MEETING REPORT

2014 National STI and HIV Consultation in Nauru

26-30 May 2014

Yaren, Nauru

Prepared by:

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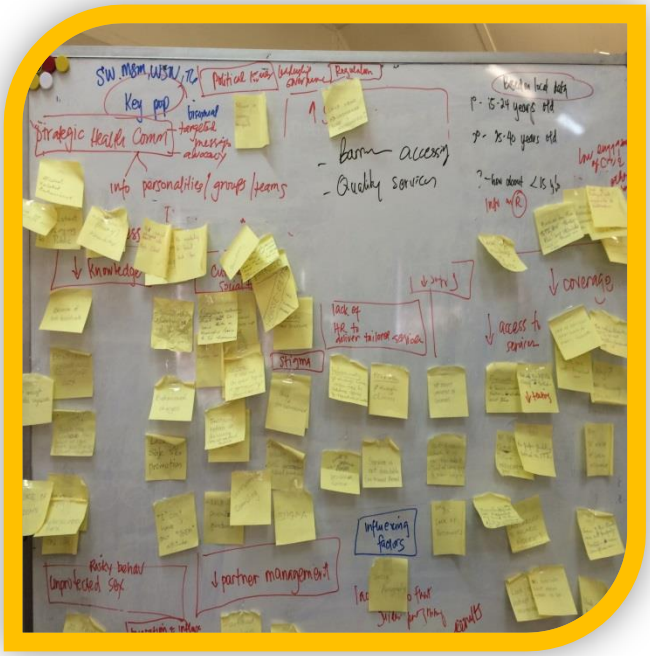
Under the guidance of Dr Setareki Vatucawaqa, *Acting Secretary for Health & Medical Services, Ministry of Health, Nauru*

Executive Summary



A five-day consultation meeting on STI and HIV with the national stakeholders in Nauru was conducted by the Ministry of Health of Nauru, together with the World Health Organization (WHO) Office of the Representative in the South Pacific and the Division of the Pacific Technical Support (DPS) and the Secretariat of the Pacific Community (SPC) from 26-30 May 2014.

This five-day consultation was divided into discussion with the Acting Secretary of Health and Medical Services; conduct of meeting and workshop among national stakeholders; conduct of country dialogue with health and non-health partners, community based organizations, UN Joint Presence in Nauru, and the Department of Foreign Affairs and Trade of Australia (DFAT); and concluded with a debriefing session.

One of the highlights is the one-day technical meeting and workshop conducted on 28 May 2014. The meeting workshop was held at the Health Promotion Training Room, Ron Hospital. This was participated by 25 representatives from the community-based organization, youth group, health promotion unit, nursing division curative services, public health division, xxx, Joint UN Presence, DFAT, as well as, the Assistant Director of Public Health, the Acting Secretary of Health and Medical Services, the Sexual and Reproductive Health Adviser from SPC, and the Medical Officer for STI, HIV and Gender of the World Health Organization South Pacific Office and the Division of the Pacific Technical Support (DPS).

This meeting aimed to:

1) Understand the current STI and HIV status and trends in Nauru;
2) Tailor the response on STI and HIV based on current context; and
3) Identify important steps to implement the next phase of the response.

The participants were initially welcomed by Dr Setareki Vatucawaqa, the Acting Secretary of Health and Medical Services, Ministry of Health, Nauru. This was hosted by Dr Silina Motufaga, Assistant Director of Public Health-Family Health, Ministry of Health, Nauru.

The meeting started with a brief background; followed by presentation of Nauru's current STI and HIV status and trends; and on-going response and challenges to date.

The succeeding sessions were jointly facilitated by the Sexual and Reproductive Health Adviser of SPC and the WHO Medical Officer that focused on discussion on understanding the situation better

through the conduct of causality analysis; followed by the response analysis; and tailoring of the next phase of the response based on current available local data.

The meeting provided a platform for Nauru's STI and HIV stakeholders to look deeper in to the current STI and HIV situation; and reflect on what needs to be sustained among its on-going intervention; what needs to be started in order to better address the gaps; and move towards stopping what seems to be not producing greater impact in the epidemic status and re-strategize the way it is delivering its intervention and programmes.

- The meeting attendees agreed in consensus to:
    - sustain current intervention for antenatal clinic attendees and youth; and moving towards targeted intervention for key populations at higher risk;
    - start generating information about profiles of the key populations, specifically sex workers, men having sex with men, women having sex with women, and the transgender people; and designing targeted intervention and communication campaigns for key populations at higher risk; as well as, increasing access to STI and HIV services by the asymptomatic women with STI; and the male clients and male partners of ANC attendees.
- All these will inform the new operational/implementation plan of Nauru's STI and HIV Programme that will span from 2014 to 2015. This will be a living document that will be updated to ensure its relevance and responsiveness based on changing epidemiologic context over the succeeding years (2016-2017).

The meeting was officially closed by Dr Silina Motufaga, on behalf of Dr Setareki Vatucawaqa.

Over-all, the five-day consultations achieved two main outputs: (1) the new implementation plan developed for Nauru that is aligned with Nauru's National Health Plan, the Nauru's Sustainable Development Strategy (NSDS), the Australia and Nauru's Partnership Priority Agreement; and (2) the documented country dialogue process that will feed into the development of the concept note of the Multi-country Western Pacific for the Global Fund's New Funding Model covering 2015 to 2017.

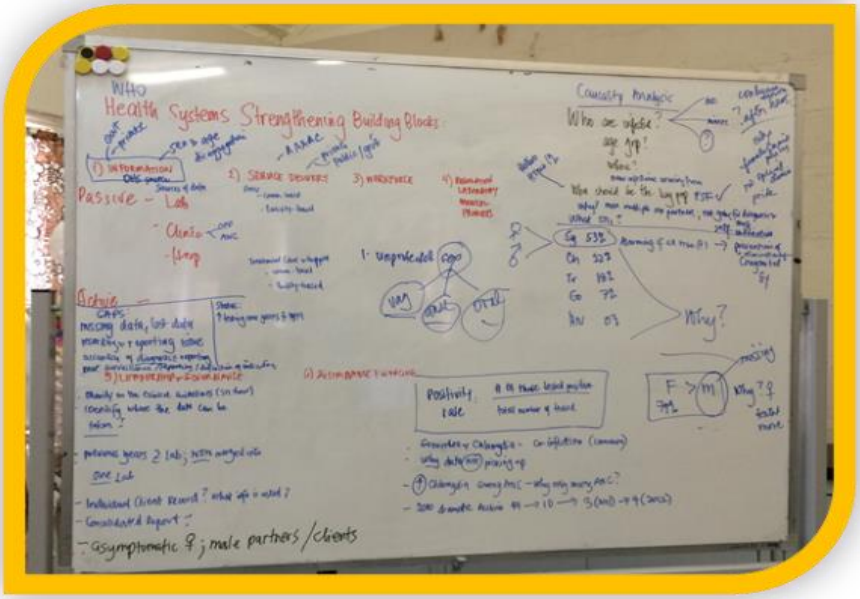
These series of consultations concluded with a debriefing session among the national stakeholders on 30 May 2014.

Contents

Proceedings

The WHO Medical Officer and the SPC's Sexual and Reproductive Health Adviser structured the meeting workshop in such a way that the participants will gain progressive analysis of their current situation and then be equipped to design their programme and intervention that is tailored to their current context, aligned to their National Health Plan, and international norms and standards.

The methodologies employed were mixture of plenary presentation, group session, individual work, participatory analysis, modified gallery brainstorming, and open discussion and sharing of experiences.



Status and Trends

(Session conducted through plenary presentation and open discussion)

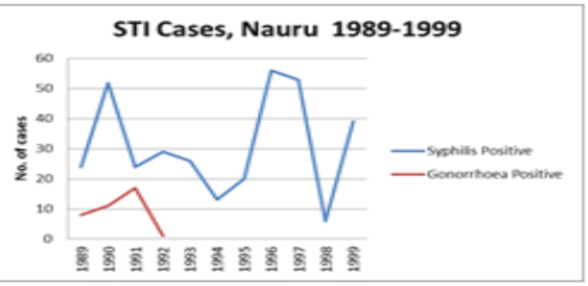
Nauru still reports very low number of HIV cases, with only one new HIV infection reported in 2013. Over the years, data on STI were showing high rates; reaching an all-time high of 49% Chlamydia positivity rate in 2010. This prompted Nauru to implement mass drug administration in 2011. Initial coverage target was exceeded and recorded 115% successful participation rate.

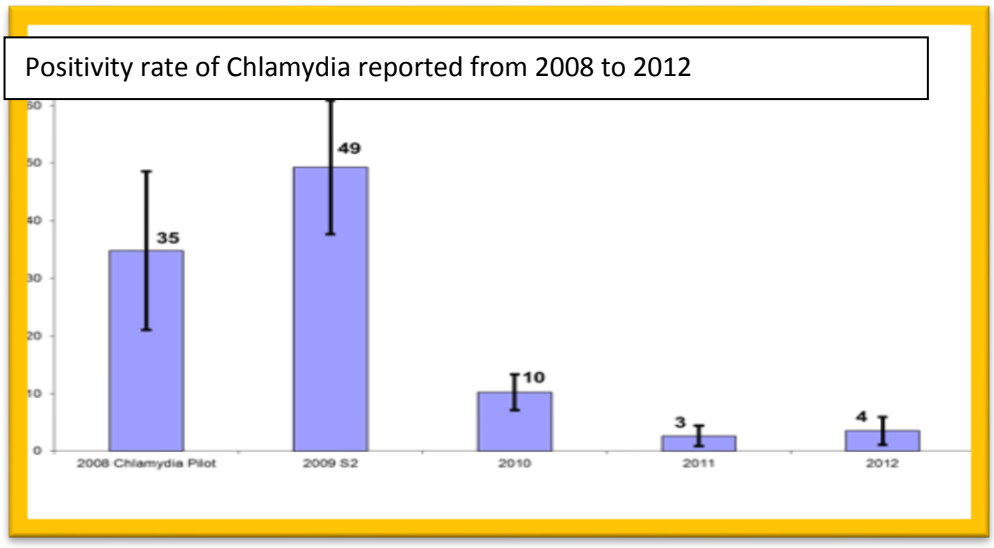
The campaign resulted to a dramatic decline in the Chlamydia positivity rate of 3% in 2012, and 4% in 2013. Success of the campaign was attributed to the advocacy done by the Ministry of Health to solicit strong support from its high level leaders.

While there were challenges in generating information on STI, current available data showed STI is highest among the 15-24 years old, followed by the 25 to 40 years old.

Nauru tracks the STI epidemic through the passive etiologic surveillance system basically being generated through the laboratory reports. While Nauru implements both STI syndromic and etiologic diagnosis and management, it only reports etiologically diagnosed/laboratory confirmed STI cases. There is no syndromic reporting.

	Syphilis # Tested	Syphilis # Positive	% Syphilis Positive	Gonorrhoea # Positive
1989		24		8
1990		52		11
1991		24		17
1992		29		1
1993		26		
1994	117	13	11	
1995	125	20	16	
1996	504	56	11	
1997	501	53	11	
1998	122	6	5	
1999	474	39	8	





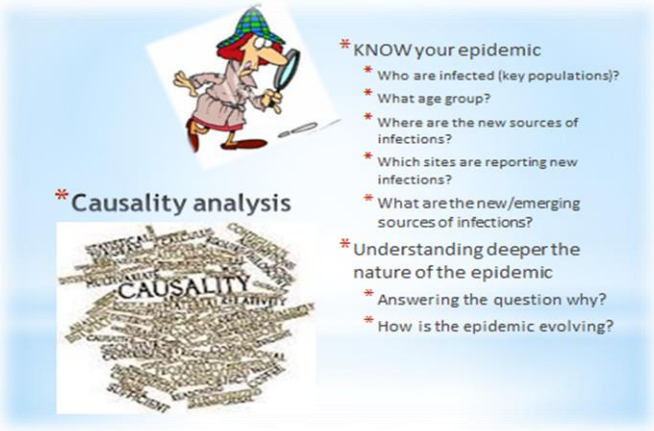
Participants recognized the limitation of the information that can be generated from the current reporting system, such as age and sex disaggregation; unclear data flow; limited sharing of information through structured feedback, advocacy and dissemination forum.

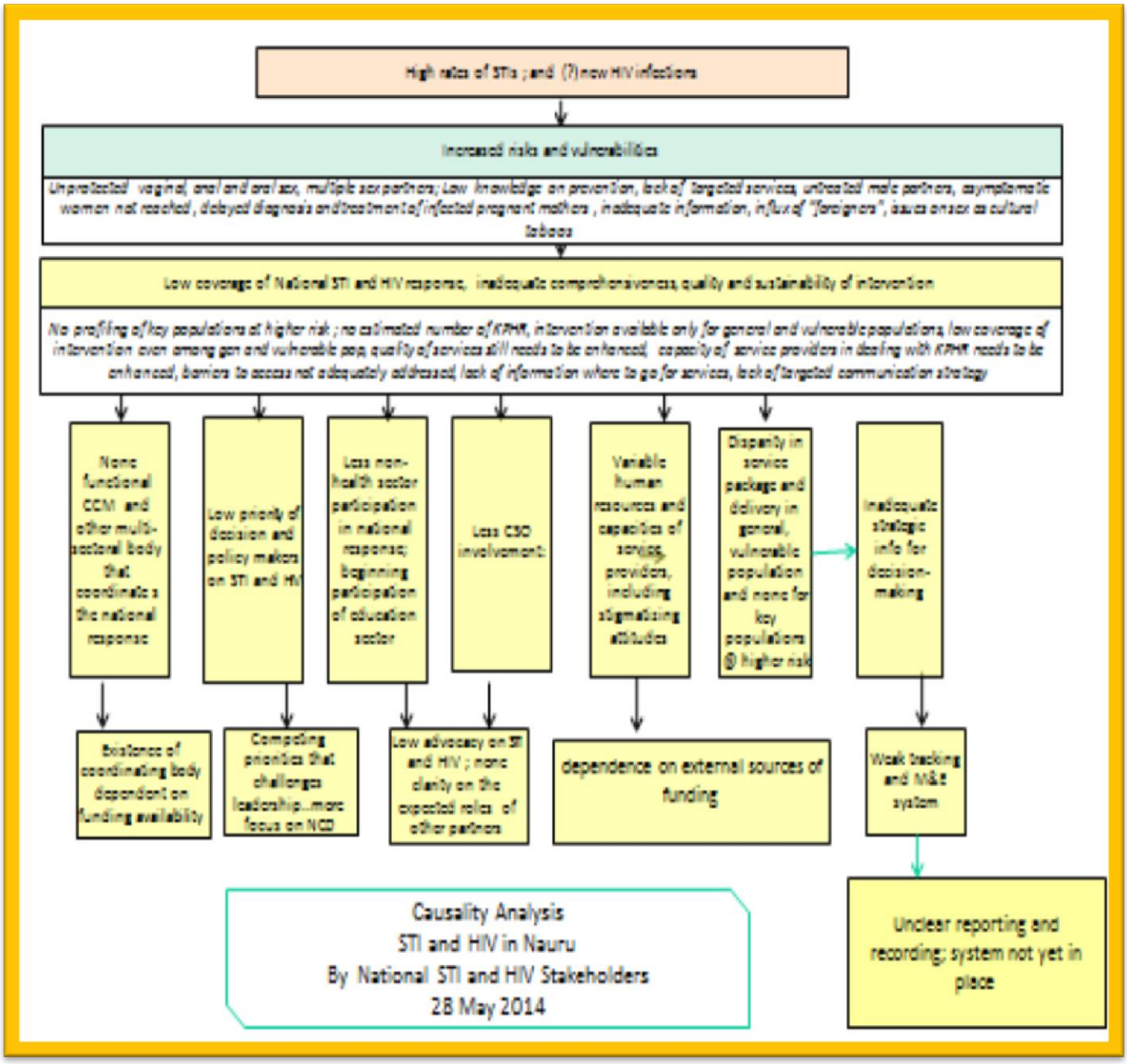
Causality Analysis

(Session conducted through individual work and participatory discussion)

In order to understand the status and trends, the group did a causality analysis using the STI and HIV data in the past years.

This allowed the participants to better understand why STI rates continue to be high in Nauru. Continued discussion opened the opportunity to consider the need to focus on key populations at higher risk; and why they should be prioritized in the design of their response.




High rates of STIs ; and (?)new HIV infections
Increased risks and vulnerabilities
Unprotected vaginal, anal and oral sex, multiple sex partners; Low knowledge on prevention, lack of targeted services, untreated male partners, asymptomatic women not reached, delayed diagnosis and treatment of infected pregnant mothers , inadequate information, influx of "foreigners", issues on sex as cultural taboos
Low coverage of National STI and HIV response, inadequate comprehensiveness, quality and sustainability of intervention
No profiling of key populations at higher risk ; no estimated number of KPHR, intervention available only for general and vulnerable populations, low coverage of intervention even among gen and vulnerable pop, quality of services still needs to be enhanced, capacity of service providers in dealing with KPHR needs to be enhanced, barriers to access not adequately addressed, lack of information where to go for services, lack of targeted communication strategy
None functional CCM and other multi-sectoral body that coordinate s the national response
Low priority of decision and policy makers on STI and HI
Less non-health sector participation in national response; beginning participation of education sector
Less CSO involvement
Variable human resources and capacities of service providers, including stigmatizing attitudes
Disparity in service package and delivery in general, vulnerable population and none for key populations @ higher risk
Inadequate strategic info for decision-making
Existence of coordinating body dependent on funding availability
Competing priorities that challenges leadership...more focus on NCD
Low advocacy on STI and HIV ; none clarity on the expected roles of other partners
dependence on external sources of funding
Weak tracking and M&E system
Unclear reporting and recording: system not yet in place
Causality Analysis
STI and HIV in Nauru
By National STI and HIV Stakeholders
28 May 2014

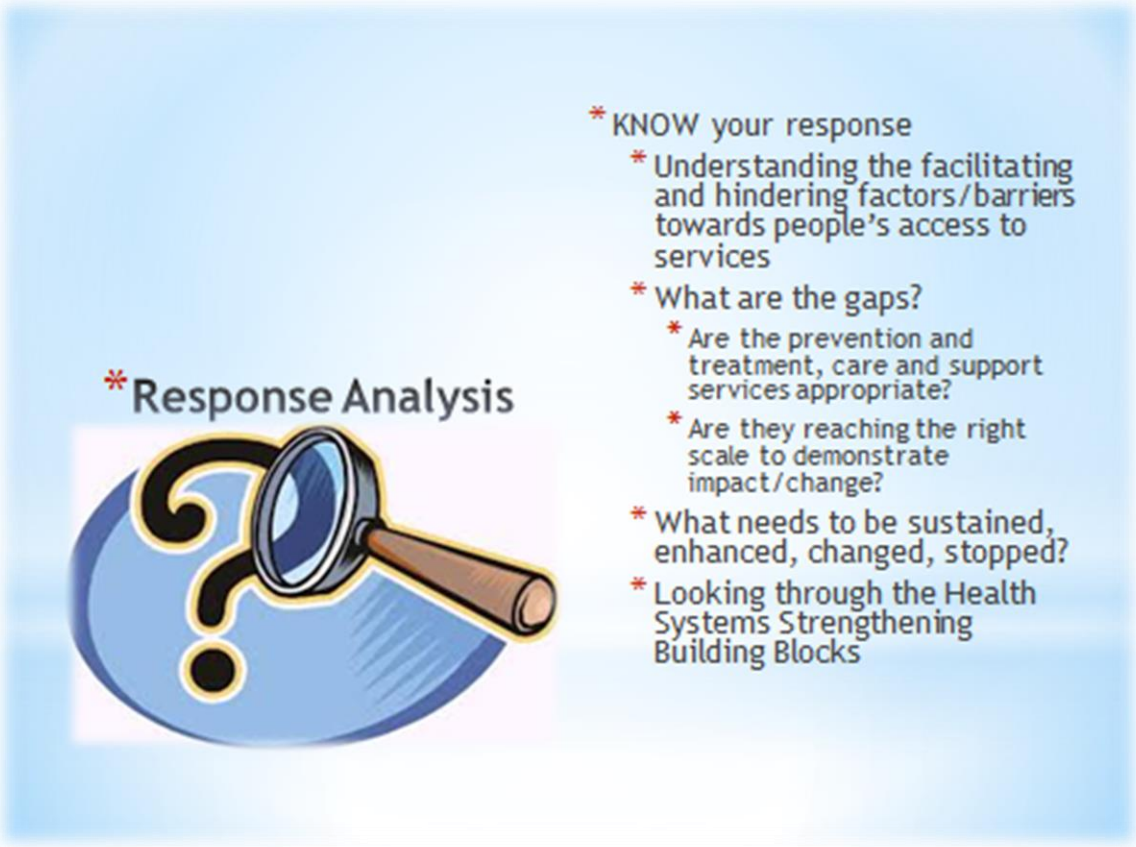
Response and Gap Analysis

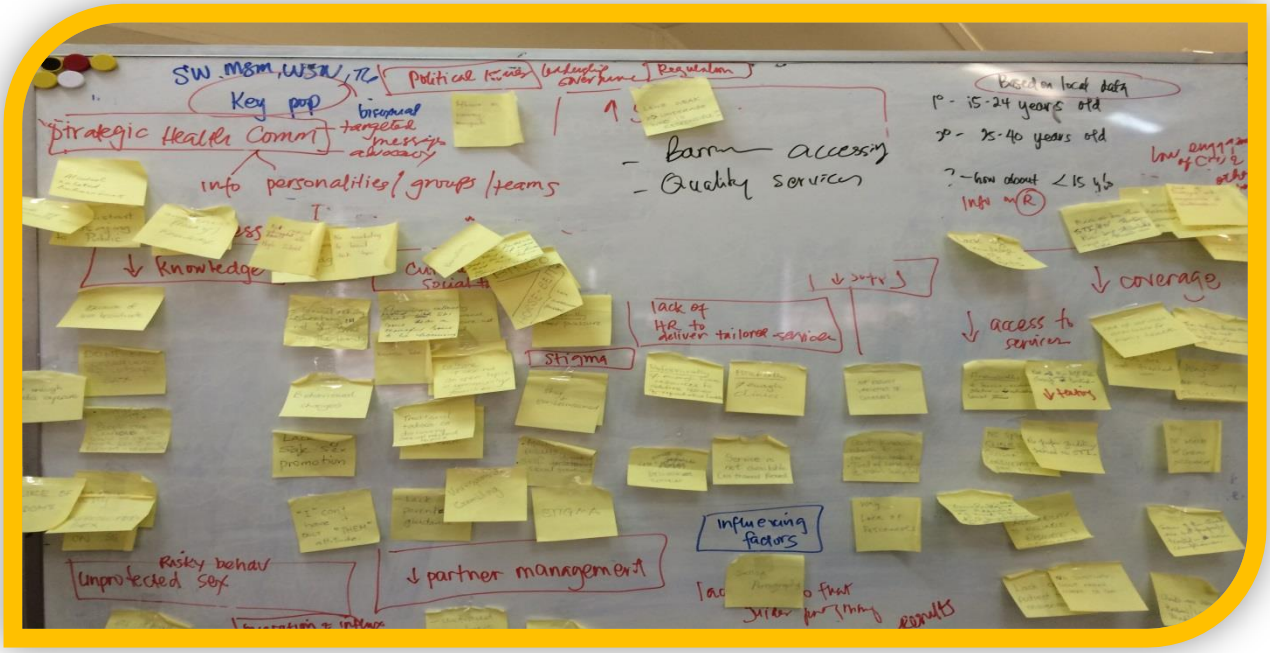
(Session conducted through individual work and open discussion)

Results of the causality analysis were used as inputs to the response analysis as the participants mapped their existing intervention and reflect whether these were still responsive to their current situation. Given the narrowing funding window, the participants were supported on how to better prioritize their response that is aimed at producing more results at service delivery areas, disease prevention and control by reaching more key populations at higher risks, and systems improvement.

In order to tailor the response, the group did a response analysis, some of the questions to be reflected upon include:

- Are the current activities/ intervention as described in the NSP still responsive to the situation?
- What are the facilitating and hindering factors/barriers towards access to services





The participants were able to identify gaps which were further clustered/classified according to the WHO's Health Systems Strengthening Six Building Blocks – information, service delivery, workforce, regulation/laboratory standards/procurement and supply management, leadership and governance, and sustainable financing.

Planning the next phase of the response

(Session conducted through group work and modified-gallery type of brainstorming)

Nauru, through this meeting workshop were also assisted, not only in the conduct of its causality and response analysis, but also, in developing their implementation plan that is tailored to the local context.

Basically, through this process the five-groups' outputs from the modified gallery-type of brainstorming (*participants divided into five groups; each group were assigned with one topic –prevention community-based;*

prevention facility-based; diagnosis, treatment, care and support community-based; diagnosis, treatment, care and support facility-based; and enabling environment (policies, stigma and discrimination, etc); each group initially given 15 minutes to work on the assigned topic; after which were requested to have a round-robin by rotating to the next topic; go over and add if there were missing items in the list; continued with the process until all groups were able to work on all the five different topics) yielded intervention that were classified by the facilitators according to the following:

1) Sustained and scaled-up
2) Set-up and start
3) Stopped and strategize/re-strategize

Sustain and scale-up

Those intervention that are working and still relevant such as provision of STI and HIV services to the antenatal clinic women and young people will be sustained. But provision of STI and HIV services should be scaled-up now to reach the key populations at higher risk, such as the sex workers, the men having sex with men (MSM), women having sex with women (WSW), transgender people; and then the vulnerable populations such as the asymptomatic women with STI, the male clients and the male partners of the antenatal clinic attendees, and the young people aged 15-25 years old.

Set-up and Start

There was consensus on the need to set-up the programme and start developing tailored responses that will increase access of health services by the sexworkers, MSM, WSM, transgender people, asymptomatic women with STI, male clients and male partners of ANC attendees. The main starting point for this work is the profiling of the key populations, mapping of cruising or hang-out sites, designing peer education programmes, designing targeted intervention and communication campaigns, and building capacities of health service providers to better equip them with the skills in dealing more appropriately with the key populations. Alongside this initiative is the enhancement in the reporting system that will capture data on the infection rates among key populations and their access of available STI and HIV services.

The participants acknowledged that the good basis for responsive programmes and intervention is the good quality of local data. Thus, the need to start addressing the gaps as identified the previous discussion. Same information will be used as inputs to the advocacy campaigns; forecasting of drugs and reagents; and monitoring and evaluation of success of funding investment in the STI and HIV programming and service provision.

Stop and strategize/re-strategize

The participants recognized the limitation of generic awareness and information campaigns and decided that to stop it and move towards targeted approaches both in designing intervention as well as health promotion campaigns.

Way Forward

In order to address the issues identified and raised by the participants during the discussion, the following action items were suggested by the participants as well:

1. On Information
    - Discussion among the service delivery points (ANC and Public Health Center) and the laboratory on the reporting requirements, collaboration, and reporting and recording system
    - Review of existing forms and mechanism of recording and reporting (individual client records, consolidated monthly/quarterly reporting templates) to capture needed data for analysis (age and sex disaggregation; STI disaggregated by type; facilities inclusion of syndromic reporting specifically urethral discharge and genital ulcer)
    - Development of simple Standard Operating Procedures on Reporting and Recording
    - Establish feedback mechanism
    - Use of generated information for programming, forecasting of drugs, testing reagents and lab consumables, inputs to advocacy briefs

2. On Service Delivery
    - Re-orientation on the HIV Testing and Counseling Algorithm
    - Development of targeted intervention and communication campaigns for key populations at higher risk, young people, asymptomatic women with STI, male clients and partners of ANC:
        - One approach suggested is the tapping of the male nurse currently assigned in the ward (build his capacity on STI Syndromic Management, HIV Testing

and Counseling to mention a few) and initiate a "male wellness center). There was a suggested place which can be explored to be used for this purpose. Need to support this model and replicate if successful.

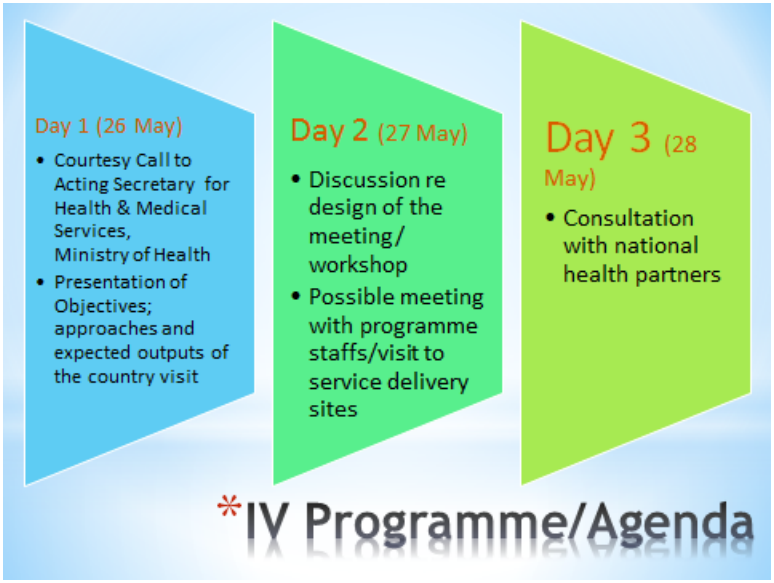
3. On Workforce
    - Build capacity of service providers to have skills in catering to key populations at higher risk
    - Build capacity of Laboratory staffs and personnel on in-country/in-house Chlamydia and Gonorrhea testing
    - Build capacity of service providers and programme planners in doing advocacy work

4. On Laboratory, Regulation, Procurement and Supply Management
    - Need to use local data in doing forecasting of drugs and reagents
    - Need to communicate with GF-Principal Recipient (SPC) on the query regarding basis for reagent type and distribution (specifically Determine which is already procured through government funds) to avoid problems on expiring reagents due to none use/over stocks or supply.

5. On Leadership and Governance
    - Need to intensify advocacy on the STI and HIV issues among decision makers and political leaders

6. On Sustainable Financing
    - Investing on intervention that will produce greatest impact on the STI situation will be prioritized to demonstrate efficient use of funds from current donors/funding sources
    - Lobbying to leaders for bigger share of allocation for STI and HIV Prevention and Control

Annex 1: Programme



Annex 2: List of Participants

Full Name	Official Destination	Address	Contact Number	Email Address
Dr Madeline Salva	Medical Officer, STI, HIV and Gender, WHO SP/DPS	Level 4, Provident Plaza One Building, 33 Ellery St. Suva Central, Fiji	(679) 3234100 (679) 8667449	salvam@wpro.who.int

Annex 3: Copy of Implementation/Operational Plan

Annex 4: Questionnaires for the Country Dialogue