stepped up as a separate programme due to increased donor funding.

(c) the policy and programmatic response

At national level, the policy response to the challenges faced in HIV/AIDS is Nauru's *National Sustainable Development Plan (2005 - 2025)*. HIV/AIDS falls within the wider strategy of strengthening responsiveness and intervention on preventative and reproductive health.

The Ministry of Health has written a Health Strategy Plan (currently awaiting Ministerial sign off). This Plan aims to strengthen HIV/AIDS awareness programmes, increase education on condom use and improve training and delivery of HIV counseling.

Nauru's programmatic response is being led primarily by the Ministry of Health. HIV prevention and awareness programmes are being implemented and delivered by the Department of Public Health's Communicable Diseases Unit. The Republic of Nauru Hospital Laboratory delivers testing for HIV. The other government department involved in HIV efforts is the Ministry of Education through its Youth Affairs Department. Youth Affairs host Adolescent Sexual Health and HIV education as part of its learning delivery for out-of-school youth and school leavers. There is currently limited HIV involvement by other sectors, namely non-governmental organisations, community based organisations, churches and civil society more generally in the HIV/AIDS response.

Testing for HIV is primarily focused on antenatal clinic attendees, blood donors, and visa applicants but the Ministry for Health is keen to expand testing to wider coverage of the general population. There is one laboratory in Nauru that can test for HIV. The laboratory is part of the central Republic of Nauru Hospital (RONH). The laboratory can do only HIV Determine testing and any positives are sent to Australia for confirmation. To date, none of the results sent have been confirmed as positive.

There is currently no policy or programme readiness for HIV treatment, care and support as Nauru has no confirmed cases of HIV or AIDS.

³ These cases were reported as occurring in or around 1992 and 1999. The former, an expatriate worker was apparently deported and the latter (a foreign seafarer who had been brought ashore to Nauru due to illness) died on the island from AIDS related illnesses.

(d) Overview of UNGASS indicator data

Table 1: Overview of UNGASS Indicator Data – Nauru reporting on highlighted indicators

Indicators	Data	Data Collection Method/ Comments
National Commitment and Action		
Expenditures		
1. Domestic and international AIDS spending	Total funding of AUD\$247,457 for Jan 2008 – December 2009	Department of Health expenditure tracking
Policy Development and Implementation Status		
2. National Composite Policy Index	Completed by government agencies and civil society	Refer Annex 2
National Programmes		
3. Percentage of donated blood units screened for HIV in a quality assured manner	100% 179 blood units donated in 2009. 179 blood units screened for HIV in quality assured manner	RONH Blood laboratory
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy*	Not reporting	No HIV/AIDS case
5. Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	Not reporting	No mothers with HIV detected/No HIV/AIDS cases
6. Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV	Not reporting	No HIV/AIDS cases/ No TB/HIV cases
7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results	3.3% women 3.2% men	Nauru DHS 2007
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	No data available	See Section IV of this report for further detail
9. Percentage of most-at-risk populations reached with HIV/AIDS prevention programmes	No data available	See Section IV of this report for further detail
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	Not reporting	No orphaned or vulnerable children as no HIV/AIDS cases
11. Percentage of schools that	Coverage for primary schools: 0%	Ministry of

Indicators	Data	Data Collection Method/ Comments
provided life-skills based HIV/AIDS education within the last academic year	Coverage for secondary schools: 0%	Education data
Knowledge and Behaviour		
12. Current school attendance among orphans and among non-orphans aged 10–14*	Not reporting	No children have been orphaned by AIDS in Nauru
13. Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (comprehensive knowledge)*	13.3% of young women aged 15 -24 have comprehensive knowledge about HIV/AIDS. 9.6% of young men aged 15 -24 have comprehensive knowledge about HIV/AIDS.	Nauru DHS 2007
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	No data available	See Section IV of this report for further detail
15. Percentage of young women and men who have had sexual intercourse before the age of 15	14.8% of young women and 31.2% of young men aged 15 - 24 reported first sexual intercourse before the age of 15.	Nauru DHS 2007
16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	10.5% of women and 35.7% men aged 15 - 49 years had two or more partners in the last 12 months.	Nauru DHS 2007
17. Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	4.6% of women and 10.2% men aged 15-49 years had more than two partners and used condom at last sexual intercourse.	Nauru DHS 2007
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	Not reporting	No confirmed sex worker population
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Not reporting	Low incidence of MSM
20. Percentage of injecting drug users who reported using sterile injecting equipment the last time	Not reporting	No known injecting drug users in Nauru.

Indicators	Data	Data Collection Method/ Comments
they injected		
21. Percentage of injecting drug users who report the use of a condom at last sexual intercourse	Not reporting	No known injecting drug users in Nauru.
Impact		
22. Percentage of young women and men aged 15–24 who are HIV infected*	0% of antenatal clinic attendees aged 15-24 tested positive for HIV	RONH Laboratory data
23. Percentage of most-at-risk populations who are HIV infected	No data available for the most at risk population groups	See Section IV of this report for further detail
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Not Reporting	No cases of HIV/AIDS
25. Percentage of infants born to HIV infected mothers who are infected	Not reporting	No cases of HIV/AIDS

*Millennium Development Goal

III. Overview of the AIDS epidemic

As noted above, Nauru currently has no cases of HIV/AIDS and the last cases predate the reporting period 2008 - 2009. However, there are high levels of STIs, specifically, chlamydia, gonorrhoea and syphilis. The age group most affected is those aged 20 - 29 years (both male and female)⁴. Testing levels are higher for women than men, in all likelihood because of antenatal clinic screening. As noted elsewhere in the Pacific, the high levels of STIs in young people and pregnant women highlight the critical importance of awareness of sexually transmitted infections, including HIV/AIDS.⁵

The Nauru Demographic Health Survey found that young people aged 15 – 24 are particularly vulnerable: early sexual debut is common, particularly for young men; low levels of knowledge of reliable condom sources (46.8% women and 20% men aged 15 – 24 did not know a reliable condom source), and high levels of higher-risk sex⁶ (45.4% for women and 80% men) for young people aged 15 – 24. Particularly worrying is the low level of condom use for higher-risk sex with just 9.6% of young women and 16.7% young

⁴ Nauru Demographic Health Survey 2007 and RONH Laboratory testing data 2009

⁵ World Health Organisation 2006 Second Generation Surveys of HIV, other STIs and risk behaviours in 6 Pacific Island Countries (2004 – 2005).

⁶ Sexual intercourse with a partner who is neither a spouse nor living with the respondent.

men (aged 15 – 24) reporting having used a condom during last sexual intercourse. The percentage of young people having higher-risk sex is even greater for the 15 - 19 years cohort, with 70.2% women and 95.7% men engaging in this practice.⁷

Across the 15 – 49 years population, however, condom use is even lower among those men and women who report having more than two partners in the previous year (4.6% women and 10.2% men). 12.2% women and 36.4% men aged 25 – 49 reported engaging in higher-risk sex⁸ in the previous year. These trends highlight the need for successful prevention and awareness programmes across the whole population, with particular focus on young people. The programme response by the Ministry of Health has targeted young people (see Section IV).

There is only one facility for HIV testing on the island, the laboratory in the central hospital, Republic of Nauru Hospital (RONH). The laboratory can carry out HIV Determine testing, but not Serodia. Any results identified as positive are sent to Australia for confirmation. Currently, testing for HIV is focused on the following groups:

1. Antenatal clinic attendees (one central antenatal clinic on the island. 100% births on Nauru are planned for hospital delivery)
2. Blood donors. Blood donors are not contacted with the results of their test unless it is positive. There have been no confirmed positive results to date.
3. Visa applicants. This covers both expatriate workers seeking employment visas for Nauru and Nauruans applying to travel overseas, for example, on scholarships.
4. VCCT individuals

IV. National response to the AIDS epidemic

Nauru's programme response to the challenges of HIV prevention, knowledge and behavioural change is in early stages of development. National policy strategy and direction has not changed within the reporting period but from 2009 there has been more donor funding for HIV/AIDS. Programme activity has stepped up from mid-2009 with new funding support from the Global Fund to Fight Tuberculosis, Malaria and HIV/AIDS (GFTAM) and Secretariat of the Pacific Community's (SPC) Response Fund. There is a National Strategic Plan for HIV/STI 2009 – 2012 which outlines plans to:

1. Strengthen national capacity for HIV/STI, through increasing human resources, improving infrastructure (equipment, laboratory capacity), and scaling up training and staff capacity.
2. Strengthen policy & advocacy – reviewing national HIV/STI strategy, conducting advocacy with parliamentarians and churches and HIV/STI media awareness.
3. Improving prevention/control – clinical and promotional support for HIV/STI counselling, testing, treatment and care, school and youth programmes, behavioural change and communication initiatives, and peer education programmes.
4. Improving Monitoring & Evaluation – the Health Department will coordinate with other departments and Civil Society Organisations to monitor and supervise the HIV/STI programme.

⁷ Nauru DHS 2007

⁸ As footnote 5 above.

The National Strategic Plan for HIV/STI began in 2009 and many of the activities are just beginning to get underway. There is also a National Strategic Health Plan 2010 – 2015 which is in the process of going through Ministerial approval. The overall strategic aim is to increase HIV/AIDS awareness programmes and education on condom use, and to increase HIV counselling capacity and provision. Tackling STIs with a goal of 50% reduction in STIs is a parallel strategic aim.

However, while HIV/AIDS is a policy goal, it is not a priority due to Nauru's zero prevalence. Other, more critical health priorities such as non-communicable diseases, especially diabetes, and the infrastructure of the health system itself were cited as taking budget precedence. However, donor funding is the main source of money for HIV/AIDS prevention and awareness programmes and 2009 saw a significant increase of resourcing by the Global Fund programme and the SPC Response Fund going forward from 2010.

During the reporting period 2008 – 2009, there was no national coordinating body such as a National Aids Committee for the HIV/AIDS response. As such, there was no fully integrated multi-sectoral approach to HIV/AIDS. From 2010 there will be the Country Coordinating Mechanism (CCM) working to the Global Fund. Within the CCM there are working groups, including one for Adolescent Reproductive Health/HIV. The CCM will be the first multi-sectoral national HIV/AIDS working body.

Programme implementation 2008 - 2009:

There was very little HIV programme activity throughout 2008. Ongoing delivery of Adolescent Reproductive Health and HIV/STI education continued at the Department of Youth Affairs. Singular events included a one week awareness programme in the lead up to World AIDS Day 1 December 2008. During 2008 HIV education was delivered to individual patients in the STI clinic by two Public Health Nurses. Data for HIV antenatal testing, blood donor screening and VCCT testing in 2008 is unclear.

Some HIV prevention awareness activity was delivered to schools and workforces: voluntary peer educators from a previous Peer Education Programme did an HIV awareness workshop with the Nauru Port Authority following the distribution of SPC's 'Seafarers' Diaries' to the maritime workforce. In preparation for the 2009 Annual Operation Plan (Health), a risk mapping exercise⁹ was undertaken by HIV/STI staff from the Department of Public Health and District Primary Health Care Workers. This risk map identified vulnerable populations (young women aged 15 – 19 both in and out of school) who were targeted in the Annual Operation Plan 2009.

2009 saw a significant scaling up of HIV prevention activity delivered by the Department of Public Health and RON Hospital:

- January 2009 – Nauru secured five years funding from the Global Fund for HIV/AIDS
- In December 2009 Nauru secured three years funding from the SPC Response Fund for HIV/STI
- A Senior Laboratory Technician was appointed June 2009 with the aim of improving HIV monitoring and screening.

⁹ This exercise was supported with funding from the Pacific Regional HIV/AIDS Project, SPC.

- A HIV/STI Coordinator and two assistants were appointed in the Communicable Diseases Unit, Department of Public Health.
- The first Nauru VCCT counsellor qualified and two STI Nurses began a one year training in counselling, including HIV/STI.
- From January 2009 the HIV response has had a separate budget; prior to this, HIV was subsumed within the wider STI budget and programme delivery.
- In August 2009 the newly appointed HIV/STI Coordinator attended a regional Pacific HIV Workshop.
- Two staff training events in HIV/STI were held: HIV Continuity of Care & HIV/STI Case Management. Training included HIV prevention, Behavioural Communication and Change and an Introduction to Counselling for HIV Testing.

Programme delivery stepped up in mid-2009 with an expansion of prevention activities, specifically HIV education to the following groups: youth, community and students going overseas. HIV staff also joined the STI outreach programme and thus condom promotion in communities and HIV knowledge and behavioural change promotion also increased.

The Youth Peer Education programme funded by SPC Response Fund is a significant strengthening of Nauru's national response to HIV/AIDS. Although funding was secured in late 2009, fund transfer and activity has just begun in 2010. The Peer Education programme will recruit voluntary peer educators from the youth population in the fourteen districts of Nauru. The programme is also attempting to recruit volunteer educators from most-at-risk groups, including men who have sex with men (MSM) and sex workers¹⁰.

In November 2009, Nauru's Department of Public Health opened discussions with SPC about requesting assistance to undertake a Behavioural Surveillance Survey. This survey would, if undertaken, document verifiable knowledge and behavioural change following HIV/AIDS programme activity from 2008 onwards.

National Commitment and Action Indicators

Indicator 1: HIV/AIDS and STI Spending (AUD\$)

AIDS Spending Category	Domestic public funding		International funding		Domestic private funding (optional)	TOTAL FUNDING (Domestic + International)	
Prevention	2008	\$12,000	2008	\$10,952	None	2008	\$22,952
	2009	\$8,000	2009	\$4,672		2009	\$12,672
Care and treatment			2008	\$33,480	None	2008	\$33,480
			2009	\$34,484		2009	\$34,484

¹⁰ While there is no confirmed sex worker population on Nauru, anecdotal evidence suggests that there is informal exchange of alcohol or cigarettes for sex rather than formal prostitution.

AIDS Spending Category	Domestic public funding		International funding		Domestic private funding (optional)	TOTAL FUNDING (Domestic + International)	
Orphans and vulnerable children	N/A				None		
Programme management and administration strengthening	2008	\$30,000	2008	\$22,729	None	2008	\$52,729
	2009	\$54,000	2009	\$23,460		2009	\$77,460
Incentives for human resources	2008	-----	2008	-----	None	2008	-----
			-				
	2009	\$5,000	2009	\$8,680		2009	\$13,680
Social protection and social services (excluding orphans and vulnerable children)	N/A				None		
Enabling environment and community development	N/A				None		

AIDS Spending Category	Domestic public funding	International funding	Domestic private funding (optional)	TOTAL FUNDING (Domestic + International)
Research (excluding operations research included under programme management)	N/A		None	
2008 and 2009 TOTAL				2008 \$109,161 2009 \$138,296
COMBINED TOTAL	Domestic public funding 2008 \$42,000 2009 <u>\$67,000</u> \$109,000	International funding 2008 \$67,161 2009 <u>\$71,296</u> \$138,457		\$247,457

The table above indicates total spending for 2008 – 2009 for HIV and STI. As noted previously, Nauru expenditure tracking for the reporting period is unable to separate HIV spending from a combined HIV/STI total. This reflects that for most of the reporting period HIV efforts were combined with STI prevention and awareness programmes.

The figures show that total domestic expenditure 2008 – 2009 by the Government of Nauru on HIV and STI was AUD\$109,000. In comparison, international funding 2008 - 2009 totalled \$138,457. Combined domestic plus international expenditure comparison between 2008 and 2009 shows an increase; in 2008 total expenditure (domestic and international sources) was \$109,161 and in 2009 \$138,296.

Expenditure on HIV and STI has risen from 2008 to 2009, with proportionally most of the increase coming from the domestic budget (an increase of \$42,000 in 2008 to \$67,000 in 2009). International sources of expenditure rose from \$67,161 in 2008 to \$71,296 in 2009.

Indicator 2: Government HIV and AIDS Policies

The National Composite Policy Index questionnaire survey for government officials (Part A) was discussed and completed by a collective forum of eight representatives from government departments, Ministries and Parliament. Part B for civil society representatives was considered by a collective forum of fifteen members of civil society and community based organizations. There was also representation from one church.

Responses across both Parts A and B indicate that there has been no strong multi-sectoral response to HIV/AIDS to date in Nauru. However, the new National Health

Strategy Plan 2010 – 2015 (draft) represents a shift towards a multi-sectoral approach; involvement by the Ministries of Health, Women's Affairs and Education and Youth Affairs is planned. Additionally, from 2010 there is a new multi-sector national coordinating body for HIV/AIDS (the Global Fund Country Coordinating Mechanism) which has representation from Government Ministries (Health and Education), Police, Churches and government sponsored NGOs (National Women's Council, Nauru National Youth Council and the Nauru National Young Women's Council).

The survey results also indicate that Nauru's HIV response reflects its situation of zero prevalence for the last decade. Consequently, it is unsurprising that there has been no evaluation of HIV on Nauru's socioeconomic development, no review of national policies and laws and specific target groups such as national uniformed services. However, the survey indicates that the national response, for example the new draft National Health Strategy Plan, is becoming more strategic and coordinated.

Responses to Part B indicate the under developed nature of Nauru's Civil Society sector, and its limited involvement to date in the national response to HIV/AIDS. Only 2.3% of the 2008 HIV/STI budget (0% in 2009) was spent on activities implemented by civil society (Nauru National Youth Council, a government sponsored NGO). There is a Nauru Island Association of NGOs (NIANGO) with a membership of approximately eleven non-government organizations (NGOs). NIANGO was established in 1992. There are currently fifteen community organizations on Nauru and two main churches. To date none have been formally involved in planning or implementing the national HIV/AIDS response.

There was some uncertainty between government and civil society responses on laws, regulations or policies that protect vulnerable subpopulations against discrimination or present obstacles to effective HIV services for these populations. Lack of clarity and ambiguous knowledge exists around national laws, regulations and policies, especially in the civil society sector.

When rating HIV prevention efforts made nationally, civil society representatives rated efforts to implement HIV prevention programmes as lower (2 out of 10) than government representatives (7 out of 10).

National Programme Indicators 3 – 11

Indicator 3: Blood Safety

Percentage of donated blood units screened for HIV in a quality assured manner

100% of blood donated in Nauru in 2009 was screened for HIV in a quality assured manner. All blood is collected and screened by the RON Hospital Laboratory. 179 blood units were donated in 2009. Data for blood screening in 2008 is unclear and the improved data picture for 2009 reflects the capacity building of the Laboratory in 2009.

Indicator 7: HIV testing in the general population

Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results

The Nauru Demographic Health Survey (NDHS) 2007 indicates that 3.3% of women and 3.2% of men aged 15 – 49 were tested for HIV in the previous twelve months and received the results.

Capacity for HIV testing in Nauru has increased in the period following the 2007 NDHS. In Jan – Dec 2009 there were 463 individual HIV tests with results received in Nauru (RONH laboratory data). This figure excludes the 179 individual blood donors' HIV testing (core indicator 3). Without accurate census data for the adult (15 – 49 years) population of Nauru in 2009, this figure of 463 tests cannot be presented as a percentage, but it represents a higher overall level of testing coverage for the population based on a total population estimate of 9,570 (2008).¹¹

HIV Testing, Nauru January – December 2009

SEX/AGE	15-19 years	20-24 years	25-49 years	
MALE	28	43	106	
FEMALE	48	76	162	
TOTAL	76	119	268	TOTAL 463
Antenatal Clinic	15-24 years			
TOTAL	134			

The data reveals that across all ages (15 – 49 years) significantly more women than men are being tested and receiving the results. The proportion of antenatal tests overall probably accounts for this.

STI Clinic test data for 2009 indicates 0% HIV. STI prevalence overall was high with 35% women and 38% men testing positive for chlamydia. Of those who went on to also have a HIV test, none tested positive.¹² This higher risk population thus shows 0% prevalence of HIV to date.

Indicator 8: HIV Testing in Most-at-risk Populations

Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results.

There is currently no data on most-at-risk populations in Nauru. An informal profile of these populations as discussed in UNGASS reporting workshops is as follows:

- No known injecting drug users in Nauru.
- Low incidence of men who have sex with men
- Low incidence of payment for sexual intercourse. Nauru DHS 2007 identifies 2% of young men (25-29 years) who paid for sexual intercourse in the previous 12 months.

Seafarers and their families are a higher risk group identified in other Pacific island nations (for example Tuvalu). The extent to which this risk group is applicable to Nauru is undetermined; there has been no risk assessment done to date, but numbers of Nauruans working as international seafarers are low. There is, however, a group of young Nauruans who participate in the Pacific Islands Forum Fishing Agency Observer

¹¹ SPC Pacific Island Population Estimates 2000 to 2015

¹² STI Clinic data

Programme on other Pacific nations' fishing vessels. Nauruan participation in this Observer programme is overseen by the Nauru Fisheries and Marine Resources Authority. Maritime workers have received HIV awareness training in 2008 (see section **Programme Implementation 2008 - 2009** above). Prevention awareness is currently being scaled up on Nauru following the SPC Response Fund programme for Peer Education and this group will be considered for inclusion.

Indicator 9: Most-at-risk Populations: Prevention Programmes

Percentage of most-at-risk populations reached with HIV prevention programmes

There is currently no data on most-at-risk populations in Nauru. An informal profile of these populations as discussed in UNGASS reporting workshops is as follows:

- No known injecting drug users in Nauru
- Low incidence of men who have sex with men
- Low incidence of payment for sexual intercourse. Nauru DHS 2007 identifies 2% of young men (25-29 years) who paid for sexual intercourse in the previous 12 months).

Indicator 11: Life skills based HIV education in schools

Percentage of schools that provided life-skills based HIV/AIDS education within the last academic year

There are 5 schools covering primary and secondary education on Nauru¹³:

1. Yaren Primary School (Years 1 -3)
2. Aiwo Primary School (Years 4 – 6)
3. Kayser College (Years 1 – 6)
4. Nauru College (Years 7 – 9)
5. Nauru Secondary School (Years 10 – 12)

There have been no school surveys or education programme reviews to determine the coverage of life skills based HIV education in the Nauru education system. Key informant interviews with the Ministry of Education's Health Promotion in Schools Coordinator indicated that there is currently no regular curriculum delivery of life skills based HIV education in either primary or secondary schools. Life skills education covers livelihood skills such as fishing and weaving, life values/responsibilities and health, which does not currently include HIV awareness. There has been a one-off session of HIV/STI awareness with year 10 – 12 students in Nauru Secondary School in 2009. This was a one day programme delivered by Peer Educator staff from the Department of Public Health. HIV/STI education in schools is currently a very sensitive issue; for the 2009 session, parental permission had to be sought for each pupil. Public Health staff also ran awareness training in 2008 and 2009 with teachers from primary and secondary schools. Teacher training to deliver life skills based HIV education is an identified gap in curriculum delivery.

Out-of-school youth (age 17 – 34) attending the Department of Youth Affairs education service receive 10 hours of 'Adolescent Reproductive Health and HIV/AIDS Awareness' per semester. (1.25 hours per week for 8 week semester). Enrolment is limited to 30 places per semester however, with two semesters per calendar year.

Knowledge and Behaviour Indicators 12 - 21

¹³ In addition there are five Infant Schools and one Special Education school.

Indicator 13: Young People: Knowledge about HIV Prevention

Percentage of young people aged 15 – 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

UNGASS	Women 15 – 19 years	Women 20 – 24 years	Men 15 - 19 years	Men 20 - 24 years
Comprehensive knowledge	7.6%	18.4%	7.8%	11.5%
Reduce risk by sex with one uninfected monogamous partner	40.4%	48.7%	56.1%	70.9%
Reduce risk by using condom	40.1%	52.8%	48.5%	68%
A Healthy-looking person can have AIDS virus	41.2%	44%	36.4%	55.4%
Cannot be transmitted by mosquito bites	25.5%	35%	16.5%	28.9%
Cannot get HIV by sharing food	26.8%	44.6%	25.3%	34.6%
Cannot be transmitted by supernatural means	44%	46.8%	34%	64.4%

Overall, levels of comprehensive knowledge of HIV/AIDS (reducing risk through consistent use of condoms, having one uninfected faithful partner and rejecting common misperceptions about HIV transmission) are very low: 13.3% of young women and only 9.6% of young men aged 15 -24 have comprehensive knowledge about HIV/AIDS. For the very youngest cohort (15 – 19 years), the levels of comprehensive knowledge are even lower at 7.6% for young women and 7.8% for young men.

Although knowledge about HIV/AIDS prevention increases with age, figures for comprehensive knowledge in the 15 – 49 years population as a whole are not significantly higher. Just 16.9% of men and 18.3% of women aged 15 – 49 have a comprehensive knowledge about HIV/AIDS (Nauru Demographic Health Survey 2007). These low levels of knowledge continue to be a programme priority for the Department of Public Health, the government department leading Nauru's HIV response.

Indicator 14: Most-at-risk Populations: Knowledge about HIV Transmission Prevention
Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

There is currently no data on most-at-risk populations in Nauru. An informal profile of these populations as discussed in UNGASS reporting workshops is as follows:

- No known injecting drug users in Nauru.

- Low incidence of payment for sexual intercourse. Nauru DHS 2007 identifies 2% of young men (25-29 years) who paid for sexual intercourse in the previous 12 months)
- Low incidence of men who have sex with men.

Indicator 15: Sex before the age of 15

Percentage of young women and men aged 15 – 24 who have had sexual intercourse before the age of 15

UNGASS	Women 15 – 19 years	Women 20 – 24 years	Men 15 - 19 years	Men 20 - 24 years
	14.9%	14.8%	34.8%	27.6%

The age that young people initiate sexual activity has a significant impact on their HIV exposure risk. The 2007 NDHS indicates that a sizeable minority of young Nauruans, and young men in particular, have had first sexual intercourse before the age of 15.

Indicator 16: Higher-risk Sex

Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months

UNGASS	% of respondents who had sexual intercourse with 2 or more partners in the last 12 months
Women 15 – 19 years	28.5%
Women 20 – 24 years	10.2%
Women 25 – 49 years	7.3%
Men 15 - 19 years	49.5%
Men 20 - 24 years	55.9%
Men 25 – 49 years	26.5%

The above table depicts the numbers of Nauruan adults who report having two or more partners in the previous twelve months. Men report significantly higher numbers of sexual partners than women, across all age cohorts. The male 20 – 24 years age group shows a particularly high level of 55.9% men reporting two or more partners, while the highest concentration for multiple partners in the female population is the youngest cohort of 15 – 19 years (28.5%). While the percentages of women with two or more partners decreases as they get older, in young men, the percentage increases from the youngest cohort of 15 – 19 years (49.5%) to the next age cohort of 20 – 24 years (55.9%) before dropping to 26.5% from the age of 25.

Indicator 17: Condom use during higher-risk sex

*Percentage of women and men aged 15–49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse**

UNGASS**% of respondents who had sexual intercourse with more than 2 partners and who reported using a condom at last sexual intercourse**

Women 15 – 24 years	8.2%
Women 20 – 24 years	Not available
Women 25 – 49 years	Not available
Men 15 - 24 years	16.7%
Men 20 - 24 years	Not available
Men 25 – 49 years	Not available

The above table indicates that condom use during last sexual intercourse among young people aged 15 – 24 years with two or more partners is low, particularly for young women. The spread of HIV largely depends on unprotected sex among people with a high numbers of partnerships. The previous indicator (*Indicator 16: Higher-risk Sex*) detailed the prevalence of multiple partners in the Nauru adult population, and in particular among young men aged 15 – 24 years. This wide gap between risky sexual practice (53.3% of young men aged 15 – 24 years report having had two or more partners in the previous twelve months and 80% of young men aged 15 – 24 years reported higher-risk sex with a partner who was neither a spouse nor lived with respondent in the previous twelve months) and low condom use is a worrying trend for potential exposure to HIV on Nauru.

Impact Indicators 22 - 25*Indicator 22: Reduction in HIV prevalence**Percentage of young people aged 15–24 who are HIV infected**

0% of antenatal clinic attendees (aged 15 – 24) tested positive for HIV in 2008 and 2009 (RON Hospital data).

3.8% of women aged 15 – 24 years received HIV test during antenatal care in the previous two years (Nauru DHS 2007).

HIV Sentinel site data (RONH Laboratory) indicates 134 women aged 15 – 24 received a HIV test during antenatal care in 2009.

*Indicator 23: Most-at-risk Populations: Reduction in HIV Prevalence**Percentage of most-at-risk populations who are HIV infected*

There is currently no data on most-at-risk populations in Nauru. An informal profile of these populations as discussed in UNGASS reporting workshops is as follows:

- Low incidence of men who have sex with men
- No known injecting drug users in Nauru.
- Low incidence of payment for sexual intercourse. Nauru DHS 2007 identifies 2% of young men (25-29 years) who paid for sexual intercourse in the previous 12 months)

Trend Analysis and Linkages

As this is the first time Nauru is reporting, trend analysis on key NCPI data is not possible. Future UNGASS reporting rounds plus a possible Behavioural Surveillance Survey will indicate the impact of current programme activity on verifiable knowledge, behavioural change and HIV prevalence. At present it is too early to report on programme impact.

It is clear from the data that Nauru's situation is characterized by very high levels of STIs (an average of 36.5% men and women testing positive for at least one STI in the latter half of 2009¹⁴) but zero prevalence of HIV to date. The Ministry of Health is aware of this anomalous association between HIV and STIs and is currently considering how it may be addressed.

V. Best practices

There have been significant steps forward in Nauru's HIV/AIDS response and, in particular, since 2009. The following were felt to be examples of achievement and best practice:

- In October 2009, Nauru achieved a centralized antenatal clinic service, resulting in easier access to all services for pregnant women. This has resulted in a higher number of antenatal HIV tests.
- There has also been an improvement in access to VCCT counselling, with funding secured for a dedicated counselling room scheduled to open March 2010. In addition, in 2009, VCCT counselling, previously solely located in the central hospital, has also gone out into the community for the first time via an outreach programme. Trained qualified VCCT counselling is also now available one day per week at the STI clinic.
- Other successes are an increase in the distribution of free condoms via Peer Educators.
- A successful collaboration between the Department of Public Health HIV Unit and the Nauru National Youth Council for a week of activity leading up to National Youth Day in 2009, including a 'Walk for Life' was also felt to be an example of best practice in promoting HIV awareness.
- There has been an increased effort at collaborative working between agencies involved in the HIV effort, and in particular, involvement from the youth sector as represented by the Nauru National Youth Council. In 2009 the Nauru National Youth Council ran an HIV/STI awareness campaign to coincide with two seasons of Australian League Football, culminating in a concentrated presence offering bi-lingual IEC materials, condoms and peer-to-peer information among spectators at the grand finals.

¹⁴ STI Clinic data

- For the first time in 2008, a Church organization was approached to collaborate with HIV efforts for World AIDS Day and a joint 'Carols by Candlelight' was held between the Presbyterian Church and the Nauru National Youth Council, with support from the HIV Unit, Department of Public Health.
- In 2009 staff from the HIV Unit, Department of Public Health and the Laboratory, RON Hospital collaborated to plan a community outreach programme aimed at increasing levels of testing in 2010.
- In 2009 Nauru appointed a Parliamentarian as HIV/AIDS Champion for the first time. This has had an impact on perceptions of positive Government support for HIV/AIDS efforts.

VI. Major challenges and remedial actions

Nauru is reporting for the first time on UNGASS Core Indicators in 2010.

Challenges faced throughout the reporting period (2008 -2009) that hindered the national response

Nauru's HIV/AIDS response is just building up following the recent programme implementations of mid-2009. Challenges faced during the reporting period overall include:

- Lack of trust in robustness of confidentiality principle
- HIV testing restricted by lack of trained VCCT counsellors (1 trained counsellor in Nauru working in voluntary capacity)
- Low levels of comprehensive knowledge of HIV risk reduction and transmission facts (generally younger men have lower comprehensive knowledge of HIV/AIDS than younger women under the age of 30. After 30 years of age this trend is reversed with men having higher levels of comprehensive knowledge)¹⁵
- Human resource capacity; there is high staff turnover and low capacity in the health care system in HIV/AIDS training
- Cultural sensitivity around public discussion of sex, particularly in schools
- Nauru Civil Society Organisation sector is underdeveloped and there has been very low involvement of CSOs in the HIV/AIDS response to date
- Producing high quality Information, Education and Communication material is difficult on Nauru due to lack of materials and equipment
- Restricted communication and transport continue to be underlying challenges to programme delivery.

Concrete remedial actions that are planned to ensure achievement of agreed UNGASS targets

Nauru's *National Sustainable Development Strategy (2005 – 2025)* aims to strengthen national response and intervention on preventative and reproductive health, with the short term milestone of mainstreaming Adolescent Sexual & Reproductive Health (ASRH) and HIV/AIDS and STI strategies by 2012.

Other planned remedial actions include:

¹⁵ Nauru Demographic Health Survey 2007

- The Department of Health is planning to extend testing to achieve wider coverage of general population from 2010 onwards.
- A new purpose build counselling room at RON Hospital is due for completion in March 2010.
- The SPC Response Fund has supported a Peer Education Programme which just started recruiting and training peer educators in February 2010. This programme aims to strengthen peer education in the community with a nominated Peer Educator for all fourteen districts in Nauru.
- Plans to implement radio and television public health messages are scheduled to go ahead in 2010. A new Media Liaison Officer has been appointed to coordinate with the Health Promotion Officer in order to achieve agreed fortnightly radio and television broadcasts and a fortnightly newspaper article.
- Nauru's National Health Service continues to be free to all Nauruans (there are no private medical services on the island).
- Staff training continues to be a priority.
- A second application to the SPC Response Fund made in late 2009 was approved in February 2010. This funding secures further support for the Peer Education Programme and will allow more programme promotion, including Information, Education and Communication materials. In addition, a new Peer Education M&E coordinator will be appointed. Recruitment to this post is anticipated in May 2010.
- Collaboration between the HIV/STI unit of the Department of Public Health and the RON Hospital Laboratory is planned later in 2010 for a community outreach programme aimed at increasing testing.

VII. Support from the country's development partners

Key support received from development partners

In 2009 the Global Fund approved funding support for five years to assist Nauru's national HIV/AIDS response. This represents an important scaling up of HIV activity. The Government of Nauru receives help from the Governments of Australia and Taiwan in direct central funding to support its government budgets. Indirect HIV development support is also received from the World Health Organisation which supports the RON Hospital in staff training and infrastructure. In 2008 UNESCO funded a National Nauru Youth Council HIV awareness programme. From 2010, the SPC Response Fund will provide support for HIV prevention through the Peer Education programme.

Actions that need to be taken by development partners to ensure achievement of the UNGASS targets

Further support needed from development partners to address Nauru's specific challenges to achieving UNGASS targets include the following areas:

Education

- Implement delivery of life skills based HIV education in primary and secondary school system
- Strengthen teacher capacity to deliver life skilled based HIV education in primary and secondary schools

Information, Education & Communication (IEC)

- Scale up HIV Prevention activity to universal coverage; current IEC targeted almost exclusively at youth (15 – 25)
- Implement media programmes to broadcast HIV awareness campaigns
- Support in-country ability to produce high quality IEC materials

HIV Programmes

- Improve communication, coordination and collaboration across sectors involved in HIV/AIDS response
- Increase capacity in VCCT; particularly female staff
- Improved telecommunication capacity for Communicable Diseases Unit staff would improve communication and programme efficiency. This is particularly pertinent given the increased activity levels planned for 2010
- Scaling up HIV Prevention activities to include targeting most-at-risk groups (MSM, Sex workers, IDU (latter undetermined if any))
- Consider seafarers' (foreign seafarers visiting Nauru and Nauruan seafarers working on foreign ships (including observers training on fishing ships programme coordinated by Nauru Fisheries and Marine Resources Authority) risk profile and target IEC as appropriate.
- Coordinate HIV testing with STI Clinic to offer 'one stop shop'; currently STI Clinic patients have to go to a second location (RONH) for blood tests – this involves 3 steps: seeing the doctor for a form, waiting to see a VCCT counsellor and finally going to the lab for the test. This has been identified as a deterrent especially for youths (15 – 25 years).

M&E

- Separate budget monitoring for HIV from STI/HIV budget
- Improve data coordination and institute regular KIT meetings between Communicable Diseases Unit and RONH Laboratory (and possibly Medical Records) on HIV monitoring and reporting data processes
- Separate HIV results from other haematology results from "General Check Up" tests when recording data on Medical Records system (RONH)
- Disaggregate data by sex and age (15 - 19), (20 – 24), (25 – 49) at point of collection.

Capacity Building

- HIV related Human Rights training for health staff to address confidentiality issue
- Strengthen staff capacity at department level and upwards for M&E (i.e. beyond programme based reporting)

Baseline data

- Improve the data picture for HIV/AIDS response with a Behavioural Surveillance Survey; this will also be able to show impact of programme activity on knowledge, attitude and practices from the data in the 2007 Nauru Demographic Health Survey.

VIII. Monitoring and evaluation environment

Overview of the current monitoring and evaluation system

There is no national monitoring and evaluation (M&E) unit for Nauru and M&E is carried out at individual department level. There is no national M&E committee or working group that coordinates M&E activities.

Less than 10% of the total HIV programme funding is budgeted for M&E. Baseline data used to scope and plan the HIV/AIDS programme response has been from the following sources:

1. STI Clinic data
2. RONH Blood Laboratory data
3. Nauru Demographic Health Survey 2007
4. 2008 risk mapping exercise conducted by HIV/STI unit and District Primary Health Care Workers

M&E systems for HIV and STI data have only recently been implemented in 2009. Data from the STI Clinic and Blood Laboratory are used to produce Quarterly Operational Reports for the Secretary of Health. Prior to this, data on HIV and STI was not reported separately but included in an overall Communicable Diseases report.

Beyond internal reporting to the Secretary for Health, current M&E systems for HIV/AIDS are programme based; quarterly reports of HIV testing data to the SPC Pacific Surveillance Network and six monthly reports to the Global Fund.

Challenges faced

The primary challenge to implementing a comprehensive M&E system is that of competing budgeting priorities and lack of human resource capacity.

Concrete Remedial Actions planned to overcome the challenges

The following remedial actions are planned:

- The Ministry of Health has draft plans for a National Health Information Council. This will coordinate all medical records and greatly improve access to health data for M&E purposes.
- There will be capacity building for staff and voluntary peer educators in the Peer Education programme starting February 2010. Voluntary peer educators will carry out on-site monitoring, using M&E guidelines from SPC.
- In mid-2010 further staff training in M&E for HIV/STI will be delivered (supported by the SPC Response Fund)
- Under SPC Response Fund support for the Youth Peer Education programme, a Coordinator for M&E will be appointed in 2010.

Need for M&E technical assistance and capacity building

Currently systems for M&E reporting are largely programme based and in response to international donor requirements (Global Fund and SPC Response Fund). There is an identified need to build capacity in M&E across government departments (for example between the HIV/STI Unit of Department of Public Health and RON Hospital Laboratory).

ANNEXES

ANNEX 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS
Please see attached document ('Annex 1')

ANNEX 2: National Composite Policy Index questionnaire
Please see attached documents ('Annex 2 Part A' and 'Annex 2 Part B')

Appendix

Members of the Nauru UNGASS Task Force 2009

1. Director of Public Health
2. Director of Medical Services
3. Director of Nursing
4. Health Education Officer
5. Public Health Specialist
6. Obstetric and Gynaecology Specialist/Maternity Clinic
7. Medical Officer (Communicable Disease and HIV/STI)
8. Communicable Disease and PHC Manager (Public Health)
9. Health Planning Officer
10. Lab Technician
11. VCCT Coordinator
12. NIANGO
13. Nauru National Youth Council
14. Nauru Congregational Church – Catholic Church
15. Representative from the Education Department
16. Police/Military
17. Transport/Labour Department
18. Communicable Diseases Coordinator