THE REPUBLIC OF VANUATU

MINISTRY OF HEALTH

DIRECTORATE OF PUBLIC HEALTH

National Strategic Plan for HIV and Sexually Transmitted Infections 2008-2012

This is a Multi-sectoral frame work for both Government departments and civil society organizations for the implementation of HIV and Sexually Transmitted infections in the country for 5 years.

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"With the spirit of compassion inherent in Vanuatu cultural and religious values and committed leadership, stop the spread of HIV and ***STIs*** by ensuring everyone receives the right information, has easy access to quality services, and the rights of people living with or affected by HIV are respected."

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Foreword

We're delighted and pleased to present the new National HIV and STI strategic plan 2008- 2012 for the Republic of Vanuatu.

HIV and STI is such a multifaceted and convoluted issue that will continue to be an on going challenge with potential diverstating impacts cutting across all sectors of life in Vanuatu and the region.

The completion of this national HIV and STI strategy is the culmination of many months of preparation and consultancies by professionals within the MoH and Partners both government and NGOs, thru the NAC. These symposiums and forums were vital to create awareness and seek commitment from the stakeholders to ensure that they take ownership and will implement this plan in Vanuatu. We therefore wish to extend our thanks to all the individuals and organizations that produced this strategy.

The strategic plan has identified four (4) priority areas that address the reality of sexual behaviors in Vanuatu and the evolving epidemics of HIV and STI. The complexities of our sexuality, our relationships, our culture, religious beliefs and attitudes influence the transmission of HIV and other STIs; our reactions on the infection and illness; whether and how we support each other or stigmatize and discriminate those living with HIV. This strategy will guide our interventions over the next five years and it will depend on our commitment as the government, civil society organizations and the entire community to effectively implement this strategy so as to manage the transmission of HIV and STI, and its impacts in this country.

The government is fully convinced and has reorganized that HIV is a barrier to our overall national progress and development, thus we're committed to supporting this strategy together with our stakeholders through the NAC. This NSP calls for a multi-sectoral and multi-level approach with proper coordination at all levels for effective response to HIV and STI.

Wish everyone a successful and triumphant implementation of HIV and STI activities. Long God Yumi Stanp.

Myriam Abel	Siula Bulu
Director General, Ministry of Health	**Chairperson, National AIDS Committee**

March, 2008

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Acknowledgment

The preparation of this Strategic Plan was led by the National AIDS Committee with support from Ministry of Health, WHO CLO Vanuatu and NGOs as key stakeholders, and funding from AusAID through the PRHP.

Stakeholders and particular individuals contributed freely of their time and expertise to develop this 5 years' strategy; without naming them they are gratefully appreciated.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
BCC	Behavior Change and Communication
FSP	Foundation for the People of the South Pacific
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IZA	IZA Foundation
KAB	Knowledge, attitude, behavior, and practices
KPH	Kam Pusim Hed (Wan Smol Bag Theatre clinic at Tagabe)
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission (of HIV)
NAC	National AIDS Committee
NGO	Non-governmental Organization
PLWH	People living with HIV
SBC	Safe Blood Committee
SCA	Save the Children-Australia (Vanuatu field Office)
SPC	Secretariat of Pacific Community
STI	Sexually Transmitted Infections
TAG	Technical Advisory Group of NAC (Working groups of NAC)
UNAIDS	United Nations Programme on HIV and AIDS
UNFPA	United Nations Fund for Population Agencies
VCH	Vila Central Hospital
VCCT	Voluntary Counseling Confidential and Testing
VFHA	Vanuatu Family Health Association
WAD	World AIDS Day
WHO	World Health Organization
WSB	Wan Smol Bag Theatre

Executive Summary

Despite a myth of low prevalence of HIV in most Pacific Islands Countries including Vanuatu, the National STI/HIV program together with all stakeholders have made the effort to develop the National Strategic Plan to respond to the needs in the community.

The HIV transmission in the Region is in the alarming rate, particularly in PNG. However, there are similarities of risk factors existing in other small Islands countries including Vanuatu, in which the potential risk of HIV spread is much more concern. Until end of 2004, the regional cumulative cases reported (excluding PNG) were 1,028 cumulative HIV cases, 394 with AIDS stage and 394 of them were death. This reported figure could estimate the HIV cumulative incidence rate at 35.2 per 100,000 populations. If the figure was included PNG, the burden is nearly ten times higher, with the estimation of HIV cumulative incidence rate up to approximately eight times higher than the combined small Islands countries in the region.

Currently, the cumulative HIV infected cases reported in Vanuatu until end of 2007 is double. The results from Second generation surveillance indicated significant STI rate, poor knowledge on safe sexual practices in population, increased transactional sex practices, and significant magnitude of STI cases reported from health services require urgent widespread intervention.

The aims of the intervention are to reduce the STI prevalence and prevent the spread of HIV infection in the population in Vanuatu as well as prolong the life and normal lives in the community. The areas of intervention include:

(i) Reduction of community vulnerability to the spread of HIV and other STI and the key interventions are:
   a. Conduct effective behavior change communication to improve the knowledge and decision choice for preventing HIV and other STI and its spread into partners, family and community.
   b. Encourage community mobilization and participant to increase awareness and reduce discrimination and stigma in people infected and affected by HIV.
   c. Ensure the safety of blood and blood products used for medical care through systematic screening all blood and blood products on HIV and other potential blood born diseases.

d. Strengthen the universal precaution practices and adequate supplies for health care services and improve access to post-exposure prophylaxis.
e. Increase access to counseling and confidential testing services.

(ii) Improve access to proper HIV care and treatment and STI care:
a. Establish and function core team for HIV care and treatment available in main hospitals.
b. Equip and ensure adequate medical supplies to support treatment services.
c. Increase the quality of STI care service through training and adequate supplies as well as regular supervision and monitoring
d. Strengthen the laboratory capacity to support not only care and treatment services, but also the counseling and confidential testing intervention.
e. Initiate the implementation to prevent parent to child transmission
f. Consider the male circumcision intervention to reduce the potential risk of HIV infection as complementary with existing intervention.
g. Establish the referral system between HIV and TB program.

(iii) Create the policy and environment to support flourishing HIV intervention through:
a. Advocate the high level policy decision makers to support the intervention.
b. Create policy and strategy to reduce the discrimination and stigma for people infected and affected by HIV.
c. Promote the concept of Human Right to the community and other leaders to support the Human Right, which also attached to HIV issues.

(iv) Strengthen the capacity of coordination and management through
a. Engage multi-sectors involvements in HIV interventions
b. Strengthen the coordination through the National AIDS Committee.
c. Improve monitoring and surveillance system including sharing the information to the relevant partners.
d. Improve the three-one principle to increase effectiveness of coordination, resource mobilization, and monitoring.

All interventions require involving all stakeholders and donors in supporting to ensure adequate resources and effective interventions.

Introduction

HIV epidemic is still a major concern in the Pacific despite the prevalence of reported HIV infection is somehow low, excluding PNG. The HIV transmission in the Region is in the alarming rate, particularly in PNG. However, there are similarities of risk factors existing in other small Islands countries including Vanuatu, in which the potential risk of HIV spread is much more concern. Until end of 2004, the cumulative cases reported from 11 countries in the South Pacific Region (excluding PNG) were 1,028 cumulative HIV cases, 394 with AIDS stage and 394 of them were death. This reported figure could estimate the HIV cumulative incidence rate at 35.2 per 100,000 populations. If the figure was included PNG, the burden is nearly ten times higher, with the estimation of HIV cumulative incidence rate up to approximately eight times higher than the combined small Islands countries in the region. Currently, the cumulative HIV infected cases reported in Vanuatu until end of 2007 is double.

The situation in Vanuatu is still fragile due to concerned risk factors exist in the country. The major risk factors, while the people infected with HIV have been increasingly reported, are significant rate of sexually transmitted infections (STI) combined with increasing teen pregnancy rate, and low condom used rate reported in the HIV Second Generation Survey. More efforts with multi-disciplinary approach are needed to prevent and minimize the potential but real threat of HIV epidemic in the country.

Background

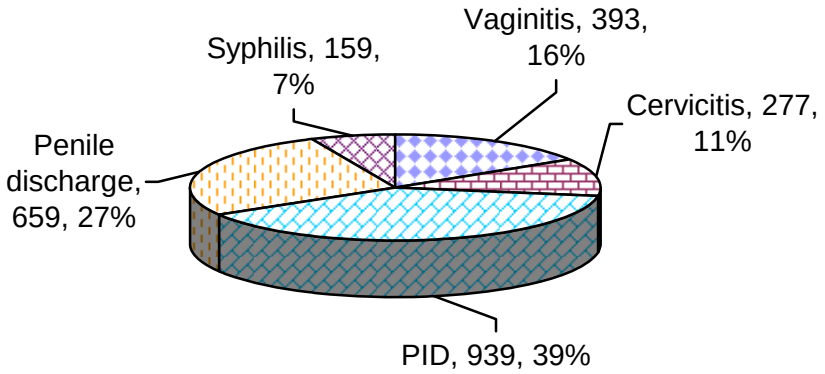
Worldwide, it is estimated that annually over 340 millions cases of STI and about 35 millions cases occurred within the Western Pacific Region. Annually at least thousands of STI cases, based on syndromic case management, have treated in and reported from health services in Vanuatu. Given the total size of the population of about 217,756 and in which about 50% of them is sexually active population, there is a great concern of fuel HIV.

The results of the SGS of HIV and STI, conducted in 2005, indicated that the STI rate, particularly Chlamydia, Syphilis, and Gonorrhea, among pregnant women were still unacceptable and increased concern of fuel HIV transmission, as it

resulted from unsafe sexual behaviors and practices among their partners or untreated asymptomatic status prior to establishing the family relationship1.

The graph below indicates the different types of STI based on syndromic approaches to identify and treat the patients reported in 2006 in Vanuatu. However, it was noted that the report coverage ranged from 39% to 88% and the national average was 60%.

STI Syndromic Cases Treated and Reported in 2006
(Total reported cases 2,427)



The HIV situation worldwide is summarized in the box below:

Global summary of the AIDS Epidemic December 2007

- Number of people living with HIV in 2007

Total	33.2 million (30.6- 36.1 million)
Adult	30.8 million (28.2- 33.6 Million)
Women	15.4 million (13.9- 16.6 million)
Children <15 years	2.5 million (2.2- 2.6 million)

[1] Source:WPRO, SPC, UNSW, GFATM, MOHs, Second Generation Surveillance Surveys of HIV/STIs and risk behaviors in 6 Pacific Islands countries, 2006.

- **People newly infected with HIV in 2007**

Total	2.5 million	(1.8 – 4.1 million)
Adult	2.1 million	(1.4 -3.6 million)
Children < 15 years	420 000	(350,000- 540,000)

- AIDS death in 2007

Total	2.1 million	(1.9- 2.4 million)
Adult	1.7 million	(1.6- 2.1 million)
Children < 15 years	330 000	(310,000- 380,000)

(Source UNAIDS and WHO AIDS epidemic update 07)

Even with limited access to services for counseling and confidential testing, until end of 2007, the cumulative HIV infected and reported was 5 and two cases were deaths.

Cumulative HIV and AIDS recorded by December, 2007

Total number of people living with HIV

Total	3
Adult	2
Children < 15 years	1

AIDS death in Vanuatu.

Total	2
Adult	2
Children < 15 years	0

The figures recorded above are based on rather passive methods, particularly on patient initiative approaches. Thus, it indicates only the tip of the iceberg of the underline problem. The ratio of males to females with HIV infection stands at 1:1.5 In common with other Pacific Island countries the small population would be disproportionably affected.

Demography and health service country profile

(Source: Second Generation HIV Surveillance report in the South Pacific) 2005 Vanuatu:

Population size	217,756
Aged 15 to 49	104,319
– M/F ratio is 100	
– young 15 to 25: 40,598	
Population growth	2.6%
Fertility rates	4.5%
Life expectancy	
Female	70 years
Male	67 years
Adult literacy rate	34%
No. births per year	4,000
GDP: US$	1,143
Health facilities	
Number of Hospitals	5
Number of Health centers	26
Number of dispensaries	104
Number of Aid posts	188

The risk factors that facilitate the transmission if STIs including HIV are:-

- High risk behaviors including multiple sexual partners, tattooing and others
- High rate of sexually Transmitted Infections, combined with young age structured;
- The low condom use (indicated by the high level of STIs and high teenage pregnancy
- Increasing rates of internal migration leading to increasing hardship in urban centers;
- Growing numbers of Transactional Sexual Activities/Practices such as exchange of goods, Kava, beers, cigarettes, money for sex.
- Increasing international travel for training, tourism, education and family visits which poses a great risk to acquiring the infections overseas,
- The high proportion of young people in the population, who because of their level of sexual activity and physiological development are at increased risk of HIV transmission.

- Vanuatu's proximity to other pacific countries with increasing prevalence of 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 other RH services.

The strategy (2008- 2012) has been designed to address all those factors above with specific targets on the prevention care and support including treatment; reduction of stigma and discrimination; and provision of friendly HIV and STI services to all people in Vanuatu and the MoH will take the primary implementation of this strategy.

Vision

"With the spirit of compassion inherent in Vanuatu cultural and religious values and committed leadership, stop the spread of HIV and ***STIs*** by ensuring everyone receives the right information, has easy access to quality services, and the rights of people living with or affected by HIV are respected."

Goals

Given the current situation, the country still has a little chance, with no complacency, to divert the HIV epidemic if interventions are timely and effectively implemented and widely accepted with participation from the community.

The goals of the STI/HIV control program in Vanuatu are therefore to:

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

The main indicators to measure its impact at least for the period from 2008 to 2012 are:

- Reduced prevalence of common STI reported from health facilities by 50% with improved quality of service and reporting, using 2007 as baseline.
- Minimized and maintained a low rate of cumulative HIV infection by keeping it 75% below the regional HIV cumulative incidence rate excluding PNG[2].
- Prolonged life of people living with HIV and AIDS by optimizing their ability to continue to live a normal life in the community.

[2] The HIV cumulative incidence rate in the region excluding PNG recorded in 2004 was 35 per 100,000 populations. The current record of the HIV cumulative incidence rate in Vanuatu by 2007 is approximately 2.2 per 100,000 populations (5 HIV cumulative cases). Hence 75% is set as a conservative estimate since current detection case is very limited. For practical reason, the use of regional figure is fairly reflected to the effort made and resource available within the region rather than solely at country.

Summary of the priority objective areas in the strategy (2008 – 2012)

In order to accomplish the goals defined above, several strategic interventions are formulated and developed. All services and activities in these strategic interventions have been grouped in four major objective areas as follow:

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

1. Reduced community vulnerability to HIV and STIs

The results found in the recent survey (SGS) indicated that people in sexually active age is much more vulnerable to STI including HIV. Significant STI rate among pregnant women group, which is considered as a group with low behavioral risk profile compared to other groups, found in the survey. Together with reported behavioral risk, such as irregular uses of condom with casual partners and or having multiple sexually relationship partners in other groups, particularly youth and STI patients, it could be interpreted as much more STI prevalence in the other groups or sexually active age group.

With regard to this situation, effective and effort should be made to increase the knowledge and access to preventive measures to reduce their vulnerabilities of STI including HIV. Thus, it includes several key output areas such as

- **Developed and implemented appropriate and effective BCC strategy**

  BCC intervention is a key element in improving the understanding and acceptability of changing risk behaviors, and to optimize the practice of safe sex in the sexually active population. It should be also covered improving the community positive perceptive, behavioral, and practical support for people

infected and affected by HIV. All relevant population should have accessed to the appropriate information for guiding their decision to participate in protecting themselves, family, community, country, and region from HIV epidemic.

- **Developed HIV and STI preventive strategic intervention for the youth**

As it is concern that youths are particularly vulnerable and actively engaged in unsafe sexually practices. It clearly indicates the extra-efforts are needed to respond to the current youth situation. All pertaining factors should be addressed and responded accordingly in order to increase the accessibility and reduce the vulnerability among the youths.

- **Developed specific strategic intervention targeting to prevent HIV and STI in vulnerable groups**

Beside the youths, represented a large proportion of vulnerable group in term of the size of the target population, the additional measures should be also available to address the extreme vulnerable population and usually hard to reach due to other constraints rather than distance factor. It requires not only providing the access to public health intervention, but also obligatory revisiting the existing legislations or Acts in order to protect their Rights and to reduce their vulnerabilities caused by other factors which could lead to HIV vulnerability. In such case, the needs of collaboration between the public health sector and other relevant sectors are essential to address the common problems together.

- **Increased the availability, accessibility, and use of condom among sexually active population**

The prime preventive measure to avoid STI including HIV infection is safe sex behaviors and practices. Thus it includes the ABCD concepts. For some reasons, most of sexually active people may fail to comply with the first two steps, such as abstinence from sexual relationship and be faithful or avoid having multiple sexual partners. Therefore, the third choice or measure, uses of condom, should be widely acceptable and practice in these vulnerable groups. The appropriate and consistent use of condom is depend on several factors including the knowledge, the availability, the accessibility, and to

some extent, the level of self-conscience prior to the engagement of sexual activity, usually under exceptional circumstances such as under the effect of Alcohol, Kava or illicit substances.

The availability of condom (where, when and how to access) including accessibility and appropriate uses should be widely informed to those who most needed and could be access to it with minimal constraints including social stigma and discrimination due to other factors which put them in vulnerable situation and life threatening diseases. The revisions of the distribution policy and strategy, and collaborative work with all stakeholders are important to maximize the effectiveness of the intervention.

- **Ensured the quality and safety of blood products**

Beside the general campaign for reducing the vulnerability, the additional, but important, measure should also be strengthened to ensure the quality and safety of blood and blood products using for care and treatment in the health care setting, particularly in the hospital level. In that regards, all donated bloods must be screened for HIV and other blood borne disease pathogens prior to the prescription. The intervention should be also included or strengthened the participation of volunteer non-remuneration donors rather than (family) replacement donors in the country context.

- **Strengthened the practice of universal precaution in health facilities and other settings if applicable**

Universal precaution is the primary preventive practice in health care setting. It does not merely apply because of HIV context, but it has been largely practical for reducing the hazard effect in health care practices. However, it is important to understand that at present HIV is incurable, but preventable disease. Although the survival rate is increased under life time appropriate treatment, maximum universal precaution should be always practiced to prevent and minimize the potential risk of HIV transmission resulted from malpractices either within health care setting or others.

- **Ensured availability and accessibility to Post-Exposure Prophylaxis**

In addition to the universal precaution described above, to minimize the risk of HIV transmission, particularly under unanticipated circumstances such as accidental exposure to HIV in health care practices or as victim of sexual assaults, the post-exposure prophylaxis is the first step for the intervention despite its preventive effect is not fully assured. The policy and guideline of post-exposure prophylaxis should be developed to ensure the availability, equity access, and appropriate intervention for those who most needed.

- **Expanded, with quality, the services for counseling and testing with confidentiality**

To maximize the effectiveness of reducing the vulnerability of potential risk of STI including HIV, the accessibility to quality services for counseling and testing with confidentiality must be widely accessible. It is one of the major constraints in the country context due to geographic isolation and dispersion, and limited capacity of health system to maximize its response. Despite the challenge, careful strategic development for expanding the services for counseling and testing with confidentiality should cover most of the areas where STI including HIV fuel events are potentially concentrated such as populated community or community with highly mobile population.

2. Implemented a comprehensive program of treatment, care and support for people infected and affected by HIV

Despite the HIV caseload is low in the country the health care system should be readily prepared to provide the accessibility to HIV/AIDS treatment and care for those needed. Although HIV/AIDS is currently incurable, but the life of HIV/AIDS patients is significantly prolong if early and appropriate treatment and care is accessible by the patients. In conjunction to medical care, the psychological and moral support must not be overlooked as it plays important role in prolonging the life the patients.

- **Developed comprehensive national policy for treatment, care, and supports for people living with HIV**

Part of the treatment and care service, in reflecting to basic Rights of individual as human being, the clear policy for treatment, care, and support

for people living with HIV should be available to guide and prepare the service intervention.

- **Established core team for HIV care and treatment in the two main hospitals**

To ensure the optimal response with effective use of existing resources within the health system, core teams for HIV care and treatment should be established, trained and operational in the two main hospitals in the country.

- **Provided adequate resources for the main facilities to enable care and treatment for HIV patients**

Although the caseload is low, the challenge for establishing the service to be operational is enormous. The need for individual HIV/AIDS patient is life time treatment which involved in complex clinical management in different stage of the disease. The procurement and supply management needs to be consulted and collaborated within the region to harmonize and increase the effectiveness and sustainable supply management for HIV care related items, particularly the anti-retroviral regimen (ARV) and the regimens for opportunistic infections.

- **Initiated the community intervention for providing appropriate home-base support, care and treatment for HIV patients**

Beside the medical care in health services, the HIV/AIDS patients require additional supports from the environment where they are living in, including family members, friends, relative and community as the whole. Initiate the community intervention including home base care, while the overall caseload is still low, is very important, developed in positive approach and example, to explore and strengthen the support from all possible local resources for encouraging and maintaining the PLWHA optimizing their normal activities and lives as the others.

- **Strengthened the health services to effectively provide STI care and treatment**

Currently the STI rate in the population is in highly alert situation. There is evident that HIV could be easily transmitted if sexually exposed by individuals with STI condition. To increase the effectiveness of HIV prevention, all risk factors including STI should be minimized, in other words, the effective and good quality services for STI care and treatment including counseling to improve their knowledge and change their attitude to safe sex practices. All relevant health facilities, including government and non-government settings, should their operational staff be trained on STI management skills with adequate resources to provide care and treatment.

- **Strengthened the quality of laboratory services in all hospitals to support HIV and STI diagnosis and case management**

Laboratory service is part of the HIV/AIDS care and treatment functions. Some constraints have been identified and addressed to improve their functions in order to effectively support the program intervention both for case management and public health surveillance. The ability of STI tests in facilities where the STI cases consulted will significantly increase the confidence and value of services as well as proper case management is provided to the patients. However, such an important service could be established only at hospital level, while other settings will presumably use clinical judgment, called syndromic management approaches to provide optimal care for STI patients in health center and dispensary levels. Likewise, HIV testing services will be mainly available in the facilities, including hospital, where counseling service is provided together for public health surveillance rather than for diagnosis and treatment purposes.

- **Initiated the comprehensive strategic intervention on prevention of parent to child transmission of HIV**

Additional measure should be also applied to reduce the potential established risk of HIV transmission from parent to child/children. Despite the concept is focused on the period of conceived child, delivery, and breast feeding, it should be complementary and comprehensively addressed to all periods that could make the parents at risk of HIV and consequently pass the HIV to their child. Prevent parents from HIV infection having more benefit rather than just keeping their child/children free from HIV infection at early life, but the

child/children will have invaluable benefit if their parents are still alive in supporting them to grow up to their mature life. The prevention of HIV infection from parents to child could be provided through routine relevant antenatal care services.

- **Explored the practicality on male circumcision practices in country**

Despite recent scientific evidence on the effectiveness of male circumcise status in lowering the risk of HIV transmission, there is little understanding of that practice in Vanuatu cultures, in which several customs existing in the country. It mentions in the Tourist promotion service that male circumcision ceremony is practical in Malekula Island, but without detail on its operational aspect[3] whether the foreskin has removed as indicated in the research. However, given the value of prevention, it is worth exploring the practicality, with safety and appropriateness if relevant, and feasibility of the health system to provide such challenging service.

- **Established the link between TB and HIV program on referral system**

To optimize the effective care for HIV/AIDS or TB patient, it is also important to detect patient status of possible dual infection HIV and TB, which mostly has very poor prognostic if diagnosis and appropriate treatments are provided late.

3. To create a policy and social environment in which an effective HIV response can flourish

The successful country HIV intervention and response depends on several factors particularly the political commitment and support, participation from community to minimize the stigma attached to HIV infected and affected people, the effective policies and legislations including relevant traditional or custom practices to protect and respect the Right of HIV vulnerable people and its effective application.

- **Commit support and HIV response from high levels**

[3] http://www.vanuatutourism.com/vanuatu/cms/en/operators/pankumo.html

Because the negative impact of HIV is enormous, not only on health, but also on the development as its consequences, the needs for the support politically and to some extent financially from high level authorities are the key features of harmonizing development for the country. The NSP requires political support from high level authority to mobilize the resources not only within the national resources, but also within the regional and global resources to effectively prevent and minimize the spread of HIV epidemic.

- **Strategy for the reduction of stigma and discrimination of people infected and affected by HIV devised and implemented**

There is huge challenge for any HIV program to remove or minimize the stigma attached to HIV infected and affected people at the early stage of epidemic. Discriminated attitude, towards HIV infected and affected people, is a sign of poor understanding the scale and consequences of HIV impact on the society including individual family. To address minimizing the stigma and discrimination issues, there is a need for appropriate strategy, legislations, policy and advocacy to communities including leaders, churches and chiefs to participate and encourage the support for those who infected and affected by HIV.

- **Policies, legislation and traditional laws that discriminate against vulnerable populations**

In some situations, the limited existing laws and/or irrelevant traditional practices contribute to increase the constraints for vulnerable populations; and even make these groups of population more vulnerable to HIV infection. The review, amendment or correction of these existing laws and practices, with full support from State of Law office, high level authority including politicians, to minimize the vulnerability of some groups of population could contribute to the prevention or escalation of HIV epidemic. Rights of individual should be fully protected regardless of any human status.

- **Monitor human rights violations against people living with HIV and their family members**

It is very important, particularly during the early stage of HIV epidemic, to identify the potential Human Rights violation against people infected and affected by HIV and correct the misperception and judgment on individual Rights because of HIV related status. The main purpose of identification of any violation related to HIV issues is not directly or merely for condemning the offender (depending on the degree of offensive results), but carefully studying such example and find optimal solutions for improving the positive images of the potential victims in the long run.

4. To manage HIV National Strategic Plan efficiently and effectively.

This national HIV and STI framework will need a well coordinated structure through NAC with monitoring and evaluation systems in place to ensure proper implementation of activities, efficient mobilization and distribution of resources, limited duplication and increased information sharing among partners.

- **Effective multi-sectoral engagement in the NSP**

HIV being a developmental issue rather than a health issue, this strategy encourages full participation of other government sectors through Department of Economic and Sector Planning (DESP), and non-state actors to ensure that the information and services reach to all people in their respective accessible bases. Regular media briefing on the role of NAC in relation of the NSP implementation and the general HIV and STI updates for community publications will enhance the understanding of important role of multi-sectoral participation.

- **Improved coordination and management of the National response**

This output will focus on strengthening NAC and HIV unit (NAC secretariat) to effectively deliver the coordination role of the national response. This will be achieved by equipping the secretariat (HIV Unit) with additional new staff(s) and necessary resources to function effectively. NAC will maintain its quarterly meetings to discuss strategic directions of response, and hold planning workshop each year with broad representation from stakeholders to monitor progress on NSP.

- **Comprehensive program of HIV and STI surveillance and research implemented and annual figures disseminated**

To track the impact created by the interventions already carried out, and to have appropriate focus on the specific target groups and behaviors, we shall develop and implement a comprehensive monitoring system including periodic implementation of the second generation surveillance; and with the help of technical assistance develop a system for reporting sero-prevalence data to national HIV surveillance office.
Train key personnel in behavioral surveillance in relevant sentinel sites; implement SGS in sentinel sites; and improve data management and dissemination.

- **One national monitoring and evaluation framework designed and implemented**

It has been a challenge in monitoring and evaluation of country HIV/STI programs due to many reasons such as the "three one principle" is still in early stage of development, limited staff and capacity within HIV/STI national unit. This strategy seeks to recruit an M&E officer to be added to the unit to develop and implement M&E component of the NSP.
With technical assistant, a national database will be developed with clear indicators to aid in tracking the sero and behavioral surveillance trends of the HIV infection. This data base will be in line with the regional CRIS database.

- **Evidence based planning undertaken on annual basis**

An annual planning workshop for all provinces and stakeholders will be conducted. This workshop will include sharing of experiences and information based on evidence and reviewing the past strategies in order to come up with the appropriate annual operational plan for the following year. The annual operational plan will be a vital tool to mobilize the resources within the region and country.

- **Vanuatu's national HIV response adequately resourced**

The successfulness of the implementation of this strategy will depend entirely on the availability of resources from the region, global or within the country. NAC will take a lead in mobilizing, distributing and monitoring the resources, and will encourage/ support partner agencies to apply for funding to implement activities within this strategy. It is important therefore to disseminate or submit this NSP to all possible funding agencies by NAC and MoH for resources mobilization.

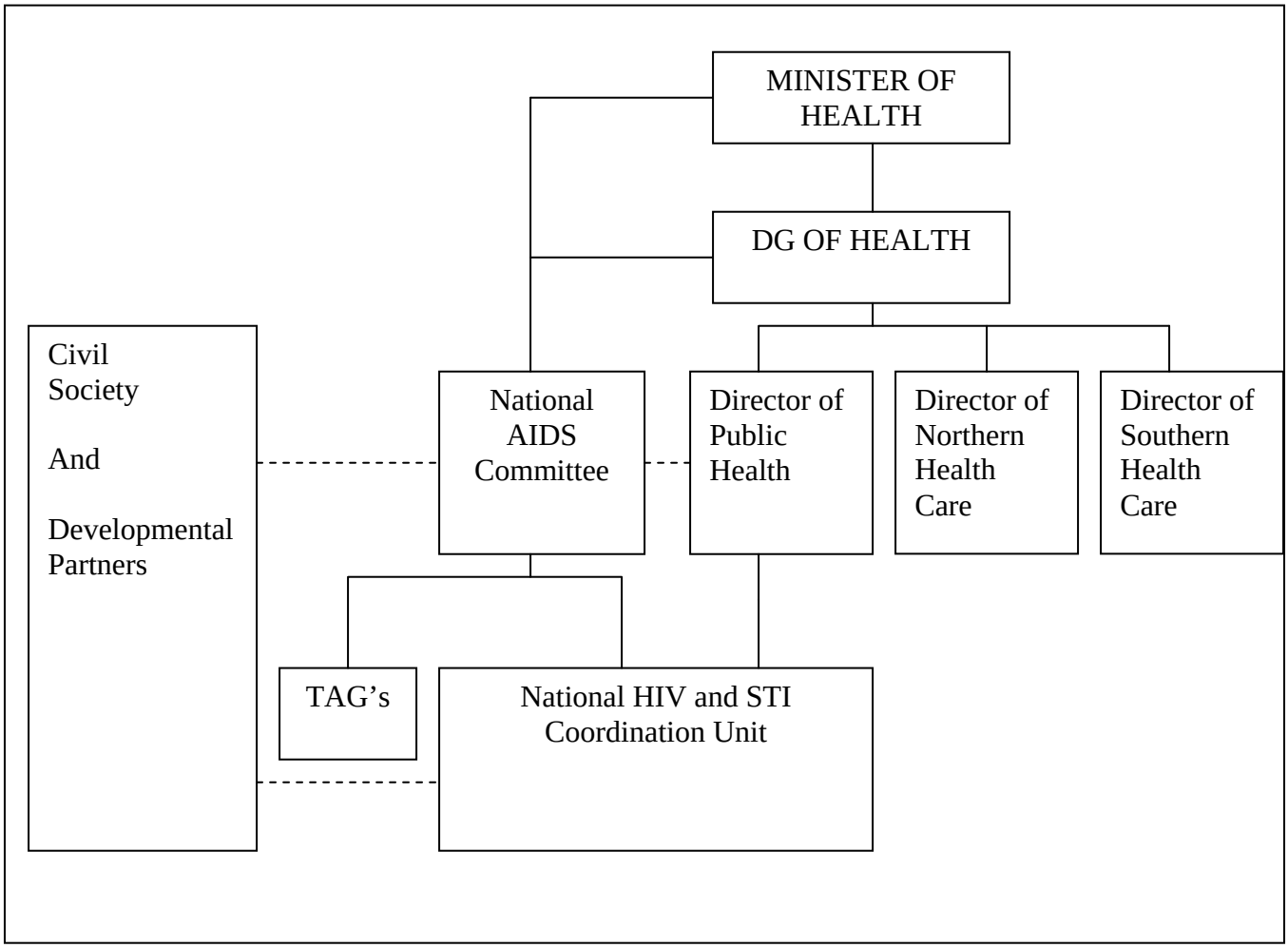
Annexes

1. NAC structure (as an overseer of the NSP)
2. Policies – Summary
3. List of participants involved in the development of NSP
4. Map of Vanuatu showing population distribution
5. Bibliography
6. Strategic Workplan

Annex 1: National AIDS Committee:

National AIDS Committee (NAC) is a muti-sectoral body appointed by the Minister of Health to oversee the whole HIV and STI programs in terms of planning, implementation, Monitoring and Evaluation of the national response for effective prevention, treatment including care and support.

NAC Structure



NOTE: 1. Continuous lines represent direct relationships in the structure.
2. Dotted lines represent linkages between the various organizations.

Annex 2: Summary of the policy strategies:

The Government of Vanuatu through this 5 year strategy will continue to reduce the transmission of HIV and STI while progressively introducing appropriate care, compassionate support and services for those living with HIV and AIDS. This will be achieved through the implementation of the 6 major policies;

- Prevention of Sexually Transmitted Infections including HIV
- Stigma and discrimination
- Care and treatment
- Gender
- Program management and staff competency
- Surveillance of STI and HIV

Policy 1: Prevention of Sexually Transmitted Infections including HIV.

- Vanuatu being a low prevalent country at the moment, our policy encourages prevention to maintain that state of low prevalence. All men, women and young people should have access to appropriate and accurate information; have access to appropriate services like counselling and testing for HIV and other STIs; access to condoms and other sexual reproductive services.
- HIV testing shall continue to be voluntary and confidential, unless if it's for diagnostic purpose to support treatment decision or court order for rape/ defilement culprits.
- We encourage working with religious, cultural and vulnerable groups in the production and dissemination of culturally sensitive HIV prevention messages and programs for the successful NSP implementation.
- Counselling and HIV testing services should be availed to all pregnant women and their spouses for the Prevention of Mother to Child Transmission of HIV. This service will continue to be free and with consent.
- Prevention of HIV/STI transmission through blood. All blood transfused to patients will be screened for HIV and other STIs, this will be guided by the blood bank guidelines and supported by safe blood committee. The capacity of laboratories will be strengthened by training of lab staffs and appropriate laboratory supplies to aid proper screening of all blood before transfusion. These services will be available in all the 5 hospitals of Vila Central Hospital, Northern District Hospital, Lenakel, Lolowai and Norsup hospitals.

Policy 2: Stigma and discrimination

The government of Vanuatu does not support any form of stigma and discrimination based on grounds of HIV infection or other STIs. Any person living with or affected by HIV or STI should be support, and should enjoy his/ her full rights including use of public and social services/ facilities. We encourage working with PLWH or affected by HIV and other STIs to create awareness among communities, advocacy to reduce stigma and discrimination; and reduce any form of in-human towards PLWH and their families.

Policy 3: Care and treatment

All people living with HIV and STIs should have access to quality counselling, care and treatment services. The MoH will continue to provide quality, free, appropriate Anti Retroviral Treatment for people infected with HIV. We shall continue providing appropriate treatment to any patients with STIs. This will involve continuous training of staffs to enhance their skills, and equip the health facilities with appropriate supplies to ensure quality health services provision.

Policy 4: Gender

Gender mainstreaming shall be considered in all our strategies and activities. All interventions in this strategy shall be gender sensitive and give equal opportunities to both men and women.
We encourage advocacy and awareness programs of the public, organizations and government departments about HIV/STI and gender integration. This will call for working with women centre and other related gender working programs for the successful implementation of this strategic policy.

Policy 5: Program management and staff competency.

The overall overseeing and coordination of the national HIV/STI response will be done by the National AIDS Committee including monitoring the progress and reviewing of the policy guidelines. NAC will report annually to the government through the minister of health.

The HIV Unit which is the NAC secretariat will take the primary coordination of the activities supported by the provincial HIV Focal Persons, and the implementation by all partners. Partner organization should report to NAC

annually, and progressive reports will be made by the HIV unit to the Director General of Health through the Director of Public Health.

Professional trainings will be given to health workers for effective management of sexually transmitted infection, and necessary trainings in the management skills. Health workers will be trained in the new HIV treatment guidelines developed for effective implementation.

Policy 6: Surveillance of STI and HIV

The routine and periodic surveillance system should be established and strengthened in order to provide information for the policy decision makers able to design effective intervention and further monitor the impact of the intervention.

Annex 3: List of people & organizations participated in the NSP development.

Appreciations to the following individuals and organizations, who shared their knowledge and expertise, involved in developing and contributing to the development of this NSP.

Name	Organization
Mrs. Siula Bulu (NAC Chairperson)	WSB Theatre
Dr. Ros Seyha (Scientist)	WHO-CLO/VAN
Mrs. Whelma Villar- Kennedy (HIV &Gender Manager)	VSO
Mr. Hilson Toaliu (Country Director)	SCA
Ms. Marina Laklotal (National. HIV/STI Coordinator)	MoH
Mr. Moses Matovu (National HIV/STI Facilitator- VSO)	MoH

Participants for the NSP development workshop

1.	Melissa Pearson	AusAID
2.	Willie Tokon	Vila Central Hospital
3.	Ssenabulya Julius	Vanuatu Family Health Association
4	Henry Wetul	Torba Provincial Health
5	Jo Jimmy	Tafea Provincial Health
6	Grennethy Tawunwo	Malampa Provincial Health
7	Leina Simon	Wan Smolbag Theatre (WSB)
8	Jayline Malverus	WSB KPH Clinic
9	Joemela Simeon	Save the Children (Australia)
10	Jean Jacques Rory	Acting Director of Public Health
11	Mandre Natnaur	Penama Provincial Health
12	Lester Evans Dingley	Northern District Hospital
13	Winch Garae	FSP Vanuatu
14	John Taleo	Director, Police College
15	Pastor Kalsakau Ustal	Presbyterian Church of Vanuatu
16	Yoan Bororoa	HPO Ministry of Health
17	Apisai Tokon	Acting RH/FP Coordinator, Ministry of Health
18	Joe Kalo	ARD Coordinator
19	Ben Tavro	Shefa Provincial Health
20	Ben Story	YWAM / MAI
21	Markson Tetayn	FSP Vanuatu

Workshop Facilitator for the NSP development

1. Dr. Tamara Kwarteng (team leader) PRHP, Suva
2. Dr. Pete Thompson HRDN
3. Damien William Morgan HIV Advisor Tibet Health Sector Support Program

2003/7 NSP Review and STA

Helen Corrigan WSB Theatre.

Annex 4: Map of Vanuatu

Annex 5: Bibliography (Documents Contributed to NSP 2003/7Analysis and review)

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Islands, Tonga, Vanuatu. World Health Organization, Secretariat of the Pacific Community, the University of New South Wales and the Global Fund.

Annex 6: Strategic work plan