The background of the page is a light green color with a complex, repeating pattern of white and light green lines that resemble a microscopic view of biological cells or tissue. The pattern consists of various shapes, including circles, ovals, and irregular polygons, some with darker centers, creating a dense, textured appearance.

**The Pacific Regional Strategy  
on HIV and other STIs  
for 2009–2013**

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# 1. Introduction

The diverse cultural and community values and support systems that are commonly found in the Pacific Islands are unique, complex and important, and should be taken into account in initiatives that affect the lives of people living in the region. Initiatives that respond to HIV and other sexually transmitted infections (STIs) in the region are no exception to this requirement. That is, to be successful and sustainable, any such response must incorporate Pacific values and support systems.

Since the first case of HIV in the region was reported in 1984, there have been various responses at regional and national levels. One major landmark was the endorsement of the Pacific Regional Strategy on HIV and AIDS (2004–2008) by the Pacific Leaders Forum in 2004. The endorsement by the region's leaders has facilitated the mobilisation of resources to support the strategy's implementation.

A review of the Pacific Regional Strategy on HIV and AIDS (2004–2008) in 2006 noted that there had been some positive movement in strengthening leadership. For example, senior political and individual leaders in a number of Pacific Island countries and territories (PICTs), and civil society organisations — particularly those involving people living with HIV (PLHIV) — had become increasingly engaged in supportive roles. However, institutional governance arrangements for programmes were not strong, and there was a lack of clarity in their multisectoral approaches and roles. The region's environment of stigma and discrimination also created challenges to the task of maintaining a supportive environment for PLHIV on the part of both service providers and the community at large.

The Pacific Regional Strategy on HIV and other STIs (2009–2013) will build on the successes and strengths of previous work and address some of the challenges in supporting national efforts to prevent and control HIV. Simultaneously, because other STIs are a key risk factor for the transmission of HIV in the Pacific, the strategy will support national efforts to combat them. It will also strengthen work at the regional level through improved coordination, collaboration and partnerships between regional organisations and national programmes.





Doing less risky sexual activities

Using condoms

Free condoms available

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... ..

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# HER Safe Festival Pack

## In Pago Pago – Celebrate safely!

- Contents of this pack:
- 1 female condom
  - 1 lubricant
  - How to use a Female condom - instructions





## **2. Vision, goal, purposes and principles**

### **2.1 Vision for our Pacific region**

Our Pacific region is a place where the spread and impact of HIV and other STIs are halted and reversed; where leaders are committed to leading the response to HIV; 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.

### **2.2 Goal**

The goal of the Pacific Regional Strategy on HIV and other STIs (2009–2013) is to reduce the spread and impact of HIV and other STIs while embracing people living with and affected by HIV in Pacific communities.

### **2.3 Purposes**

- Increase the capacity of PICTs to achieve and sustain an effective response to HIV and other STIs.
- Strengthen coordination of the response at the regional level and mobilise resources and expertise to assist individual PICTs in achieving their targets.
- Assist PICTs in achieving and reporting on their national and international targets in response to HIV and other STIs, in particular the Millennium Development Goals (MDGs), the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and Universal Access.

### **2.4 Overarching principles**

- Acknowledges traditional, cultural and religious values of Pacific communities that are based on compassion and reconciliation.
- Affirms the protection and promotion of human rights through international human rights instruments, including regional and national commitments.
- 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 effectively linked to other global, regional and national strategies, including commitments made at UNGASS, the MDGs and Universal Access.
- Is based on partnerships and a multisectoral approach, including evidence-based programming.
- Advocates for the facilitation of a continuum of care and support for PLHIV, and access to quality and affordable treatment, including for other STIs.
- Includes a major focus on prevention, health promotion and behavioural change communication strategies, as captured in the themes of the Healthy Islands approach.
- Emphasises linkages between HIV, STIs, adolescent sexual and reproductive health, and maternal, newborn and child health services.
- Emphasises the need for ongoing and sustainable funding support.
- Includes the integration of an approach sensitive to gender and vulnerable groups.





### 3. Background

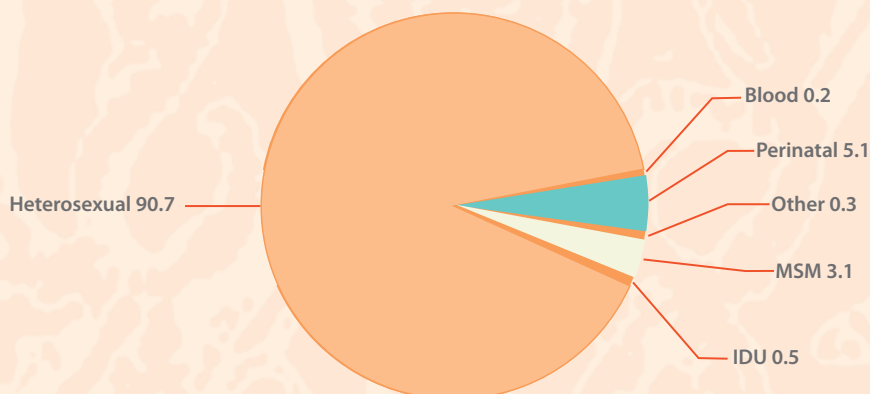
#### 3.1 HIV, AIDS and other STIs in the Pacific Islands region

Since the first reported case of HIV in the Pacific Islands region in 1984, there have been more than 15,000 confirmed HIV infections and 3189 AIDS cases.<sup>1</sup> Over 95 per cent of HIV infections have occurred in five PICTs: Fiji Islands, French Polynesia, Guam, New Caledonia and Papua New Guinea. In addition, there are almost certainly many unreported cases throughout the region. Although the number of cases remains low, there is an upward trend. Some countries, such as Fiji Islands, have recently reported an exponential rise since 2000.

There are significant risk factors for HIV transmission in the Pacific. These include the large number of young people; significant movement of people into, through and out of the region; practices such as tattooing and polygamy; and, in particular, high rates of other STIs and teenage pregnancy. Limited economic opportunities and weak economies compound the vulnerability of Pacific Islanders to HIV.

HIV in the region is mostly sexually transmitted, although there is also some perinatal transmission (Fig. 1). In PNG, reported routes of infection are almost entirely from heterosexual exposure. Across the remainder of the region, approximately one-half of all reported exposures are from heterosexual transmission, and one-third are due to male-to-male sexual transmission.

Figure 1: HIV exposures in all PICTs from time of first exposure to December 2005



Source: SPC HIV & STI Section 2006

<sup>1</sup> 2005 accumulated HIV data, SPC HIV & STI Section.

## 3.2 Economic impact and implications

Healthcare services in most PICTs have limited resources available to cope with the prevailing disease burdens of communicable and non-communicable diseases in general. In this environment, the cost of treating HIV and AIDS intensifies the strain, thus increasing healthcare costs significantly.

Moreover, HIV and AIDS are no longer just health issues. They have been identified as a serious threat to the socioeconomic development of PICTs and, more recently, as a security issue as well.

HIV is a wider issue because first, the costs of HIV and AIDS healthcare could divert resources away from activities related to socioeconomic development. Second, in the Pacific Islands region, which already faces challenges relating to its small populations and narrow economic base, HIV has the potential to weaken the limited workforce and thus reduce economic activity, which in turn would affect the delivery of essential services such as education and health.

Providing such basic essential services also requires reliable systems of communications and transport in a region vulnerable to the effects of climate change (e.g. rising sea level) and natural disasters (e.g. cyclones, earthquakes, tsunamis), which have the potential to damage infrastructure. HIV in this context adds to the burden and constrains progress towards sustainable development.

In regions where HIV has already become a generalised epidemic, the impact on demographic dynamics has been alarming in some areas. For example, in Botswana, life expectancy has dropped from 67.6 years to 44.4 years.<sup>2</sup> Among PLHIV who are taking the new line of antiretroviral drugs, life expectancy has improved. However, given the limited health budgets of small island states, this treatment may not be sustainable as the drugs are costly.

The movement of people between their small island states and metropolitan neighbouring countries increases the vulnerability of PICTs to HIV. However, restricting this movement may not be a favourable option in PICTs, where tourism is a significant or the most significant form of revenue generation.

## 3.3 Risk factors

While known HIV prevalence is relatively low in most PICTs, significant risk factors for HIV transmission exist. As noted above, of particular concern are the very high prevalence of other STIs and high rates of teenage pregnancies, both of which indicate that risk-taking behaviours are common and that condom use is not.

It is well established that, because a number of STIs also assist in the transmission of HIV, better detection and treatment of STIs, and consequently a reduction in their incidence and prevalence, can substantially reduce HIV transmission. Strategies to improve the management of STIs are therefore an important component of plans for HIV and AIDS prevention and control in all PICTs.

The high prevalence of other STIs was evident in the findings of the second-generation surveillance (SGS) surveys that were conducted in 2005 in six PICTs (Fiji Islands, Kiribati, Samoa, Solomon Islands, Tonga and

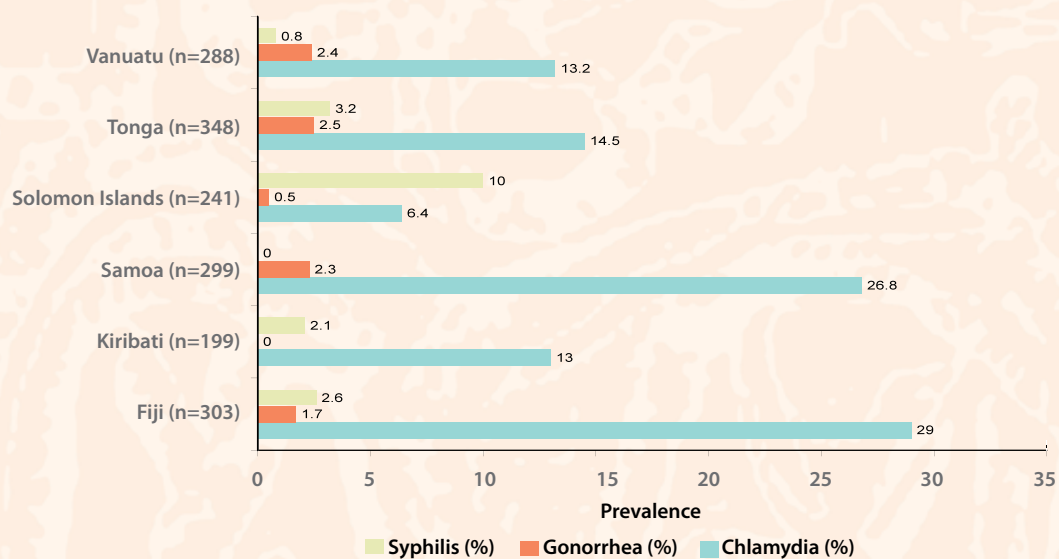
<sup>2</sup> Overpopulation.com. AIDS/HIV Effect on Life Expectancy. <http://www.overpopulation.com/faq/hiv-aids/aidshiv-effect-on-life-expectancy>. Retrieved from the Internet 15 September 2007.



Vanuatu). These 'targeted and tailored' cross-sectional studies aimed to measure the prevalence of HIV and other STIs in particular populations, as well as behaviours that may contribute to their transmission.

The main findings of the SGS surveys were a high prevalence of STIs (Fig. 2); limited knowledge of modes of HIV transmission; low rates of condom use, particularly among young people; a high number of people with multiple sexual partners; and the common occurrence of commercial sex activities in most countries surveyed.

**Figure 2: STI prevalence among pregnant women in six PICTs, 2005.**



Apart from the risks posed through the high prevalence of other STIs, common risk factors in the Pacific Islands region include a significant amount of travel into, out of, and within the region; and practices such as tattooing and polygamy. Further challenges are the uneven levels of development, the inequalities faced by women in all aspects of their lives, the increasing levels of violence against women, and the variable accessibility of health services (both preventive and curative). Large rural populations add to the difficulty of providing access to services and information. 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, the prevalence of forced sex, including gang rapes, is high.

Cultural taboos prevent open discussion of sexual matters and compound the vulnerability of people in the region. Other customary practices and cultural norms may condone or encourage multiple sex partners. Where religious beliefs are interpreted in a way that discourages the use of condoms and perpetuates misconceptions about marriage protecting individuals from HIV, they may contribute to unsafe sex and unwanted pregnancies.

### 3.4 Tuberculosis in the Pacific

Because tuberculosis (TB) is a common co-infection with HIV and AIDS, its relatively high prevalence in many PICTs (with low case detection rates) for the past 10 years is a significant cause for concern. It is estimated that 11,000 people in the 22 member PICTs of the Secretariat of the Pacific Community (SPC) become sick with TB every year, 50 per cent of whom are infectious cases, although only about 9000 new TB cases have been diagnosed on average each year since 1995.

Strategies that recognise the relationship between TB and HIV should be implemented. For example, there should be adequate HIV testing for all TB patients in order to provide appropriate care and support to those affected.





## 4. The Pacific regional response

### 4.1 Responses and challenges in the region

The Pacific Islands region has responded to HIV in varying degrees since the early 1980s. Major initiatives have emerged as the result of international commitments made in the region.

In August 2002, 11 PICTs agreed to put forward a proposal to the Global Fund to fight AIDS, Tuberculosis and Malaria. This proposal was accepted, resulting in the signing of the grant agreement in June 2003. A regional HIV and AIDS initiative supported by the Australian and French governments began in January 2004, and assisted PICTs to develop the Pacific Regional Strategy on HIV and AIDS (2004–2008); develop and implement national strategies; and strengthen surveillance of HIV and other STIs in the region.

With the development of the first regional strategy leaders committed to one vision and one goal. As articulated in the strategy the Pacific region would be a place where the spread and impact of HIV and AIDS were halted and reversed; where leaders were committed to leading the fight against HIV; where people living with and affected by HIV were respected, cared for and had affordable access to treatment; and where all partners committed themselves to these collective aims with the spirit of compassion inherent in Pacific cultural and religious values.

Various commitments by Ministers of Health in a number of small island states were also reaffirmed through the Samoa Commitment 2004 and Vanuatu Commitment 2007. These commitments arose at biennial meetings of Pacific Ministers of Health, which include the small island states and are co-facilitated by the World Health Organization (WHO) and SPC.

There are however major challenges for the response in the region. For example, surveillance is inadequate, especially in identifying the critical dynamics and determinants of the epidemic in the region. In addition, cultural and religious barriers that fuel stigma and discrimination continue to pose a major challenge.

Other ongoing challenges are the limited absorptive capacities at both national and regional levels to implement activities, coupled with limited strengthening of health systems.

Finally, coordination of various initiatives in the region remains a challenge that needs to be addressed.

#### Regional events

Early 1980s	Most responses involve general population awareness
Mid-1990s	Multisectoral approach through national multisectoral strategic plans and actions
1999	1st Regional Conference on HIV and AIDS (February)
2001	UNGASS, New York (June)
2001	International Congress on AIDS in Asia and the Pacific (ICAAP) Meeting – Melbourne (October)
2002	1st Information Workshop on Global Fund (June)
	Launch of Pacific Islands AIDS Foundation (July)
	Pacific Leaders Forum (August)
	1st Meeting of Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM) (October)
	UNICEF Regional Youth Congress, HIV and AIDS (September)
	South Pacific Association of Theological Schools (SPATS) Regional Conference on HIV and AIDS (September)
2003	WHO–SPC Health Ministers Meeting (March)
	2nd Meeting of PIRMCCM (March)
	Approval of Franco-Australian Pacific HIV and AIDS and STI Initiative (July)
	Approval of Component 2 of AusAID-funded Pacific HIV and AIDS Project (August)
	Asia Pacific Leadership Forum (APLF) Pacific component discussions (July/August) and APLF Shared Learning Workshop meeting in Madang (Samoa, Fiji, Kiribati, Solomon Islands and PNG) (October)
	Pacific Forum Leaders Communiqué (August)
	HIV and AIDS/STI Adviser appointed (September)
	UNAIDS Coordinator takes up post (August/September)
	3rd Meeting of PIRMCCM (October)
	Signing of grant agreement for Global Fund (June)
	Regional HIV and AIDS stakeholders coordinating meeting (October)
2004	UNAIDS–Great Council of Chiefs Regional Workshop on Accelerating Action Against AIDS in the Pacific (March)
	Endorsement of Pacific Regional Strategy on HIV and AIDS (2004–2008) by Pacific Islands Forum and Committee of Representatives of Governments and Administrations (CRGA)
2006	Additional resources mobilised through ADB grant and NZAID
2007	Work begins through a multi-donor initiative to establish the Pacific HIV & STI Response Fund
	Approval of the GFATM Round 7 multi-country proposal for 11 Pacific Island countries
2008	Formation of Pacific Regional NGO Alliance for HIV & AIDS



## 4.2 Lessons learned

Major lessons learned in responding to HIV and other STIs relate to the sustainability of the commitment and interventions at both regional and national levels.

Capacity strengthening has various elements such as training, technical support, human resources and provision of financial resources. It is important that these elements are provided as a coordinated package rather than as separate elements.

Access to antiretroviral therapy (ART) has been progressed in a number of PICTs. However, there remains a need for further engagement with the health system to reach out to HIV-positive people who require treatment. Reaching out in this way will require strong political commitment and leadership; supportive legislative and policy frameworks; enhanced access to treatment, prevention, care and support for PLHIV; approaches based on human rights to combat stigma and discrimination; the promotion of gender equality; and the active participation of PLHIV and affected communities in the response.

As the experience of other regions in the world has shown,<sup>3</sup> approaches to prevention, care and treatment, and impact mitigation, must be sustained and comprehensive in order to effectively address the pandemic. Improving access to ART does more than improve the lives of PLHIV — it also supports effective prevention. Ultimately, when health systems reach out to PLHIV in the ways identified above, prevention becomes increasingly common as people are provided with accurate information and tools so that they can protect themselves.

Several reports<sup>4</sup> have shown that countries that have increased civil society organisation (CSO) partnership and participation are better able to respond to HIV than those that have not increased CSO involvement. In the Pacific, also it has been noted that the involvement and capacity building of CSOs enhances the implementation of regional and national strategic plans.

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<sup>3</sup> National policy should comply with the International Guidelines on HIV and AIDS and Human Rights, Geneva, OHCHR & UNAIDS 1998, HIV and AIDS and Human Rights Revised Guideline 6, Geneva, OHCHR & UNAIDS 2002.

<sup>4</sup> For example, Meeting Report, DIFID, 'Civil Society, HIV and AIDS and Africa', UNAIDS; GFATM, Alliance, December 2007.

Experiences and initiatives in the region and lessons learnt to date have helped to define six major themes for the regional response to HIV and other STIs. These themes, which are outlined in Table 1, highlight broad areas that must be strengthened and enhanced at the regional level in light of challenges and gaps identified regionally. Although UNGASS commitments are not necessarily specifically mentioned in all of the themes they are encompassed and linked into the strategy as outlined below.

**Table 1: Pacific themes in the response to HIV and other STIs (2009–2013).**

	Pacific theme	Elements of UNGASS commitment
1	HIV and STI prevention programme	Prevention Reducing vulnerability
2	HIV and STI testing and diagnosis	Prevention Care, treatment and support
3	Continuum treatment, care, and supportive systems and services	Care, treatment and support HIV and AIDS and disaster affected region Children orphaned by AIDS
4	Leadership and enabling environment	Leadership HIV and AIDS and human rights Alleviating social and economic impact Prevention
5	Strategic information and communication	Research and development Follow-up
6	Governance and coordination	Resources Partnership







## 5. Opportunities for a Pacific thematic response

The strategic responses outlined in this document are divided into two parts: those that deal with programme delivery in regard to HIV and other STIs, and those that deal with programme support.

### Part One: HIV and other STIs programme delivery

#### Theme 1: Prevention of HIV and other STIs

##### Objective

To prevent the spread and minimise the impact of HIV and other STIs on individuals, families and communities by strengthening national and regional prevention interventions and initiatives.

##### Strategy

Support the development of and strengthen effective and sustainable preventative interventions for HIV and other STIs in the Pacific region, including actions to address vulnerability and risk factors.

##### Key action areas:

- Package information to target audiences.
- Identify high-risk groups and target interventions (including tertiary students).
- Support and strengthen linkages of organisations and others working with groups that are particularly hard to effectively reach, including sex workers, men who have sex with men, and migrant workers.
- Strengthen men's involvement and access to services and information.
- Promote the inclusion of prevention education on HIV and other STIs in formal school curriculums.
- Strengthen and increase comprehensive prevention of parent-to-child transmission (PPTCT) that encompasses prongs 1 to 4 of the policy framework of PPTCT.
- Establish a 'Gender & HIV' theme group to coordinate response to gender and HIV.
- Advocate for the incorporation of HIV and other issues into national and regional policies and programmes on gender, youth and other vulnerable groups.
- Strengthen and maintain procurement and supply systems for male and female condoms and lubricants.
- Strengthen in-country distribution systems of condoms and lubricants.
- Support the development and implementation of safe blood strategy, including preventing the transmission of blood-borne viruses in healthcare settings.

#### Theme 1: HIV and other STI testing and diagnosis

##### Objective

To increase the early detection of HIV and other STIs to reduce further infections and facilitate early treatment.

##### Strategy

Support the development of effective, user-friendly, confidential HIV and other STI counselling and testing, including strengthening national and regional laboratory services for HIV and STI testing.

**Key action areas:**

- Develop and adopt guidelines for HIV and STI testing and diagnosis, including confidentiality and counselling, for the Pacific region.
- Develop and ensure access to effective, user-friendly, confidential HIV and other STI counselling and testing.
- Improve and strengthen case detection of HIV and other STIs.
- Strengthen the regional laboratory network to provide Level 2 laboratories in the region and improve monitoring of HIV treatment, including through the procurement of blood test kits such as CD4 counts.
- Strengthen health systems, focusing on laboratory proficiency testing and voluntary confidential counselling and testing (VCCT).

### Theme 3: Continuum of treatment, care and support systems and services

**Objective**

To achieve and maintain the provision of a comprehensive continuum of treatment, care and support for people living with and affected by HIV and other STIs in PICTs.

**Strategy**

1. Support PICTs in the provision and delivery of comprehensive care, and improve access to quality, affordable services.
2. Strengthen community service organisations and PLHIV networks to increase the treatment, care and support available for people living with and affected by HIV.
3. Strengthen PICT health systems so that they can effectively and sustainably respond to HIV and other STIs.

**Key action areas:**

- Provide best practice information and technical support to PICTs for developing and updating treatment protocols for HIV and other STIs.
- Build capacity in general care services, including infection control.
- Support programme development and implementation for TB–HIV co-infection.
- Develop guidelines for HIV and STI case management, occupational health, blood safety and PPTCT (prongs 3 and 4).
- Establish linkages and explore the role of traditional medicine in the case management and support of PLHIV.
- Improve and strengthen clinical management and treatment of other STIs.
- Develop training guidelines for community-based care of PLHIV.
- Strengthen linkages and/or integration of HIV and STI services with broader sexual and reproductive health services.
- Improve access to ART, with an emphasis on sustainability, together with management of opportunistic infections.

## Part Two: HIV and other STI programme support

### Theme 4: Leadership and enabling environment

#### Objective

To achieve and maintain commitment and engagement from leaders at all community levels and sectors to address the challenges of HIV and other STIs.

#### Strategy

1. Advocate for the mainstreaming of HIV into all relevant meetings.
2. Advocate for the greater involvement of people living with, affected by and vulnerable to HIV.
3. Advocate for the development and implementation of rights-based legislation and policy.
4. Promote a supportive social and physical environment in communities at regional, national and local levels.

#### Key action areas:

- Integrate and mainstream HIV and other STI programmes at regional, national and local levels.
- Strengthen and maintain partnerships at regional and national levels.
- Develop and adopt advocacy packages targeting leaders in all sectors.
- Support and integrate HIV and other STI programmes into priority non-health sectors, including community-based organisations (CBOs).
- Strengthen linkages of human rights mechanisms (where they exist) and non-governmental organisations (NGOs) working with people living with and affected by HIV.
- Support the development of legislation, policies and ethical guidelines that protect the rights of people infected and affected by HIV.
- Promote HIV workplace policies.
- Promote and integrate gender training and awareness in all regional and national HIV and AIDS programmes, including mainstreaming of gender.
- Strengthen the involvement of HIV-positive people in programmes across PICTs.



## Theme 5: Strategic information and communication

### Objective

To attain effective planning, monitoring, evaluation, surveillance and research at the national and regional levels, including strategic dissemination and communication of this information.

### Strategy

Assist PICTs in developing reporting, surveillance, research, monitoring and evaluation capacity through the provision of technical and financial assistance, including effective communication of this strategic information at both national and regional levels.

### Key action areas:

- Strengthen operational research capacities in PICTs, including monitoring and evaluation.
- Facilitate the use of information in programme planning and development.
- Support and strengthen regional research institutions.
- Develop and adapt tools for effective monitoring and evaluation, including research.
- Ensure appropriate targeting of information and dissemination of lessons learnt across the region.
- Establish an effective communication mechanism across the region on issues related to HIV and other STIs.
- Advocate for and promote best practices for communication on HIV, including behavioural change communication strategies, media practices, the Pacific Specific Regional Conference on HIV, and traditional communication networks.

## Theme 6: Governance and coordination

### Objective

To attain good governance and effective coordination through collaborative, transparent and accountable decision-making processes in both national and regional responses to HIV and other STIs.

### Strategy

Create and promote sustainable mechanisms for effective coordination and collaboration between PICTs, regional agencies and other development partners, including resource mobilisation for HIV and other STI initiatives.

### Key action areas:

- Strengthen the multisectoral approach to the development of national and regional strategic plans in relation to HIV and other STIs.
- Strengthen coordination across various levels and stakeholders.
- Strengthen partnerships between sectors and institutions.
- Establish a mechanism for coordination and information sharing.
- Strengthen joint-planning mechanisms between regional agencies and partners.
- Strengthen the coordination of international agreements from global and/or international, regional and national levels.
- Maintain support to NGOs and other non-state actors.
- Strengthen and coordinate resource mobilisation for the implementation of national and regional responses.

## 6. Implementation, review and redevelopment of the Regional Strategy

### 6.1 Implementation

The Pacific Regional Strategy on HIV and other STIs (2009–2013) will be implemented over a five-year period by governments, NGOs and stakeholders of the region. The process will involve working with PICTs to encourage them to meet their leaders' commitments to actively play their part in implementing the strategy.

The first step is communicating the strategy to all stakeholders. The next step will be conducting a meeting of the Regional Strategy Reference Group on HIV and other STIs to accept the implementation framework. Following this meeting, the initial strategy implementation will be facilitated and led by SPC and UNAIDS, working with PICT governments and regional stakeholders.

### 6.2 Review and redevelopment

While SPC will be actively involved in facilitating an independent review and redevelopment of the strategy, it is envisaged that a body comprising various government representatives, NGOs, regional organisations and bilateral partners will be established to oversee and support the process. The Regional Strategy Reference Group on HIV and other STIs will take on this role.

The strategy and its implementation will be reviewed at two points during the five-year period. The first point will be a mid-term review in early 2011. The second will be a final review during 2013, which is anticipated to be a key step in the development of an updated regional strategy for the following five-year period.





ALWAYS

**BE SAFE,  
BE A WINNER!**

Protect yourself from **HIV**  
Practise Safe Sex





## 7. Monitoring and evaluation

Monitoring and evaluation of the Pacific Regional Strategy on HIV and other STIs (2009–2013) will be conducted on three levels:

1. Overall goal and thematic objectives
2. Key output levels
3. Work programme level.

At the level of overall goal and thematic objectives, the strategy's major indicator targets are linked to PICTs' international commitments to UNGASS and the MDGs. The purpose of this approach is to assure PICTs that the Pacific thematic response areas are meeting the goal and objectives of the strategy as intended, as well as global goals and targets. For example, the regional strategy sets out, as part of its overall goal, to reduce the spread and impact of HIV and AIDS. This high-level objective corresponds to the MDG target to 'have halted by 2015 and begun to reverse the spread of HIV and AIDS'. Working together with national authorities, SPC will continue to collect, analyse and report the relevant statistics.

At the key outcome and output levels, the strategy identifies a number of activities that, when implemented, can be monitored relatively easily. A separate monitoring and evaluation matrix has been prepared, identifying appropriate indicators for each key action (e.g. the number of medical and nursing staff training in case management of HIV and other STIs). Working with its partners, SPC will continue to develop the strategy's monitoring and evaluation framework and report on progress towards the key results annually.

The annual joint implementation meeting, which brings together regional stakeholders, will be the main vehicle for coordinating and overseeing the implementation of the regional strategy at the work programme level.





# HIV testing



## How do you find out if you have HIV?

The only way to tell if you have HIV is by getting a blood test from a doctor or a nurse at a hospital or health clinic.

The test is called an "HIV antibody test". It will tell you if you are HIV positive (you have HIV) or HIV negative (you don't have HIV).

## How does the HIV test work?

- ▶ When germs enter someone's body, their immune system reacts by making 'antibodies' to fight the germs.
- ▶ When HIV enters the body, the antibodies are made but are not able to kill the virus. HIV tests look for these antibodies.
- ▶ For an HIV test, a blood sample is taken from the person and analysed. If the antibodies are found in this blood, it means the person has been infected with HIV and is 'HIV positive'.
- ▶ If the test is positive another test is done to make sure the result is correct.

## HIV test or AIDS test?

- ▶ It is important to remember that the HIV test is not a test for AIDS.
- ▶ We do not know how long it takes for someone with HIV to become sick with AIDS.
- ▶ But we do know that people who are HIV-positive can infect others through their blood, semen (from men), vaginal fluids and breast milk (from women).

## What is the "window period"?

- ▶ If someone has been infected with HIV, it can take up to 3 months for the antibodies to show up in their blood. This is called the 'window period'.
- ▶ This means that when a test is done in this period, an infected person can test negative even if they actually have the virus and can pass it on to other people.
- ▶ So, if a person has unsafe sex (sex without using a condom) in the 3 months before having a test and the test result is negative, they should have another test 3 months later, and not have unsafe sex in the meantime, to be sure.

## What is VCCT?

V-C-C-T stands for:

V oluntary  
C onfidential  
C ounselling  
T esting

In some countries this is called Confidential Testing and Referral (CTRI).

Testing for HIV is **voluntary** (it's your decision), and all information about the test is **confidential** (only you and the health worker doing the test need to know the result).

# HIV & AIDS

## The facts



H-I-V stands for:

H uman  
I mmunodeficiency  
V irus

HIV is a virus that attacks the part of the body that fights diseases and protects us from getting sick (immune system). With a weak immune system, a person with HIV can easily catch other germs. Their body can't fight the germs and they can get very sick (this is called AIDS).

A-I-D-S stands for:

A cquired (something you get)  
I mmune  
D eficiency (weak, no protection from diseases)  
S yndrome (different symptoms, signs & illnesses)

AIDS is the different illnesses that someone might get because their immune system is very weak from HIV.

HIV cannot be cured – once someone has HIV it stays in their body for life.

## Who can get HIV?

- ▶ **Anyone can get HIV**
- ▶ You can get HIV if the blood, semen or vaginal fluid of someone with HIV gets into your body.
- ▶ You can't tell by looking at someone whether or not they have HIV.
- ▶ A person with HIV may not know that they have it, but they can still pass it on.
- ▶ HIV can live in a person's body for years before they get sick, but they can still pass it on even if they seem well.

## You can get HIV if:

- ▶ You have vaginal, or anal sex without a condom with someone who has HIV.
- ▶ You use the same needle for injections in a health clinic or hospital, or for injecting drugs, that's been used by someone who has HIV.
- ▶ You share the same needles, razors or other tools for tattooing, circumcision or skin piercing with someone who has HIV
- ▶ A mother with HIV can pass it on to her baby during pregnancy, childbirth or when breastfeeding

In the Pacific, most HIV infections happen through people having unsafe sex (sex without a condom).

Safe sex is any sexual activity where semen, vaginal fluid or blood does not pass from one person to another.

**BE WISE –  
PRACTISE SAFE SEX**









