



Kingdom of Tonga

Country Progress Report

to the

United Nations General Assembly Special Session for Monitoring the Declaration of Commitment to HIV and AIDS

January 2008–December 2009

Prepared by the Country Coordinating Mechanism, Tonga

March 2010

FOREWORD

This report is an outcome of milestone efforts that put together towards the goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010. This submission highlights the country leading role in accomplishing the Declaration of commitment to HIV and AIDS, sealed in 2001. With this important consideration, Tonga is therefore joining the world in supporting the universal goal to halt and reverse the epidemic by 2015.

It is believed that valuable sources of data provided in this report about Tonga's UNGASS indicators, especially those relating to interventions will provide alternative perspectives on HIV and STI related issues in the future. Promoting 'prevention of HIV and STIs; treatment, care and support; enabling environment; effective monitoring and evaluation; and effective management and coordination' will remain the focus of health sector as well as national responses in Tonga.

With this significant achievement for Tonga, I therefore wish to express my gratitude to all who were involved in the various stages of developing this report. To all government organisations, non-government agencies, faith-based organisations, community based-organisations, regional, and international partners for their wholehearted support.

Malo 'aupito



Hon. Dr. Viliami Tau Tangi
Deputy Prime Minister and Minister for Health
Chairman Tonga Country Coordinating Mechanism

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ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Clinic
ART	Antiretroviral Treatment
AusAID	Australian Agency for International Development
CCM	Country Coordinating Mechanism
CDO	Capacity Development Organisation
CSO	Civil Society Organisations
GFTAM	Global Fund to fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSM	Men who have Sex with Men
NCPI	National Composite Policy Index
NGOs	Non Government Organisations
NSP	National Strategic Plan
NZAID	New Zealand Agency for International Development
PCSS	Pacific Counseling and Social Services
SGS	Second Generation Surveillance
SPC	Secretariat of the Pacific Community
STI	Sexual Transmitted Infections
TFHA	Tonga Family Health Association
UNAIDS	United Nations Joint Program on AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV AIDS
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organisation

I. Introduction

Background

The Kingdom of Tonga is located in the South Pacific Region, comprising 169 islands, 36 of them are inhabited. In Tonga 2006 Census, total population was estimated to number 101,991 (Tonga Statistics Department, 2008). Over 70% of the 101,991 inhabitants of the Kingdom of Tonga are in the main island, Tongatapu. Tonga Statistics Department (2008) has projected that by 2010, the population of Tonga will increase to 103,641. As the population increases, so too does the nation's attempt to reduce STIs and HIV in Tonga.

Despite the current stated low prevalence of HIV infection across most of the Pacific, Tonga considers the fact that it is critical to treat, care and support those known to be living with HIV and other STIs, while at the same time preventing its further transmission throughout the nation. This critical perspective is comparable with the purpose of this report. That is to reveal the country progress report on monitoring the United Nations General Assembly Special Session (UNGASS), adopted in 2001 at the Declaration of Commitment on HIV/AIDS in the States. It is believed that this country progress report will be a critical component of tracking national, regional, and global progress toward achieving the goals laid out in the Declaration.

It is the first time for Tonga to report its core indicators within the framework of UNAIDS guidelines and thus some shortcomings in the report are to be expected. In spite of any challenges emerged during the preparation process, the present report is expected to provide a general picture of HIV/AIDS situation in Tonga.

This report comprises eight sections, including this introductory part. Section two provides the status of HIV at a glance. Section three presents an overview of HIV situation. Section four describes national response to HIV. Section five explains some best practices of national responses. The major challenges and remedial actions throughout the reporting period that hindered the national response are described in section six. Section seven provides information on the support from the country's development partners, and then the report concludes in section eight with a brief description of M&E system.

II. Status at a glance

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

The development of UNGASS progress report for the Kingdom of Tonga began with key stakeholders' respond to the National Composite Policy Index (NCPI) questionnaire for both government and civil society organisations in September 2009. The results of that exercise, together with SGS survey findings (2008), and information from the Kingdom of Tonga National Strategic Plan (NSP) for HIV/STI, 2009 – 2013, formed the basis of this report. This development involved the active participation of various organisations (both government and NGOs), officials and executives. We wish to express our gratitude in this regard, in the outset. This report would not have been possible without their invaluable assistance.

Contributing Organisations

- Country Coordinating Mechanism
- Ministry of Health
- Ministry of Education, Women Affairs, and Culture
- Ministry of Training, Employment, Youth and Sport
- Tonga Family Health Association
- National Center for Women & Children
- Salvation Army
- Tonga Red Cross Society
- Tonga Leiti's Association
- Civil Society Forum of Tonga
- Crown Law Office
- Tonga Amateur Sport Association
- Tonga Football Association
- Free Church of Tonga
- Tonga National Youth Congress
- Broadcom

Core Team

- Mele Katea Paea: National HIV/STI Program Coordinator, Ministry of Health
- 'Amelia Tipaleli Hoponoa: CDO Coordinator, TFHA

(b) The status of HIV/AIDS:

The first recorded case of HIV in Tonga emerged in 1987. Since then, a total of 17 people have been reported as HIV-positive, with the most recent reported case in August 2008. Out of the seventeen, seven have since died; three have returned to their country of origin, two have returned to the USA, another migrated to New Zealand; and two people are living in Tonga. These two people are not anti-retroviral treatment. The key mode of transmission appears to be through unprotected sexual intercourse and the age group of those infected ranges from 15 to 44 years (NSP, 2009 - 2013).

The key funding sources for Tonga HIV programs are; the Global Fund to fight HIV and TB (Round 7 which is currently underway) and the Pacific Response Fund mainly from the Australian and New Zealand Government.

The core indicators for monitoring UNGASS progress are significant on four grounds; 1) helps to assess the effectiveness of national responses to HIV/AIDS, 2) forms the basis for monitoring trend of HIV/AIDS, related services and their outcomes, 3) reveals the level of nation's commitment to the UNGASS; and 4) express the relative situation of each country in the global responses to HIV/AIDS.

(c) The policy and programmatic response

The national HIV/STI policy is not in place at the moment but the Tonga National HIV and STI Treatment Core Team is currently in the process of producing one. Nevertheless, the Kingdom of Tonga National Strategic Plan for HIV and STIs, 2009 – 2013 is in place and this is the main tool for guiding the national responses to HIV.

This strategic plan covers five focus areas:

i) Prevention of HIV/STIs:

This focus area targets the dissemination of accurate information about HIV to the community, particularly the mode of transmission and the fact that HIV is 'everyone's business. Some of the initiatives regarding HIV/STIs prevention including youth prevention programs, peer education, condom campaigns, counseling services, family life education program, and others.

ii) Treatment, Care and Support:

This focus area aims to strengthen the capacity of health workers and health facilities in delivering appropriate HIV/STI services to the public including testing, counseling, treatment, and supporting people living with HIV/AIDS. The key actions to accomplish this focus area include provision of communication behavioral materials, training health care personnel and stakeholders on VCCT, establishment VCCT sites, availability and access of drugs and test kits supplies for STI care and management, establishment of National HIV/STI Treatment Core Team, provide treatment services for STI cases, and installment of chlamydia and gonorrhoea testing machine at the main hospital.

iii) Creating enabling environment:

This focus area emphasises the need to create an enabling environment for most at-risks population such as MSM, pregnant women, sex workers, men and women in uniform, seafarers, deportees, and school dropouts to reduce vulnerability to HIV/STIs. The development of capacity building through partnerships with key stakeholders, maintaining human rights, and disseminating information to key stakeholders were among the key strategies set to address this focus area.

iv) Monitoring and evaluation:

Monitoring and evaluation intends to strengthen and support the national process of collecting, reporting, and disseminating HIV/STIs data to national key stakeholders, regional organisations, and international partners for intervention purposes.

v) Management and coordination:

This focus area emphasises the important to enhance management and coordination of national responses to HIV/STIs. It is expected that more effective and collaborative leadership of HIV/STI responses in Tonga will lead to smoother governance system, reporting system, advocacy, and networking. Thus, provision of financial assistance to strengthen human resources capacity under Global Fund Round 7 and Response Fund are among the achieved actions for this key focus area.

It is also worthwhile noting that under the reporting system for Global Fund Round 7 HIV programs, Tonga is responding to several programmatic indicators on a sixth monthly basis. They are:

- Number and percentage of health facilities providing ART using CD4 monitoring in line with national guidelines, among total number of designated ART sites,
- Number of people who receive HIV counseling and testing (including provision of test results) as per Pacific minimum standards criteria,
- Number of people trained or retrained in the management of STI,
- Number and percentage of STI treatment sites (national and provincial hospitals) reporting no stock-outs of STI drugs (as per national treatment guidelines),
- Number of people tested for Chlamydia and Gonorrhoea using a high sensitivity assay each year,
- Number and percentage of laboratories strengthened to provide Chlamydia and Gonorrhoea molecular testing (including procurement of equipment and associated consumables), and
- Number and percentage of STI cases (Chlamydia) treated among the total number of pregnant women tested positive for Chlamydia during antenatal care (ANC) in a program year. [This indicator is cumulative annually.]

(d) UNGASS indicator data in an overview table.

National Commitment And Action Indicators	
1. Domestic and international AIDS spending by categories and financing sources	Total HIV Funding for Tongan Government Jan 2008-Dec 2009 - US\$520,229
2. National Composite Policy Index (Areas covered: prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	Refer Annexes
Indicators of National Programs	
3. Percentage of donated blood units screened for HIV in a quality assured manner	100% according to Ministry of Health laboratory officials.

4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	No one is on antiretroviral treatment.
5. Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission	No one is on treatment.
6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	Indicator relevant to Tonga but there is no HIV/TB co-infection 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	Source: SGS (2008) 1.8% of women and 3.6% men aged 15–24 who received an HIV test in the last 12 months and who know their results
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	Indicator relevant to Tonga but data not available. A MSM survey was done in 2008 through SGS program but report has not been ready.
9. Percentage of most-at-risk populations reached with HIV prevention programmes	Survey done but data yet to be made available.
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	Indicator relevant to Tonga but data not available.
11. Percentage of schools that provided life skills-based HIV education within the last academic year	6% of all high schools in Tonga provided life skills-based HIV education within the last academic year (Ministry of Education officials).
KNOWLEDGE AND BEHAVIOR INDICATORS	
12. Current school attendance among orphans and among non-orphans aged 10–14*	There are two children who are HIV negative and they attending school.
13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	Source: SGS (2008) 17.6% of men and 18.8% female aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.
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	Indicator relevant to Tonga but data not available

15. Percentage of young women and men who have had sexual intercourse before the age of 15	Source: SGS (2008) 0.9% of young male and 5.5% young female aged 15-24 who have had sexual intercourse before the age of 15.
16. Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	Source: SGS (2008) 18.5% of male and 9.7% female aged 15-24 who have had sexual intercourse with more than one sexual partner in the past 12 months. Equivalent to 28.2% of adults.
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	Source: SGS (2008) 22% of male and 18.8% female aged 15-24 who had more than one sexual partner in the past 12 months who report the use of a condom during their last sexual intercourse. Equivalent to 40.8% of adults.
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	Indicator relevant to Tonga but data not available
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Indicator relevant to Tonga but data not available
20. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	Not Applicable
21. Percentage of injecting drug users who report the use of a condom at last sexual intercourse	Not Applicable
IMPACT INDICATORS	
22. Percentage of young women and men aged 15-24 who are HIV infected*	Indicator relevant to Tonga but data not available
23. Percentage of most-at-risk populations who are HIV infected	Indicator relevant to Tonga but data not available
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Indicator relevant to Tonga but data not available
25. Percentage of infants born to HIV infected mothers who are infected.	Indicator relevant to Tonga but data not available

Table 1: UNGASS indicator data in an overview table

(e) Discussion of Indicators

NATIONAL COMMITMENT AND ACTION INDICATORS

1) Domestic and international AIDS spending by categories and financing sources:

Purpose

- To track national and international HIV/AIDS budget disbursed to Tonga HIV/STIs programs from 2008 - 2009 inclusively,
- To conduct a comparison of money available to Tonga during the reporting period to understand which categories to be strengthened in future interventions.

Source

Data collection was done through enquiries about expenditure from government, non-government, and funding agency officials. Value of HIV and STIs spending in Tonga during the reporting period is illustrated in Table 2 below.

Table 2: Value of spending and spending categories for Tonga HIV/STIs programs from 2008 – 2009

Spending Categories and specific activities funded	Funding sources: Public or international	2008 \$TOP	2009 \$TOP	Comments
1.Prevention 1.01 communication for social behavioral change 1.13 male condom provision 1.14 female condom provision 1.16 prevention, diagnosis, and treatment of STI 1.98 prevention activities not disaggregated by intervention	International	\$25,382	\$98,574	Majority was funded from international sources with only \$350 from the public in 2009.
2.Care and Treatment 2.01.05 Specific HIV-related laboratory monitoring 2.01.98 Outpatient care services not disaggregated by intervention	International	\$195,457	\$197,422	Assistance for HIV/STI drugs here may not reflect drugs available from the public through MOH
4. Program Management and Administration Strengthening 4.01 Planning, coordination and programme management 4.02 Administration and transaction costs associated with managing and disbursing funds 4.03 Monitoring and evaluation	International and publics	\$28,500	\$60,770	Public assistance was in 2009 only, an amount of \$3,200TOP.
5. Human Resources 5.01 Monetary incentives for human resources 5.03 Training	International and publics	\$72,603	\$172,721	Public fund had the highest spending in 2009. That is about 79% of the total TOP spending in 2009.
7. Enabling Environment 7.01 Advocacy	International	\$76,495	\$60,511	
	TOTAL	\$398,437	\$589,998	\$988,435¹

¹ Equivalent to \$520,229USD

Overall, Table 2 indicates that Tonga spending on HIV/STIs activities during the reporting period increased from 2008 to 2009 by about 2% which illustrates the increasing care and support to protect the nation from these diseases. The leading spending category in 2008-2009 was on 'care and treatment' which is about 40% of total spending for the two years. The second highest spending category is 'human resources', about 25%. This result highlights the significant contribution by human resources to all aspects of HIV preventions. The category for HIV 'program management and administration strengthening' had the least spending of about 9%.

It should be noted that the amount of total spending in Table 2 above may not reflect the total spending on Tonga HIV/STIs programs from 2008 - 2009 due to the limitation of data collection method. Since the collection of data for Table 2 was conducted mainly through personal enquiries, other financial information may not be included.

2) National Composite Policy Index:

The answers to the National Composite Policy Index's (NCPI) categories were taken from respondents' data on NCPI questionnaires for both government and non-government organisations.

(a) National Strategic Plan for HIV and STIs, 2009 - 2013 (NSP)

The current NSP is considered the national multi-sectoral strategy for HIV and STIs and as discussed in II (c) above, it has five focus areas: prevention of HIV and STIs; Treatment, Care and Support; Creating an enabling environment; Monitoring and Evaluation; and Management and Coordination.

It addresses HIV/STIs related issues for target population such as women and young girls, MSM, pregnant women, and others. It also considers full involvement and participation of civil society organisations although there is no budget allocation in the plan for NGOs in particular. Again, the plan has initiatives such as behavioral change communications and condom provisions to address HIV issues among national uniform services like police, military, and others. The Response Fund from NZAID and AUSAID supports the implementation stage of the current NSP. Overall, the country's strategy planning efforts in the HIV program was ranked '8' by participants where 0 represents 'very poor' strategy planning and 10 is 'excellent' planning.

(b) Political support

The support of high and other officials in publicising HIV efforts annually on Tonga World AIDS Day recognise their support to fight HIV and STIs in Tonga.

The country also has an officially recognised national coordination body called the Country Coordinating Mechanism (CCM). This is the core forum to promote interaction between government and non-government organisations to implement HIV strategies and programs. CCM provides technical support to key stakeholders, makes decision on proposals to be funded by external sources, enacts policies and strategies, and many others.

The political support for HIV programs during the reporting period was rated '8' by respondents, highlighting very good political supports on HIV activities. In the future, participants wish to see political leaders having more integration with the public and NGOs in supporting HIV related matters.

(c) Prevention

The promotion of Information, Education, and Communication (IEC) materials is one of prevention strategies which work well in Tonga knowing the fact that only one reported positive HIV case since 2007. Tonga IEC materials are financially supported by Global Fund and Response Fund. These IEC materials attempt to promote 'abstinent', 'faithful to partners', 'reduce number of sexual partners', 'use condoms consistently', 'engage in safe(r) sex', 'greater acceptance of people living with HIV', and significance to 'know your HIV status'.

The remaining challenges in this area include 'promotion of voluntary testing, friendly environment for people to come for testing, and social stigma'.

(d) Treatment, care and support

This is one of focus areas in the current NSP emphasising the country's commitment to HIV and STIs treatment, care, and support. Although antiretroviral treatment is not in place in Tonga at present, the majority of people in need have access to sexually transmitted infections management, HIV testing and counseling, STI drugs, STI treatment referral system, and others. The country have a policy for importing HIV/STI drugs, and have access to regional procurement and supply management for critical commodities such as antiretroviral, condoms, azithromycin, ciprofloxacin, ceftriaxone, and other STI drugs.

The key achievements during the reporting period included the establishment of the 'National HIV/STI Treatment Core Team' as the focal point for multiple cares of people living with HIV, and increasing test kit supplies from the region.

The efforts in the implementation of HIV treatment, care and support during the reporting period were ranked '8' by respondents while demanding for more coordination, reporting and recording of treatment data.

(e) Monitoring and Evaluation

The national M&E framework of the current NSP is in-progress and will be formalised soon to monitor and evaluate HIV/STI activities. Despite having no M&E system at present, the current HIV/STI activities in Tonga is monitored and evaluated by CCM in terms of prioritisation and linking activities to NSP, and how they are implemented. More technical assistance on M&E is needed.

(f) Human Rights

As reported by Crown Law office, Tonga has no specific laws; 1) to protect people living with HIV against discrimination, and 2) which specify protections for most-at-risk populations and other vulnerable subpopulations.

Although such laws have not been established, the country is supporting and involving most-at-risk populations and/or other vulnerable sub-populations in programme implementation. The current NSP also addresses human right issues such as ensuring to maintain confidentiality and privacy of people living with HIV.

(g) Civil Society Participation

Civil society institutions have played a significant role in advocacy for HIV programs. During the reporting period, civil societies in Tonga were involved in reviewing the current NSP, and drafting M&E framework. To strengthen their works in the field of HIV in Tonga, most civil societies need more financial support as well as more advocacy programs for leaders.

INDICATORS FOR NATIONAL PROGRAMS

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

In 2009, Tonga had a 100 percentage of donated blood units screened for HIV in a quality assured manner as reported by Ministry of Health officials. This is equivalent to 1888 (out of 4528 total tested) number of donated blood units screened for HIV in blood centres/blood screening laboratories that have both: (1) followed documented standard operating procedures and (2) participated in an external quality assurance scheme.

4) Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy:

Antiretroviral therapy is not currently provided in Tonga.

5) Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission:

Similar to indicator 4) above.

6) Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV:

Indicator relevant to Tonga but there is no HIV/TB co-infection 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:

A behavioral survey of sexual and other risk behaviors related to HIV and other STIs in 387 youth aged 15 – 24 years was conducted between May to June 2008 (SGS, 2008). A total of 387 youth including 165 females and 222 males from Tongatapu were recruited.

This SGS survey found 1.8% of women and 3.6% men aged 15-24 who received an HIV test in the last 12 months and who know the results. This finding highlights the need to strengthen national services on HIV pre and post test counseling. This limitation has been identified in various forums and reports during the reporting period and several initiatives have been identified in the current NSP to address the situation. These include more counseling and testing, provision of test results, and post-test counseling of positive HIV cases.

- 8) **Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results:**
Indicator relevant to Tonga but there was no data available. A MSM survey was done in 2008 through SGS program but finalised report is not yet ready.
- 9) **Percentage of most-at-risk populations reached with HIV prevention programmes:**
Similar to indicator 8) above.
- 10) **Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child:**
Indicator relevant to Tonga but there was no data available.
- 11) **Percentage of schools that provided life skills-based HIV education within the last academic year:**
According to Ministry of Education officials, only 2 government high schools were providing life skills-based education within the last academic year. This program is known as *life skills at the cross road* which include HIV/STIs and only available in Form 3 at Tonga High School and Tonga College. This is about 6% of all high schools in Tonga. Officials from Ministry of Education also mentioned that missionary schools have their own life skills-based education but they were invited to join in *life skills at the cross road*.

KNOWLEDGE AND BEHAVIOR INDICATORS

- 12) **Current school attendance among orphans and among non-orphans aged 10-14:**
There are two children who are HIV negative and they attending school.
- 13) **Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission:**
The 2008 SGS youth survey found 17.6% of men and 18.8% women aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. This indicator is also a Millennium Development Goal indicator (SGS, 2008).
- 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:**
Indicator relevant to Tonga but there was no data available.
- 15) **Percentage of young women and men who have had sexual intercourse before the age of 15:**
The study found 0.9% of men and 5.5% women had sexual intercourse before the age of 15 (SGS, 2008). This data shows that women under the age of 15 are vulnerable to sexual intercourse, which is a warning to the nation to raise public awareness about this situation and to increase prevention activities specifically to women under the age of 15.

16) Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months:

The SGS survey in 2008 found 18.5% men and 9.7% women had sexual intercourse with more than one partner in the last 12 months. This survey results show the need to increase HIV/STI prevention services for men.

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:

The study found 22% men and 18.8% women aged 15-24 who had more than one sexual partner in the past 12 months who report the use of a condom during their last sexual intercourse (SGS, 2008). This is equivalent to 40.8% of adults above the age of 15.

18) Percentage of female and male sex workers reporting the use of a condom with their most recent client:

Indicator relevant to Tonga but there was no study to support.

19) Percentage of men reporting the use of a condom the last time they had anal sex with a male partner:

Indicator relevant to Tonga but there was no data available.

20) Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected:

Considered not applicable to Tonga

21) Percentage of injecting drug users who report the use of a condom at last sexual intercourse:

Considered not applicable to Tonga.

IMPACT INDICATORS

22) Percentage of young women and men aged 15–24 who are HIV infected:

Indicator relevant to Tonga but there was no study to support.

23) Percentage of most-at-risk populations who are HIV infected:

Indicator relevant to Tonga but there was no study to support.

24) Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy:

No HIV patient had antiretroviral therapy in Tonga.

25) Percentage of infants born to HIV infected mothers who are infected:

Indicator relevant to Tonga but there was no data to support.

III. Overview of the HIV/AIDS situation

Bold steps have been taken in delivery and expansion of HIV and STI services throughout the country within 2008 - 2009. For instance, the Ministry of Health offers routine screening of HIV/STIs in ante natal mothers at first visit. This is an additional service to the normal screening of HIV on potential blood donors, those seeking visas for immigration purposes and overseas travel, and all medical examinations for residency and employment purposes.

Testing for HIV is available at the main hospital in Tongatapu, four hospitals in outer-islands, and Tonga Family Health Association (TFHA), with all tests referring to the main laboratory at Vaiola hospital. Identified cases of TB and other STI clients are also routinely screened for HIV. Testing is a requirement for seafarers and is offered on behalf of the Maritime school. TFHA also operates a clinic for sexual and reproductive health issues which includes STI management and treatment. All confirmatory tests are sent to the laboratory in Melbourne, Australia, which provides the service at no charge.

HIV data is routinely collected from the hospitals and TFHA, however, this data does not include any cases that may be diagnosed through private clinics and pharmacies or the outer islands where data is not routinely collected. Anti-retroviral treatment and STI drugs for gonorrhoea and chlamydia, funded through the GFATM, is accessed through the Fiji Pharmaceutical Services which plays a regional role in supplying these commodities to the Pacific nations. The treatment is released on request by the treating physician.

IV. National response to the HIV/AIDS situation

Prevention approach

A number of organisations and government partners have been involved in the response to HIV and STIs with the Ministry of Health taking the lead role as the government representative. As mentioned previously, some of the initiatives include youth prevention programmes, peer education, condom campaigns, VCCT and the introduction of a family life education program.

There are also programs that include advocacy on HIV and STIs during certain special events. Such events include: World AIDS Day activities, World Population Day, International Youth Day, Heilala Week, Miss Galaxy, and sport competitions.

Despite the availability of both male and female condoms in the hospitals, studies show that there is low condom usage and there needs to be more effort to address this. There is a need to look at cultural, gender, religious and personal objections; ensure that different types of condoms are available, that supplies and distribution are stable and misconceptions are addressed. Increasing the use and distribution of condoms is essential. They need to be made available at different locations e.g. nightclubs, NGOs, community offices and private businesses. More health workers and peer educators can be engaged in condom distribution and ensuring different varieties of condoms are available.

The social context of HIV must be understood. There is widespread unemployment leading to poverty; an increase in the use of drugs, including alcohol and kava; and high levels of teenage pregnancy and STIs. Tourism in the outer islands, with the yachts and whale watchers could be a factor in STI transmission.

Recent surveys indicate there are still gaps in the knowledge of people on HIV and the mode of transmission. Although awareness programs have been carried out, there is still a need to deliver accurate information, with the messages being tailored to specific target groups. Accessibility needs to be established at the remote areas and outer islands. The adoption of safer sexual behaviors must be encouraged. The strategy needs to encompass and manage the views across the Tonga population and to respect cultural, religious, and secular views and beliefs.

Although culture can be a barrier to preventing open discussion of sexual practices, it could also be an opportunity to reach out to vulnerable groups with mobilisation of key community leaders. Attitudinal change is needed across the generations in order to tackle stigma and discrimination.

The Ministry of Education is introducing family education into the secondary school curriculum.

Young girls are reaching menarche at an earlier age and recent studies show that young people are becoming sexually active at a younger age. Hence, there is need to equip them with necessary skills to negotiate when faced with difficult situations. With more than 90% of children, attending school at some stage of their lives, introduction of the family education will also allow discussion on violence against women, as well as open communication among students and teachers about sexuality and the reproductive health needs of young people. This should go hand in hand with professional teacher development including gender sensitisation; as currently lack the confidence and knowledge to teach sexuality issues effectively.

Four people were recently trained in VCCT in Fiji and there is still a need to train more to enable more voluntary testing. A national two weeks VCCT training was conducted in 2009 with similar training planned on an annual basis.

Peer education is an approach that has been shown to work, especially in reaching out to vulnerable and at risk populations in the prevention of HIV. This has occurred in Tonga with the AHD Project, coordinated through TFHA and support from SPC. This approach should be expanded with training and recruitment of more peer educators from at risk populations, ensuring that there is equal representation of females and males. The TNYC has a peer education program which has branched out into the outer islands.

Tongans are highly mobile people, both nationally and internationally and strategies need to address how mobility can put them at risk of contracting STIs or HIV. Additional strategies to address prevention of HIV in the other modes of transmission include safer blood supply, safer tattooing practices and prevention of mother-to-child transmission.

Treatment, Care and Support

HIV testing is available at all of the hospitals in Tonga and on average carries out 3000 tests each year. Positive specimens are referred for confirmatory testing at reference laboratories in New Zealand or Australia. Provider initiated testing and voluntary testing is offered to the general public and to pregnant women in antenatal clinics, TB and STI clinics. TFHA is the only NGO that conducts STI specific clinics concentrating in Tongatapu and Vava'u.

Although the number of people tested remains low, surveys show high rates of STIs, particularly among the young. The 2004 SGS survey showed rates of chlamydia in pregnant women as 14.5% with 12.8% in the 2008 survey. If this is used as a proxy indicator for the general population, it suggests there could be a potential 3000-4000 undiagnosed cases in the broader population.

Knowledge and behavior change

According to the report of an independent Commission on AIDS in the Pacific gender violence and gender inequality were the principal drivers behind the spread of AIDS. In its first report, "Turning the Tide: An OPEN Strategy for a response to AIDS in the Pacific", the Commission highlights the factors that are blocking the Pacific region's response and lays out the ways in which the diverse countries could protect their societies, cultures and economies from HIV.

While the overall number of people infected with HIV/AIDS is small, widespread of the disease could evolve. Women, for example, now made up 60 per cent of the people with HIV/AIDS and young women were becoming infected more quickly than the number of young men. It showed the importance of empowering women.

There is also the need for legislative protection for infected people, and vulnerable communities such as sex workers and men having sex with men, and expanded services for people who were at risk, such as unemployed youths.

V. Best practices

Leadership

The effective involvement of the chairman of the Country Coordinating Mechanism, Hon. Deputy Prime Minister and Minister for Health, Dr. Viliami Tangi, and active members of the committee in planning, making decision, and monitoring the HIV/STI activities have contributed to strengthen the nation's responses to HIV/STIs. CCM is the national coordinating body, at the policy level, for Tonga HIV and TB programs. This committee comprises members from government (Ministry of Health, Ministry of Finance and Planning, and Ministry of Education, Women Affairs, and Culture) and non-government organisations (Tonga Red Cross Society, Tonga Family Health Association, Salvation Army, Tonga National Youth Congress, Faith-based organisations, and Coordinator for Capacity Development Organisation). The CCM also have a sub-committee, specifically tasks with managing activities at operational level.

In 2009, CCM met four times to review the national strategic plan, make decisions on various proposals for funding agencies particularly Global Fund and Response Fund, consider HIV/STI reports from various key stakeholders, and other essential agendas.

Scale-up effective prevention programmes

Counseling is one of the scale-up effective prevention programmes, among others, happened during the period of reporting. The effectiveness on number of people who receive HIV counseling and testing as per Pacific minimum standards criteria was improved in the second half of 2009 (June - Dec 2009) at the 2 VCCT sites, Vaiola hospital and Tonga Family Health Association. This improvement was scaled-up by provision of in-country VCCT training in 2009, together with the PC&SS assessment of VCCT sites. These services include pre-counseling together with the provision of test results and post-test counseling of positive HIV cases (if any).

Scale-up of care, treatment and/or support programmes

The establishment of the National HIV/STI Treatment Core Team is one of best practices in Tonga during the period of reporting. In brief, the mission of this team is to provide quality, effective and sustainable services for all PLWH which is in line with Ministry of Health mission, "Making a Difference". This team will also act as the focal point for multiple care of all PLWH.

This team is taking the leading role in producing the national guidelines for ART and a national HIV/STI policy to put in place.

Another example of best practice in Tonga under this heading occurred when the Ministry of Health moved in 2009 to provide routine services for HIV (subject to clients' consent) and STIs (chlamydia, gonorrhoea, and syphilis) testing of all ante natal mothers first visit. This move has scaled-up the nation care and support for the people of Tonga, which will also provide crucial data for intervention activities.

Monitoring and evaluation

The technical support on monitoring and evaluation by SPC in 2009 was one of the best practices in monitoring and evaluation, which led to the formation of the monitoring and evaluation framework for Tonga NSP (2009 - 2013) although it has not been formalised. This framework should be ready to be used for monitoring and evaluation of all HIV/STI activities by late 2010.

The launching of the 'Kingdom of Tonga NSP for HIV/STI, 2009 - 2013' on Tonga 2009 World AIDS Day was another best practice under this heading. This is the tool that CCM uses for monitoring and evaluating national HIV/STI activities while the monitoring and evaluation framework is in progress.

Capacity building

The increase involvement of government commitment in building capacity of the National HIV program including the formation of the 'National Treatment Core Team for HIV and STI' in 2009 and initiative to produce HIV policy is one of the best capacity building practices.

By having the Response Fund as another major donor-financed program for capacity strengthening, this really makes a difference to the supporting environment. This program initiated the formation of the 'National Key Stakeholders' Committee for HIV/STI, comprises member from government, non-government, faith-based, media, and other organisations. Response Fund assistance through CDO coordinator is another major plan which enhanced capacity building services in Tonga.

The support by regional sources, international sources, and technical partners such as SPC, Global Fund, UNAIDS, UNFPA, among others also increase and this have contributed to build the capacity of national responses.

Infrastructure development

Global Fund supported programs on 'strengthening health facilities and human resources, improving access to HIV and STI drugs, provision of infrastructure and equipments including vehicle, and enhancing monitoring and evaluation has been one of the best practices in Tonga. This assistance is linking well with the Pacific Regional HIV Strategy's Key Focus Areas and the Kingdom of Tonga National Strategic Plan for HIV and STI, 2009 - 2013.

Laboratory at Vaiola hospital has been strengthened towards the end of 2008 with a BD Probe Tec machine to provide chlamydia and gonorrhoea testing. Procurement of associated consumables is also included.

VI. Major challenges and remedial actions

Challenges faced that hindered the national response:

- The absence of national HIV/STI policy,
- Services delivery to most-at-risk population such as MSM. The taboo associated with high-risk behavior causes difficulties to reach most-at-risk populations,
- Limited monitoring and evaluation activities. There is a need to enhance the process of collecting, analysing, reporting, and utilising HIV/STI data for interventions.

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

- The National HIV/STI Treatment Core Team began the process for producing Tonga national HIV policy in 2009,
- Plan to increase access and delivery of services to most-at-risk population. This need is emphasised in the current NSP for HIV and STIs,
- Ministry of Health is also planning to expand the routine testing of HIV and STIs in ante natal mothers to outer islands' hospitals in the second half of 2010,
- Technical assistance from SPC on M&E has been requested to conduct annually. At the national level, The National HIV/STI Treatment Core Team is currently working on an operational system to be implemented by key stakeholders with regards to recording and reporting HIV/STIs data at the national level. In addition to this, the M&E framework to assess the performance of the current NSP will be formalised in due course.

VII. Support from the country's development partners

Regional Partners

SPC: technical assistance on 'prevention; treatment, care, and support; monitoring and evaluation; and others'

PCSS: technical assistance on professional counseling on HIV and STI

International Sources

AUSAID and NZAID: Provide financial assistance to Tonga HIV/STI programs under 'Response Fund' mechanism, aiming at 'reducing the spread and impact of HIV and other STIs, while embracing people infected and affected by HIV. Tonga receives fund from Response Fund to implement its NSP (2009 - 2013), support capacity development, support community based organisations, and civil societies.

Global Fund: Global Fund is one of the major donor-finance programs for Tonga, strengthening the national responses to HIV/STI through funding of additional human resources, infrastructures and equipments, communication materials, technical assistance on confirmation of HIV specimens, monitoring and evaluation, lab consumables, STI drugs, and others.

UNFPA: During the reporting period, UNFPA assists Tonga with the provision of condoms and safe sex kits, development of STI treatment guideline for Tonga, training on case management, adolescent health program, and reproductive health program.

ADB: ADB was assisting Tonga with some lab consumables during the period of reporting.

WHO: WHO was one of sponsors for Tonga World AIDS Day in 2009, promoting prevention and public awareness about HIV/STIs.

UNAIDS: During the reporting period, UNAIDS was sponsoring the representative from Tonga to attend the 9th ICAAP on HIV in Bali, Indonesia. Additionally, UNAIDS was assisting the preliminary process of this UNGASS report.

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

- Informing Tonga to submit an UNGASS report in year 2010 was so late, as claimed by most key stakeholders in the workshop with UNAIDS on 2nd and 3rd September 2009. The necessity to provide sufficient time for Tonga to prepare this report was manifested in this workshop. The period from September 2009 to March 2010 is obviously not enough because there are also commitments to other funding agencies.
- To have more assistance from development partners to NGOs intervention activities such as faith-based organisations, community-based organisations, and most at risk groups.
- To allow flexibility in the funding policy from development partners to enable reshuffling of activities to meet changes and priorities of interventions in the context where HIV/STIs activities are implementing.
- Technical assistance on 'online system' for UNGASS submissions should have been strengthened in a very robust way, both electronically and personally. Additionally, financial assistance on 'in-country' consultations for validating and consolidating UNGASS data should have been made available to the reporting countries. Having limited support in this area really had effects on the reporting data.
- It may have been better if the government and civil society organisations' questionnaires were combined as a national questionnaire because questions are interrelated. For example, questions about 'human rights' were classified under civil societies' questionnaires but confirmation of answers for this specific heading was referred to Crown Law, Justice, and Ministry of Health.

VIII. Monitoring and evaluation environment

As mentioned above, Tonga is currently working on its monitoring and evaluation framework and further technical assistance will be needed.

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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

Which institutions/entities were responsible for filling out the indicator forms?

a) NAC	<u>Yes</u>	No
b) NAP	<u>Yes</u>	No
c) Others	<u>Yes</u>	No

With inputs from

Ministries:		
Health	<u>Yes</u>	No
Education	<u>Yes</u>	No
Others	<u>Yes</u>	No

Others include NGOs, Regional partners, and UN agencies

Was the report discussed in a large forum?	<u>Yes</u>	No
Are the survey results stored centrally?	<u>Yes</u>	No
Are data available for public consultation?	<u>Yes</u>	No

ANNEX 2: National Composite Policy Index questionnaires

ANNEX 3: National Expenditure Matrix, 2008 - 2009