

**UNGASS COUNTRY PROGRESS
REPORT
Republic of Vanuatu**

31 March 2010



LITMUS

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1. The Republic of Vanuatu

1.1 Geography

Vanuatu is a Y-shaped collection of 80 islands, 65 of these being inhabited. The country spans a distance of 1,100 km from the Torres Islands in the far north to the barren Matthew and Hunter Islands in the south. The island republic is divided into six Provinces:

1. Tafea
2. Shefa
3. Malampa
4. Penama
5. Torba
6. Sanma.

Chart 1: Map of Vanuatu



1.2 2009 census statistics

The census carried out from May to August 2009 officially recorded Vanuatu's population at 243,304. Population size by Province was as follows: Malampa (38,161); Shefa (37,969); Sanma (34,388); Tafea (33,301); Penama (31,852); and Torba (8,455). Most of Vanuatu's population are living in rural areas (75.68%). The average household size is 5.3.¹ (Source: 2009 Census Household Listing Counts supplied by Vanuatu National Statistics Office)

¹ Data was not available at the time of report drafting on the nation's age structure or income levels.



2. Status at a Glance

2.1 UNGASS Country Progress Report: Republic of Vanuatu

The 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS adopted by the United Nations General Assembly Special Session (UNGASS) are the guiding force of the global response on AIDS. Pacific Parliamentarians renewed this Declaration in Honiara in 2008. This is the second time Vanuatu has submitted a Country Progress Report to monitor the Declaration of Commitment to HIV/AIDS. The first Progress Report covered the period January 2004 to December 2005². This Progress Report covers the period January 2008 to December 2009.

The preparation of this report was led by the National AIDS Committee (NAC) with support from the Ministry of Health. NAC is grateful to the many stakeholders who contributed their expertise and time to develop this report³

2.2 Key findings

National commitment and action

In 2009, total AIDS spending was 102,558,657 vatu (1,114,768 USD). Given that Vanuatu has a low prevalence of HIV, prevention is the mainstay of the response. Funding largely came from international sources.

There has been some good progress in the development and implementation of national level HIV and AIDS policies. In 2006, the Minister of Health established the National AIDS Committee (NAC) to provide continuing leadership in the national response to the burden of HIV and STI.

In 2008, NAC with support from the Ministry of Health, WHO, and NGOs led the development of the National Strategic Plan for HIV & Sexually Transmitted Infections 2008-2012.

The National Strategic Plan has as an important component of building an enabling environment the review and revision of national policies, legislation and traditional laws that discriminate against vulnerable populations.

National programme

There have been a significant number of HIV & STI prevention activities undertaken during the reporting period that have targeted youth and women. By contrast, there has been less of a prevention focus on most-at-risk groups (e.g. sex workers, men who have sex with men and the armed forces) and rural populations. There has been extensive awareness raising and some behavioural change activities during the reporting period.

The demand for clinical and laboratory services is high and there is a need to strengthen existing services to meet required standards.

² Vanuatu did not submit a Progress Report for the period January 2006 to December 2007

³ See annex 1 for consultation/preparation process for this country report



Knowledge and behaviour

There is high awareness amongst youth and sex workers on ways to prevent the sexual transmission of HIV. However, there is relatively low rejection of major misconceptions of HIV transmission (e.g. through mosquito bites and sharing food), which could weaken motivations to adopt safer sexual behaviour.

However, approximately two in five (40.53%) people aged 15-24 years participated in the high risk activity of having sexual intercourse with more than one partner in the last 12 months.

Furthermore, approximately one in three female sex workers (32.84%) and 36.84% of men who have sex with men did not use a condom the last time they had sex with a client and anal sex, respectively.

The national response needs to continue to raise awareness and knowledge about HIV and STI and to implement innovative and engaging programmes to facilitate and reinforce behavioural change.

Impact

It is too soon to report on the extent to which the national programme has succeeded in reducing rates of HIV infection and its associated morbidity and mortality. It is promising that no new HIV cases were reported in the reporting period. The population of Vanuatu remains highly vulnerable to HIV infection and there is no room for complacency.



3. Overview of AIDS Epidemic

3.1 HIV in the Pacific region

The HIV epidemic is a major concern in the Pacific region despite the low prevalence of reported HIV infection (excluding Papua New Guinea). The HIV transmission rate in the Region is alarming, particularly in Papua New Guinea (PNG) and there are similarities and risk factors existing in other small islands countries including Vanuatu. Until the end of 2004, the cumulative HIV cases reported from 11 countries in the South Pacific Region (excluding PNG) was 1,028, including 394 at the AIDS stage and 394 deaths (Source: National Strategic Plan for HIV & STI 2008-2012).

3.2 Confirmed cases of HIV in Vanuatu

Since 2002, five people living in Vanuatu have been diagnosed with HIV (3 females and 2 males; 4 adults and 1 child under 15 years). All required HIV off-shore. During the reporting period January 2008 to December 2009, there have been **no** new confirmed cases of HIV. The last diagnosis of HIV was in 2007. (Source: Vila Central Hospital clinical records).

People living with HIV

Three people (all female; 2 adults and one child under 15 years) diagnosed with HIV are living with HIV. Two of these people (one adult and one child under 15) are currently on Antiretroviral Therapy (ART). The third person has just reached WHO Clinical Staging of ART and processes have started to enrol this person on ART.

AIDS deaths

Two people (both adult male) died from AIDS related complications in 2006 and 2007. They were not receiving ART as they were in the late stage of the illness.

Table 1: Total number of people diagnosed with HIV, PLWH and AIDS Deaths

Sex	Age	Total number diagnosed with HIV	Total number living with HIV	Total AIDS deaths
Female	Adult	2	2	-
	Child under 15 years	1	1	-
Male	Adult	2	-	2
	Child under 15 years	-	-	-
Total		5	3	2



3.3 Risk factors

The population in Vanuatu remains highly vulnerable to HIV infection with biological, behavioural and sexual indicators of risk. Major risk factors include:

- High risk behaviours including multiple sexual partners and tattooing
- High rate of Sexually Transmitted Infection (STI) combined with young age structure
- Increasing rates of internal migration leading to increasing hardship in urban centres
- Growing number of transactional sexual activities/practices such as exchange of goods, kava, beer, cigarettes, money for sex
- Increasing international travel for training, tourism, education, and family visits which poses a significant risk of acquiring infection overseas
- High population of young people, who because of their level of sexual activity and physiological development are at increased risk of HIV transmission
- Vanuatu's proximity to other Pacific nations with increasing prevalence to HIV
- Gender inequality which reduces women's ability to negotiate for safer sexual practices like use of condoms
- Cultural and religious values opposed to prevention methods of HIV, STI and other reproductive health services.

(Source: National Strategic Plan for HIV & STI 2008-2012).



4. National Response to the AIDS Epidemic

4.1 National AIDS Committee

In 2006, the Minister of Health established the National AIDS Committee (NAC) to provide continuing leadership in the national response to the burden of HIV and STI. NAC has three overall objectives:

1. To recommend, coordinate, facilitate and support strategies aimed at the **prevention** of HIV and STI
2. To recommend, coordinate, facilitate and support strategies aimed at the **management** of HIV and STI
3. To **monitor and evaluate** all recommended strategies in the national response to HIV and STI.

NAC has a composition of 17 members and is representative of organisations and individuals working at the forefront of the national response to HIV and STI. The composition includes three government ministries/departments, two development partners, two medical representatives, six civil society representatives, one PLWH, one legal representative, and two ex-officio members.

NAC has met quarterly since its inception.

(Source: Republic of Vanuatu, Terms of Reference for the National AIDS Committee)

4.2 National Strategic Plan for HIV & Sexually Transmitted Infections 2008-2012

NAC with support from the Ministry of Health, WHO, and NGOs led the development of the National Strategic Plan for HIV & Sexually Transmitted Infections 2008-2012 (National Strategic Plan). The development of the National Strategic Plan was funded by AusAID.

The National Strategic Plan's **goals** are to:

- Reduce the prevalence of STI in the Vanuatu population
- Prevent and minimise the spread of HIV infection in the Vanuatu population.



The National Strategic Plan has four major **objectives** as follows:

1. To reduce the community vulnerability to HIV and STI
2. To implement a comprehensive intervention of treatment, care and support for people infected and affected by HIV
3. To create a policy and social environment in which an effective HIV response can flourish
4. To manage and implement the National Plan effectively and efficiently.

Importantly, the National Strategic Plan includes indicators to measure the Plan's impact for the period from 2008 to 2012.

4.3 Programme resourcing

The following table provides a *best estimate* of domestic and international AIDS spending by financial resources for the last two years⁴.

In 2009, total AIDS spending was 102,558,657 vatu (1,114,768 USD), representing a 2.05% increase from the previous year. Given Vanuatu's developing nation status, funding largely came from international sources.

Table 2: Best estimate of domestic and international AIDS spending by financing sources 2008-2009

Funding Source	January to December 2008		January to December 2009	
	Vatu	USD	Vatu	USD
Domestic public (salaries and other overheads provided by the Republic of Vanuatu)	6,678,096vt	\$72,588	6,678,096vt	\$72,588
International funding (AusAID, HIV & STI Response Fund, Global Fund, UNICEF, WHO, UNAIDS, ADB, IPPF and NZAID)	93,818,856vt	\$1,019,770	95,880,561vt	\$1,042,180
Domestic private	-	-	-	-
Total	100,496,952vt	\$1,092,358	102,558,657vt	\$1,114,768

*Exchange rate: 92vt: 1USD as of 15 March 2010.

⁴: There is no central accounting code for the national response to HIV and STI. Financial data was sourced from annual work plans from the Ministry of Health's HIV and STI Unit and main NGOs. It is therefore a best estimate only



AIDS spending categories

Given that Vanuatu has a low prevalence of HIV, prevention has been the mainstay of the national response and is estimated to be the largest spending category.

Funding was also spent on treatment and care, programme management and administration, human resources, and building an enabling environment.

There was no spending on HIV and STI activities specifically to address the needs of orphans and vulnerable children during the reporting period. There is currently a Child Protection Bill before Parliament, and there has been the recent establishment of the Child's Desk at the Ministry of Justice. This infrastructure signals greater commitment and therefore potential for spending on orphans and vulnerable children in future. There is one child living with HIV who is living with her family and receiving on going care, support and follow-up via the national response.

There has been no social protection and social services specific to HIV funded in 2008 and 2009. However, people living with HIV can access mainstream social protection and social services.

Table 3: AIDS spending categories 2008-2009

The following activities were provided under each of the spending categories during the reporting period.

	January 2008 to December 2009
<i>Spending Category</i>	<i>Main activities</i>
1. Prevention (e.g. awareness raising, voluntary counselling and testing, blood safety, condom social marketing, behavioural change, prevention programmes targeting most-at-risk-groups)	<p><u>STI/HIV awareness talks/meetings/presentations:</u></p> <ul style="list-style-type: none"> – The Australia-Pacific Technical College (APTC) overseas students from PNG, Solomon Islands and Kiribati – APTC Vanuatu students – APTC engineering students before departing for further studies overseas – Big Bay Bush (NAC Grant) – B.P Born Area (NAC Grant) – Church organisations (various) – Efate Ring Road employees – Fanafo (NAC Grant) – Health centre/dispensary communities – Lakatoro Technical College – Luganville Presbyterian Church youth – Malo (NAC Grant) – Matevulu College – Mothers Union, Sarakata – Pango Village – Saint Michel College – Santo East communities and schools – Side River communities – South Santo (NAC Grant) – STC-IZA Foundation



	<ul style="list-style-type: none"> - STC-YOP Outreach Project - Vanuatu Teachers College - Vila North Kindergarten teachers - Women's Church Conference, Matevulu <p><u>Behavioural change:</u></p> <ul style="list-style-type: none"> - Stepping Stones programme - HIV/AIDS and STI forum for peer educators <p><u>Voluntary counselling and testing:</u></p> <ul style="list-style-type: none"> - Promotion of VCCT services at Norsup - Non government organisations provided voluntary confidential counselling and testing, STI treatment - STI treatment and counselling, family planning counselling and services, VCCT - VCCT site assessment - Prevention of Mother to Child Treatment and Care Provided - Antenatal treatment, care and support <p><u>Resource development:</u></p> <ul style="list-style-type: none"> - Ever thought of...brochures - Ever thought of.....posters - Facts About sex... hand pocket brochures - Posters, comic books, guide books, DVD's for adults and children (various) - Score...hand pocket brochures <p><u>Condom social marketing/distribution:</u></p> <ul style="list-style-type: none"> - Condom Social Marketing Programme - Condom promotion, VCCT, safe sex practices - Condom distribution in kava bars, night clubs, motels, guest houses, ships, petrol stations, etc - Condom distribution across the many islands in Vanuatu - Condom sales and distribution in shops - Score awareness & HIV& AIDS/STI awareness training - Maewo Island - Score awareness - Ngunga Island for pre-service training for VHW - Score awareness - Tubumae Centre <p><u>Other training/workshops/forums:</u></p> <ul style="list-style-type: none"> - Comprehensive STI management training for health workers - Counselling training for health workers and peer educators - Family planning, STI & HIV community workshop, Manples - HIV/AIDS forum for community leaders - Independence celebrations week - Labour Department workshop with other Government & NGO's to share ideas on topics to train people who are joining the Australia scheme - Malampa week HIV/AIDS awareness - Meeting with Australia consultants for health awareness with people that will join the Australia
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	<p>scheme at Labour Office</p> <ul style="list-style-type: none"> – Nurses and midwives workshop on the comprehensive management of STI – Peer education refresher training – Reproductive health and life skills training to teachers – Reproductive health training by VHFA to women and youth in Big Bay coastal – Teachers’ workshop on handling sexual reproductive health classes, South Malekula – Traditional healers training on HIV/STI – Training of good community mobilisation skills to Youth Outreach Project youth volunteers – Save the Children Rural Youth SRH Project stakeholder’s workshop – Positive parenting training <ul style="list-style-type: none"> – How to talk about AIDS to your children – Look after those who are the victim of HIV/AIDS – Help you, your family about STI – Counselling trainings – Blood testing programs – NGOs provided peer education/ community education, family planning, health education and condom distribution
<p>2. Care and treatment (including outpatient care and inpatient care for PLWH)</p>	<ul style="list-style-type: none"> – All main hospitals (Vila Central, Northern District, Norsup, Lolowai and Lenakel) provided clinical services care and treatment to all patients including HIV care and treatment. However, inbuilt within those hospitals are VCCT clinics which are up and running but do not meet essentials standards – ART for 2 PLWH – Ongoing care, support and monitoring for 5 PLWH
<p>3. Orphans and vulnerable children</p>	<ul style="list-style-type: none"> – No HIV/STI activities undertaken during the reporting period that focussed specifically on orphans and vulnerable children
<p>4. Programme management and administration (e.g. planning, coordination, management, administration, M & E, operational research)</p>	<p><u>Development of policies/plans:</u></p> <ul style="list-style-type: none"> – Development of PMTCT Guidelines and Policy – Development of draft M & E Plan <p><u>Scaling up of evidence-based guidelines:</u></p> <ul style="list-style-type: none"> – Scaling up of evidence-based guidelines for management of STI for nurses – Scaling up of evidence-based guidelines for management of STI for village health workers to facilitate referral for diagnosis and treatment <p><u>Support for meetings/information sharing/assessments:</u></p> <ul style="list-style-type: none"> – Support for Provincial HIV Committee meetings – Support for quarterly report sharing for stakeholders in Luganville (Provincial hospital, NCYC, VFHA, SCA, NCD, women’s associations, chiefs, church groups and Provincial and Municipal Councils) – Feedback to Secretary General, Provincial Health



	<p>Manager & Northern Director (Minutes & reports)</p> <ul style="list-style-type: none"> – Support for supervisory visits and assessment of VCCT and PMTCT sites in the Provinces <p><u>Surveys/mapping:</u></p> <ul style="list-style-type: none"> – Consultation meetings, mapping and survey implementation for MARA & MARYP – Conducting the Second Generation Surveillance Survey with SPC – Mapping sites to determine where, when and what training has been undertaken nationally to determine gaps and to avoid duplication of effort <p><u>Other programme management/administration:</u></p> <ul style="list-style-type: none"> – NAC Grant Scheme for provinces, communities, youth groups and women's groups – Upgrading of VCCT site
5. Human resources (e.g. workforce capacity, education, training and capability building)	<p><u>Workforce capacity/recruitment:</u></p> <ul style="list-style-type: none"> – Recruitment of Assistant National HIV/STI Coordinator – Recruitment of two Provincial HIV/STI Officers for Tafea and Shefa <p><u>Education/training/other capability building:</u></p> <ul style="list-style-type: none"> – Enhancement of staff skills in HIV/STI programming and management – Training for clinicians and laboratory staff on effective STI management and laboratory testing, respectively – Training Provinces on effective HIV/STI implementation, including data collection and monitoring
6. Social protection and social services	<ul style="list-style-type: none"> – No HIV/STI activities undertaken during the reporting period that focussed specifically on social protection and social services
7. Enabling environment (e.g. advocacy, human rights programming, gender equality, etc)	<p><u>Workshops/training/seminars:</u></p> <ul style="list-style-type: none"> – Four day training on HIV, human rights and the Law in partnership with Regional Rights Resource Team (RRRT) from SPC. Involved 20 mainly health workers from all six provinces (May 2009) – One day follow-up crash course in four provinces (Shefa, Sanma, Penama & Malampa), that targeted community leaders, chiefs, youth groups, women groups, church leaders and local police officers to respond effectively to HIV/STI issues with regards to human rights specifically for PLWH. 54 people attended <p><u>Inclusion of PLWH:</u></p> <ul style="list-style-type: none"> – Inclusion of PLWH in the planning and implementation of the national response – Supported advocacy activities undertaken by PLWH <p><u>Gender equality:</u></p> <ul style="list-style-type: none"> – Women and the girl child empowerment project on sexual reproductive health issues, specifically targeting women church leaders and girls of child bearing age



8. Non-operational research (e.g. biomedical research, clinical research, epidemiological research)	– No HIV/STI activities undertaken during the reporting period that focussed specifically on non-operational research
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4.4 UNGASS indicators

Vanuatu is reporting against 21 of the 25 UNGASS indicators. Two indicators have not been reported on because they are only applicable to high HIV-prevalence countries and two indicators, relating to injecting drug users have not been reported on as injecting drug use is not an established mode of HIV transmission in Vanuatu.

Every attempt has been made to input the available data against the indicators Vanuatu is reporting on. The data contained in this report provides a good overview of the effectiveness of the national response. However, in many cases, data has not been collated that allows for disaggregating by age and sex, most-at-risk groups, or the construction of composite indicators. This has meant that some or no data was available for some relevant indicators.



4.4.1 National commitment and action indicators

These two indicators focus on policy and the strategic and financial inputs for the prevention of the spread of HIV infection, the provision of treatment, care and support for people who are infected, and the mitigation of the social and economic consequences of high levels of morbidity and mortality due to AIDS.

Indicator		Indicator relevance	Indicator data	Data source
1	Domestic and international AIDS spending by categories and financing sources	Indicator relevant to country: Data entered	<p>In 2009, total AIDS spending was 102,558,657 vatu (1,114,768 USD), representing a 2.05% increase from the previous year. Given Vanuatu's developing nation status, funding largely came from international sources.</p> <p>Given that Vanuatu has a low prevalence of HIV, prevention has been the mainstay of the national response and is estimated to be the largest spending category.</p> <p>Funding was also spent on treatment and care, programme management and administration, human resources, and building an enabling environment.</p> <p>During the reporting period, no funding was spent on HIV/STI specific activities focussing on social protection and social services, orphans and vulnerable children or non-operational research.</p>	National AIDS Spending Assessment (NASA)
2	National Composite Policy Index (Progress in the development and implementation of national level HIV and AIDS policies, strategies and laws)	Indicator relevant to country: Data entered	<p>In 2006, the Minister of Health established the National AIDS Committee (NAC) to provide continuing leadership in the national response to the burden of HIV and STI.</p> <p>NAC with support from the Ministry of Health, WHO, and NGOs led the development of the National Strategic Plan for HIV & Sexually Transmitted Infections 2008-2012.</p> <p>A draft M & E Plan for the national response to HIV and STI was developed in 2009 (due to be finalised by May 2010).</p>	National Composite Policy Index (NCPI) questionnaire (Parts A and B)



4.4.2 National Programme Indicators

The following nine indicators capture programme outputs, coverage and outcomes, for example in preventing the transmission of HIV from mother to child, in providing treatment with ART for those in need, and or services to orphans and vulnerable children.

Indicator		Indicator relevance	Indicator data						Data source																																				
3	Percentage of donated blood units screened for HIV in a quality-assured manner	Indicator relevant to country: Data entered	<p>91.24% of donated blood units are screened for HIV in a quality-assured manner. The standard operating procedure used in Vanuatu is 'SOPs' and external quality assurance is undertaken by PPTC in Wellington, New Zealand.</p> <table border="1"> <thead> <tr> <th>Blood Centre</th> <th>Standard operating procedures</th> <th>External QA</th> <th>Donated blood</th> <th>Screened blood</th> <th>Blood screened in QA manner</th> </tr> </thead> <tbody> <tr> <td>Vila Central</td> <td>Yes</td> <td>Yes</td> <td>851</td> <td>851</td> <td>851</td> </tr> <tr> <td>Northern District</td> <td>Yes</td> <td>Yes</td> <td>201</td> <td>201</td> <td>201</td> </tr> <tr> <td>Lenakel</td> <td>Yes</td> <td>No</td> <td>92</td> <td>37</td> <td>0</td> </tr> <tr> <td>Norsup</td> <td>Yes</td> <td>No</td> <td>9</td> <td>9</td> <td>0</td> </tr> <tr> <td>Total</td> <td>4</td> <td>2</td> <td>1,153</td> <td>1,098</td> <td>1,052</td> </tr> </tbody> </table>						Blood Centre	Standard operating procedures	External QA	Donated blood	Screened blood	Blood screened in QA manner	Vila Central	Yes	Yes	851	851	851	Northern District	Yes	Yes	201	201	201	Lenakel	Yes	No	92	37	0	Norsup	Yes	No	9	9	0	Total	4	2	1,153	1,098	1,052	Vila Central Hospital/Lenakel Hospital/Northern District Hospital/Norsup Hospital Blood Screening Statistics
Blood Centre	Standard operating procedures	External QA	Donated blood	Screened blood	Blood screened in QA manner																																								
Vila Central	Yes	Yes	851	851	851																																								
Northern District	Yes	Yes	201	201	201																																								
Lenakel	Yes	No	92	37	0																																								
Norsup	Yes	No	9	9	0																																								
Total	4	2	1,153	1,098	1,052																																								
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Indicator relevant: Data entered	<p>100% of adults and children (1 female adult and 1 female child under 15 years) with advanced HIV infection were receiving ART in 2008 and 2009. As at March 2010, 1 female adult has reached WHO clinical staging of ART and is in the process of being enrolled on ART.</p>						Antiretroviral Therapy Clinical Records Vila Central Hospital																																				
5	Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Indicator relevant: No data available	<p>There were no known HIV-infected pregnant women in 2008 and 2009. In 2008, Vanuatu introduced voluntary testing for HIV in all antenatal clinics throughout the country.</p>						N/A																																				



Indicator		Indicator relevance	Indicator data	Data source
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	Indicator relevant: No data available	There were no people with advanced HIV infection who received antiretroviral combination therapy and who started on TB treatment during the reporting period.	N/A
7	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	Indicator relevant: Data entered	11.30% of people aged 15-24 years have received an HIV test and know their results (Females: 10.96%; Males: 11.61%). Note: data collected from Port Vila only, and sample possibly skewed to more at-risk youth (e.g. mobile, not in education or work). The above result reflects that only 12.62% (38 people) of people aged 15-24 years have ever had an HIV test (Females: 12.33%; Males: 12.90%). Of those who have had a HIV test, 89.47% have received the result of their latest test (Females: 88.89%; Males: 90.00%). There is no data available for people aged 25-49 years.	Second Generation Surveillance of Youth (2008) (to access the report refer to SPC website www.spc.int)
8	Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	Indicator relevant: Data entered	Data has not been collated that allows for the construction of the composite indicator. 11.94% of female sex workers have at some time received an HIV test and know their results. Data from the Second Generation Surveillance Survey for Youth has not been collated in a way to provide information on the percentage of men who have sex with men and injecting drug users who received an HIV test and know their results.	Vanuatu Female Sex Workers Survey (2007)
9	Percentage of most-at-risk populations reached with HIV prevention programmes	Indicator relevant: Data entered	Data has not been collated that allows for the construction of the composite indicator. 76.87% of female sex workers know where they can go if they wish to receive an HIV test. While not asked in the survey whether sex workers were given condoms, it is routine practice for health facilities to distribute condoms to sex workers. Data from the Second Generation Surveillance Survey for Youth has not been collated in a way to provide information on programme reach for men who have sex with men and injecting drug users.	Vanuatu Female Sex Workers Survey (2007)



Indicator		Indicator relevance	Indicator data	Data source
10	Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child	Subject matter relevant: Indicator not relevant	Vanuatu is a low HIV prevalent country and therefore this indicator is not relevant. There has been no spending on HIV and STI activities specifically to address the needs of orphans and vulnerable children during the reporting period. There is currently a Child Protection Bill before Parliament, and there has been the recent establishment of the Child's Desk at the Ministry of Justice. This infrastructure signals greater commitment and therefore spending on orphans and vulnerable children in future. There is one child living with HIV who is living with her family and receiving on going support, care and follow-up via the national response.	N/A
11	Percentage of schools that provided life-skills based HIV education in the last academic year	Indicator relevant: Data entered	7.8% of Vanuatu schools provided life skills based education in the last academic year	Adolescent Health Unit, Ministry of Health



4.4.3 Knowledge and behavioural indicators

The following 10 indicators cover a range of specific knowledge and behavioural outcomes, including accurate knowledge about HIV transmission, sexual behaviours, and school attendance among orphans.

Indicator		Indicator relevance	Indicator data	Data source												
12	Current school attendance among orphans and non-orphans aged 10-14	Indicator relevant: No data available	<p>No data is available on school attendance of orphans versus non – orphans.</p> <p>At an overall level, 73% of primary and secondary school aged children attended primary and secondary school. The rate is higher in urban (78.6%) than in rural areas. School attendance increased with household wealth status.</p> <p>Information provided by the Ministry of Education in March 2010 shows that school attendance is slightly higher for males than females aged 0-14.</p>	Multiple Indicator Cluster Survey, 2007 Ministry of Education data request												
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	Indicator relevant: Data entered	<p>While data has been collected on all five knowledge questions, it has not been collated in a way that allows for the construction of the composite indicator.</p> <p>There is high awareness amongst youth of most ways to prevent the sexual transmission of HIV and also high rejection of the major misconceptions of HIV transmission. However, 41.2% of youth believe that a person can get HIV from mosquito bites, which could weaken motivations to adopt safer sexual behaviour.</p> <table border="1"> <thead> <tr> <th>Correctly answer</th> <th>Total</th> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td>Q1: Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners</td> <td>75.75%</td> <td>70.55%</td> <td>80.65%</td> </tr> <tr> <td>Q2: Can a person reduce the risk of getting HIV by using a condom every time they have sex?</td> <td>83.72%</td> <td>84.93%</td> <td>82.58%</td> </tr> </tbody> </table>	Correctly answer	Total	Female	Male	Q1: Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners	75.75%	70.55%	80.65%	Q2: Can a person reduce the risk of getting HIV by using a condom every time they have sex?	83.72%	84.93%	82.58%	Second Generation Surveillance of Youth (2008)
Correctly answer	Total	Female	Male													
Q1: Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners	75.75%	70.55%	80.65%													
Q2: Can a person reduce the risk of getting HIV by using a condom every time they have sex?	83.72%	84.93%	82.58%													



Indicator		Indicator relevance	Indicator data			Data source												
			Q3: Can a healthy-looking person have HIV?	74.75%	82.88%	67.10%												
			Q4: Can a person get HIV from mosquito bites?	58.80%	67.81%	50.32%												
			Q5: Can a person get HIV by sharing food with someone who is infected?	68.11%	69.86%	66.45%												
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: Data entered	<p>Most-at-risk populations for UNGASS include sex workers, men who have sex with men and injecting drug users. The Police and armed forces are emerging as most-at-risk groups in Vanuatu, particularly those travelling on overseas missions. Sea-farers are also an emerging most-at-risk group for the country.</p> <p>While data has been collected on all five knowledge questions for UNGASS most-at-risk populations, it has not been collated in a way that allows for the construction of the composite indicator across the populations.</p> <p>Data across the five knowledge questions has only been collated in a way that allows analysis for sex workers.</p> <p>Like youth, there is high awareness amongst sex workers of ways to prevent the sexual transmission of HIV. However there is low rejection of major misconceptions of HIV transmission (mosquito bites and sharing food), which could weaken motivations to adopt safer sexual behaviour.</p> <table border="1"> <thead> <tr> <th>Correctly answer</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Q1: Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners</td> <td>77.52%</td> </tr> <tr> <td>Q2: Can a person reduce the risk of getting HIV by using a condom every time they have sex?</td> <td>71.32%</td> </tr> <tr> <td>Q3: Can a healthy-looking person have HIV?</td> <td>64.06%</td> </tr> <tr> <td>Q4: Can a person get HIV from mosquito bites?</td> <td>36.43%</td> </tr> <tr> <td>Q5: Can a person get HIV by sharing food with someone who is infected?</td> <td>48.84%</td> </tr> </tbody> </table>			Correctly answer	Female	Q1: Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners	77.52%	Q2: Can a person reduce the risk of getting HIV by using a condom every time they have sex?	71.32%	Q3: Can a healthy-looking person have HIV?	64.06%	Q4: Can a person get HIV from mosquito bites?	36.43%	Q5: Can a person get HIV by sharing food with someone who is infected?	48.84%	Vanuatu Female Sex Workers Survey (2007)
Correctly answer	Female																	
Q1: Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners	77.52%																	
Q2: Can a person reduce the risk of getting HIV by using a condom every time they have sex?	71.32%																	
Q3: Can a healthy-looking person have HIV?	64.06%																	
Q4: Can a person get HIV from mosquito bites?	36.43%																	
Q5: Can a person get HIV by sharing food with someone who is infected?	48.84%																	



Indicator		Indicator relevance	Indicator data	Data source
15	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Indicator relevant: No data available	The data was not collated in a way to inform this indicator. However, the mean age of first sexual intercourse for females was 17 years and for males was 16.7 years.	Second Generation Surveillance of Youth (2008)
16	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	Indicator relevant: Data entered	40.53% of people aged 15-24 have had sexual intercourse with more than one partner in the last 12 months (Females: 27.40%; Males: 52.90%). By contrast, 2.7% of antenatal women aged 25-39 have had sexual intercourse with more than one partner in the last 12 months. There is no data available for men aged 25-39.	Second Generation Surveillance of Youth (2008) Second Generation Surveillance of Antenatal Women (2008)
17	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	Indicator relevant: No data available	The data has not been collated in a way to construct this indicator.	N/A
18	Percentage of female and male sex workers reporting the use of a condom with their most recent client	Indicator relevant: Data entered	67.16% of female sex workers reported the use of a condom with their most recent client. There is no data on male sex worker condom use.	Vanuatu Female Sex Workers Survey (2007)
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Indicator relevant: Data entered	63.16% of men reporting the use of a condom the last time they had anal sex with a male partner. Note: the denominator for this indicator relates to the number of respondents who reported having had anal sex with a male partner in the last six months. However, data collected and entered is the number of respondents who reported having had anal sex with a male partner in the last 12 months.	Second Generation Surveillance of Youth (2008)



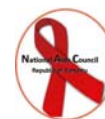
Indicator		Indicator relevance	Indicator data	Data source
20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	Subject matter relevant: Indicator not relevant	Injecting drug use is not an established mode of HIV transmission in Vanuatu and therefore this indicator is not relevant to the country. However, in the recent Second Generation Surveillance (SGS) Survey of Youth there is a potential concerning finding on the proportion of males who injected drugs, and the proportion of injecting drug users who shared needles and syringes. This data is not corroborated by other data sources and therefore has not been included in this report. The Ministry of Health will contact SPC to validate these findings.	N/A
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	Subject matter relevant: Indicator not relevant	Injecting drug use is not an established mode of HIV transmission in Vanuatu and therefore this indicator is not relevant to the country. See indicator 20 for comments regarding SGS indicative findings on injecting drug use amongst youth.	N/A



4.4.4 Impact indicators

The following four indicators focus on the extent to which national programme activities have succeeded in reducing rates of HIV infection and its associated morbidity and mortality.

Indicator		Indicator relevance	Indicator data	Data source
22	Percentage of young people aged 15-24 who are HIV-infected	Subject matter relevant: Indicator not relevant	This indicator is relevant to countries with generalised HIV epidemics. Vanuatu does not have a generalised HIV epidemic and therefore this indicator is not relevant to the country. However, no people in the 15-24 age group are known to be HIV-infected.	N/A
23	Percentage of most-at-risk populations who are HIV-infected	Indicator relevant: No data available	There is no data available to inform this indicator, as the size of most-at-risk populations (sex workers, men who have sex with men and injecting drug users) is not known. However, no people representing most-at-risk populations are known to be HIV-infected (Source: Vila Central clinical records). HIV testing of most-at-risk populations is voluntary and was implemented in 2006.	N/A
24	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Indicator relevant: No data available	No HIV-infected people initiated ART in the last 12 months. As at March 2010, one female adult has reached WHO clinical staging of ART and is in the process of being enrolled on ART.	Antiretroviral Therapy Patient Register
25	Percentage of infants born to HIV-infected mothers who are infected	Indicator relevant: No data available	There were no children born to HIV-infected mothers during the reporting period. While all three HIV-infected people are female, 2 are aged 40 and over and 1 is under 15 years.	N/A



5. Best Practice

The following case studies were selected by Vanuatu's NAC as examples of best practice.

5.1 Case study 1 - National AIDS Committee

In 1988, Vanuatu's National AIDS Committee (NAC) was formed, but remained largely inactive. In 2006, Vanuatu NAC was reactivated. The Terms of Reference were reviewed and new members appointed. The NAC now consists of Government and civil society members.

In the past four years, there has been a strengthening of the partnership between Government and civil society resulting in a multi-sectoral coordinated response to HIV/AIDS. NAC has developed a five year National Strategic Plan which aims to stop the transmission of HIV and other STI. The Plan clearly defines objectives and activities to be implemented by each of the partners to achieve this goal.

Using the National Strategic Plan, NAC seeks to mobilise funding for the joint implementation of activities by NGOs. NAC supports community-based organisations to implement community-based activities using NAC Grant funding.

NAC has started organising annual stakeholder meetings as a forum for all partners to share their programmes, achievements, challenges and reports, and to strengthen programme linkages.

5.2 Case Study 2 - Provincial HIV/STI Committees:

After the establishment and strengthening of NAC, provincial HIV/STI Committees were set up. The 'Provincial NACs' feed directly into the NAC and direct the provincial HIV/STI programmes, including resources. These Provincial Committees draw membership from a range of stakeholders and groups including (but not limited to) women, chiefs, churches, the Government, NGOs and community based organisations.

Monitoring of duplication of HIV/STI activities and services is a key role of the provincial committees. They also regulate awareness information and address the key cultural, social and religious barriers to HIV/AIDS awareness, and service provision and their use within their communities.



6. Major Challenges and Remedial Actions

6.1 Challenges faced throughout the reporting period that hindered the national response and UNGASS indicators

Challenges throughout the reporting period

A number of significant challenges impacted on the national response to HIV and STI during the reporting period. These challenges covered programme coordination, human resources, laboratory and clinical services, support supervision and training and condom distribution.

Programme coordination:

- Competing work commitments of NAC members
- Lack of allocated budget from Government to support the operation of NAC
- Lack of sound coordination between NAC and the Provincial HIV/AIDS Committees resulting in duplication of some prevention activities.

Human resources:

- Departure of National HIV/STI Coordinator and VSO HIV facilitator
- Only two fulltime staff members in HIV and STI Unit
- Assistant National HIV Coordinator in HIV and STI Unit is a non-technical person
- Four provinces (Malampa, Shefa, Torba, Penama) lack HIV/STI focal points
- Laboratory staff shortages at Vila Central Hospital
- Clinical staff shortages
- Dispensary staff shortages.

Laboratory services:

- Low take up of tests
- Limited opportunities to use technology hence difficulty in maintaining skill level
- Length of time required to run tests
- Logistical challenges for specimen transfer from outer Islands to Vila Central Hospital laboratory
- No refrigerators to store specimens in outer islands
- Lack of data collection tools.

Clinical services:

- Inadequate male involvement in PMTCT services/partner treatment
- Counselling services following the required standard only provided in main provincial hospitals
- Poor participation of rural people in VCCT and PMTCT, due to transport costs accessing services through main hospitals
- Key statistics not available, due to computer breakdown
- Some dispensaries not reporting to main offices



- Lack of testing facilities.
- Length of time to confirm results
- Lack of supporting documents e.g. check list for pre and post test counselling, risk assessment, etc
- Lack of availability of swab sticks
- Lack of sufficient I.E.C materials.

Support supervision:

- Lack of updated I.E.C materials at the majority of healthcare facilities
- Inconsistent supply of STI kits from pharmacies (sometimes they run out of stock forcing them to use the old chart to treat STI)
- Lack of updated statistics forms (even the old ones had missing information or had been incorrectly filled in)
- Lack of sufficient flow charts by the time new charts sent to healthcare facilities
- Lack of information sharing by nurses to other colleagues (e.g. nurse aids) who often assist in health education or help refer patients
- Lack of experienced peer educators in provinces
- Lack of sufficient I.E.C materials for communities to read and understand risks of HIV/AIDS/ time taken to produce IEC materials/ translation issues
- Lack of effective communications infrastructure – telephones/Internet.

Training:

- Lack of follow-up and support provided to participants who have undergone prevention training to ensure knowledge transfer.

Condom distribution:

- Religious and cultural barriers to condom distribution
- Lack of focal points where youth can easily access condoms
- Fear of accessing condoms from parents/relatives
- Youth not comfortable attending drop-in centres
- Nurses/other health providers not comfortable promoting condoms
- Lack of records in some hospital pharmacies (Norsup) to track condom distribution
- Shortage of condoms in rural areas.



6.2 Remedial actions planned for achievement of UNGASS indicators

The following remedial actions are planned for the next two years to enable the achievement of UNGASS indicators. These include building national capacity and coordinating mechanisms, strengthening laboratory testing and counselling and providing human rights training.

Building national capacity:

- Replace National HIV & STI Coordinator and VSO HIV Facilitator
- Engage technical support for new HIV & STI Unit
- Determine and engage focal points for Malampa, Shefa, Torba and Penama to facilitate effective planning and programme delivery.

National coordinating mechanisms – NAC

- Develop operational procedures with costed action plan to facilitate the strengthening of NAC
- Establish stand-alone secretariat for NAC and review the two Terms of Reference
- Source national funds to support the operation of NAC.

STI testing and treatment:

- Revise country strategy based on SPC's review of country situation. Consult with the Government to adopt recommendations relevant to Vanuatu
- Expand availability of STI testing programme to additional sites in outer islands
- Provide training to laboratory technician and medical staff on specimen collection, transfer, case management and referral mechanism/logistics
- Recruit additional laboratory officer to support STI testing based at Vila Central Hospital
- Purchase refrigerators for outer island clinics
- Introduce epidemiological treatment for Chlamydia to pre-natal women and their partner(s), including development of guidelines, training of staff, strengthening the management of the supply chain for STI drugs and other related commodities
- Gonorrhoea testing to be done through gram stain and culture. This will allow cost savings and also strengthen GASP.

Counselling:

- Roll out Pacific Essential Standards for counselling and testing to new sites
- Participate in the regional HIV validation testing to explore potential alternative confirmatory testing nationally
- Development of data collection tools.

Advocacy and community outreach activities:

- Scale up appropriate BCC interventions to facilitate behavioural change.



Human rights' training:

- Provide refresher training and onsite practical support to demonstrate the application of human rights knowledge and principles
- Develop a work plan and identify a monitoring mechanism to service providers (as part of the above training package)
- Develop three day training for the community and provide onsite practical support.

Transport:

- Identify and allocate a driver for the programme
- Provide maintenance for vehicle and boat.



7. Support from the Country's Development Partners

7.1 Key support received from development partners

Vanuatu received funding and technical assistance from a number of development partners throughout the reporting period, including AusAID, HIV & STI Response Fund, Global Fund, UNICEF, WHO, UNAIDS, ADB, IPPF and NZAID.

This support has enabled the country to provide the activities listed in section 4.3 of this report.

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

Actions required by development partners are to ensure their ongoing support via funding and technical assistance to implement the National Strategic Plan.



8. Monitoring and Evaluation Environment

8.1 Overview of current monitoring and evaluation system

Output 4.4 of The National Strategic Plan for HIV & Sexually Transmitted Infections 2008-2012 calls for 'one national monitoring and evaluation framework designed and implemented'. The following seven activities are required under output 4.4 of the National Strategic Plan:

1. Identify and recruit an M & E Officer by 2008
2. Devise a M & E Framework for the National Strategic Plan with clear indicators by 2008
3. Undertake a mid term review of the National Strategic Plan by 2010
4. Technical assistance to train the M & E Officer in the CRIS database by 2008
5. Develop a national database for sero and behavioural surveillance enabling regular review and analysis and trends in the epidemic by 2009
6. Provide M & E training for focal personnel at provincial level and NGOs by 2009
7. Develop and maintain a current map of all HIV response activities, incorporating the work of all players: government and non government agencies by 2009.

Progress on output 4.4 and associated activities has been poor. Most activities are dependent on the identification and recruitment of an M & E Officer for the national response. An application is currently with the Global Fund to fund a three year term for an M & E Officer from July 2010.

A draft M & E Plan was developed in November 2009 involving a range of stakeholders. Due to other reporting commitments this Plan has not been finalised. It is intended to be finalised in May 2010.

The mid-term review of the National Strategic Plan is planned for late 2010.

8.2 Challenges faced in the implementation of a comprehensive M & System

Vanuatu faces significant challenges in implementing a robust and effective M&E environment, in addition to not having a dedicated M & E Officer. These challenges include:

- There is no national M & E Unit, and therefore a lack of country capacity to implement M & E
- There is no mechanism in place to ensure major implementing partners submit their M and E data/reports
- There is no national M & E Committee that meets regularly to coordinate activities.



8.3 Remedial actions planned to overcome challenges

The remedial actions planned to overcome the challenges to M & E noted include finalising the draft M & E Plan, implementing the M & E Plan and recruiting an M & E Officer.

8.4 Requirements for M & E technical assistance and capacity-building

It is anticipated that Vanuatu will recruit a local person for the M & E role (once funding has been approved and released). Given the available M & E skills in-country, the person recruited into the role is likely to have received limited formal training in M & E. Therefore M & E technical assistance from development partners will still be required to support this person and the country in general in the national response to HIV & STI.



Annex

Annex 1: Consultation/preparation process for the country report

This UNGASS Country Report for Vanuatu was prepared in a participatory manner and engaged a range of stakeholders, including government agencies, civil society, development partners and PLWH.

A workshop was held with stakeholders at the Melanesian Hotel on 3 March 2010 to confirm the indicators that the country wished to report on and agree the process for gathering available data. A number of separate stakeholder meetings were also undertaken to gather and interpret further data.

Litmus Ltd provided technical assistance to NAC to draft the narrative report. The report was drafted in close collaboration with the Ministry of Health and Wan Smol Bag Theatre.

The narrative report was sent to stakeholders who participated in the workshop for their review and comment.

The final report was sent to UNAIDS Geneva on 31 March 2010.

UNGASS Stakeholder Workshop

Attendance List

	Name	Position	Organisation
1	Dunstan Tate	Executive Director	Vanuatu Family Health Association
2	Irene Malachi	Project Manager	IZA Foundation
3	Jameson Mokoroe	Finance Manager Adolescent Health	Ministry of Health
4	Joe Kalo	Development Coordinator	Ministry of Health
5	Junior George Pakoa	Laboratory Manager	Vila Central Hospital
6	Leslei Masinglow	Acting Director	Education Department
7	Marina Laklotal	National HIV/AIDS Coordinator	Ministry of Health
8	Moses Matovu	National HIV/AIDS Facilitator	Ministry of Health
9	Robson Joe	Provincial STI/HIV Officer	Shefa Provincial Health Office
10	Roslyn Authur	UNDP Officer	Unicef Office Port Vila
11	Toumelu Kalsakau	Oral Health Officer	Ministry of Health
12	Siula Bulu	Program Manager	Wan Smol Bag Theatre
13	Wilma Villar Kennedy	HIV Manager	Volunteer Services Overseas

