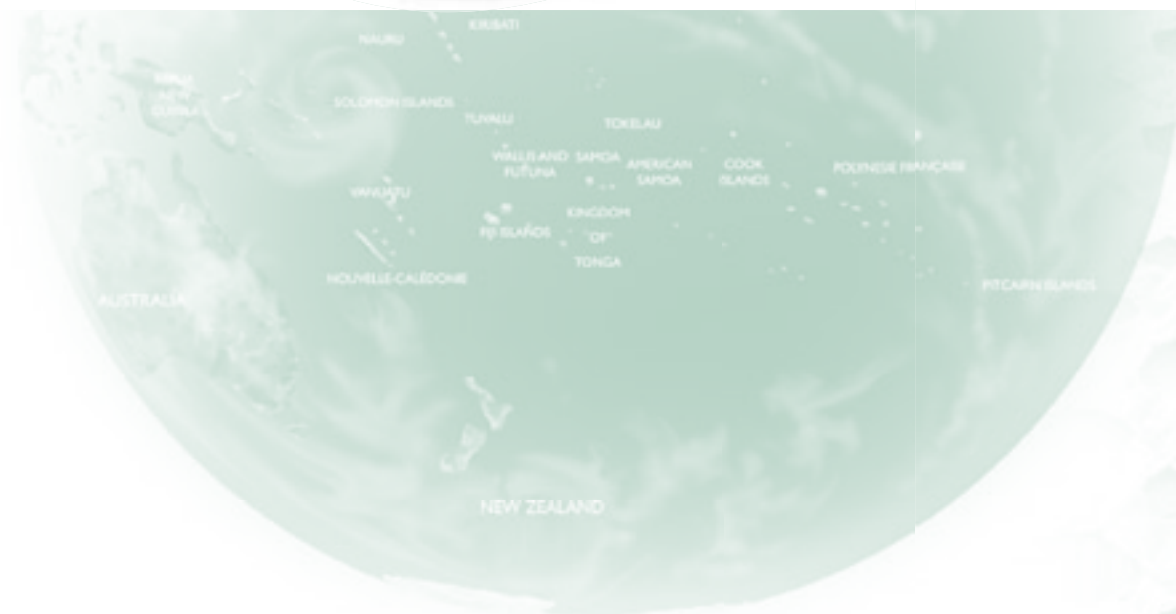


THE PACIFIC REGIONAL STRATEGY on HIV/AIDS

2004 -- 2008



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List of acronyms

AIDS	acquired immune deficiency syndrome
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
APN+	Asia-Pacific Network of People Living With HIV/AIDS
AusAID	Australian Agency for International Development
BCC	behavioural change communication
CBO	community-based organisation
CNMI	Commonwealth of Northern Mariana Islands
CRGA	Committee of Representatives of Governments and Administrations
CROP	Council of Regional Organisations in the Pacific
CRIS	country response information system
GDP	gross domestic product
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV/AIDS
HIV	human immunodeficiency virus
ICAAP	International Congress on AIDS in Asia and the Pacific
ICW+	International Community of Women Living with HIV/AIDS
MDGs	Millennium Development Goals
NGO	non-governmental organisation
PIAF	Pacific Islands AIDS Foundation
PIASPP	Pacific Islands AIDS and STD Prevention Program
PICTs	Pacific Island countries and territories
PIFS	Pacific Islands Forum Secretariat
PIRMCCM	Pacific Islands Regional Multi-Country Coordinating Mechanism
PLWHA	People living with HIV/AIDS
RSRG	Regional Strategic Reference Group
SPATS	South Pacific Association of Theological Schools
SPC	Secretariat of the Pacific Community
SPOCC	South Pacific Organisations Coordinating Committee
STD	sexually transmitted disease
STI	sexually transmissible infection
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund (formerly United Nations Fund for Population Activities)
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund (formerly United Nations International Children's Emergency Fund)
USAID	United States Agency for International Development
VCCT	voluntary, confidential counselling and testing
WCC	World Council of Churches
WHO	World Health Organization
WTO	World Trade Organization

Foreword

Pacific Islands Forum Secretariat



HIV/AIDS is a global problem. Over the last three years, Forum Leaders have given urgent and sustained attention to this critically important issue. Regrettably, the Pacific region is not immune to the spread of HIV/AIDS, as shown by the rapid increase in the number of cases being reported.

Pacific Island Leaders, during the Pacific Islands Forum Meeting in 2003, called for the development of a regional strategy on HIV/AIDS. The Secretariat of the Pacific Community (SPC) was charged with the responsibility for developing and subsequently coordinating the implementation of this strategic response. Following extensive consultation with Pacific countries, territories, regional stakeholders and development partners, the strategy was presented to the 34th Meeting of Forum Leaders in 2004. The meeting endorsed it and called for the development of an implementation strategy.

The Pacific Regional Strategy on HIV/AIDS (2004-2008) builds on a vision for the Pacific, where the spread and impact of HIV/AIDS is halted and reversed; where leaders are committed to leading the fight against HIV/AIDS; where people living with and affected by HIV are respected, cared for and have affordable access to treatment; and where all partners commit themselves to these collective aims with the spirit of compassion inherent in Pacific cultural and religious values. The goal of the strategy is to reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus.

The strategy provides a framework for national and regionally funded activities throughout the Pacific. It has three main purposes: to increase the capacity of the Pacific Island countries and territories to provide an effective and sustainable response to HIV/AIDS; to strengthen coordination, and mobilize resources and expertise; and to assist countries to achieve and report on their national and international targets for HIV/AIDS.

The principles underlying the Pacific Regional HIV/AIDS Strategy (2004-2008) and the evolving Pacific Plan have much in common. Both aim for enhanced collaboration on behalf of Pacific people, and both recognise that working together in partnership is essential to success.

Greg Urwin
Secretary General
Pacific Islands Forum Secretariat

Secretariat of the Pacific Community



HIV/AIDS is now a generalized epidemic in Papua New Guinea (PNG), and while the rest of region is deemed a low-prevalence environment, the number of HIV positive cases continues to grow. It is widely recognized that HIV/AIDS has the potential to decimate not only the health status of Pacific populations but also the social and economic fabric underpinning our communities. If the spread of infection goes unchecked, it will place high and unaffordable demands on countries and territories in the region.

Because of the threat posed by HIV/AIDS not only to health but also to development and society in the Pacific, SPC has identified responding to the epidemic as a major strategic priority for the organisation, and sees itself as being centrally involved in the region's response. This is also consistent with the commitment by SPC to work with the region to achieve the United Nations Millennium Development Goals, one of which is "Combat HIV/AIDS, Malaria and other diseases". Controlling HIV/AIDS is also seen as fundamental to achieving the goal of "Healthy Islands", the principle that guides public health action in the Pacific. The purpose of our involvement is to work with PICTs, NGOs, other regional organisations and donors to substantially limit the future spread of the infection in the region.

Over the last 20 years the region has learnt that confronting HIV/AIDS requires strong political commitment and leadership; supportive legislative and policy frameworks; enhanced access to treatment, prevention, care and support for PLWHA; approaches based on human rights to combat stigma and discrimination; the promotion of gender equality; and the active participation of PLWHA and affected communities. It is imperative that Pacific island countries and territories, international organisations and development partners work together to effectively respond to the impact and threat of HIV/AIDS in our own region.

We have come to know more about HIV/AIDS, acquiring new skills and tools to respond to this burgeoning epidemic over the years. The Pacific Regional HIV/AIDS Strategy (2004-2008) recognizes that strong, decisive and compassionate leadership is critical. While prevention remains the key priority for the region, consideration must also be given to assisting those living with or affected by the disease. Involvement of PLWHA, addressing stigma and discrimination, improved access to care and treatment, and addressing vulnerability are pillars of successful interventions.

We have learnt from other regions in the world that approaches to prevention, care and treatment must be sustained and comprehensive to effectively address the pandemic. Not only do antiretroviral therapies improve the lives of people living with HIV/AIDS, improving treatment access also supports effective prevention. Ultimately, when these other aspects are in place, prevention works when people are provided with accurate information and tools so that they can protect themselves.

SPC applauds the collaborative input of countries, territories, regional stakeholders and development partners in the development of this strategy. We also look forward to addressing the challenges that confront us in collectively ensuring that well-coordinated and evidence-based interventions are implemented in our quest to fight HIV/AIDS in the region, thereby enhancing the health of Pacific populations.

Ms Lourdes Pangelinan
Director-General
Secretariat of the Pacific Community

Acknowledgements

The Pacific Regional Strategy on HIV/AIDS 2004–2008 was developed through an extensive consultative and participatory process to ensure that it fully reflects the uniqueness of the Pacific region. The process involved consultations in many Pacific Island countries and territories and meetings with a broad range of stakeholders to identify the issues that could be best addressed at a regional level. Questionnaires were used to solicit the views of those who could not be consulted in person.

The Pacific regional strategy builds on lessons learned by countries outside the region that have successfully halted and reversed the spread of HIV/AIDS. It also takes into account lessons learned in countries where the fight against the disease has been less successful.

The Secretariat of the Pacific Community (SPC) wishes to acknowledge the contributions that governments, faith-based organisations, individuals, non-governmental organisations and regional and international organisations have made to the development of the strategy. Throughout the process, the members of the Regional Strategic Reference Group provided guidance and additional expert advice.

SPC also wishes to acknowledge financial support from the Australian Government, through the Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, for activities relating to the development of this strategy.

Executive summary

Community and cultural values, traditional and family support systems and religious beliefs play a central part in the lives of peoples across the Pacific. Development initiatives must recognise the importance of these factors if they are to be effective and sustainable. Within this context, the new regional HIV/AIDS strategy aims to guide the response of the region to the pandemic during the next five years. Globally, the HIV/AIDS pandemic is already having a devastating impact. In the Pacific, failure to effectively prevent its spread will pose a direct and significant threat to the sustainable health, economic and social development goals of our communities.

HIV was first reported in a Pacific Islands country in 1984; 8268 confirmed HIV infections and 1672 AIDS cases have been subsequently reported. Over 95% of reported HIV infections have been from five Pacific Island countries and territories (PICTs): French Polynesia, Guam, New Caledonia, Fiji and Papua New Guinea. In addition, there are almost certainly many unreported cases throughout the region. The region has several significant risk factors for HIV transmission: the high proportion of young people in the population; significant movement of people into, through and out of the region; and, in particular, high rates of other sexually transmitted infections (STIs) and teenage pregnancies. Limited economic opportunities and weak economies compound the vulnerability of PICTs.

There are 11 key challenges to addressing HIV/AIDS in the region: inadequate surveillance and monitoring capacity at all levels; long distances and communication difficulties; the need to provide sustained leadership at all levels; lack of resources; culture as a barrier to information and prevention initiatives, including lack of understanding of gender relations; lack of capacity in all aspects of HIV response and at all levels; difficulty in sustaining comprehensive national responses; the need for coordination at national and regional levels; the need to deal with vulnerable groups; the need to address stigma and discrimination; and the need to build capacity to provide treatment to those with AIDS.

In 2002, the Pacific Islands Forum meeting discussed HIV/AIDS for the first time and acknowledged that HIV/AIDS was a development issue and could have a devastating impact on the economies, societies and security of the region. In August 2003, leaders again discussed HIV/AIDS and called for a regional strategy on HIV/AIDS to be developed by the 2004 forum.

The development of the strategy

The Pacific Regional Strategy on HIV/AIDS 2004–2008 was developed through an extensive consultative process, taking into consideration the uniqueness of the Pacific region and issues related to HIV/AIDS, including lessons learnt from countries that have successfully halted and reversed the spread of HIV/AIDS.

Following the regional HIV/AIDS coordinating meeting in October 2003 in Nadi, Fiji, a Regional Strategic Reference Group (RSRG) was established. The group comprised representatives from the main sub-regions of the Pacific, including the American-affiliated Pacific Island countries and the French territories, people living with HIV/AIDS, non-governmental organisations (NGOs), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and technical agencies. The RSRG met on two occasions (March and April 2004) to discuss and formulate the strategy, drawing on the findings of the review of the 1997–2000 regional strategy and on a situational analysis to identify emerging issues.

The concepts and components of the strategy were discussed at two RSRG meetings in Suva, Fiji (March and April 2004); at the Joint Fiji Great Council of Chiefs–UNAIDS meeting on “Accelerating Action Against HIV/AIDS in the Pacific”, Vuda, Fiji (March 2004); at the World Council of Churches (Pacific Office) meeting in Nadi (March 2004); at the Regional Workshop on HIV/STI Surveillance in Nadi (May 2004); at the Council of Regional Organisations in the Pacific (CROP) Working Group on Health and Population meeting in Suva (May 2004); and at the Pacific Regional Consultation on Gender and Development in Nadi (May 2004).

Following the UNAIDS–Great Council of Chiefs Regional Workshop on Accelerating Action Against AIDS in the Pacific in March 2004, the first draft of the strategy was widely distributed for consultation. The second draft was produced and distributed for further consultation following the second RSRG meeting in April 2004.

The region has diverse cultures and religious backgrounds, and differing national HIV epidemics. A major challenge has therefore been to accommodate varying views and concerns, whilst also producing a strategy that is based on universal principles such as leadership, prevention, reducing vulnerability, care, support and treatment — a strategy that “feels and smells” like the Pacific and at the same time is based on sound practices that can be implemented with tangible outcomes.

Key direction of the strategy

The regional strategy will support national efforts to prevent and control HIV/AIDS and strengthen work at the regional level through improved coordination, collaboration and partnership between regional organisations and national programmes. It will also support national efforts to prevent and control HIV/AIDS and national efforts against other STIs.

The goal of the strategy is to reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus in Pacific communities. The strategy has three main components:

- to increase the capacity of PICTs to achieve and sustain an effective and sustainable response to HIV/AIDS;
- to strengthen coordination of the regional-level response and to mobilise resources and expertise to help countries to achieve their targets;
- to assist PICTs to achieve and report on their national and international targets in response to HIV/AIDS.

The strategy is framed within 11 principles that acknowledge the traditional, cultural and religious values of the Pacific communities. It affirms the protection and promotion of human rights; is based on partnerships and a multi-sectoral approach; and uses an approach that is sensitive to gender differences and the concerns of vulnerable groups.

Strategic areas and key actions

The strategy builds on eight Pacific themes:

- leadership;
- a safe and healthy Pacific Islands community;
- access to quality services;
- human rights and greater involvement of people with and affected by HIV/AIDS;
- coordination, collaboration and partnership;
- funding and access to resources;
- planning, monitoring and evaluation, surveillance and research activities;
- addressing vulnerability.

Building on these themes, the strategy defines thematic objectives, strategies and key actions. It clearly articulates a five-year plan for implementation by regional governments, and organisations including NGOs and media, regional agencies and development partners.

During the implementation phase, reviews, monitoring and evaluation will be conducted to ensure that the aims of the strategy are achieved.

1 Introduction

The vision

Our Pacific region where the spread and impact of HIV/AIDS is halted and reversed; where leaders are committed to lead the fight against HIV/AIDS; where people living with and affected by HIV are respected, cared for and have affordable access to treatment; and where all partners commit themselves to these collective aims within the spirit of compassion inherent in Pacific cultural and religious values.

Community and cultural values, traditional and family support systems and religious beliefs play a central part in the lives of peoples across the Pacific. Public health initiatives must recognise the importance of these factors if they are to be effective and sustainable. The Pacific Regional Strategy on HIV/AIDS 2004–2008, which aims to guide the response of the region to the pandemic during the next five years, has been developed within this context. In order to protect Pacific peoples from HIV infection while caring for and supporting those who are HIV positive, this new strategy advocates a regional approach where nations work together to develop more effective responses to HIV/AIDS.

The strategy will support national efforts to prevent and control HIV/AIDS. It will also support national efforts against other sexually transmissible infections (STIs) because they are a key risk factor for the transmission of HIV in the Pacific. As well, the strategy will strengthen work at the regional level through improved coordination, collaboration and partnerships between regional organisations and national programmes.

The first case of HIV/AIDS in the Pacific region was reported in 1984. Since then, 8268 confirmed HIV infections and 1672 AIDS cases have been reported. The region's response to the spread of HIV/AIDS has been largely led by donors, focusing on HIV/AIDS as a health issue and working mainly through ministries of health.

In particular, the World Health Organization (WHO), the Australian Agency for International Development (AusAID) and the United States Agency for International Development (USAID) provided funding to help the Secretariat of the Pacific Community (SPC) implement its Pacific Islands AIDS and STD Prevention Program (PIASPP), a programme that was launched by Tonga's Bishop Finau at the Council of Regional Government and Associations (CRGA) meeting in 1990.

“AIDS challenges us all to be better human beings.”

Bishop Finau

“...we must keep stressing that HIV and AIDS are not just a health issue, that this virus affects all sectors of the community. It is therefore the responsibility of the community as a whole to assist in efforts to develop and deliver appropriate responses.”

Her Excellency Adi Lady Lalabalavu Mara CF

The first Pacific regional strategy built on the findings of a review of the PIASPP, on a United Nations (UN) document on HIV/AIDS in the Pacific¹ and on analysis of the evolving role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the region. The 1997–2000 Regional Strategy for the Prevention of STD/AIDS in Pacific Island countries and territories (PICTs) provided a framework for seeking additional funds and outlined the roles and expectations of regional organisations and PICTs. It was launched at SPC’s CRGA meeting in Canberra in 1997 and later endorsed by the meeting of representatives of the South Pacific Organisations Coordinating Committee (SPOCC, now the Council of Regional Organisations in the Pacific, CROP) in May 1998. Since then, a number of activities and initiatives on HIV/AIDS have been developed and carried out within the region by governments, community groups, non-governmental organisations (NGOs), regional organisations, multilateral agencies and bilateral development partners.

The first conference on Pacific regional HIV/AIDS and STIs was held in Nadi, Fiji, in 1999². Among other things, it reviewed the progress of implementation of the 1997–2000 regional strategy on HIV/AIDS. The conference was opened by the then First Lady of Fiji, Her Excellency Adi Lady Lalabalavu Mara CF.

Since that time, the situation has evolved and new issues have emerged. At a regional consultation workshop on HIV/AIDS held in Nadi, Fiji, in 2001³, following the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, there was a call to strengthen the regional response to accommodate commitments by PICT leaders, to redevelop the regional strategic HIV/AIDS framework, to coordinate regional activity, to publicise the need to effectively address the issue in the region, and to support national action on HIV/AIDS.

Eleven elements of the UNGASS Declaration of Commitment (2001)

- | | |
|--|---|
| <i>1. Leadership</i> | <i>7. Alleviating social and economic impacts</i> |
| <i>2. Prevention</i> | <i>8. Research and development</i> |
| <i>3. Care, support and treatment</i> | <i>9. HIV/AIDS in conflict and disaster affected regions</i> |
| <i>4. HIV/AIDS and human rights</i> | <i>10. Resources</i> |
| <i>5. Reducing vulnerability</i> | <i>11. Follow-up</i> |
| <i>6. Children orphaned by HIV/AIDS</i> | |

¹ See HIV/AIDS and human development in the Pacific, later edited and printed as Time to act: The Pacific response to HIV/AIDS, January 1996, United Nations Development Programme, Suva, Fiji.

² See First Pacific regional HIV/AIDS and STD conference: Conference proceedings, Secretariat of the Pacific Community, Noumea, New Caledonia.

³ See report on the AusAID–SPC consultative workshop for the regional program on HIV/AIDS and sexually transmitted infections, Secretariat of the Pacific Community, Noumea, New Caledonia.

Excerpts from the Forum Communiqué 2002

“...Leaders expressed serious concern over the continued rate of HIV/AIDS transmission in Forum Island Countries, and acknowledged that HIV/AIDS was a development issue and could have devastating impact on the economies, societies and the security of the region. Leaders affirmed that strong government leadership generated the most effective responses to HIV/AIDS and committed to implementing their national HIV/AIDS strategies and addressing some of the constraints faced by their national governments.”

In 2002, participants in the Pacific Islands Forum meeting discussed HIV/AIDS for the first time. They supported regional initiatives and agreed that they would prepare a Pacific regional application to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In 2003, leaders again discussed HIV/AIDS; they agreed on a communiqué that reaffirmed their commitment and called for a new regional strategy to be prepared for consideration at their 2004 meeting.

2 *Goal, purposes and overarching principles*

2.1 *The goal*

To reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus in Pacific communities.

2.2 *Purposes*

The purposes of the Pacific Regional Strategy on HIV/AIDS 2004–2008 are to:

- increase the capacity of PICTs to achieve and sustain an effective response to HIV/AIDS;
- strengthen coordination of the regional-level response and mobilise resources and expertise to assist countries to achieve their targets;
- help PICTs to achieve and report on their national and international targets in response to HIV/AIDS.

2.3 *Overarching principles*

The strategy:

- acknowledges traditional, cultural and religious values of Pacific communities that are based on compassion and reconciliation;
- affirms the protection and promotion of human rights;
- emphasises the need for leadership and non-partisan political support and commitment;
- respects existing programmes and structures that put people first;
- involves affected individuals and communities at all levels of the development and implementation of services, programmes and policy;
- is linked to other global, regional and national strategies, including commitments made at UNGASS and the millennium development goals (MDGs);
- is based on partnerships and a multi-sectoral approach;
- seeks support for facilitation of a continuum of care and support for people living with HIV/AIDS, and access to quality and affordable treatment;
- includes a major focus on prevention, health promotion and behavioural change communication strategies as captured in the themes of the Healthy Islands approach;
- emphasises the need for ongoing and sustainable funding support;
- is based on an approach sensitive to gender and vulnerable groups.

3 Background

3.1 HIV/AIDS in the Pacific

The HIV/AIDS pandemic is having enormous health, social and economic consequences throughout the world. In the Pacific, failure to effectively prevent its future spread will pose a direct and significant threat to the sustainability of the health, economic and social development goals of Pacific communities.

HIV/AIDS EPIDEMIC: GLOBAL SUMMARY AT DECEMBER 2003

Number of people living with HIV/AIDS	40 million (34–46 million)
People newly infected with HIV in 2003	5 million (4.2–5.8 million)
AIDS deaths in 2003	3 million (2.5–3.5 million)

Source: AIDS Epidemic Update, December 2003, UNAIDS and WHO, Geneva.

“HIV/AIDS is a generalized epidemic in Papua New Guinea. We could be just seeing the tip of the iceberg in the rest of the Pacific region, partly due to inadequate surveillance, but most importantly because we fail to acknowledge its existence”.

Source: Dr Dennie Iniakwala, HIV/AIDS and STI adviser, “Situational and response analyses for HIV/AIDS and STI prevention, control, care and support services in the Pacific region in relation to the components of the 1997–2000 regional AIDS/STD strategic plan”. March 2004, HIV/AIDS Section, SPC, Noumea, New Caledonia.

Table 1 HIV/AIDS in Pacific Island countries and territories: Cumulative officially reported HIV cases (including AIDS) and rates per 100,000 population as at 31 December 2003

Country cases	HIV/AIDS			Population at June 2003	Cumulative incidence rate per 100,000	AIDS cases ^a
	Total	Males	Females			
American Samoa	2	1	1	61,400	61,400	1 (0)
Cook Islands	1	1	0	17,800	5.6	0 (0)
Federated States of Micronesia	14	9	5	112,600	12.4	7 (3)
Fiji	142	88	54	831,600	17.1	25 (15)
French Polynesia	229	137	92	250,000	91.6	77b (56 ^b)
Guam	176	151	24	162,500	103.4	68 (42)
Kiribati	42	28	14	88,100	47.7	19 (19)
Marshall Islands	9 ^c	3	2	54,000	16.7	2b (2 ^b)
Nauru	1	1	0	12,100	8.3	0 (0)
New Caledonia	263 ^c	193	68	235,200	111.8	99 (58)
Niue	0	0	0	1650	0	0 (0)
Northern Mariana Islands	25	15	10	75,400	33.2	11 (7)
Palau	4	2	2	20,300	19.7	2 (2)
Papua New Guinea	7327	3670	3657	5,617,000	130.4	1336 ^b (n/a)
Pitcairn	0	0	0	50	0	0 (0)
Samoa	12	8	4	178,800	6.7	8 (8)
Solomon Islands	2	1	1	450,000	0.4	1 (0)
Tokelau Islands	0	0	0	1500	0	0 (0)
Tonga	13	9	4	101,700	12.8	11 (11)
Tuvalu	9	8	1	10,200	88.2	2 (2)
Vanuatu	2	0	2	204,100	1.0	2 (0)
Wallis and Futuna	2	1	1	14,800	13.5	1 (n/a)
Total	8268	4326	3942	8,500,800	97.2	1672 (n/a)

Notes:

n/a = not available

a Numbers in brackets indicate deaths from AIDS

b Cases as of December 2001.

c Includes some cases where sex was not recorded.

Source: Health departments of relevant countries and territories.

In most PICTS, HIV is less prevalent than in many other parts of the world. However, the number of people infected and affected is growing and the rate of increase is alarming. Some 8268 HIV infections and 1672 AIDS cases have been reported in PICTs since 1984. Over 98% of reported HIV infections have been from five PICTs — French Polynesia, Guam, New Caledonia, Fiji and Papua New Guinea. Some 89% of infections occur in Papua New Guinea. Papua New Guinea official statistics suggest there are as many as 7320 cases there, but the World Bank estimates that at least 50,000 people in Papua New Guinea live with the virus, and the disease seems to be spreading rapidly⁴. In addition, there are certainly many unreported cases throughout the region because testing facilities are not available and because there is a generally low level of surveillance.

3.2 Economic impact

The social and economic costs of HIV/AIDS are enormous and the disease disproportionately affects two groups in the Pacific region. First, it disproportionately affects the most productive members of society — young and middle-aged adults. In Kiribati⁵, for instance, most HIV cases are reported among seafarers, an important working group in that country. Costs are also incurred by wives who are infected and unable to contribute to the welfare of their families and communities. Second, the disease disproportionately affects poorer communities. In addition to causing suffering and death, it contributes to worsening poverty because people are unable to work, drop out of school and lose savings and investments.

Most PICTs have limited resources for health care services. The cost of treating HIV/AIDS adds more strain to systems already finding it hard to cope with the disease burden imposed by other communicable and non-communicable diseases. Health care costs will increase and resources might be diverted away from other socio-economic development activities.

The HIV/AIDS epidemic has had a devastating impact in other parts of the world, especially in sub-Saharan Africa. Lessons learnt from that experience should clearly indicate to the Pacific that HIV/AIDS must be addressed effectively now. It is imperative that PICTs, international organisations and donor partners work together.

3.3 Risk factors

HIV prevalence is relatively low in most countries in the region, but there are significant risk factors for HIV transmission. In particular, there is a very high prevalence of other STIs and high rates of teenage pregnancy, indicating a high prevalence of risk-taking behaviours and low use of condoms. Some STIs make transmission of HIV easier, so better STI detection and treatment, with a reduction in STI incidence and prevalence, can substantially reduce HIV transmission. Strategies to improve the management of STIs are an important component of HIV/AIDS prevention and control plans for all PICTs.

The high prevalence of STIs other than HIV/AIDS is not the only risk factor in the Pacific. Other risk factors include a significant amount of travel into, out of and within the region and

⁴ “The stigma of AIDS in Papua New Guinea”, ABC Go Asia Pacific in Focus, 12 May 2004.

⁵ Kiribati HIV/AIDS Task Force Annual Report 2003, Ministry of Health, Kiribati, (unpublished).

practices such as tattooing and polygamy. Further challenges are posed by uneven levels of development, the inequalities faced by women in all aspects of their lives, the increasing levels of violence against women, and variable access to health services, both preventive and curative. In addition, high rural populations make the provision of services and information more difficult. Moreover, limited economic opportunities and high levels of unemployment sometimes force people to engage in sex work as a means of generating income. In areas of conflict and social unrest, there is a high incidence of forced sex and gang rapes.

Cultural taboos prevent open discussion of sexual matters. Other customary practices and cultural norms may condone or encourage multiple sex partners. Wet nursing has been found to be spreading the virus in Papua New Guinea. Religious beliefs that are interpreted in a way that discourages the use of condoms may contribute to unsafe sex and unwanted pregnancies, including misconceptions that marriage protects individuals from HIV/AIDS.

Young people and women are the most at-risk population groups in PICTs. Most PICTs have a relatively young population, and it is important to target this sector of the population. In Vanuatu⁶, for instance, many young people are sexually active and vulnerable to STIs and HIV through unprotected sex. A key element of a strong and effective response to HIV/AIDS in the Pacific will be to provide young Pacific Islanders with an environment in which young men are encouraged to treat young women with respect and care and in which young people protect themselves from HIV/AIDS and simultaneously from other STIs and unwanted pregnancies.

HIV/AIDS is a gender issue⁷. It affects both men and women, but women are more vulnerable for biological, epidemiological and social reasons. Throughout the world, the epidemic is more pronounced in situations where macro policies lead to increased gender disparities. The spread of HIV/AIDS can be slowed only if meaningful changes are brought about in the sexual behaviour of men. A gender-based response will recognise different power relationships and work towards reducing gender disparities and differences.

Gender plays a role in making women vulnerable to HIV infection partly because of disparities in decision-making capacities and power relations between men and women. For instance, in Papua New Guinea⁸, men may exploit the vulnerability of women or undermine their value because of enshrined customary values and practices; often, rape is perceived to be legal and is not condemned or regarded as an act of sexual violence. In Fiji⁹, 8 out of 10 domestic workers indicate that they may leave their workplace because of physical or sexual abuse. This results in increased poverty. Moreover, many of these women (often deserted wives) resort to sex work, again demonstrating the vulnerability of women.

The age at which women are being infected with HIV/AIDS is decreasing. For instance, in Fiji¹⁰ females accounted for 25% of HIV-positive cases in the 19–29 age group in 1989 compared to more than 40% in 1998–2003. Most of these women are in a single-partner relationship and/or are housewives so there is a paradox — behaviour that should be low-risk is actually associated with high vulnerability. The women are at risk not because of their own behaviour but because of the behaviour of their partners, because of their socio-economic situation and because of cultural/traditional practices.

⁶ Emele Niras, Young Peoples Project, 1997, National Cultural Centre, Port Vila, Vanuatu.

⁷ See Regional Project HIV & Development Asia and the Pacific, Newsletter, 1(1), April 1999.

⁸ C. Jenkins, "An epidemic with a future?", 1993, WorldAIDS 29(2).

⁹ See "Soroptimists and SPC co-operate", 1994, Pacific AIDS Alert Bulletin, 9: 8.

¹⁰ See Fiji Ministry of Health 2003 Annual Report on HIV/AIDS Data, 1989–2003, Suva, Fiji (unpublished)

3.4 Tuberculosis in the Pacific

For the past 10 years, many PICTs have had a relatively high prevalence of tuberculosis (TB), with low case detection rates. TB is a common co-infection with HIV/AIDS, so there is significant cause for concern. It is estimated that¹¹, in the 22 SPC member PICTs, 16,000 people become sick with TB every year and 50% of these are infectious cases. However, on average only about 9,000 new TB cases have been diagnosed annually since 1995. There is a need to implement strategies that recognise the relationship between TB and HIV/AIDS — for example, to provide adequate HIV testing for all TB patients to ensure appropriate care and support for those affected.

¹¹ See “Tuberculosis Control in the WHO Western Pacific Region”, 2003 WHO Report, Manila, Philippines.

4 The Pacific regional response

4.1 Responses and challenges in the region

Regional events

Early 1980s	Most activity through general population awareness
Mid-1990s	Multi-sectoral approach through national multi-sectoral strategic plans and actions
1999	First regional conference on HIV/AIDS (February)
2001	UNGASS, New York (June) ICAAP meeting, Melbourne (October)
2002	First information workshop on the Global Fund (June) Launch of PIAF (July) Pacific Leaders Forum (August) First Meeting of the PIRMCCM (October) UNICEF/ Regional Youth Congress, HIV/AIDS (September) SPATS regional conference on HIV/AIDS (September)
2003	WHO–SPC Health Ministers Meeting (March) Second meeting of the PIRMCCM (March) Approval of Franco-Australian Pacific Regional HIV/AIDS and STI Initiative (July) Approval of component 2 of the AusAID funded Pacific HIV/AIDS project (August) APLF Pacific component discussions (July/Aug) and APLF Shared Learning Workshop meeting in Madang (Samoa, Fiji, Kiribati, Solomon Islands and Papua New Guinea) (October 2003) Pacific Forum Leaders Communiqué (August) HIV/AIDS/STI adviser appointed (September) UNAIDS coordinator took up post (August/September) Third Meeting of PIRMCCM (October) Signing of grant agreement for the GFATM (June) Regional HIV/AIDS stakeholders coordinating meeting (October)
2004	UNAIDS/ Great Council of Chiefs Regional Workshop on Accelerating Action Against AIDS in the Pacific (March)

The Pacific region began to respond to the challenges of HIV/AIDS in the early 1980s when the first case of HIV was reported in the region. It was not until the mid-1990s, however, following a meeting of health directors and ministers, that SPC was strongly urged to seek and secure funding for a regional meeting of national AIDS managers, NGOs and church leaders to assist in developing a multi-sectoral strategy for AIDS/STI education and prevention for PICTs. The 1996 report *Time to Act* provided the basis for the first regional strategy, from 1997 to 2000.

Since then, there has been increased momentum in the Pacific response, as indicated by a number of milestones. For example, in 1999, the 16th meeting of the directors and ministers of health resolved that SPC should continue to work in the area of HIV/AIDS and STIs in partnership with national governments, NGOs and regional agencies to implement the Regional Strategy for the Prevention of AIDS and STD, building on successes such as the First Pacific Regional Conference on HIV/AIDS (February 1999).

In August 2002, 11 PICTs agreed to submit a proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The proposal was accepted and the grant agreement was signed in June 2003 with the project commencing the following month. A regional HIV/AIDS initiative supported by the Australian and French governments commenced in January 2004. This initiative is assisting PICTs to develop a regional strategy on HIV/AIDS, develop and to implement national strategies on HIV/AIDS, and strengthen HIV and STI surveillance in the region.

The regional initiatives, including meetings, conferences and forums, have produced growing awareness of the key challenges in the region. These include:

- inadequate surveillance and monitoring capacity at all levels;
- long distances and communication difficulties;
- the need to provide sustained leadership at all levels;
- lack of resources;
- the tendency for culture to act as a barrier to information and prevention initiatives;
- lack of capacity in all aspects of HIV response and at all levels;
- difficulty in sustaining comprehensive national responses;
- the need for coordination at national and regional levels;
- the need to deal with vulnerable groups, including gender training and awareness;
- the need to address stigma and discrimination;
- the need to build capacity to provide treatment to those with AIDS.

¹² “Time to act: The Pacific response to HIV/AIDS”, United Nations Development Programme, January 1996, Suva, Fiji.

4.2 Lessons learnt

Since the first regional strategy was implemented in 1997, there have been several innovative approaches from individual countries, providing lessons on what works and what needs to be improved, such as in the areas of political leadership and national mobilisation.

Kiribati has established a joint committee on HIV/AIDS and TB made up of three members of parliament and at least three people from the national task force, showing that people at a senior political level are committed to effectively tackling HIV/AIDS issues.

Papua New Guinea established a National AIDS Council under an act of parliament in 1997; it passed an anti-discrimination law in 2002 and the HIV/AIDS Management and Prevention Act in 2003. A parliamentary committee on HIV/AIDS was formed in 2004.

Fiji has benefited greatly from the commitment of leaders at the highest level, including the President and the Great Council of Chiefs. This is also reflected in the increase in the national budget provision for HIV/AIDS.

Samoa and the French territories provide free HIV/AIDS treatment to people living with HIV/AIDS.

Over the last 20 years the region has learnt that confronting HIV/AIDS requires strong political commitment and leadership; supportive legislative and policy frameworks; enhanced access to treatment, prevention, care and support for people living with HIV/AIDS; approaches based on human rights to combat stigma and discrimination; the promotion of gender equality; and the active participation of people living with HIV/AIDS and affected communities.

PICTs have learnt from other regions in the world that approaches to prevention, care and treatment and impact mitigation must be sustained and comprehensive in order to effectively address the pandemic. Antiretroviral therapies improve the lives of people living with HIV/AIDS, and better access to treatment helps to prevent the spread of disease. When these measures are in place, prevention works when people are provided with accurate information and tools so that they can protect themselves.

5 Opportunities for a Pacific thematic response

Experiences and initiatives in the region and lessons learnt to date have helped to define the major themes of an effective regional response to HIV/AIDS. These themes highlight broad areas that require strengthening and enhancement at the regional level in light of the challenges and gaps identified regionally. The thematic areas do not specifically state the 11 elements of the UNGASS commitment, but these elements can be correlated meaningfully with the themes of the strategy in the Pacific context (Table 2.)

	Pacific theme	What it entails	Element of UNGASS commitment
1	Leadership	Regional, national and community leaders work together to address HIV/AIDS in the Pacific, involving both political and traditional leadership.	Leadership
2	A safe and healthy Pacific Islands community	The Pacific community is a close knit one. Working within and across sectors is important and also complements the vision of the Healthy Islands initiatives in the Pacific region.	Prevention
3	Access to quality services	This builds on a continuum of treatment, care and support that is accessible to all, and on the support and care provided by families and communities – a norm in the Pacific.	Care, support and treatment
4	Human rights and greater involvement of people living with and affected by HIV/AIDS	There is respect for human rights in relation to people living with HIV/AIDS. Based on these rights, people living with HIV/AIDS should be actively involved and supported through networks and the interface with mainstream services.	HIV/AIDS and human rights Reducing vulnerability Children orphaned by HIV/AIDS Alleviating social and economic impacts
5	Coordination, collaboration and partnership	There is a coordination mechanism with roles and an enabling system that facilitates working as a team in responding to HIV/AIDS in the region.	HIV/AIDS in conflict and disaster affected regions Resources

6	Funding and access to resources	This involves advocating for increases in national budgets as well as better management of resources and funding support for regional activities, including human resources.	Resources
7	Planning, monitoring and evaluation, surveillance and research	There is strengthening of the capacity of countries to plan, monitor and evaluate their national responses to HIV/AIDS. Research and surveillance activities assist countries to improve their responses and interventions.	Research and development Follow-up
8	Addressing vulnerability	Recognising that there are vulnerable populations, interventions must target groups such as young people, women, men and transgender and other vulnerable groups.	Reducing vulnerability

6 Pacific regional strategy: themes and key actions

PACIFIC THEME 1:

Leadership

Objective

To achieve strong commitment and action from all leaders for the prevention of HIV transmission, including care and support for those affected by the virus.

Strategy

Advocate for the engagement and sustained commitment of leaders to the prevention of HIV/AIDS as a multi-sectoral issue through all forums and meetings.

Key actions

- Establish a Pacific leadership programme that promotes leaders as “champions” in the fight against HIV/AIDS in the region.
- Advocate that HIV/AIDS be addressed in all relevant regional forums and meetings and lobby for this outcome.

PACIFIC THEME 2 :

A safe and healthy Pacific Islands community

Objective

To prevent the spread of HIV/AIDS and minimise its adverse impact on individuals, families and communities.

Strategy

Strengthen HIV/AIDS responses within the setting of the Healthy Islands approach¹³.

Key actions

- Integrate HIV/AIDS into the activities of Healthy Islands initiatives through a multi-sectoral approach.
- Identify and encourage cultural, traditional and religious practices that prevent the spread of HIV/AIDS.

¹³ “Healthy Islands” is a broad-based participatory approach to, and an overarching framework for, health protection and health promotion in the Pacific for the 21st century; it integrates various initiatives and programmes implemented by the health and other sectors. The approach was adopted at a health ministers’ meeting on Yanuca Island, Fiji, in 1995.

PACIFIC THEME 2: continued

- Advocate and promote communication best practices for HIV/AIDS, including behavioural change communication strategies, media practices, family reunion meetings and other traditional communication networks and information from the Pacific Specific Regional Conference on HIV/AIDS.
- Promote the inclusion of HIV/AIDS prevention into formal school curricula.
- Promote and integrate gender training and awareness in all regional and national HIV/AIDS programmes
- Strengthen partnerships between mainstream health care providers, including traditional

PACIFIC THEME 3:

Access to quality services

Objective

To provide a comprehensive continuum of care that responds to the diverse and complex needs of people living with HIV/AIDSs and other people affected by HIV/AIDS, and to contribute to the prevention of HIV transmission.

Strategy

Advocate for a comprehensive package of care, and develop guidelines to reduce barriers to the uptake of services, including voluntary, confidential counselling and testing; clinical care, including access to antiretrovirals and drugs for treatment and prevention of opportunistic infections; palliative care; psychosocial support; HIV prevention and health promotion; and information and education.

Key actions

Clinical care

- Improve and strengthen the detection and treatment of other STIs
- Increase access to antiretrovirals, HIV test kits and condoms, for example by identifying the best suppliers; advocating and negotiating the best prices for antiretrovirals; and conducting situational assessment and analysis of legal access and intellectual property related issues associated with HIV/AIDS medicines.
- Provide best practice information and technical support for developing and updating STI and HIV/AIDS treatment protocols.
- Provide level-two laboratories in the region and improve monitoring of HIV treatment, for example, through blood tests such as CD4 counts.
- Build capacity in general care services, including infection control.
- Provide advice on access to medicines, especially under conditions stipulated by multilateral trade agreements such as the World Trade Organization (WTO).

PACIFIC THEME 3: continued

Health education and training

- Train health workers, social welfare workers, NGOs and churches in HIV/AIDS and STI counselling and voluntary, confidential counselling and testing, for example, through courses to improve skills.
- Train medical and nursing staff in HIV and STI case management.
- Develop training guidelines for community-based care of people with HIV/AIDS.
- Develop guidelines for HIV and STI testing (including confidentiality), case management, occupational health, blood safety, and prevention of vertical transmission.

PACIFIC THEME 4:

Human rights and greater involvement of people living with and affected by HIV/AIDS

Objective

To eliminate HIV-related stigma and discrimination and to involve people living with and affected by the virus as key partners in the response.

Strategy

Advocate for and create a supportive environment for the involvement of people living with HIV/AIDS.

Key actions

Legislation, policies and ethical guidelines

- Utilise existing guidelines (for example, the HIV/AIDS Management and Prevention Act of Papua New Guinea) to inform and support the development of legislation, policies and ethical guidelines.
- Provide all stakeholders with training about issues related to HIV/AIDS and human rights.

Involvement of HIV positive people

- Identify, train, and provide ongoing support for AIDS ambassadors from PICTs.
- Develop and promote mechanisms in government departments and agencies to encourage the active involvement of HIV positive people at all programme levels (including strategy development and implementation) on a confidential basis.

Strengthening linkages

- Strengthen national and regional organisations for people living with HIV/AIDS where they exist and support the establishment of organisations for people living with HIV/AIDS where relevant.

PACIFIC THEME 4: continued

- Strengthen links between PICT national and regional organisations for people living with HIV/AIDS and other networks for people living with HIV/AIDS — such as APN+, the National Association of People Living with HIV/AIDS (NAPWA, Australia) and Body Positive (New Zealand) — and global networks of people living with HIV/AIDS such as GNP+ and the International Community of Positive Women (ICW+).

PACIFIC THEME 5:

Coordination, collaboration and partnership

Objective

To promote and encourage effective coordination, collaboration and partnerships, minimising duplication of activities and maximising targeting of priority areas.

Strategy

Create mechanisms to promote better communication and coordination across PICTs.

Key actions

- Ensure well coordinated efforts between local, regional, international and UN agencies.
- Formalise relationships between regional and international agencies and UN theme groups for the implementation of the regional strategy.
- Encourage PICTs to integrate HIV/AIDS strategies into mainstream programmes.
- Encourage regional organisations to integrate HIV/AIDS strategies into mainstream programmes.
- Ensure that PICTs address all cross-cutting issues relating to HIV/AIDS, including workplace policies and gender issues.
- Develop a regional network of community-based organisations (CBOs) and NGOs, including a Pacific NGO HIV/AIDS network for improved coordination of NGO and CBO responses.
- Formalise recognition of regional NGOs, including the Pacific NGO HIV/AIDS network as a partner in the implementation of the regional strategy.

PACIFIC THEME 6:

Funding and access to resources

Objective

To have adequate resources and funding to support regional and national HIV/AIDS responses.

Strategy

Advocate for and establish sustainable mechanisms for the increased allocation of resources and funding for HIV/AIDS in the region.

Key actions

- Advocate for leaders to allocate adequate funding for national HIV/AIDS responses in national budgets.
- Explore the feasibility of establishing a Pacific regional HIV/AIDS funding mechanism for specific HIV/AIDS related activities.
- Encourage UN agencies and bilateral development partners to increase and sustain funding to support the response to HIV/AIDS in PICTs.
- Establish a central information database of skilled individuals and organisations available to provide technical support for PICTs in HIV/AIDS responses.

PACIFIC THEME 7:

Planning, monitoring and evaluation, surveillance and research

Objective

To develop effective planning, monitoring, evaluation, surveillance and research activities for the region.

Strategy

Provide regional guidelines and training for surveillance, research, monitoring and evaluation.

Key actions

- Develop regional guidelines for the development and updating of national strategic plans, including data management and a monitoring and evaluation framework.
- Develop regional guidelines for research proposals on HIV/AIDS and/or STIs in PICTs, including guidelines for ethical review and behavioural and serosurveillance activities.
- Strengthen monitoring and evaluation of PICT HIV/AIDS programmes by training PICT representatives in accredited monitoring and evaluation programmes.

PACIFIC THEME 7: continued

- Advocate for national governments to commit 5–10% of their HIV/AIDS budget to support key HIV/AIDS related surveillance, monitoring and evaluation, and operational research activities.
- Develop methods to monitor the equitable distribution of resources to Pacific NGOs to ensure ongoing strengthening of their response to the implementation of regional HIV/AIDS activities.
- Facilitate and support research on gender and HIV/AIDS to ensure that cross-cutting and cross-sectoral issues of gender and HIV/AIDS are effectively addressed.

PACIFIC THEME 8:

Addressing vulnerability

Objective

To strengthen regional capacity for effective prevention and care interventions targeting vulnerability and high-risk behaviour.

Strategy

Encourage equitable attention to and participation of women and young people and members of other vulnerable groups, including seafarers, those involved in commercial sex, university students and men who have sex with men (including indigenous sexual identities such as fa'afafine and fakaleiti) in regional activities.

Key actions

- Establish and support a regional network to identify “demonstration projects”, successful processes and behavioural change communication activities that could be replicated or adapted for other PICTs in relation to working with vulnerable groups.
- Support organisations and others wanting to work with groups that are particularly hard to reach effectively, including sex workers and men who have sex with men.
- Advocate for the incorporation of HIV/AIDS issues in national and regional policies and programmes on gender, youth and other vulnerable groups.
- Promote and support workshops and other activities that assist youth and other vulnerable groups to understand HIV/AIDS and to access safe sex materials and information to better protect themselves.
- Identify and map out vulnerable groups in the region in order to effectively conduct and support peer education training on HIV/AIDS.

7 *Implementation, review and redevelopment*

7.1 *Implementation*

The Pacific Regional Strategy on HIV/AIDS 2004–2008 will be implemented over a five-year period by all governments, NGOs and regional stakeholders. Countries will be encouraged to meet the commitments made by their leaders to actively play their part in implementing the strategy.

The first step is to communicate the strategy to all stakeholders. The next step will be an initial meeting to plan joint implementation. SPC will then work with PICT governments and regional stakeholders to help them implement the strategy. The Franco-Australian Pacific Regional HIV/AIDS and STI Initiative will support these initial activities.

7.2 *Review and redevelopment*

SPC will independently review and redevelop the strategy. A body comprising various government representatives, NGOs, regional organisations and bilateral partners is expected to be established to oversee and support this process.

The strategy and its implementation should be reviewed at two points during its five-year life — in early 2006 (mid-term review) and in 2008 (a final review). The reviews are expected to be a key step in developing an updated regional strategy for 2009–2013.

8 *Monitoring and evaluation*

The Pacific Regional Strategy on HIV/AIDS 2004–2008 will be monitored and evaluated on three levels:

- overall goal and thematic objectives
- key actions
- work programmes

At the level of the overall goal and thematic objectives, the strategy's major indicator targets are linked to the PICTs' international commitments to UNGASS and MDGs. This is to assure PICTs that the Pacific thematic responses are meeting the intended goals and objectives of the strategy as well as global goals and targets. For example, an overall goal of the regional strategy is to reduce the spread and impact of HIV/AIDS¹⁴. This high-level objective corresponds to the MDG target to "have halted by 2015 and begun to reverse the spread of HIV/AIDS". Working together with the national authorities, SPC will continue to collect, analyse and report the relevant statistics. Table 1 provides current baseline data.

At the key action level, the strategy identifies activities whose implementation can be monitored relatively easily. There is a separate monitoring and evaluation matrix that identifies appropriate indicators for each key action (for example, the number of medical and nursing staff trained in HIV and STI case management). At this stage, however, it is difficult to set definitive targets, particularly since there are often no baseline data. More work will be required in this area. Working with its partners, SPC will continue to develop the regional strategy's monitoring and evaluation framework and report progress toward the key objectives annually.

As Annex 1 describes, the regional strategy will be implemented through a number of regional projects (and, very importantly, will complement national activities). The joint implementation meeting, which brings together the regional players, will be the main vehicle to coordinate and oversee the implementation of the regional HIV/AIDS strategy at the work programme level.

¹⁴ United Nations, 2000, Millennium Declaration, Adopted by the UN General Assembly, 8th plenary meeting, 8th September 2000. Document A/RES/55/2. [www.un.org/res/55/a55r002.pdf.]

Annex 1 Current Pacific regional initiatives on HIV/AIDS

Regional initiative	Description	Duration	Countries involved	Cost
Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (HIV/AIDS component)	<ul style="list-style-type: none"> Strengthen STI, HIV and behavioural surveillance, blood safety, and laboratory capacity. Improve and extend STI services and develop a comprehensive HIV care system in countries with an increasing number of cases. Reduce risk of HIV and other STIs through targeted interventions, including education, awareness, and a multi-sectoral response. 	2003–2008)	11 countries (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Palau, Niue, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu)	Budget US\$3 million (for 2003–2005); proposed US\$3.3 million for 2005–2008
Franco-Australian Pacific Regional HIV/AIDS and STI Initiative	<ul style="list-style-type: none"> Develop and monitor the implementation of a regional strategy on HIV/AIDS (managed by SPC). Develop HIV/AIDS behavioural change communication (BCC) methods and provide training on BCC. Increase the capacity of national governments and NGOs to implement effective HIV/AIDS/STI prevention and control activities. Provide effective and efficient project coordination and management. In collaboration with the French Government, develop, coordinate and expand participation in HIV/AIDS, STI and behavioural surveillance (managed by SPC). 	2003–2008	<p>Component 2 Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Palau, Niue, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu</p> <p>Component 1 Above, plus US and French member countries of SPC (and Pitcairn Island)</p>	Budget AU\$12.5 million

Joint United Nations Programme on HIV/AIDS (UNAIDS)	<p>Aim is to promote a collaborative and coordinated effort amongst UN agencies to:</p> <ul style="list-style-type: none"> • Increase political understanding of and commitment to HIV/AIDS and development issues. • Strengthen STI management and surveillance. • Create a more caring and compassionate environment for people living with HIV/AIDS and their families. • Increase the level of condom use for prevention of HIV and STIs. • Strengthen civil society organisations dealing with HIV/AIDS. • Reduce high risk behaviour in young people. 	2002–2005	15 countries (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, PNG)	Budget US\$2.4 million
Other UN agency activities funded internally or through other projects				
UNICEF	<ul style="list-style-type: none"> • Lifeskills initiative, right to know initiative, counselling, planned focus on prevention of mother-to-child transmission and paediatric HIV. 	As above	Priority on Kiribati, Solomon Islands and Vanuatu, with ongoing work in the 14 countries listed for UNAIDS (see above)	As above
UNDP	<ul style="list-style-type: none"> • Supporting Fiji Positive Network (FJN+). 	As above	15 countries (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu)	

UNFPA	<ul style="list-style-type: none"> Adolescent reproductive health, men as partners in reproductive health. 	As above	As above	
UNAIDS	<ul style="list-style-type: none"> Asia Pacific Leadership Forum on HIV/AIDS and Development. Also refer to UNAIDS section above. 	Ongoing programme	As above	
WHO	<ul style="list-style-type: none"> STI diagnosis and care. Comprehensive care and support for people with HIV/AIDS. Counselling for HIV. Technical guideline development/ dissemination. Surveillance for STIs/HIV. Laboratory support. Social behavioural research. Condom promotion. Safe blood initiatives. 	2004–2005 and ongoing programme	16 PICTs (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu)	Budget US\$300,000 (excluding Papua New Guinea)

Activities of other organisations				
Pacific Islands Forum Secretariat	<ul style="list-style-type: none"> HIV/AIDS awareness-raising through annual Leaders Forum. Advocacy within Forum workplace, different divisions, CROP agencies (Fiji School of Medicine), etc. Inventory of HIV/AIDS related activities. CROP Population and Health Working Group. Support for PIAF's AIDS Ambassadors Programme. Advisory assistance to the Fiji Network of People Living with HIV/AIDS, including assistance with the Candlelight Ceremony. 	Ongoing	14 PICTs (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue, Palau, Papua New Guinea, Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu)	Executive liaison officer and social policy adviser have integrated the issues into their existing work and encourage mainstreaming into trade and security areas.

Pacific Islands Forum Secretariat	<ul style="list-style-type: none"> Partnership with WCC and mobilisation of Pacific churches. Inclusion of HIV/AIDS on the agenda of the 4th Forum Presiding Officers Conference, Tuvalu, April 2004. Provision of input into regional meetings such as regional women's NGO consultation. 			
AIDS Task Force Fiji (ATFF)	<ul style="list-style-type: none"> Establishment of regional NGO secretariat and implementation of Global Fund related activities, including peer education training and NGO capacity building. 	2003–2005	11 PICTs (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu)	Much work unfunded. Voluntary counselling and testing budget funded through Pacific Global Fund project
	<ul style="list-style-type: none"> Voluntary, confidential counselling and testing 	Ongoing programme	Fiji (willing to train other PICTs)	US\$22,000 (UNICEF – Seeking further funding)
	<ul style="list-style-type: none"> Antiretroviral therapy support pilot project. 	2004	Fiji (willing to train other PICTs)	US\$9336
	<ul style="list-style-type: none"> Capacity building of Fiji Network of People Living with HIV/AIDS. 	2004–2006	Fiji (willing to train other PICTs)	UNDP funded
International Federation of the Red Cross	<ul style="list-style-type: none"> Safe blood activities. Aid in establishing psychological support centre with the University of the South Pacific. HIV education and prevention programmes through national societies, including peer education. Care and support programmes (e.g. counselling, training and support). 	Duration 2001–2008	Peer education operates in 11 PICTS (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu)	Projected budget AU\$400,000 to AU\$500,000

International Federation of the Red Cross	<ul style="list-style-type: none"> • Anti-stigma and anti-discrimination campaigns. • Development and distribution of information, education and communication materials. • Advocacy. • Integrating HIV/AIDS education into general programmes (e.g. disaster preparedness and response). 		Willing to train other PICT NGOs	
Wan Smol Bag Theatre	<ul style="list-style-type: none"> • HIV education and prevention programmes through drama and peer education. • Clinic and youth drop-in centre, sexual health clinical services, advice and counselling. • Training offered in NGO clinic service delivery through Kam Pussum Hed. • Regional training in use of drama and radio in STI/HIV awareness and advocacy. • Production of videos and user guides. 	2003–2005	Federated States of Micronesia, Samoa, Fiji, Kiribati, Tuvalu, Palau, Solomon Islands, Tonga, Vanuatu, Papua New Guinea	Global Fund S\$80,000; World AIDS Foundation \$90,000; Oxfam \$100,000
Pacific Islands AIDS Foundation (PIAF)	Improving quality of life of people living with HIV/AIDS and improving prevention messaging disseminated by people living with HIV/AIDS.	First strategic plan 2003–2005	Global Fund: 8 countries WAF: Papua New Guinea Oxfam: Papua New Guinea, Solomon Islands, Vanuatu	Projected minimum to average NZ\$250,000 per annum Core funding confirmed by NZAID for 2004–2006
Family Planning Australia–Pacific Regional South Pacific Reproductive Health & Family Planning Training Project	<ul style="list-style-type: none"> • Training of teachers with knowledge and resources to implement STI and HIV health education in schools. • Capacity development of nurses in the provision of high quality STI and HIV awareness and prevention programs. 	2001–2005	5 countries initially (Cook Islands, French Polynesia, Kiribati, Fiji, Papua New Guinea); Samoa and Vanuatu added at their request	Budget AU\$3.7 million

<p>Family Planning Australia–Pacific</p> <p>Regional South Pacific Reproductive Health & Family Planning Training Project</p>	<ul style="list-style-type: none"> Community educator training to reduce the risk of HIV and other STIs through community education. Capacity development of Pacific family health associations to become key training providers for STI and HIV training for teachers, nurses and community groups (government and NGO). 			
<p>US/CDC Initiative</p>	<ul style="list-style-type: none"> Support for HIV/STI laboratory testing in the US Pacific. 	<p>Ongoing</p>	<p>Commonwealth of Northern Mariana Islands (CNMI), Guam, Palau, Federated States of Micronesia, Marshall Islands, American Samoa</p>	<p>Not available</p>
	<ul style="list-style-type: none"> Community-based initiatives through Government health systems. 	<p>Ongoing</p>	<p>CNMI, Guam, Palau, Federated States of Micronesia, Marshall Islands, American Samoa</p>	<p>Not available</p>
	<ul style="list-style-type: none"> Training in HIV point-of-care testing (OraQuick). 	<p>2004</p>	<p>CNMI, Guam, Palau, Federated States of Micronesia, Marshall Islands, American Samoa</p>	<p>Not available</p>