October 2005

THE PACIFIC REGIONAL STRATEGY ON HIV/AIDS

2004 - 2008

Pacific Regional Strategy Implementation Plan

Executive Summary

The Pacific Regional Strategy on HIV/AIDS (2004-2008) is designed to support national efforts to prevent and control HIV/AIDS and to strengthen work at the regional level through improved coordination, collaboration and partnership between regional organizations and national programmes. The goal of the strategy is a broad regional goal to which all HIV/AIDS prevention and care activities in the region contribute. It was endorsed by regional leaders at the 35th Pacific Islands Forum meeting held in Apia, Samoa, on 8 August 2004. In endorsing the five-year regional strategy, the Pacific leaders recognized the urgent need to effectively address HIV/AIDS in the region, and therefore tasked the Secretariat of the Pacific Community (SPC) with developing a detailed implementation plan for the Strategy.

The HIV/AIDS & STI Section of the SPC was tasked with coordinating the development of the implementation plan. A meeting was held at the CETC, Narere, Fiji, Jan/Feb 2005, to facilitate the mapping of current regional level HIV/AIDS activities and their alignment against key themes of the regional strategy. The meeting reviewed a draft implementation schedule for the five-year strategy period and identified responsibilities, budgets, assumptions and links with current and planned regional activities.

This Implementation Plan therefore proposes that the title of 'Pacific Regional Strategy Implementation Plan (PRSIP)' be used to describe the overarching coordination framework for the implementation of the regional strategy. The program of activities under the PRSIP framework is intended to be:

- consistent with the vision and broad strategies of the regional strategy;
- reinforcing and complementary to the diverse activities already underway or planned at regional and country levels;
- catalytic in rationalizing and scaling up resources to optimize the regional contribution to PICT capacity building on HIV/AIDS.

The plan described in this document provides for a framework of four components for implementation of the regional strategy. The components are:

- Component 1: Leadership and Governance
- Component 2: Access to Quality Services
- Component 3: Regional Coordination
- Component 4: Programme Management.

Some of the outputs and their indicative activities refer to initiatives proposed for introduction under the PRSIP, such as the Pacific Leaders HIV/AIDS Champions Program. Others refer to activities already underway as part of regional HIV/AIDS initiatives, such as:

- the Franco – Australian Pacific Regional HIV/AIDS and STI Initiative/the Pacific Regional HIV/AIDS Project (PRHP), jointly funded by Governments of France and Australia; and
- activities undertaken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and cosponsor agencies

Information on current Pacific regional initiatives on HIV/AIDS and STI is provided at Annexes E and F.

The objective of Component 1 is to strengthen PICT leadership and governance on HIV/AIDS. The Objective of Component 2 is to strengthen the capacity of PICTs to deliver continuum of care services for PLWHA. The Objective of Component 3 is to intensify regional cooperation and coordination on HIV/AIDS. The two outputs under this component focus on expanding and strengthening regional partnerships, networks and communication, and intensifying regional cooperation on resource mobilization and monitoring. The Objective of Component 4 is to effectively and efficiently manage the Pacific regional strategy implementation

The implementation of the regional strategy will cover the five-year period 2004 to 2008. The processes for formulating the PRSIP joint annual work plans will include a review of regional training and technical assistance plans, to identify possibilities for synchronizing schedules and undertaking joint activities. The strategy will be implemented through a number of regional projects and initiatives and through activities at regional, sub-regional and country level. Following agreement on the joint activity work plan, strategy implementation MOUs will be prepared for signature by SPC and key regional partners.

A Monitoring and Evaluation Framework has been developed for the PRSIP and is provided at Annex D. The framework identifies key aspects of the PRSIP to be monitored and evaluated, how these are to be monitored and by whom, and how the Project intends to use this information. The framework proposes the use of both qualitative and quantitative information. Where possible, the performance indicators proposed for the PRSIP will be consistent with UNGASS targets.

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List of acronyms

ABCA	Asia Business Coalition on AIDS
ADB	Asian Development Bank
AFPPD	Asia Forum of Parliamentarians on Population and Development
AIDS	acquired immune deficiency syndrome
AM&E	Annual monitoring and evaluation report
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
APN+	Asia-Pacific Network of People Living With HIV/AIDS
ARC	Australian Red Cross
ARH	Adolescent Reproductive Health
ASHM	Australasian Society of HIV/AIDS Medicine
ATFF	AIDS Task Force of Fiji
AusAID	Australian Agency for International Development
BCC	Behavioural Change Communication
CBO	Community-Based Organization
CDC	(US) Centers for Disease Control
CDOs	Capacity development organizations for PRHP
CETC	Community Education and Training Centre
CNMI	Commonwealth of Northern Mariana Islands
CRGA	Committee of Representatives of Governments and Administrations
CRIS	Country Response Information System
CROP	Council of Regional Organisations in the Pacific
FJN+	Fiji HIV-positive Network
FPS	Fiji Pharmaceutical Services
FSM	Fiji School of Medicine
FWRM	Fiji Women's Rights Movement
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GFATM II	Phase 2 of GFATM regional grant (HIV/AIDS component)
GFATM-PC	Global Fund Pacific Coordinator
HIV	Human Immunodeficiency Virus
IFRC	International Federation of Red Cross and Red Crescent Societies
IJALS	Institute of Justice and Applied Legal Studies
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
ISHED	Institute for Sustainable Health Education and Development
Mataika House	Fiji public health laboratory
MDGs	Millennium Development Goals
MERG	Monitoring and Evaluation Reference Group
MoH	Ministry of Health
MOU	Memorandum of understanding
MSIP/A	Marie Stopes International Pacific/Australia
NGO	Non-governmental organization
PATVET	Pacific Association of Technical and Vocational Education and Training
PCC	Pacific Conference on Churches
PCR	PRSIP completion report
PHS	Public Health Surveillance
PIAF	Pacific Islands AIDS Foundation
PICASO	Pacific Islands Council of AIDS Service Organizations
PICs	Pacific Island countries
PICTs	Pacific Island countries and territories
PIF	Pacific Islands Forum
PIFS	Secretariat of the Pacific Islands Forum
PILOM	Pacific Islands Law Officers Meeting
PIMS	Project Information Management System
PIRMCCM	Pacific Islands Regional Multi-Country Coordinating Mechanism
PIT	Pacific Island Territory

PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother to chid transmission
PNG	Papua New Guinea
POLHN	Pacific Open Learning Health Network
PPAPD	Pacific Parliamentarians Assembly for Population and Development
PPHSN	Pacific Public Health Surveillance Network
PPTC	Pacific Paramedical Training Centre
PRCG	PRSIP Regional Coordination Group
PRHP	Pacific Regional HIV/AIDS Project (part of the Franco – Australian Pacific Regional HIV/AIDS and STI Initiative)
PRS	Pacific Regional Strategy on HIV/AIDS 2004-2008
PRSIP	Pacific Regional Strategy Implementation Programme
RRRT	Regional Rights Resource Team
SMR	Six monthly report
SoN	School of Nursing
SPATS	South Pacific Association of Theological schools
SPC	Secretariat of the Pacific Community
SPC-HA	SPC HIV/AIDS/STI advisor
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
UNAIDS-PPC	UNAIDS Pacific Programme Coordinator
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNSW	University of NSW
UPNG	University of Papua New Guinea
US	United States of America
USAID	United States Agency for International Development
USP	University of the South Pacific
VCCT	voluntary, confidential counselling and testing
WCC	World Council of Churches
WCC (PO)	World Council of Churches (Pacific Office)
WHO	World Health Organization
World Bank	The World Bank
WPRO	Regional Office for the Western Pacific
WTO	World Trade Organization

1 Introduction

1.1 Development of the Pacific Regional Strategy

The Pacific Regional Strategy on HIV/AIDS (2004-2008) was endorsed by regional leaders at the 3rd Pacific Islands Forum meeting held in Apia, Samoa, on 8 August 2004. The strategy was developed through an extensive consultative and participatory 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.

1.2 Development of the Implementation Plan

In endorsing the five-year regional strategy, the Pacific leaders recognized the urgent need to effectively address HIV/AIDS in the region, and therefore tasked the Secretariat of the Pacific Community (SPC) with developing a detailed implementation plan for the Strategy. The SPC was given a mandate to promote coordinated and collaborative efforts by governments of the Pacific islands and territories (PICTs) and regional stakeholders for the implementation of the strategy.

The HIV/AIDS & STI Section of the SPC was tasked with coordinating the development of the implementation plan. Work on the plan commenced with a regional consultative meeting held in Nadi in October 2004, involving a wide range of Pacific stakeholders. The meeting facilitated the mapping of current regional level HIV/AIDS activities and their alignment against key themes of the regional strategy. The process identified both overlaps between current activities and significant gaps in terms of service delivery to vulnerable groups. The process also identified the need for a phased approach to implementation of the strategy, one which reflected the diversity of country needs, priorities and implementing capacity. The consultative process continued over the next few months, primarily through e-mail and telephone contact.

In collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the SPC determined that it was important for elements of the draft implementation plan to be reviewed in early 2005 with major regional stakeholders. A regional consultative meeting for this purpose was held in Suva, Fiji, from 31 January to 3 February 2005, with participation by governments, multilateral regional partners, community-based organizations (CBOs), nongovernmental organizations (NGOs), donors and regional projects. The meeting reviewed a draft implementation schedule for the five-year strategy period and identified responsibilities, budgets, assumptions and links with current and planned regional activities. The meeting also reviewed a draft monitoring and evaluation framework.

Further reviews with detailed costing to identify funding and programme gaps were conducted during April to May 2005. During August 2005 short term consultants were employed by SPC to undertake consultative meetings with regional partners to finalise the 2005/2006 joint annual work plan, and the monitoring and evaluation framework in preparation for the joint annual work plan/inception meeting held in Suva, September 2005.

2 The Pacific Regional Strategy

2.1 Vision and guiding principles

The regional strategy is designed to support national efforts to prevent and control HIV/AIDS and to strengthen work at the regional level through improved coordination, collaboration and partnership between regional organizations and national programmes. The strategy is guided by a vision for the Pacific which reflects the global development goal for HIV/AIDS adopted at the Millennium Summit[1] and the importance of Pacific socio-cultural values.

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

The Strategy is framed within eleven overarching principles (listed in Box 1) 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 multisectoral approach; and uses an approach that is sensitive to gender differences and the concerns of vulnerable groups.

Box 1: Overarching principles for the regional strategy

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 the United Nations General Assembly Special Session on HIV/AIDS, June 2001 (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; and
- is based on an approach sensitive to gender and vulnerable groups.

[1] 'Halt and begin to reverse the spread of HIV/AIDS', Stated in the United Nations Millennium Declaration of 8 September 2000.

2.2 Goal, purposes and themes

The goal of the regional strategy is a broad regional goal to which all HIV/AIDS prevention and care activities in the region contribute. The goal broadly defines the scope of activities needing to be undertaken to achieve the MDG target to 'have halted by 2015 and begun to reverse the spread of HIV/AIDS'.

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

The three purposes guiding the strategy are complementary and together encompass coordinated approaches to capacity building for effective and sustainable responses and accountability.

The purposes

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

The strategy builds on eight Pacific themes, against which it defines thematic objectives. The themes highlight broad areas that require strengthening and enhancement at the regional level in the light of challenges and gaps identified regionally.

At the overall goal and thematic objective level, the regional strategy's major indicator targets are linked to the PICTs' international commitments at the UNGASS[2]. The aim was to give surety to PICTs that the Pacific thematic response areas are meeting the intended goals and objectives of the strategy as well as global goals and targets.

The thematic areas do not specifically state the eleven elements of the UNGASS commitment, but the elements can be correlated meaningfully in the Pacific context. Each theme is supported with a statement of broad strategy and a list of key actions to guide priority setting for

Pacific Theme 1:
Leadership
Pacific Theme 2:
A safe and healthy Pacific Islands community
Pacific Theme 3:
Access to quality services
Pacific Theme 4:
Human rights and greater involvement of people with and affected by HIV/AIDS
Pacific Theme 5:
Coordinate collaboration and partnership
Pacific Theme 6:
Funding and access to resources
Pacific Theme 7:
Planning, monitoring and evaluation, surveillance and research
Pacific Theme 8:
Addressing vulnerability

[2] Declaration of Commitment made by the United Nations General Assembly Special Session on HIV/AIDS, June 2001 (UNGASS).

implementation.

The challenge for implementation of the regional strategy is to translate its thematic or broad approach to feasible and manageable actions, the outcomes of which will collectively contribute to an expanded and sustainable multisectoral response to HIV/AIDS across the region.

3 Pacific Regional Strategy Implementation Plan

3.1 Framework for Implementation

The successful implementation of the regional strategy is a collective responsibility of all governments, civil society organizations (including groups of people living with and affected by HIV/AIDS, CBOs, NGOs and media), regional agencies, and development partners. The strategy will be implemented through a number of regional projects and initiatives (and, very importantly, will complement national activities).

The multitude of implementing agencies, the diversity of interventions and the multiplicity of funding sources are a clear indication of strong commitment to a multisectoral approach in the Pacific region and of the considerable achievements to date in building partnerships across the region. They also pose a major challenge for a coordinated approach to implementation of the regional strategy.

These collective efforts cannot in themselves be regarded as one programme for management purposes, yet a programme approach needs to be adopted to ensure feasibility and manageability. In line with the decision of the Pacific Islands Forum, the SPC will be the principal coordinating body for the Pacific Regional Strategy Implementation Plan (PRSIP).

The collective efforts under the PRSIP framework have a primary focus on capacity building across the numerous Pacific Islands, to support efforts by Pacific Island countries and territories to achieve expanded and sustainable responses to HIV/AIDS. The program of activities under the PRSIP framework is intended to be:

- consistent with the vision and broad strategies of the regional strategy;
- concordant with UNGASS priorities for action;
- proactive in the strengthening of multisectoral and partnership approaches;
- inclusive of a broad range of stakeholders at regional and country levels, including women, youth, PLWHA and other vulnerable populations;
- reinforcing and complementary to the diverse activities already underway or planned at regional and country levels;
- strategic in minimising obstacles posed by geographical distances, small population sizes and diversity in economies, culture and institutional capacity; and
- catalytic in rationalising and scaling up resources to optimise the regional contribution to PICT capacity building on HIV/AIDS.

The PRSIP is not intended to be:

- prescribing what should be done at country level;
- duplicating activities implemented and better addressed through the National Strategic Plans in countries;
- diverting resources and effort from national responses to HIV/AIDS

3.2 Component Structure and Relationships

3.2.1 Structure

The plan described in this document provides for a framework of four components for implementation of the regional strategy.

The components are:

Component 1: Leadership and Governance
Component 2: Access to Quality Services
Component 3: Regional Coordination
Component 4: Programme Management.

A summary description of the four components, and their objectives, outputs and indicative activities is provided in parts 3.3.1 to 3.3.4.

3.2.2 Relationships

The relationship between the component objectives and the regional strategy goal is illustrated in Figure 1.

Figure 1: Relationship between component objectives and regional strategy goal

The design of the components has been sensitive to the importance of linking key actions with the eight Pacific themes in the regional strategy. Component 1 has a clear and direct relationship with Pacific themes 1 and 2, and component 2 has a similar relationship with theme 3. Pacific themes 4, 5, 6, 7 and 8, however, are cross-cutting themes with varying degrees of relationship with each of the four components. The implementation plan proposes a primary relationship link with only one component for the purposes of assigning indicative activities, in order to avoid duplication and overlap.

Table 1 details the principal relationship between the components and the regional strategy themes.

Table 3: Relationship between components and Pacific strategy themes

PACIFIC THEME	COMPONENT 1 Leadership and Governance	COMPONENT 2 Access to Quality Services	COMPONENT 3 Regional Coordination
1. Leadership	❋	♦	♦
2. A safe and healthy Pacific Islands community	❋	♦	
3. Access to quality services	♦	❋	♦
4. Human rights and greater involvement of people with and affected by HIV/AIDS	❋	♦	♦
5. Coordination, collaboration and partnership	♦	♦	❋
6. Funding and access to resources	♦	♦	❋
7. Planning, monitoring and evaluation, surveillance and research	❋	♦	♦
8. Addressing vulnerability	♦	♦	❋

❋ primary relationship
♦ secondary or cross-cutting relationship

3.2.3 Objectives and outputs

Eleven elements of the UNGASS Declaration of Commitment (2001)

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

The selection of objectives for components 1, 2 and 3 has been guided by the intent of the broad objectives and strategies for the eight Pacific themes in the regional strategy. The objectives also encompass outputs and activities which correlate with the 11 UNGASS themes. Objective four relates to project management, in terms of the direct control which the management of the PRSIP can exert over inputs and activities.

Given the nature of regional programs, the PRSIP activities cannot in themselves exert a direct influence over achievement of the regional strategy goal, as it is a long-term goal requiring a multitude of change agents, organisations and strategies. The management of the PRSIP should, however, monitor the broader policy and program environment to help ensure that the regional program continues to be contextually relevant. Equally, the

PRSIP can only be expected to exert influence over the achievement of the regional strategy purposes through its role as a contributor to the overall multisectoral and multi-strategy response across the Pacific region. The monitoring and evaluation framework at Annex D provides a greater level of detail.

3.2.4 Relationship with ongoing activities

Some of the outputs and their indicative activities refer to initiatives proposed for introduction under the PRSIP, such as the Pacific Leaders HIV/AIDS Champions Program. Others refer to activities already underway as part of regional HIV/AIDS initiatives, such as:

- the Franco – Australian Pacific Regional HIV/AIDS and STI Initiative/the Pacific Regional HIV/AIDS Project (PRHP), jointly funded by Governments of France and Australia;
- the HIV/AIDS component of phase 2 of the current Pacific regional grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- the United States Centers for Disease Control (US/CDC) initiative in support of US-affiliated countries;
- activities undertaken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and cosponsor agencies; and
- various activities undertaken by the Secretariat of the Pacific Islands Forum and by NGOs.

Information on current Pacific regional initiatives on HIV/AIDS and STI is provided at Annex E.

3.3 Component Description

3.3.1 Component 1: Leadership and governance

The objective of Component 1 is to strengthen PICT leadership and governance on HIV/AIDS. The underlying premise is that strong regional, national and community leadership and improved governance will increase the effectiveness of PICT responses to the HIV epidemic, and collectively lead to improvement in the overall regional response.

Achievements against the four outputs for this component can be expected to strengthen the capacity of the targeted PICTs to accelerate achievements against the UNGASS indicators relating to national commitment and action.

The component activities have been designed against five strategies:

- mobilizing regional, national and community leaders (both political and traditional leadership) to undertake ongoing advocacy on HIV/AIDS;
- advocacy for the engagement and sustained commitment of leaders as a multi-sectoral issue through all fora and meetings;
- improving PICT capacity to integrate HIV/AIDS into the national development framework;

- strengthening PICT capacity to develop, implement, monitor and evaluate multisectoral national HIV/AIDS strategic plans (including surveillance and research capacity);
- strengthening the capacity of PICT institutions, service providers and PLWHA to advocate for and create a conducive and supportive environment for HIV/AIDS responses, including the involvement of PLWHA.

Output 1.1 Pacific Leaders HIV/AIDS Champions Program established

Summary of Indicative Activities for Output 1.1:

1.1.1	Develop terms of reference for a Pacific Leaders HIV/AIDS Champions Program and identify female and male leaders at all levels for participation
1.1.2	Develop and conduct a series of capacity building activities for the Champions Program, including HIV/AIDS awareness raising, advocacy skills and development of individual action plans
1.1.3	Provide technical assistance through in-country support to help Champions to implement their individual advocacy plans
1.1.4	Conduct a review workshop for the Champions Program, to encourage sharing on advocacy achievements and lessons learned

Output 1.1 provides for the establishment of a Pacific Leaders HIV/AIDS Champions Program, to strengthen the capacity of female and male Pacific leaders at all levels (from regional, country, government, civil society, business and church organisations) to engage in a planned program of HIV/AIDS advocacy activities. The inclusion of a regional review workshop for sharing experience and lessons learned, will in itself contribute to ongoing advocacy in the region.

The Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) will have the principal responsibility for coordinating the Champions Program. The APLF Suva-based Pacific Coordinator will liaise with the SPC HIV/AIDS & STI Adviser, the PIF Secretariat, and the UNAIDS Pacific Program Coordinator on coordination issues relating to the program. Funding will need to be mobilized for the Champions Program for the period 2005 to 2008.

Output 1.2 HIV/AIDS issues raised in relevant regional fora and meetings

Summary of Indicative Activities for Output 1.2:

1.2.1	Consult with relevant regional fora/meetings secretariats on integrating HIV/AIDS issues in the agenda papers of meetings
1.2.2	Develop advocacy packages on priority HIV/AIDS and development issues and distribute to delegates attending regional meetings

The APLF will have the principal responsibility for coordinating the implementation of activities under this output, working closely with SPC, PIF and UNAIDS.

The regional fora/meetings to be targeted may include PIF, Committee of Representatives of Governments and Administrations (CRGA), Council of Regional Organisations in the Pacific (CROP), Pacific Ministers of Health, South Pacific Organisations Coordinating Committee (SPOCC) and Asia Forum of Parliamentarians on Population and Development (AFPPD).

Output 1.3 Strengthened PICT capacity to develop, implement, monitor and evaluate multisectoral national HIV/AIDS strategic plans

Summary of Indicative Activities for Output 1.4:

1.3.1	Provide training and technical support to countries to develop and update national HIV/AIDS strategic plans
1.3.2	Provide technical support to government, NGOs and CBOs to develop funding proposals which address priorities of National HIV/AIDS Strategic Plans and assist in project cycle management
1.3.3	Provide training and technical support to assist government, NGO and CBOs to develop and implement national capacity building plans specifically related to HIV/AIDS
1.3.4	Provide funding through grant schemes to support implementation of National Strategic plans
1.3.5	Develop and implement a program to improve the functioning of national HIV coordination mechanisms
1.3.6	Conduct training in engendered project design, monitoring and evaluation for NACs, CDOs, NGOs and competitive grant project recipients
1.3.7	Conduct a situational assessment of the capacity of National Strategic Plans to address HIV/AIDS in Pacific Island Territories (New Caledonia, French Polynesia, Wallis and Futuna, Guam and American Samoa).

PRHP has principal responsibility for all the activities under this output, apart from 1.3.7 which has been tasked to SPC.

A comprehensive range of capacity building activities relating to this output is currently being implemented under the PRHP. The focus of this capacity building is relevant to both the UNGASS commitments[3] and the 'Three Ones' guiding principles for coordination of national responses to AIDS[4]. Funds are available for the current level of PRHP programme activity. However, the success of the capacity building is generating increased demand for financial and technical support to implement country plans.

PRHP's project design and monitoring (PDM) training workshops involve participants from local NGOs and CBOs and reinforces the important role of these participants in implementing national HIV/AIDS strategic plans. Also, the PRHP grant scheme provides funds to both government organisations and NGOs of 14 PICTs to undertake activities which contribute to the development and implementation of national HIV/AIDS strategic plans. There are 4 different grant schemes:

1. The Capacity Development Organisation grants programme
2. The National AIDS Council grants programme
3. The Competitive grants programme
4. The Rapid Response grants programme

PRHP does not work in the Pacific Island Territories (New Caledonia, Wallis and Futuna, French Polynesia, Guam and American Samoa). However, SPC works in all 22 PICTs. Therefore to ensure that all Pacific nations have updated national strategic

[3] SPC, working with national authorities, collects, analyses and reports the relevant statistics required for PICT reports for MDG and UNGASS.

[4] 'Three Ones' guiding principles endorsed: one agreed HIV/AIDS Action Framework that drives alignment of all partners; one national AIDS authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

plans in terms of HIV/AIDS, SPC has been tasked with assessing the national strategic planning of these 5 PITs. Costs would involve conducting workshops in these PITs to develop national plans and then implement the plans in partnership with national stakeholders.

Output 1.4 Supportive environment for HIV/AIDS responses improved

Summary of Indicative Activities for Output 1.4:

1.4.1	Provide technical assistance to PICTs to reform legislative environment in relation to HIV
1.4.2	Provide training and technical support to educate PLWHA and NGOs about human and legal rights in relation to HIV/AIDS
1.4.3	Provide training and technical support for development and implementation of a national code of practice for HIV/AIDS in the 6 ILO member states
1.4.4	Provide HIV/AIDS advocacy public speaking and positive living skills training for PLWHA (AIDS Ambassadors Programme) and support communication between existing and emerging PLWHA networks
1.4.5	Support and implement the World Council of Churches priorities to improve HIV/AIDS knowledge as stated in the "Nadi Declaration"
1.4.6	Finalise and evaluate SPATS HIV/AIDS Curriculum
1.4.7	Implement use of SPATS curriculum at future training for Theological Colleges
1.4.8	Collate existing gender checklists and develop a generic HIV/AIDS and Gender checklist for use by PICTS in national strategic planning, NG0s, CBOs and other key stakeholders
1.4.9	Coordinate peer education activities at a regional level to support in-country groups to use strategic, targeted approaches and foster communication between different groups.
1.4.10	Review curriculum development for integration of life skills-based HIV/AIDS education into the formal school curriculum
1.4.11	Provide ongoing training and technical support for integration of life skills-based ARH training, including HIV/AIDS education, into the formal school curriculum, including curriculum design and training of teachers and student peer educators
1.4.12	Conduct out of school life skills-based education programmes including HIV education through partnership and networking with key stakeholders, NGOs and peer educators to target out of school youth and other influential gatekeepers
1.4.13	Launching of the Declaration of Partnership and Commitment to Overcoming Stigma and Discrimination

The principal responsibilities for this component have been designated against each activity: UNDP (1.4.1, 1.4.6, 1.4.7); IJALS (1.4.2); ILO (1.4.3); PIAF (1.4.4); WCC (1.4.5); UNIFEM (1.4.8); UNICEF (1.4.10); SPC (ARH) (1.4.11 and 1.4.12) and APLF (1.4.13). UNICEF will take principal responsibility Activity 1.4.9 (subject to confirmation).

Under this output, activities will focus on reducing stigma and discrimination against PLWHA and conducting education programmes focusing on HIV/AIDS. To this end IJALS have developed guidelines for countries to reform their legislative environment in relation to HIV/AIDS: this Activity (1.4.1) will be implemented by UNDP. It was also noted that it was important to empower PLWHA by educating them about their legal and human rights. IJALS have developed guidelines in English for PLWHA living in Fiji and will be translating these guidelines for more widespread use in Fiji. However, there is a need for these guidelines to be adjusted and translated for use in other PICTs and then implemented. IJALS will be taking responsibility for this.

PIAF also works with PLWHA, coordinating an AIDS Ambassadors Program which trains PLWHA as peer educators and then supports them as they return to their region to work in communities to educate and challenge misconceptions about HIV/AIDS.

PIAF is developing a training manual to be used by other agencies over the coming years. It has also been recognised that there are various support networks and forums for PLWHA across the region and PIAF will take principal responsibility to increase communication and collaboration between these networks, however funding will need to be mobilised for this activity.

In Fiji, ILO put their Decent Work National Action Plan on the agenda of the Parliamentary Select Committee and hopefully this will be included in Fiji's employment relations bill. ILO continues to work towards the inclusion of HIV/AIDS workplace issues in the policy frameworks of the 6 ILO member states in the Pacific.

Currently, different gender checklists are used by various agencies in the region. In order to ensure a coordinated and effective approach to including gender and HIV/AIDS issues in national strategic planning, and the also the strategic planning of CBOs and NGOs, UNIFEM has been tasked with reviewing existing gender checklists and developing one that can be used by a variety of organisations. Funding will need to be mobilised for this activity.

Another important aspect of this output is to include HIV/AIDS issues in school curricula across the region to educate adolescents about HIV/AIDS and STIs. SPC (ARH) implements a project which aims to strengthen adolescent health information, including HIV/AIDS, through life skills based education. They also conduct out-of-school education programmes targeting adolescents.

Advocating for the inclusion of HIV/AIDS issues by church organisations is also a central aspect of this output. UNDP conducted a workshop in 2005 with SPATS to design HIV/AIDS curriculum for training at theological colleges. They will be implementing this in 2006. Also, WCC are currently working to improve HIV/AIDS knowledge in church organisations in 13 PICTs.

In order to ensure understanding and cooperation between different sectors involved in reducing stigma and discrimination, APLF, PIAF, WCC, UNAIDS and PIFS will make a Declaration of Partnership and Commitment to Overcoming Stigma and Discrimination, in December 2005 in Suva, Fiji.

3.3.2 Component 2: Access to quality services

The Objective of Component 2 is to strengthen the capacity of PICTs to deliver continuum of care services for PLWHA.

Activities under this component address a wide range of institutional strengthening needs for continuum of care. These encompass operational research, service level standards for clinical training, quality assurance systems, HIV prevention-related services, blood safety, clinical treatment and care, orphan support, HIV/AIDS drugs and commodities and referral laboratory services. The proposed support includes regional best practice guidelines, BCC materials, expansion of technical resource networks, regional and national training, technical assistance, and centralized procurement and distribution.

The lead responsibility for coordination of this component will be shared among a number of key focal point agencies and projects: WHO, UNICEF, SPC (HIV/AIDS & STI Section), UNFPA, MSIP/A and SPC (GFATM Section).

Output 2.1 Service delivery system for HIV-related treatment, care and support strengthened

Summary of Indicative Activities for Output 2.1:

2.1.1	Expand existing regional technical advice networks and distance/open learning networks in order to assist PICTs to improve capacity in HIV/AIDS hospital based clinical management (including antiretroviral combination therapy)
2.1.2	Provide training and follow-up technical support for adaptation of a regional best practice guideline on home and community-based care of people with HIV/AIDS in small island settings
2.1.3	Adapt regional best practice guidelines for the development of national policy to address the specific needs of orphans and other vulnerable children in small island settings
2.1.4	Provide training of Core Care Team in comprehensive care and treatment for PLWHA
2.1.5	Provide ongoing in-country support to the Core Care Team in the provision of continuum of care to PLWHA

WHO has lead responsibility for the majority of activities under this output (2.1.1, 2.1.2, 2.1.4, 2.1.5). UNICEF has principal responsibility for 2.1.3.

This output focuses on improving clinical management of HIV/AIDS by developing best practice guidelines for the Pacific, expanding learning and technical advice networks and creating Core Care Teams in-country.

WHO has a technical and advisory role and will be the main agency involved in this output. Using existing guidelines for HIV/AIDS Care and Treatment produced by WPRO WHO, open learning networks, if feasible, will be used to provide training for PICT health workers in hospital based, community based and at home care of PLWHA.

In-country "Core Care Teams" will be identified, trained and will be provided with on-going advisory support from WHO. The core care team will consist of representatives from: HIV/AIDS health worker staff; HIV/AIDS linked programs; PLWHA and NGOs all of whom will be trained in clinical management of PLWHA, counselling and also in prevention. There may be difficulties setting up the team in some PICTs because in some there are no identified PLWHA and further, in some of the smaller PICTS (those that have fewer hospital and community based health staff) health professionals may already be over stretched and unable to take on this extra role. In this situation, a regional referral system for care and support will be established and supported.

UNICEF will be adapting existing guidelines to address the needs of HIV/AIDS orphans and other vulnerable children and will work with countries to ensure that the guidelines are suited to address the needs of children in small island settings.

Output 2.2 Systems for surveillance, research and quality assurance strengthened

Summary of Indicative Activities for Output 2.2:

2.2.1	Conduct a training needs assessment on quality assurance systems in HIV/AIDS services in small island settings
2.2.2	Provide technical support in design of operational research on barriers to HIV/AIDS service uptake in small island settings

2.2.3	Provide regional and in-country training and technical support to PICTs for HIV/AIDS and STI surveillance, including second generation surveillance
2.2.4	Develop and implement regional guidelines of good research practice, including ethical standards, for governments, NGOs and CBOs wishing to write proposals for STI / HIV research, in particular for those relating to vulnerable populations
2.2.5	Conduct rapid assessments of HIV vulnerability in PICTs including identification, quantification and mapping of sub-population groups at risk of HIV infection

SPC (HIV/AIDS & STI section) has principal responsibility for activities 2.2.1, 2.2.5 and has joint responsibility, with WHO, for activity 2.2.3. FSM has principal responsibility for 2.2.2 and 2.2.4. Funds will need to be mobilised for all the activities under Output 2.2, except for 2.2.3.

This output aims to increase technical capacity in PICTs so that they can use research, surveillance and quality assurance systems to inform their response to HIV/AIDS.

Quality assurance systems may be lacking in health services in some PICTs so SPC (HIV/AIDS & STI section) will conduct a training needs assessment. Once the extent of need for this kind of training is established, an agency will need to be identified to take an implementing role for Activity 2.2.1.

FSM has produced a rapid needs assessment toolkit for condom programming in PICTs and this could be extended to look at barriers to uptake of HIV/AIDS services (Activity 2.2.2). FSM will also produce country specific guidelines for ethical research and in collaboration with PRHP, implement these guidelines at a country level. However, a funding source would need to be identified before either of these activities could be implemented.

In 2005 a second generation surveillance workshop was held in Fiji, attended by representatives of 6 PICTs. HIV seroprevalence surveys, STI prevalence surveys and behavioural surveillance surveys in PICTs are ongoing activities supported by SPC (HIV/AIDS & STI section) and WHO.

In a low prevalence setting, prevention of HIV/AIDS in potentially vulnerable groups (such as seafarers and their partners; people infected with STIs; mobile populations; transactional sex workers; men who have sex with men; fa'afafine and fakaleti) is a key step towards reversing the epidemic. Mapping vulnerability in different PICTs will allow interventions and programmes to be targeted towards vulnerable groups. SPC (HIV/AIDS & STI section) will be conducting "vulnerability mapping" exercises in 10 PICTs in 2006 and 2007 (Activity 2.2.5).

Output 2.3 Service delivery system for HIV prevention strengthened

Summary of Indicative Activities for Output 2.3:

2.3.1	Provide technical support for development of country specific behavioural change communication (BCC) methods and materials
2.3.2	Provide technical support to health workers in comprehensive STI diagnosis and treatment
2.3.3	Provide training and technical support for HIV voluntary and confidential counselling and testing (VCCT)
2.3.4	Provide support for the development of country specific voluntary and confidential counselling testing (VCCT) information campaigns to targeted subgroups

2.3.5	Provide training and technical support for adaptation of a regional best practice guideline on blood safety and universal precautions in small island settings
2.3.6	Provide training and technical support for strengthening universal precautions in health care settings
2.3.7	Provide training and technical support for adaptation of a regional best practice guidelines and development of country specific treatment protocols for prevention of mother to child transmission (PMTCT) in small island settings
2.3.8	Implementation and provision of training and technical support to health workers, NGOs, CBOs and the private sector (as appropriate) for condom social marketing campaigns
2.3.9	Support free condom distribution to vulnerable and high-risk groups through targeted distribution centres
2.3.10	Provide technical and financial support to programmes providing outreach to vulnerable groups

A wide range of organisations will share responsibility for this output. SPC (HIV/AIDS & STI section) will have principal responsibility for 2.3.1 and joint responsibility with UNAIDS for 2.3.10, WHO (2.3.2, 2.3.3 and 2.3.5 (subject to confirmation)), UNFPA (2.3.4 and 2.3.9), SPC (PHS & CDC) (2.3.6), UNICEF (2.3.7), MSIP/A (2.3.8).

The aim of this output is to prevent new infections with HIV through targeted BCC, condom distribution and social marketing, prevention of STIs, VCCT, increased blood safety and universal precautions and PMTCT.

A set of BCC generic materials on HIV/AIDS will be developed for a large regional event in 2006 (yet to be identified) in collaboration with GFATM and produced by the BCC specialist at SPC. SPC (HIV/AIDS & STI section) will also support PICTs to develop their own, country-specific BCC materials. MSIP/A has much experience in condom social marketing, and will be providing training to health workers, NGOs and CBOs in select PICTs in condom social marketing techniques. MSIP/A also directly works alongside existing commercial networks for condom distribution.

As a technical advisory and training agency, WHO will be training and providing technical support to health workers in PICTs in VCCT, blood safety and also in STI diagnosis and treatment. UNFPA works to improve reproductive health and to prevent HIV/AIDS and STIs in the region. They will be targeting potentially vulnerable sub groups for VCCT education campaigns and using their already existing condom distribution centres to provide free condoms to these same groups. VCCT IEC materials will be developed and implemented in 2005/2006 and reviewed to assess their acceptability and effectiveness. Depending on the outcome of this review, UNFPA may decide that funds are better allocated to improving clinic infrastructure to increase the ability of services to provide a confidential environment for patients to receive VCCT. There is also a need to translate and amend VCCT IEC materials for use in different PICTs.

A range of regional organisations and NGOs are involved in outreach programs, there is much variation in the kind of programmes they work in and which groups they target. It is important to identify a way to maximise the impact of these programmes, to avoid duplication and to ensure that all vulnerable groups across the region are accessed. SPC has been tasked with coordinating the provision of funds and technical support to programmes providing outreach to vulnerable groups. These kind of

activities will benefit greatly on the completion of the vulnerability mapping exercise (Activity 2.2.5).

Output 2.4 Improved regional capacity for procurement and supply management of HIV/AIDS drugs and commodities

Summary of Indicative Activities for Output 2.4:

2.4.1	Develop systems to map countries' ART requirements and investigate procurement systems to ensure regular ART supply into the region
2.4.2	Develop training manuals, provide training and follow-up technical support to national pharmacists to ensure or improve access to commodities for the prevention, treatment and care of HIV/AIDS and STIs and establish a national pharmacist's network.
2.4.3	Establish a central procurement and distribution system for the region for HIV/AIDS and STI drugs and commodities
2.4.4	Procure and distribute ART drugs for PLWHA
2.4.5	Provide equipment and supplies to clinics for STI diagnosis and treatment
2.4.6	Supply and distribute HIV test kits for screening transfused blood
2.4.7	Investigate feasibility of a sustainable regional mechanism (e.g. revolving fund) for continued access to ARTs

WHO and SPC (GFATM) have principal responsibility for this output: Activities 2.4.1 and 2.4.2 (WHO); Activities 2.4.3, 2.4.4, 2.4.5, 2.4.6 and 2.4.7 (SPC (GFATM)).

Much of this output relies on strengthening Fiji Pharmaceutical Services (FPS) so that they can play a regional role in training national pharmacists and in procurement and distribution of ART to PICTs. In 2006, the chief pharmacist at FPS will be developing a system for forecasting the need for ART in 11 PICTs which will inform decisions about how best to distribute ART in the region. WHO will have principal responsibility for this activity, supporting FPS. WHO projects in other regions have produced the relevant guidelines and have also developed national pharmacists' networks and their experiences will be used to inform this project in the Pacific (Activity 2.4.2).

There is some concern that much of the activity in this output is focused in Fiji, with strong commitments needed from the Fiji MoH in order to achieve results. There is a need to establish a central procurement system to ensure equitable allocation of ART, and other drugs and commodities across the region and to investigate the feasibility of a "revolving fund" for ARTs to ensure continued access to ARTs by PLWHA.

Currently, the Global Fund distributes not only ART, but other important commodities, such as equipment for the diagnosis treatment of STIs and test-kits for screening transfused blood to PICTs.

Output 2.5 Improved capacity of laboratories for confirmatory testing and monitoring of antiretroviral combination therapy

Summary of Indicative Activities for Output 2.5:

2.5.1	Provide support for operational costs of laboratory service to PICTs on HIV confirmatory testing
2.5.2	Conduct training and refresher training for laboratory staff in HIV confirmatory testing and monitoring of antiretroviral combination therapy

2.5.3	Provide technical support for the development of a quality assurance system for laboratories

WHO will have principal responsibility for activities 2.5.2 and 2.5.3 (subject to confirmation), and GFATM will be responsible for Activity 2.5.1.

Under the GFATM project, laboratory capacity strengthening both at country and regional levels will be supported. This includes training of laboratory personnel and the provision of test kits and other laboratory supplies. In addition, quality assurance systems for laboratory services will be developed.

Currently PPTC has been contracted to undertake Activity 2.5.2 (supported by the GFATM project) with technical assistance from the GFATM Technical Working Group. This activity is dependent currently on the input of a contractor, which is potentially unsustainable and if WHO is unable due to financial and human resource constraints to take principal responsibility for this activity, an organisation needs to be found to take ongoing responsibility for this.

3.3.3 Component 3: Regional Coordination

The Objective of Component 3 is to intensify regional cooperation and coordination on HIV/AIDS. The two outputs under this component focus on expanding and strengthening regional partnerships, networks and communication, and intensifying regional cooperation on resource mobilization and monitoring.

The SPC has the lead responsibility for coordination of this component.

Output 3.1 Regional partnerships, networks and communication expanded and strengthened

Summary of Indicative Activities for Output 3.1

3.1.1	Develop and implement a Pacific Regional Communication Strategy on HIV/AIDS & STIs
3.1.2	Provide training and follow-up technical assistance in network management, meetings skills and HIV/AIDS advocacy skills for the Pacific Islands AIDS Foundation (PIAF) and a regional HIV/AIDS NGO coordinating body
3.1.3	Conduct a regional skills workshop in HIV/AIDS advocacy for the Pacific Council of Churches
3.1.4	Advocate for inclusion of HIV/AIDS issues (e.g. workplace discrimination; resource mobilisation) in private sector development initiatives (e.g. Pacific Business Council)
3.1.5	Develop and broker, or expand, partnership agreements with identified HIV/AIDS Regional organisations working in Pacific Island Territories

SPC (HIV/AIDS & STI section) will have principal responsibility for Activities 3.1.1, 3.1.2 and 3.1.5 and APLF will have principal responsibility for 3.1.3 and 3.1.4.

A key activity under this output is the development of a Pacific Regional Communication Strategy for HIV/AIDS and STIs by the SPC Noumea-based Behaviour Change Communication Specialist. The goal of the Communication Strategy is to facilitate the exchange of experiences and information in the region, thereby expanding and strengthening the regional networks involved in HIV/AIDS. The activities implemented under the communication strategy goal will focus on:

- establishing a culture of information exchange within the region;

- effectively disseminating information related to HIV/AIDS within countries and the region;
- mobilizing stakeholders to become involved/engaged in HIV/AIDS issues in countries and the region;
- initiating and maintaining an interactive dialogue between organizations and individuals within countries and within the region; and
- providing fora for the communication of successful HIV/AIDS activities and lessons learnt in the region.

Other key activities relate to the strengthening of civil society and church involvement in the regional response to HIV/AIDS, such as strengthening HIV/AIDS advocacy skills and encouraging active engagement in regional responses. APLF will advocate for the inclusion of HIV/AIDS in the agenda and strategy of non-health related organizations, including Church groups and private sector.

Most of the Pacific regional HIV/AIDS organisations do not work in the PITs of New Caledonia, Wallis and Futuna, French Polynesia, Guam and American Samoa. SPC represents all 22 PICTs and therefore has been tasked with brokering partnership agreements with organisations working in HIV/AIDS related activities in these 5 PITs to ensure that they are members of the PRSIP coordination group, attend PRSIP meetings and that their activities are reflected in future joint annual workplans. Importantly, partnerships that already exist between PRSIP members working in other countries and organisations working in the PITs will be expanded and strengthened.

Output 3.2 Regional cooperation on resource mobilization and monitoring intensified

Summary of Indicative Activities for Output 3.2

3.2.1	Establish and maintain a central database on regional HIV/AIDS resourcing flows and activities (with links to the PRSIP central M&E database and other regional and country databases)
3.2.2	Conduct a feasibility study for a Pacific Regional HIV/AIDS fund, and prepare an implementation plan if appropriate
3.2.3	Support countries to prepare and submit reports against international indicators

SPC (HIV/AIDS section) will have principal responsibility for all activities under this output.

The priority under output 3.2 is to ensure regional coordination and integrated programming of financial and technical resources in order to improve country responses. The development and maintenance of a web-based database to track financial resources coming into the region to support HIV/AIDS related activities will help to mobilise funds to support under-funded programmes, and advance transparency between donors, organisations and recipients. This database will also link to the PRSIP work plan and M&E framework. These tables will be accessible to all regional partners and will allow changes to the PRSIP as new programmes start, others end and new funding sources become available.

It is also proposed that a more coordinated effort be made to support countries with their mandatory reporting requirements to international organisations. This will be helped by linking the PRSIP to other regional and country databases. SPC (HIV/AIDS

and STI section) will take responsibility for creating and supporting the database, and for assisting in country partners to report to donors and multilateral agencies.

As there is increasing financial support flowing into the region for HIV/AIDS programmes and increasing demands for funding, the feasibility of a Pacific Regional HIV/AIDS fund will be investigated by SPC (HIV/AIDS & STI section).

3.3.4 Component 4: Program Management

The Objective of Component 4 is to effectively and efficiently manage the Pacific regional strategy implementation.

The focus of activities under this component is on ensuring that the regional strategy has been implemented in a coordinated manner, and effectively monitored and evaluated.

The SPC has the lead responsibility for management of this component. The SPC-funded HIV/AIDS/STI Adviser, based in Noumea, has principal responsibility for ensuring that the activities under the two outputs for this component are implemented effectively. On a day-to-day basis, the programme management and monitoring responsibilities will be shared by the Adviser and the AusAID-funded Suva positions of the Pacific Regional HIV/AIDS Project (PRHP). Component one of the PRHP forms part of the SPC contribution to the Pacific regional response to the HIV epidemic. (The PRHP component one objective is to develop and monitor the implementation of a Regional Strategy on HIV/AIDS in PICT).

Seeking support from the range of regional partners (including PICTs) for strategy implementation and ensuring complementarity of activities will be key activities, along with ensuring that monitoring of the PRSIP proceeds smoothly and regular reports are prepared and disseminated.

Output 4.1 Regional strategy has been implemented in a coordinated manner

Summary of Indicative Activities for Output 4.1

4.1.1	Develop the Implementation Plan for the Pacific Regional Strategy (including the 2005/2006 work plan)
4.1.2	Recruit and hire HIV/AIDS and STI specialist to manage PRSIP
4.1.3	Conduct a PRSIP Inception Meeting with designated key focal point agencies and other key partners to facilitate planning of joint action
4.1.4	Establish a PRSIP Regional Coordination Group (PRCG) (PRSIP key focal points and PICT and donor representatives and other invitees), to strengthen PRS partnership contribution to joint annual planning and review and conduct an annual meeting
4.1.5	Negotiate and sign a joint PRSIP Implementation plan with each key PRS partner
4.1.6	Prepare and submit a PRSIP Joint Annual Work Plan (with clearly defined and agreed roles, responsibilities, targets and budgets)
4.1.7	Strengthen coordination mechanisms between different sectors within regional organisations: SPC, CROP agencies
4.1.8	Prepare a PRSIP Phase 2 Plan (2009-2013), in collaboration with key PRS partners

Output 4.1 focuses on the mechanisms and processes required to ensure a collaborative and coordinated approach to implementation of the regional strategy, inclusive of the range of key partners. SPC (HIV/AIDS & STI section) will be responsible for all these activities.

The regional strategy will be implemented through a number of regional projects and initiatives and through activities at regional, sub-regional and country level. The annual meeting of the PRSIP Regional Coordination Group (PRCG), to be conducted by SPC each August or September will be the main mechanism for coordination of the broad range of country and regional partners involved in the implementation of the regional strategy. The annual meeting will review the draft of the Joint Annual Work Plan, consider lessons learned and address issues affecting or likely to affect implementation progress. Where possible, the meeting will be scheduled to link with other regional meetings, thus reducing participant travel times and costs. The draft annual M&E report will be emailed to PRCG members for comment (about the end of February each year), beginning with the report for 2005.

The SPC HIV/AIDS & STI Adviser will work closely with designated key focal points and other partners on the development of annual work plans. The draft of the 2005/2006 joint activity work plan will be reviewed by the SPC, agencies, PICT representatives and other key partners at a PRSIP Inception Meeting to be held in Suva in September 2005. Following agreement on the joint activity work plan, there will an endorsement by regional partners on the activities in the work plan. Each year, an annual joint workplan will be designed in consultation with partners and reviewed and endorsed at the meeting of the PRCG.

In addition to the formal mechanisms for communication between the PRSIP partners, informal communication linkages such as email, telephone and fax contact will be strengthened to ensure the PRSIP functions effectively. The Pacific Regional Communication Strategy for HIV/AIDS and STIs will provide a framework for strengthening communication between the key partners, in particular those with key focal point responsibilities for agreed activities under the four components.

Output 4.2 Regional strategy has been monitored and evaluated

Summary of indicative activities for Output 4.2:

4.2.1	Develop and implement a Monitoring and Evaluation Framework for the Pacific Regional Strategy
4.2.2	Establish a Monitoring and Evaluation Reference Group, and conduct regular meetings
4.2.3	Prepare annual monitoring and evaluation reports on PRSIP implementation
4.2.4	Conduct a review of PICT HIV/AIDS M&E frameworks and facilitate the adaptation of relevant indicators for monitoring situations and responses
4.2.5	Provide support to PICTs in the collation, analysis and synthesis of data on country situations and responses
4.2.6	Conduct independent Mid-Term and Final Reviews of Regional Strategy (in May-June of relevant year)
4.2.7	Modify existing M&E databases to accommodate PRSIP M&E database and collect indicator data
4.2.8	Prepare a PRSIP Completion Report

Output 4.2 focuses on frameworks and mechanisms for monitoring progress in implementation, evaluating achievements against indicators and reporting on a regular basis.

Implementation of the activities under this output will be guided by the Monitoring and Evaluation Framework provided at Annex D.

3.4 Resources and costs

The PRSIP will be funded from multiple sources, including core budgets of key focal point agencies and donor funding for regional projects. Many of the indicative activities outlined in part 3 of this document relate to currently funded project activities.

The total cost of the PRSIP has yet to be determined. The detailed costing of the indicative activities for the PRSIP requires input from each of the regional implementing partners in a format which enables costs to be assigned to specific outputs and key activities. Annex C contains estimated costs of activities for 2005/2006 and identifies those activities which will require additional funds. Further input from agencies with principal responsibility under the PRSIP will be needed annually to complete this section of the joint annual work-plan. An indicative cost schedule for the life of the PRSIP is provided at Annex B including identified funding gaps.

However, it is important to note that new funding sources for HIV/AIDS activities in the region could be expected over the next few years and the PRSIP will provide a strategic framework for the allocation of these funds. At the same time, certain activities may lose funding, or reach the end of their funding cycle. The PRSIP is flexible and changeable and will be adjusted to reflect these funding events and this information will be disseminated to the regional partners through PRSIP communication networks.

3.5 Timing

The implementation of the regional strategy will cover the five-year period 2004 to 2008. A listing of indicative activities and their proposed scheduling over the period to 2008 is provided in the Implementation Schedule at Annex A. A work plan for 2005/2006 is provided at Annex C.

Many of the proposed activities are already being implemented through projects funded by bilateral donors and the GFATM and through ongoing programs of multilateral regional organizations and NGOs.

A phased approach will be taken to the implementation of key activities, both those already underway and special initiatives under the PRSIP. This phased approach will be influenced by PICT priorities, by the geographical coverage and timeframes of currently funded regional initiatives and by the capacity of regional implementing partners to expand their capacity building programs. In some cases, the proposed initiation or expansion of capacity building activities will be programmed for the

second half of the five-year period, to allow sufficient time for feasibility studies, precursor capacity building and resource mobilization.

The consultative process for developing the Joint Work Plan for the PRSIP, in early 2005, included a review of the feasibility and timing of proposed activities. The processes for formulating the PRSIP joint annual work plans included a review of regional training and technical assistance plans, to identify possibilities for synchronizing schedules and undertaking joint activities.

4 Monitoring and Management Strategies

4.1 Reporting Requirements

The major reporting requirements for the regional strategy are:

- Annual Joint Work Plan;
- Report on the annual meeting of the PRSIP Coordination Group (PRCG);
- Six-monthly reports on PRSIP progress against targets;
- Annual Monitoring and Evaluation Report;
- Report of the Mid-Term Review;
- Report of the Final Review; and
- Completion Report.

The SPC HIV/AIDS & STI Adviser will be responsible for ensuring that the required reports are prepared on time and meet quality standards. The Adviser will submit the reports to the SPC Executive through the SPC Public Health Program Manager and the Deputy Director General of SPC Noumea. Following acceptance or endorsement, as relevant, by the Executive the reports will be provided directly to AusAID and other relevant funding agencies. Wider dissemination will be as follows:

- to PICT governments through the PIF and CRGA secretariats;
- to United Nations partners through UNAIDS-Pacific;
- to PLWHA groups/CBOs/NGOs through PIAF and PICASO; and
- to other stakeholders through the SPC HIV/AIDS & STI Section mailing list.

Highlights of reports will be disseminated through various media utilized for the implementation of the Pacific Regional Communication Strategy for HIV/AIDS & STIs.

4.2 Review and redevelopment

The regional strategy and its implementation will be reviewed at two points during its five-year life — in May-June 2006 (mid-term review) and in May-June 2008 (a final review). The reviews are expected to be a key step in developing an updated regional strategy for 2009–2013. The SPC will coordinate the independent reviews and redevelopment of the strategy. A body comprising various government representatives, CBO/NGOs, regional organisations and bilateral partners is expected to be established to oversee and support this process.

4.3 Monitoring and evaluation

See Annex D.

4.4 Risk and Management and Sustainability Strategy

The regional strategy identified eleven 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 understanding 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 addition to the risks posed by these challenges, the PRSIP has risks common to regional programs, as well as coordination and management risks relating to the delivery of activities by multiple agencies/projects. Strategies for risk management and sustainability need to be an integral part of the design for the implementation of the regional strategy.

A draft risk management and sustainability matrix (provided at Annex G) has been produced by the HIV/AIDS team at SPC. This was discussed and revised in consultation with all key partners at the Inception meeting held in Suva, September 2005.

The annual planning process should include review and updating of the risk and sustainability management matrices, and the annual M&E report should address performance against indicators relating to sustainability.

4.5 Management arrangements

4.5.1 Management

The SPC is responsible for coordinating the implementation of the regional strategy and for providing regular reports on the PRSIP. The SPC's HIV/AIDS & STI Adviser has principal responsibility for management of the PRSIP. The Adviser reports through the SPC Public Health Program Manager who, through the Deputy Director General of SPC Noumea, will liaise with donor agencies supporting implementation of the regional strategy.

The SPC's HIV/AIDS & STI Section currently has four positions, that of the Adviser (funded from the SPC core budget) and the positions of Behaviour Change Communication Specialist, and Administrative Officer, funded under the Pacific Regional HIV/AIDS Project and the Surveillance Specialist/HIV/AIDS & STIs funded by the French government. The Communication Specialist has responsibility for development and implementation of the Pacific Regional Communication Strategy on HIV/AIDS and STIs. The Administrative Officer provides support to both the

HIV/AIDS & STI Adviser and the Communication Specialist. The Surveillance Specialist/HIV/AIDS & STI has responsibility for supporting second generation surveillance activities in PICTs.

The role of the HIV/AIDS & STI Adviser should largely focus on continuing to provide technical advice on HIV/AIDS and STI issues in the region, advising on broad strategic directions for the PRSIP and emerging issues affecting the regional strategy, and undertaking high level liaison and negotiation with key stakeholders.

The HIV/AIDS & STI Adviser will continue to work closely with the Suva-based Australian Team Leader of the Pacific Regional HIV/AIDS Project on the monitoring of the regional strategy and the management of specific activities under components one and three. There will also continue to be a close working relationship with the GFATM Coordinator, based in SPC Noumea, in relation to component one and two activities delivered through the HIV/AIDS component of the Pacific regional GFATM grant. The French government-funded HIV/STI Surveillance Specialist, based in SPC Noumea, will also be involved in advising on and coordinating the HIV/STI surveillance activities under component one.

The feasibility of a coordinated regional approach to PRSIP implementation will depend to a large extent on the capacity of the SPC to take on an expanded coordination, monitoring and reporting role.

Regional programs inherently bring challenges for effective coordination and management, especially in environments such as the Pacific which tend to be characterized by geographical distances, small populations and economic and cultural diversity. Not surprisingly, the additional responsibilities brought by the multiple partnerships and diverse activities of the PRSIP have the potential to far outstrip the existing capacity of the SPC HIV/AIDS & STI Section.

Strengthening of the Section's human and financial resources and management mechanisms is therefore a priority. Two new positions should be established, a position of PRSIP Coordinator and a supporting administrative officer position. Additional funding is required for salaries and associated costs for these positions. Under the supervision of the SPC HIV/AIDS & STI Adviser, the PRSIP Coordinator would be responsible for day-to-day facilitation and monitoring of implementation, including organizing coordination meetings, ensuring M&E data is provided to the SPC as scheduled, and preparing PRSIP reports. The duties of the administrative officer should primarily relate to the PRSIP monitoring function.

The Section's work needs to be supported by the engagement of a number of short-term specialists, for specified periods during the next four years. Priority should be given to inputs from a short-term Monitoring and Evaluation Adviser, of up to 4 months per year. Short-term inputs will also be required to assist with the development of a risk management matrix, a vulnerability matrix, a gender and vulnerability strategy, and a training strategy.

A monitoring and evaluation database will need to be established for the PRSIP. Project tracking may best be undertaken using a modified version of the GFATM/PIMS database, whilst regional strategy outputs can be monitored using the

UNAIDS/CRIS system. Short-term input may be required for the modification of the PIMS database, and for training in its use of this software. Investment will be needed in computer and office equipment and furniture for the additional staff positions and possibly training for the Section's staff in HIV/AIDS monitoring and evaluation.

Increase in the Section's travel costs should be able to be kept to a minimum, for example by scheduling PRSIP meetings and travel to coincide with other events whenever possible, and making optimal use of electronic communication.

4.5.2 Program management milestones

Effective management of the PRSIP will require the achievement of a number of key milestones relating to component 4 responsibilities. The outputs and deliverables relating to these milestones are listed below.

No.	Milestone Description	Required by	Evidence of Achievement
1	Develop the Implementation Plan for the Pacific Regional Strategy (including the 2005/2006 work plan)	14-16 September 2005	Endorsement by SPC Executive*
2	Report on the PRSIP Inception Meeting	30 September 2005	Acceptance by SPC Executive*
3	Report on 2005 meeting of the PRSIP Regional Coordination Group	30 September 2005	Acceptance by SPC Executive*
4	Prepare a six-monthly progress report on PRSIP implementation, for the period January to June 2006	31August 2006	Acceptance by SPC Executive*
5	Prepare the PRSIP Joint Annual Work Plan for 2007	August/September 2006	Endorsement by SPC Executive*
6	Prepare a six-monthly progress report on PRSIP implementation, for the period July to December 2006	28 February 2007	Acceptance by SPC Executive*
7	Prepare the PRSIP Monitoring and Evaluation Report for 2006	31 March 2007	Acceptance by SPC Executive*
8	Prepare a six-monthly progress report on PRSIP implementation, for the period January to June 2007	31August 2007	Acceptance by SPC Executive*
9	Report on 2007 meeting of the PRSIP Regional Coordination Group	1 October 2007	Acceptance by SPC Executive*
10	Prepare the PRSIP Joint Annual Work Plan for 2008	1 October 2007	Endorsement by SPC Executive*
11	Prepare a six-monthly progress report on PRSIP implementation, for the period July to December 2007	28 February 2008	Acceptance by SPC Executive*
12	Prepare the PRSIP Monitoring and Evaluation Report for 2007	31 March 2008	Acceptance by SPC Executive*
13	Prepare a six-monthly progress report on PRSIP implementation, for the period January to June 2008	31August 2008	Acceptance by SPC Executive*
14	Report on 2008 meeting of the PRSIP Regional Coordination Group	1 October 2008	Acceptance by SPC Executive*
15	Prepare a PRSIP Phase 2 Plan (for 2009-2013)	1 October 2008	Endorsement by SPC Executive*
16	Prepare a six-monthly progress report on PRSIP implementation, for the period July to December 2008	28 February 2009	Acceptance by SPC Executive*

17	Prepare the PRSIP Monitoring and Evaluation Report for 2008	31 March 2009	Acceptance by SPC Executive*
18	Prepare a PRSIP Completion Report	31 March 2009	Acceptance by SPC Executive*

* also by bilateral donors/funders supporting the implementation of the regional strategy

ANNEX A – Implementation Schedule

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
COMPONENT 1: LEADERSHIP AND GOVERNANCE **Objective 1: To strengthen PICT leadership and governance on HIV/AIDS**								
Output								
1.1	**Pacific Leaders HIV/AIDS Champions Program established**							
Indicative activities								
1.1.1	Develop terms of reference for a Pacific Leaders HIV/AIDS Champions Program and identify leaders at all levels for participation						APLF	PIFS; SPC, UNAIDS, UNDP, USP, CROP Agencies, UNIFEM, UNICEF
1.1.2	Develop and conduct a series of capacity building activities for the Champions Program, including HIV/AIDS awareness raising, advocacy skills and development of individual action plans						APLF	PPAPD, SPC, PIFS, UNFPA, UNICEF, UNDP, CROP, UNIFEM, PRHP
1.1.3	Provide technical assistance through in-country support to help Champions to implement their individual advocacy plans						APLF	UNAIDS, SPC, PIFS, PIAF, UNICEF, UNDP, CROP, UNIFEM, PRHP
1.1.4	Conduct a review workshop for the Champions Program, to encourage sharing on advocacy achievements and lessons learned						APLF	PIFS, SPC, UNAIDS, PPAPD, CROP, UNIFEM
Output								
1.2	**HIV/AIDS issues raised in relevant regional fora and meetings**							
Indicative activities								

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
1.2.1	Consult with relevant regional fora/meetings secretariats on integrating HIV/AIDS issues in the agenda papers of meetings						APLF	PIF, SPC
1.2.2	Develop advocacy packages on priority HIV/AIDS and development issues and distribute to delegates attending regional meetings						APLF	UNAIDS, PIFS; SPC, AFPPD, ILO, UNDP, UNICEF, UNIFEM, WHO, UNFPA
Output								
1.3	**Strengthened PICT capacity to develop, implement, monitor and evaluate multisectoral national HIV/AIDS strategic plans**							
Indicative activities								
1.3.1	Provide training and technical support to countries to develop and update national HIV/AIDS strategic plans						PRHP	UNAIDS, SPC, WHO, IFRC/ARC
1.3.2	Provide technical support to government, NGOs and CBOs to develop funding proposals which address priorities of National HIV/AIDS Strategic Plans and assist in project cycle management						PRHP	UNAIDS, SPC, WHO, IFRC/ARC, APLF
1.3.3	Provide training and technical support to assist government, NGO and CBOs to develop and implement national capacity building plans specifically related to HIV/AIDS						PRHP	UNAIDS, WHO, PIAF, IFRC/ARC
1.3.4	Provide funding through grant schemes to support implementation of National Strategic plans						PRHP	SPC, UNAIDS, UNDP, UNICEF, WHO, ADB, UNFPA

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
1.3.5	Develop and implement a program to improve the functioning of national HIV coordination mechanisms						PRHP	SPC, UNAIDS, WHO, UNICEF, PIAF
1.3.6	Conduct training in engendered project design, monitoring and evaluation for NACs, CDOs, NGOs and competitive grant project recipients						PRHP	CDOs, SPC
1.3.7	Conduct a situational assessment of the capacity of National Strategic Plans to address HIV/AIDS in Pacific Island Territories (New Caledonia, French Polynesia, Wallis and Futuna, Guam and American Samoa).						SPC	CDC, UNDP
Output								
1.4	**Supportive environment for HIV/AIDS responses improved**							
Indicative activities								
1.4.1	Provide technical assistance to PICTs to reform legislative environment in relation to HIV						UNDP	PNG, SPC, WHO, PIFS, UNAIDS, PIAF, IJALS, USP, PILOM
1.4.2	Provide training and technical support to educate PLWHA and NGOs about human and legal rights in relation to HIV/AIDS						IJALS	UNAIDS, UNDP, GFATM, PIAF, RRRT, Human rights commission, UNIFEM
1.4.3	Provide training and technical support for development and implementation of a national code of practice for HIV/AIDS in the 6 ILO member states						ILO	Employers, workers, governments, UN, donor community, PBCA, UNDP, GFATM, UNAIDS, IFRC, PIAF

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
1.4.4	Provide HIV/AIDS advocacy public speaking and positive living skills training for PLWHA (AIDS Ambassadors Programme) and support communication between existing and emerging PLWHA networks						PIAF	SPC, PRHP, UNICEF, APLF, UNDP, WCC, FJN+, Igat Hope
1.4.5	Support and implement the World Council of Churches priorities to improve HIV/AIDS knowledge as stated in the "Nadi Declaration"						WCC-OP	PCC, SPATS, PIAF, Bible Society of the South Pacific, Pacific Centre for Pastoral Care and Counselling, MSIP/A.
1.4.6	Finalise and evaluate SPATS HIV/AIDS Curriculum						UNDP	SPATS, PCC, WCC
1.4.7	Implement use of SPATS curriculum at future training for Theological Colleges						UNDP	SPATS, PCC, WCC
1.4.8	Collate existing gender checklists and develop a generic HIV/AIDS and Gender checklist for use by PICTS in national strategic planning, NG0s, CBOs and other key stakeholders						UNIFEM	PRHP, UNFPA, UNAIDS, USP, PIAF, FWRN, PIFS, SPC, ARC
1.4.9	Coordinate peer education activities at a regional level to support in-country groups to use strategic, targeted approaches and foster communication between different groups.						UNICEF (tbc)	WHO, ATFF, PIAF, ARC/IFRC, GFATM II, UNFPA, PRHP, SPC (ARH), IPPF, MSIP/A

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
1.4.10	Review curriculum development for integration of life skills-based HIV/AIDS education into the formal school curriculum						UNICEF	WHO, UNESCO, UNFPA, USP, SPC, ARC, IPPF, UNIFEM
1.4.11	Provide ongoing training and technical support for integration of life skills-based ARH education including HIV/AIDS education, into the formal school curriculum (in selected countries) including curriculum design and training of teachers and student peer educators						SPC (ARH)	WHO, UNESCO, UNFPA, USP, UNICEF, ARC, IPPF, UNIFEM
1.4.12	Conduct out of school lifeskills-based education programmes including HIV education through partnership and networking with key stakeholders, NGOs and peer educators to target out of school youth and other influential gatekeepers						SPC (ARH)	ARC, IPPF, UNIFEM, UNICEF, UNFPA, MSIP/A
1.4.13	Launching of the Declaration of Partnership and Commitment to Overcoming Stigma and Discrimination						APLF	PIAF, PIF, UNAIDS, WCC
COMPONENT 2: ACCESS TO QUALITY SERVICES **Objective 2: To strengthen the capacity of PICTs to deliver continuum of care services for PLWHA**								
OUTPUT								
2.1	**Service delivery system for HIV-related treatment, care and support strengthened**							
Indicative activities								
2.1.1	Expand existing regional technical advice networks and distance/open learning networks in order to assist PICTs to improve capacity in HIV/AIDS hospital						WHO	SPC, PRHP, FSM, POLHN, , GFATM-II, ASHM

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
	based clinical management (including antiretroviral combination therapy)							
2.1.2	Provide training and follow-up technical support for adaptation of a regional best practice guideline on home and community-based care of people with HIV/AIDS in small island settings						WHO	FSM, POLHN, , PIAF, PRHP, ATFF
2.1.3	Adapt regional best practice guidelines for the development of national policy to address the specific needs of orphans and other vulnerable children in small island settings						UNICEF	UNDP, PIAF, UNIFEM, ILO
2.1.4	Provide training of Core Care Team in comprehensive care and treatment for PLWHA						WHO	SPC, UNDP, UNICEF, GFATM-II, PRHP, PIAF
2.1.5	Provide ongoing in-country support to the Core Care Team in the provision of continuum of care to PLWHA						WHO	SPC, UNDP, UNICEF, GFATM-II, PRHP, POLHN, , PIAF
OUTPUT								
2.2	**Systems for surveillance, research and quality assurance strengthened**							
Indicative activities								
2.2.1	Conduct a training needs assessment on quality assurance systems in HIV/AIDS services in small island settings						SPC	WHO

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
2.2.2	Provide technical support in design of operational research on barriers to HIV/AIDS service uptake in small island settings						FSM	WHO, SPC, UNDP, POLHN, PIAF, ATFF, Fiji Women's Rights Movement, Sexual Minorities Project
2.2.3	Provide regional and in-country training and technical support to PICTs for HIV/AIDS and STI surveillance, including second generation surveillance						WHO/SPC	PRHP, UNAIDS, PPHSN, GFATM, UNFPA
2.2.4	Develop and implement regional guidelines of good research practice, including ethical standards, for governments, NGOs and CBOs wishing to write proposals for STI / HIV research, in particular for those relating to vulnerable populations						FSM	USP, WHO, UNFPA, UNIFEM, UNDP, PRHP
2.2.5	Conduct rapid assessments of HIV vulnerability in PICTs including identification, quantification and mapping of sub-population groups at risk of HIV infection						SPC	UNAIDS, UNDP
Output								
2.3	**Service delivery system for HIV prevention strengthened**							
INDICATIVE ACTIVITIES								
2.3.1	Provide technical support for development of country specific behavioral change communication (BCC) methods and materials						SPC	GFATM-II, SPC UNICEF, WHO, PRHP, MSIP/A
2.3.2	Provide technical support to health workers in comprehensive STI diagnosis and treatment						WHO	GFATM II, SPC POLHN, PPTC. Labnet, ADB, UNFPA, MSIP/A, FSM

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
2.3.3	Provide training and technical support for HIV voluntary and confidential counseling and testing (VCCT)						WHO	PRHP UNFPA, UNICEF, POLHN, SPC, MSIP/A, FSM, Fiji Council of Churches, Fiji association of social workers, ATFF
2.3.4	Provide support for the development of country specific voluntary and confidential counseling testing (VCCT) information campaigns to targeted subgroups						UNFPA	SPC, WHO, GFATM II, UNICEF, MSIP/A
2.3.5	Provide training and technical support for adaptation of a regional best practice guideline on blood safety						WHO (tbc)	IFRC, FSM, MoH, POLHN,
2.3.6	Provide training and technical support for strengthening universal precautions in health care settings						SPC (PHS & CDC)	GFATM, FSM, WHO, POLHN, IFRC, PICT MoHs, SoNs
2.3.7	Provide training and technical support for adaptation of a regional best practice guidelines and development of country specific treatment protocols for prevention of mother to child transmission (PMTCT) in small island settings						UNICEF	WHO, GFATM, UNFPA, PRHP
2.3.8	Implementation and provision of training and technical support to health workers, NGOs, CBOs and the private sector (as appropriate) for condom social marketing campaigns						MSIP/A	GFATM II, WHO, UNFPA
2.3.9	Support free condom distribution to vulnerable and high-risk groups through targeted distribution centres						UNFPA	SPC, WHO, GFATM II

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
2.3.10	Provide technical and financial support to programmes providing outreach to vulnerable groups						SPC/UNAIDS	GFATM II, PRHP, WHO, UNICEF, ARC/IFRC, UNFPA, MSIP/A
Output								
2.4	**Improved regional capacity for procurement and supply management of HIV/AIDS drugs and commodities**							
INDICATIVE ACTIVITIES								
2.4.1	Develop systems to map countries' ART requirements and investigate procurement systems to ensure regular ART supply into the region						WHO	FPS, GFATM
2.4.2	Develop training manuals, provide training and follow-up technical support to national pharmacists to ensure or improve access to commodities for the prevention, treatment and care of HIV/AIDS and STIs and establish a national pharmacists network.						WHO	FPS, SPC, GFATM II, UNICEF
2.4.3	Establish a central procurement and distribution system for the region for HIV/AIDS and STI drugs and commodities						SPC (GFATM)	FPS, WHO, WPRO-WHO
2.4.4	Procure and distribute ART drugs for PLWHA						SPC (GFATM)	WHO, FPS
2.4.5	Provide equipment and supplies to clinics for STI diagnosis and treatment						SPC (GFATM)	WHO

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
2.4.6	Supply and distribute HIV testkits for screening transfused blood						SPC (GFATM)	WHO
2.4.7	Investigate the feasibility of a sustainable regional mechanism (e.g. revolving fund) for continued access to ART						SPC/GFATM	WHO, FPS, ADB
OUTPUT								
2.5	**Improved capacity of laboratories for confirmatory testing and monitoring of antiretroviral combination therapy**							
INDICATIVE ACTIVITIES								
2.5.1	Provide support for operational costs of laboratory service to PICTs on HIV confirmatory testing						SPC (GFATM)	WHO, SPC, MoH (Fiji)
2.5.2	Conduct training and refresher training for laboratory staff in HIV confirmatory testing and monitoring of antiretroviral combination therapy						WHO (tbc)	WHO, FSM, MoH (Fiji), GFATM II, PPTC
2.5.3	Provide technical support for the development of a quality assurance system for laboratories						WHO (tbc)	FSM, GFATM-II, SPC, PPTC, Labnet, ADB
COMPONENT 3: REGIONAL COORDINATION **Objective 3: To intensify regional cooperation and coordination on HIV/AIDS**								
Output								
3.1	**Regional partnerships, networks and communication expanded and strengthened**							
INDICATIVE ACTIVITIES								

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
3.1.1	Develop and implement a Pacific Regional Communication Strategy on HIV/AIDS & STIs						SPC	PRHP, UNAIDS, PIAF
3.1.2	Provide training and follow-up technical assistance in network management, meetings skills and HIV/AIDS advocacy skills for the Pacific Islands AIDS Foundation (PIAF) and a regional HIV/AIDS NGO coordinating body						SPC	GFATM-II, ATFF, UNFPA, PRHP
3.1.3	Conduct a regional skills workshop in HIV/AIDS advocacy for the Pacific Council of Churches						APLF	SPC, ATFF, PIAF, UNICEF, UNFPA, UNAIDS
3.1.4	Advocate for inclusion of HIV/AIDS issues (e.g. workplace discrimination; resource mobilisation) in private sector development initiatives (e.g. Pacific Business Council)						APLF	SPC, ILO, ABCA, PIFS, UNAIDS, UNFPA
3.1.5	Develop and broker, or expand, partnership agreements with identified HIV/AIDS Regional organisations working in Pacific Island Territories						SPC	CDC
OUTPUT								
3.2	**Regional cooperation on resource mobilization and monitoring intensified**							
INDICATIVE ACTIVITIES								
3.2.1	Establish and maintain a central database on regional HIV/AIDS resourcing flows and activities (with links to the PRSIP central M&E database and other regional and country databases)						SPC	UNAIDS, PRHP, GFATM-II

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
3.2.2	Conduct a feasibility study for a Pacific Regional HIV/AIDS fund, and prepare an implementation plan if appropriate						SPC	UNAIDS
3.2.3	Support countries to prepare and submit reports against international indicators						SPC	UNAIDS
COMPONENT 4: PROGRAMME MANAGEMENT **Objective 4: To effectively and efficiently manage the Pacific regional strategy implementation**								
OUTPUT								
4.1	**Regional strategy has been implemented in a coordinated manner**							
INDICATIVE ACTIVITIES								
4.1.1	Develop the Implementation Plan for the Pacific Regional Strategy (including the 2005/2006 work plan)						SPC	PRHP
4.1.2	Recruit and hire a HIV/AIDS and STI specialist to manage PRSIP						SPC	
4.1.3	Conduct a PRSIP Inception Meeting with designated key focal point agencies and other key partners to facilitate planning of joint action						SPC	PRHP, UNAIDS

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
4.1.4	Establish a PRSIP Regional Coordination Group (PRCG) (PRSIP Principal Responsibility and PICT and donor representatives and other invitees), to strengthen PRS partnership contribution to joint annual planning and review, and conduct an annual meeting						SPC	UNAIDS, PRHP
4.1.5	Negotiate and sign a joint PRSIP Implementation plan with each key PRS partner						SPC	UNAIDS, PRHP
4.1.6	Prepare and submit a PRSIP Joint Annual Work Plan (with clearly defined and agreed roles, responsibilities, targets and budgets)						SPC	UNAIDS, PIFS
4.1.7	Strengthen coordination mechanisms between different sectors within regional organisations: SPC, CROP agencies						SPC	PIFS, CROP agencies
4.1.8	Prepare a PRSIP Phase 2 Plan (2009-2013), in collaboration with key PRS partners						SPC	UNAIDS, PRHP
OUTPUT								
4.2	**Regional strategy has been monitored and evaluated**							
INDICATIVE ACTIVITIES								
4.2.1	Develop and implement a Monitoring and Evaluation Framework for the Pacific Regional Strategy						SPC	PRHP, UNAIDS

Logframe Ref	Description	Timing					Principal Responsibility	Collaborating partners
		Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008		
4.2.2	Establish a Monitoring and Evaluation Reference Group, and conduct regular meetings						SPC	UNAIDS, PRHP
4.2.3	Prepare annual monitoring and evaluation reports on PRSIP implementation						SPC	PRHP, UNAIDS
4.2.4	Conduct a review of PICT HIV/AIDS M&E frameworks and facilitate the adaptation of relevant indicators for monitoring situations and responses						SPC	UNAIDS
4.2.5	Provide support to PICTs in the collation, analysis and synthesis of data on country situations and responses						SPC	UNAIDS
4.2.6	Conduct independent Mid-Term and Final Reviews of Regional Strategy (in May-June of relevant year)						SPC	PIFS, UNAIDS
4.2.7	Modify existing M&E databases to accommodate PRSIP M&E database and collect indicator data						SPC	GFATM, UNAIDS, PRHP
4.2.8	Prepare a PRSIP Completion Report						SPC	PRHP, UNAIDS

Note: The Principal Responsibility and Collaborating partners listed above do not include PICT organizations (except where an institution has a regional training/technical assistance role) or donor agencies. All activities involving PICTs will require partnerships with relevant government agencies, PLWHA/CBO/NGO groups, health facilities, community-based services, and training and research institutions.

ANNEX B – INDICATIVE RESOURCE SCHEDULE

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
COMPONENT 1: LEADERSHIP AND GOVERNANCE													
1.1	**Leaders HIV/AIDS Champions Program**												
1.1.1	Pacific Leaders HIV/AIDS Champions Program	APLF	22 PICTs	Program Terms of reference	1 1		1 1				5000 5000	2000	8000
1.1.2	Champions workshops	APLF	22 PICTs	Workshops	2			2			80,000	3,000	77,000
1.1.3	Advocacy plan technical assistance to Champions	APLF	22 PICTs	TA episodes Plans	14 14			5 5	5 5	4 4	36,000 9000	5,000	40,000
1.1.4	Champions review workshop	APLF	22 PICTs	Workshops	1					1	150,000	2000	148,000
1.2	**HIV/AIDS issues in regional fora/meetings**												
1.2.1	Consultations with secretariats	APLF	22 PICTs	No. secretariat meetings targeted	30			10	10	10	15,000	0	15,000
1.2.2	Advocacy packages	APLF	22 PICTs	No. developed No. distributed	9 300			3 100	3 100	3 100	15,000	5,000	10,000
1.3	**Strengthened PICT capacity to develop, implement, monitor and evaluate multisectoral national HIV/AIDS strategic plans**												
1.3.1	PICT training on national AIDS plan PICT technical assistance National AIDS plans	PRHP	14 PICs	Training events TA episodes Plans	14 14 14	2 2 2	5 5 5	5 5 5	2 2 2		170,000	102,000	68,000
1.3.2	PICT technical	PRHP	14 PICs	TA Episodes	14	2	5	5	2		150,000	90,000	60,000

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
	assistance			Funding proposals									
1.3.3	National capacity building plan training National capacity building plans	PRHP	14 PICs	Training events Trainees Plans	14 92 14		2 20 2	4 24 4	4 24 4	4 24 4	530,000	318,000	212,000
1.3.4	Grant funding scheme for NAPs	PRHP	Region Wide	Fund Rounds	4		1	1	1	1	5,200,000	3,120,000	2,080,000
1.3.5	Technical support Coordination mechanism	PRHP	14 PICs	TA episodes Coordination mechanism	4 14			2 8	2 6		105,000	35,000	70,000
1.3.6	National HIV/AIDS Project design, monitoring and evaluation training	PRHP	14 PICs	Training	14			5	5	4	137,200	49,000	88,200
1.3.7	Situational assessment of National Strategic Plans of 5 Pacific Island Territories (PITs)	SPC	5 PITs	Assessments	5			2	2	1	124,000	0	124,000
1.4	**Supportive environment**												
1.4.1	PICT technical assistance PICT HIV/AIDS legislation	UNDP	14 PICs	TA episodes PICTS with HIV-related laws	14 14		2 2	4 4	4 4	4 4	134,600	0	134,600
1.4.2	PLWHA assistance PLWHA training in	IJALS	14 PICs	Training TA episodes	12 1			6 1	6		115,000 25, 000	140,000	0

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
	human rights												
1.4.3	National code of practice for HIV/AIDS in work place	ILO	6 PICs	TA Episodes Code of practice	4 6			2 3	2 3		45,000	15,000	30,000
1.4.4	National PLWHA advocacy training	PIAF	6 PICs	PLWHA groups Training events	6 6		1 1	2 2	2 2	1 1	150,000	68,700	81,300
1.4.5	Implementation of the priority activities in the Nadi Declaration	WCC-OP	22 PICTs	Implementation plans TA episodes	20 6			6 2	6 2	4 2	360,000	138,000	222,000
1.4.6	SPATS Curriculum review and redeveloped	UNDP	22 PICTs	TA episodes Curriculum	2 1		2 1				8,100	8,100	0
1.4.7	Implement SPATS curriculum at Theological colleges	UNDP	22 PICTs	Curriculum implementation	14			7	7		200,000	100,000	100,000
1.4.8	Gender checklist review	UNIFem	22 PICTs	TA Episodes Check list	1 1			1 1			20,000	0	20,000
1.4.9	Outreach peer educator strategic planning workshop/meetings	UNICEF (tbc)	14 PICs	Training events Trainees	11 60			4 20	4 20	3 20	100,000	20,000	80,000
1.4.10	Review curriculum PICT curriculum technical assistance	UNICEF	22 PICTs	Review TA episodes	1 14		1 14				110,000	110,000	0
1.4.11	TA support for integration of life skill education in schools	SPC (ARH)	10 PICs	TA episodes School curriculum	10 10			6	4		239,000	239,000	0
1.4.12	TA support to life skilled education for	SPC (ARH)	10 PICs	TA episodes	10			6	4		100,000	80,000	20,000

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
	out of school youth			Curriculum									
1.4.13	Launching of partnership	APLF	Region	Launch event	1			1			3,000	0	3,000
COMPONENT 2: ACCESS TO QUALITY SERVICES													
2.1	**Service delivery system for HIV-related treatment, care and support strengthened**												
2.1.1	Regional Technical Assistance Network for HIV/AIDS clinical management Distance learning network	WHO	14 PICTs	TA Network Distance learning network	1 1		1 1				5,000 5,000	0 0	5,000 5,000
2.1.2	Training and adaptation of guideline for home and community based care and treatment	WHO	22 PICTs	Training events TA episodes Treatment Guideline	3 3 1		1 1 1	1 1	1 1		104,000 15,000 10,000	40,000 0 0	64,000 15,000 10,000
2.1.3	Regional best practice policy guideline on orphan care and support	UNICEF	14 PICs	Regional guideline	1			1			10,000	10,000	0
2.1.4	Review existing protocol and training of core care team	WHO	14 PICs	Revised Protocol Training events	1 4		1 1	1	1	1	10,000 400,000	10,000 100,000	0 300,000
2.1.5	On going support to Core Care team	WHO	14 PICs	TA episodes	14		1	5	7	1	124,000	9000	115,000
2.2	**Systems for surveillance, research and quality assurance strengthened**												
2.2.1	Regional quality	SPC	14 PICTs	Needs	1			1			25,000	0	25,000

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
	assurance needs assessment			assessment									
2.2.2	Technical assistance for operational research	FSM	22 PICTs	TA episodes	2			1	1		50,000	0	50,000
2.2.3	Second generation surveillance regional training	WHO/SPC	18 PICTs	Training events	18		6	6	6		720,000	720,000	0
2.2.4	Best practice research guidelines and ethical standards	FSM	14 PICs	TA episodes Guidelines	1 1			1 1			35,000	0	35,000
2.2.5	Vulnerability mapping of HIV in PICTs	SPC	10 PICs	TA episodes Mapping activity	3 10			3 5	 5		210,000	0	210,000
2.3	**Service delivery system for HIV prevention strengthened**												
2.3.1	PICT behavioral change communication (BCC) methods and materials	PRHP/SPC	14 PICTs	TA episodes BCC methods BCC materials	14 14 14		4 4 4	4 4 4	6 6 6		166,400	65,000	101,400
2.3.2	PICT STI comprehensive management training and technical support	WHO	14 PICs	Training events TA episodes	12 12			4 4	4 4	4 4	600,000	0	600,000
2.3.3	PICT VCCT training	WHO	14 PICs	Training events TA episodes	14 14			5 4	5 6	4 4	600,000	0	600,000
2.3.4	PICT VCCT campaigns	UNFPA	14 PICs	Information packages	14			1	8	5	120,000	30,000	90,000
2.3.5	Best practice guideline on blood safety	WHO (tbc)	14 PICs	Regional guideline Training events	1 2			1 1	 1		10,000 100, 000	0	220,000

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
				Guidelines	14			5	5	4	10, 000		
2.3.6	Training and TA in Universal Precaution	SPC (OHS & CDC)	Region	TA episodes Training	1 1			1 1			96,000	96,000	0
2.3.7	Best practice guideline on PMTCT	UNICEF	14 PICs	Regional guideline Training events PICT guideline	1 2 14		1	 1 7	 1 7		10,000 100,000 140, 000	120,000	130, 000
2.3.8	Training and TA support to PICTs on Condom Social Marketing	MSIP/A	10 PICs	Training events	11		3	5	3		450,000	85,000	365,000
2.3.9	Condom distribution through condom distribution centers	UNFPA	14 PICTs	Distribution centers	50			20	20	10	210,000	70,000	140,000
2.3.10	TA support for out reach programs for vulnerable groups	SPC	14 PICTs	TA episodes	4			1	2	1	100,000	0	100,000
2.4	**Improved regional capacity for procurement and supply management of HIV/AIDS drugs and commodities**												
2.4.1	Systems for mapping PICTs ART requirement and supplies	WHO	14 PICs	System of ARV assessment	1			1			10,000	0	10,000
2.4.2	Develop Pharmacists Training Manual and network	WHO	14 PICs	TA episodes Training manual	2 1			 1	1	1	18,000 10,000	0	28,000
2.4.3	Central procurement and distribution system for the region for HIV/AIDS drugs	SPC (GFATM)	14 PICs	Mechanism TA episodes	1 3		1 1	 1		 1	5,000 26, 700	20,000	11,700

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
	and commodities												
2.4.4	ART procurement and distribution	SPC (GFATM)	14 PICs	ARVs	60 patients			30	60 (cum-ulative)		800,000	800,000	0
2.4.5	STI diagnosis and treatment equipment and supplies	SPC (GFATM)	14 PICs	STI supplies	70 clinics			35	35		200,000	107,100	92,900
2.4.6	Supply and distribute HIV test kits for blood screening	SPC (GFATM)	14 PICs	Test kits	6500			3250	3250		100,000	100,000	0
2.4.7	Feasibility study for ART revolving fund , Establish ART Fund	SPC (GFATM)	Region	Study	1			1			67,500	67,500	0
2.5	**Improved capacity of laboratories for confirmatory testing and monitoring of antiretroviral combination therapy**												
2.5.1	Laboratory operational costs support for PICT HIV confirmatory testing	SPC (GFATM)	5 PICs	Labs supported	14			5	4	4	30, 000	20, 000	10, 000
2.5.2	HIV testing refresher training for level-one laboratory staff	WHO (tbc)	11 PICs	Training events No. labs Trainees	2 11 44			1 11 22	1 22		50,000	20,000	30,000
2.5.3	L1 laboratory quality assurance system technical support	WHO (tbc)	2 PICs	No. Labs TA episodes	10 2			 1	1 1		25,000 17, 800	0	42,800
COMPONENT 3: REGIONAL COORDINATION													
3.1	**Regional partnerships and communication**												
3.1.1	Pacific Regional Communication	SPC	Region	Strategy	1	1					20,000	12,000	8,000

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
	Strategy on HIV/AIDS & STIs			Activities Materials	4 13	1 1	1 3	1 3	1 3	1 3			
3.1.2	PIAF and NGO training in network management, meetings skills and HIV/AIDS advocacy skills Follow-up technical assistance	SPC	Region	Training events TA episodes	2 12				1 6	1 6	70,000	0	70,000
3.1.3	Pacific Council of Churches HIV/AIDS advocacy training	APLF	Region	Training events	2			2			104,000	0	104,000
3.1.4	Advocate for inclusion of HIV in private sector	APLF	Region	Advocacy episodes TA episodes	1 3			1 1	1	1	10,000 30,000	0	40,000
3.1.5	Broker or expand partnerships with 5 PITs	SPC	5 PITs	Partnership agreements	5			1	2	2	50,000	0	50, 000
3.2	**Resource mobilization and monitoring**												
3.2.1	Central database on regional HIV/AIDS resourcing flows and activities	SPC	Region	Database	1			1			35,000	35,000	0
3.2.2	Pacific Regional HIV/AIDS fund feasibility study	SPC	Region	Study	1				1		25,000	20,000	5,000
3.2.3	Countries reports on UNGASS/MDGs	SPC	Region	Reports	4		1	1	1	1	40,000	10,000	30,000
COMPONENT 4: PROGRAM MANAGEMENT													

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
4.1	**PRSIP implementation**												
4.1.1	PRS Implementation Plan	SPC	Region	Plan	1		1				21,000	21,000	0
4.1.2	SPC PRSIP management mechanism Management mechanism TOR	SPC	Region	TOR	1		1						
	Long term personnel			Person months	39		3	12	12	12	200, 000	200, 000	0
	Long Term Personnel Travel										150, 000	150, 000	0
	Office equipment & furniture										8, 600	8, 600	0
	Other office operating costs										9, 200	9, 200	0
4.1.3	PRSIP Inception Meeting	SPC	Region	Meeting	1		1				10,000	10,000	0
4.1.4	PRSIP Regional Coordination Group	SPC	Region	Annual meeting	1		1	1	1	1	60,000	50,000	10,000
4.1.5	PRSIP MOUs	SPC	Region	MOUs	12		12				4,000	4,000	0
4.1.6	PRSIP Joint Annual Work Plan	SPC	Region	Plan	3		1	1	1		48,000	16,000	32,000
4.1.7	PRSIP Phase 2 Plan (2009-2013)	SPC	Region	Plan	2					1	45,000	0	45,000
4.2	**PRSIP M&E**												
4.2.1	Monitoring and Evaluation Framework	SPC	Region	Framework	1		1				100,000	68,000	32,000

Ref	Activity Description	Principal respons-ibility	PICT Coverage	Unit	All Years	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
4.2.2	Establish MERG and conduct meetings	SPC	Region	Meetings	8		2	2	2	2	54,000	20,000	34,000
4.2.3	Annual M&E report	SPC	Region	Reports	3			1	1	1	3,000	3,000	0
4.2.4	Review and adapt PICTs M&E frameworks	SPC	Region	Review	20			20			10,000	0	10,000
4.2.5	Support PICTs in data analysis	SPC	Region	TA episodes	20			7	7	6	100,000	0	100,000
4.2.5	Mid-Term Review Final review	SPC	Region	Review Review	1 1			1		 1	21,000 21,000	21,000 21,000	0 0
4.2.6	Data base and collection of data	SPC	Region	Data base	1			1			40,000	40,000	0
4.2.7	Completion Report	SPC	Region	Reports	1					1	5,000	0	5,000
										GRAND TOTAL	**15,430,100**	**7,858, 200**	**7,566,900**

SUMMARY – Indicative resource schedule

Summary	Estimated Total Cost US$	Funds Available US$	Funding Gap US$
Component 1	8,340,900	4,649,800	3,686,100
1.1	285,000	12000	268,000
1.2	30,000	5,000	25,000
1.3	6,416,200	3,714,000	2,702,200
1.4	1,609,700	918,800	690,900
Component 2	5,795,400	2,489,600	3,305,800
2.1	683,000	169000	514,000
2.2	1,040,000	720000	320,000
2.3	2,712,400	466,000	2,346,400
2.4	1,237,200	1,094,600	142,600
2.5	122,800	40,000	82,800
Component 3	384,000	77,000	307,000
3.1	284,000	12,000	272,000
3.2	100,000	65,000	35,000
Component 4	909,800	641,800	268,000
4.1	555,800	468,800	87,000
4.2	354,000	173,000	181,000
Grand total	**15,430,100**	**7,858, 200**	**7,566,900**

ANNEX C – Joint annual work plan 2005/2006

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
COMPONENT 1: LEADERSHIP AND GOVERNANCE										
Objective 1: To strengthen PICT leadership and governance on HIV/AIDS										
1.1	**Pacific Leaders HIV/AIDS Champions Program established**									
1.1.1	Develop terms of reference for a Pacific Leaders HIV/AIDS Champions Program and identify leaders at all levels for participation						APLF	PIFS; SPC, UNAIDS, UNDP, USP, CROP Agencies, UNIFEM, UNICEF	2, 000	UNDP
1.1.2	Develop and conduct a series of capacity building activities for the Champions Program, including HIV/AIDS awareness raising, advocacy skills and development of individual action plans						APLF	PPAPD, SPC, PIFS, UNFPA, UNICEF, UNDP, CROP, UNIFEM, PRHP	3, 000	UNFPA
1.1.3	Provide technical assistance through in-country support to help Champions to implement their individual advocacy plans						APLF	UNAIDS, SPC, PIFS, PIAF, UNICEF, UNDP, CROP, UNIFEM, PRHP	5, 000	UNFPA
1.1.4	Conduct a review workshop for the Champions Program, to encourage sharing on advocacy achievements and lessons learned						APLF	PIFS, SPC, UNAIDS, PPAPD, CROP, UNIFEM	2, 000	UNFPA
1.2	**HIV/AIDS issues raised in regional fora and meetings**									

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
1.2.1	Consult with relevant regional fora/meetings secretariats on integrating HIV/AIDS issues in the agenda papers of meetings						APLF	PIFS, SPC	Estimated cost: 5, 000	Funds to be mobilised
1.2.2	Develop advocacy packages on priority HIV/AIDS and development issues and distribute to delegates attending regional meetings						APLF	UNAIDS, PIFS; SPC, AFPPD, ILO, UNDP, UNICEF, UNIFEM, WHO, UNFPA	5, 000	UNFPA
1.3	**Strengthened PICT capacity to develop, implement, monitor and evaluate multisectoral national HIV/AIDS strategic plans**									
1.3.1	Provide training and technical support to countries to develop and update national HIV/AIDS strategic plans						PRHP	UNAIDS, SPC, WHO, IFRC/ARC	34, 000 (AUD)	AUSAID
1.3.2	Provide technical support to government, NGOs and CBOs to develop funding proposals which address priorities of National HIV/AIDS Strategic Plans and assist in project cycle management						PRHP	UNAIDS, SPC, WHO, IFRC/ARC, APLF	30, 000 (AUD)	AUSAID
1.3.3	Provide training and technical support to assist government, NGO and CBOs to develop and implement national capacity building plans specifically related to HIV/AIDS						PRHP	UNAIDS, WHO, PIAF, IFRC/ARC	106, 000 (AUD)	AUSAID
1.3.4	Provide funding through grant schemes to support implementation of National Strategic plans						PRHP	SPC, UNAIDS, UNDP, UNICEF, WHO, ADB, UNFPA,	1,042,500 (AUD)	AUSAID
1.3.5	Develop and implement a program to improve the functioning of national HIV						PRHP	SPC, UNAIDS, WHO, UNICEF,	35, 000 (AUD)	AUSAID

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	coordination mechanisms							PIAF		
1.3.6	Conduct training in engendered project design, monitoring and evaluation for NACs, CDOs, NGOs and competitive grant project recipients						PRHP	CDOs, SPC	49, 000 (AUD)	AUSAID
1.3.7	Conduct a situational assessment of the capacity of National Strategic Plans to address HIV/AIDS in Pacific Island Territories (New Caledonia, French Polynesia, Wallis and Futuna, Guam and American Samoa).						SPC	CDC, UNDP	None	None
1.4	**Supportive environment for HIV/AIDS responses improved**									
1.4.1	Provide technical assistance to PICTs to reform legislative environment in relation to HIV						UNDP	PNG, SPC, WHO, PIFS, UNAIDS, PIAF, IJALS, USP, PILOM	Estimated cost: 70, 000	To be mobilised
1.4.2	Provide training and technical support to educate PLWHA and NGOs about human and legal rights in relation to HIV/AIDS						IJALS	UNAIDS, UNDP, GFATM, PIAF, RRRT, Human rights commission, UNIFEM	140, 000	UNDP (125, 000), GFATM II (15, 000)
1.4.3	Provide training and technical support for development and implementation of a national code of practice for HIV/AIDS in the 6 ILO member states						ILO	Employers, workers, governments, UN, donor community, PBCA, UNDP, GFATM, UNAIDS, IFRC, PIAF	15, 000	ILO, UNAIDS
1.4.4	Provide HIV/AIDS advocacy public						PIAF	SPC, PRHP,	68, 700	GFATM II

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	speaking and positive living skills training for PLWHA (AIDS Ambassadors Programme) and support communication between existing and emerging PLWHA networks							UNICEF, APLF, UNDP, WCC, FJN+, Igat Hope		
1.4.4.1	*Outreach*								*Included in 1.4.4*	*GFATM II*
1.4.4.2	*Training*								*Included in 1.4.4*	*GFATM II*
1.4.4.3	*Support PLWHA networks*								*None*	*None*
1.4.5	Support and implement the World Council of Churches priorities to improve HIV/AIDS knowledge as stated in the "Nadi Declaration"						WCC-OP	PCC, SPATS, PIAF, Bible Society of the South Pacific, Pacific Centre for Pastoral Care and Counselling, MSIP/A	138, 000	GFATM II, WCC
1.4.6	Finalise and evaluate SPATS HIV/AIDS Curriculum						UNDP	SPATS, PCC, WCC	8, 100	UNDP
1.4.7	Implement use of SPATS curriculum at future training for Theological Colleges						UNDP	SPATS, PCC, WCC	Estimated cost: 100, 000	To be mobilised
1.4.8	Collate existing gender checklists and develop a generic HIV/AIDS and Gender checklist for use by PICTS in national strategic planning, NG0s, CBOs and other key stakeholders						UNIFEM	PRHP, UNFPA, UNAIDS, USP, PIAF, FWRM, PIFS, SPC, ARC	None	None
1.4.9	Coordinate peer education activities at a regional level to support in-country groups to use strategic, targeted approaches and foster communication between different groups.						UNICEF (tbc)	WHO, ATFF, PIAF, ARC/IFRC, SPC, , UNFPA, PRHP, ARH, IPPF, MSIP/A	20, 000 (tbc)	GFATM II

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
1.4.10	Review curriculum development for integration of life skills-based HIV/AIDS education into the formal school curriculum						UNICEF	WHO, UNESCO, UNFPA, USP, SPC, ARC, IPPF, UNIFEM	60, 000	UNICEF, UNFPA
1.4.11	Provide ongoing training and technical support for integration of life skills-based ARH education including HIV/AIDS education, into the formal school curriculum (in selected countries) including curriculum design and training of teachers and student peer educators						SPC (ARH)	WHO, UNESCO, UNFPA, USP, UNICEF, ARC, IPPF, UNIFEM	75, 000	UNFPA, UNICEF
1.4.12	Conduct out of school lifeskills-based education programmes including HIV education through partnership and networking with key stakeholders, NGOs and peer educators to target out of school youth and other influential gatekeepers						SPC (ARH)	ARC, IPPF, UNIFEM, UNICEF, UNFPA, MSIP/A	50, 000	UNFPA, UNICEF
1.4.13	Launching of the Declaration of Partnership and Commitment to Overcoming Stigma and Discrimination						APLF	PIAF, PIF, UNAIDS, WCC	3, 000	APLF
COMPONENT 2: ACCESS TO QUALITY SERVICES										
Objective 2: To strengthen the capacity of PICTS to deliver continuum of care services for PLWHA										
2.1	**Service delivery system for HIV-related treatment, care and support strengthened**									
2.1.1	Expand existing regional technical advice networks and distance/open learning networks in order to assist PICTs to improve capacity in HIV/AIDS hospital based clinical management (including antiretroviral combination						WHO	SPC, PRHP, FSM, POLHN, , GFATM-II, ASHM	NA	NA

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	therapy)									
2.1.2	Provide training and follow-up technical support for adaptation of a regional best practice guideline on home and community-based care of people with HIV/AIDS in small island settings						WHO	FSM, POLHN, , PIAF, PRHP, ATFF	NA	NA
2.1.3	Adapt regional best practice guidelines for the development of national policy to address the specific needs of orphans and other vulnerable children in small island settings						UNICEF	UNDP, PIAF, UNIFEM, ILO	10, 000	UNICEF
2.1.4	Provide training of Core Care Team in comprehensive care and treatment for PLWHA						WHO	SPC, UNDP, UNICEF, GFATM-II, PRHP, , PIAF	tbc	tbc
2.1.5	Provide ongoing in-country support to the Core Care Team in the provision of continuum of care to PLWHA						WHO	SPC, UNDP, UNICEF, GFATM-II, PRHP, POLHN, PIAF	tbc	tbc
2.2	**Systems for surveillance, research and quality assurance strengthened**									
2.2.1	Conduct a training needs assessment on quality assurance systems in HIV/AIDS services in small island settings						SPC	WHO	None	None
2.2.2	Provide technical support in design of operational research on barriers to HIV/AIDS service uptake in small island settings						FSM	WHO, SPC, UNDP, POLHN, PIAF, ATFF, Fiji Women's Rights Movement, Sexual Minorities Project	None	None
2.2.3	Provide regional and in-country training and technical support to PICTs for HIV/AIDS and STI surveillance,						WHO/SPC	PRHP, UNAIDS, PPHSN, GFATM, UNFPA	540, 000	GFATM II, WHO, Govt. of

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	including second generation surveillance									France
2.2.4	Develop and implement regional guidelines of good research practice, including ethical standards, for governments, NGOs and CBOs wishing to write proposals for STI / HIV research, in particular for those relating to vulnerable populations						FSM	USP, WHO, UNFPA, UNIFEM, UNDP, PRHP	None	None
2.2.5	Conduct rapid assessments of HIV vulnerability in PICTs including identification, quantification and mapping of sub-population groups at risk of HIV infection						SPC	UNAIDS, UNDP	None	None
2.3	**Service delivery system for HIV prevention strengthened**									
2.3.1	Provide technical support for development of country specific behavioral change communication (BCC) methods and materials						SPC	GFATM-II, SPC UNICEF, WHO, PRHP, MSIP/A	32, 500	AUSAID GFATM II
2.3.2	Provide technical support to health workers in comprehensive STI diagnosis and treatment						WHO	GFATM II, SPC POLHN, PPTC. Labnet, ADB, UNFPA, MSIP/A, FSM	tbc	tbc
2.3.3	Provide training and technical support for HIV voluntary and confidential counseling and testing (VCCT)						WHO	PRHP UNFPA, UNICEF, POLHN, SPC, MSIP/A, FSM, Fiji Council of Churches, Fiji association of social workers, ATFF	$1900	WHO
2.3.4	Provide support for the development of						UNFPA	SPC, WHO,	30, 000 (tbc)	UNFPA,

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	country specific voluntary and confidential counseling testing (VCCT) information campaigns to targeted subgroups							GFATM II, UNICEF, MSIP/A		another donor (tbc)
2.3.5	Provide training and technical support for adaptation of a regional best practice guideline on blood safety in small island settings						WHO (tbc)	FSM, POLHN, IFRC, MoHs	tbc	tbc
2.3.6	Provide training and technical support for strengthening universal precautions in health care settings						SPC (PHS & CDC)	GFATM, FSM, WHO, POLHN, IFRC, PICT MoHs, SoNs	96, 000	ADB
2.3.7	Provide training and technical support for adaptation of a regional best practice guideline and development of country specific treatment protocols for prevention of mother to child transmission (PMTCT) in small island settings						UNICEF	WHO, GFATM-II, UNFPA, PRHP	120, 000	GFATM II (USD 40, 000) NZAID (UD 80, 000)
2.3.8	Implementation and provision of training and technical support to health workers, NGOs, CBOs and the private sector (as appropriate) for condom social marketing campaigns						MSIP/A	GFATM II, WHO, UNFPA	85, 000 (tbc)	GFATM II
2.3.9	Support free condom distribution to vulnerable and high-risk groups through targeted distribution centres						UNFPA	SPC, WHO, MSIP/A, GFATM-II	70, 000	GFATM II, UNFPA
2.3.10	Provide technical and financial support to programmes providing outreach to vulnerable groups						SPC/UNAIDS	GFATM II, PRHP, WHO, UNICEF, ARC/IFRC, UNFPA, MSIP/A	None	None
2.4	**Improved regional capacity for procurement and supply management of HIV/AIDS drugs and commodities**									

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
2.4.1	Develop systems to map countries' ART requirements and investigate procurement systems to ensure regular ART supply into the region						WHO	FPS, GFATM	tbc	tbc
2.4.2	Develop training manuals, provide training and follow-up technical support to national pharmacists to ensure or improve access to commodities for the prevention, treatment and care of HIV/AIDS and STIs and establish a national pharmacist's network.						WHO	FPS, SPC, GFATM, UNICEF	tbc	tbc
2.4.2.1	*Develop training manuals*						*WHO*	*FPS, SPC, GFATM, UNICEF*	*tbc*	*tbc*
2.4.2.2	*Training and technical assistance* ***(not scheduled for 2006)***						*WHO*	*FPS, SPC, GFATM, UNICEF*	*tbc*	*tbc*
2.4.3	Establish a central procurement and distribution system for the region for HIV/AIDS and STI drugs and commodities						SPC (GFATM)	FPS, WHO, WPRO -WHO	20, 000	GFATM II
2.4.4	Procure and distribute ART drugs for PLWHA						SPC (GFATM)	WHO, FPS	66, 000	GFATM II
2.4.5	Provide equipment and supplies to clinics for STI diagnosis and treatment						SPC (GFATM)	WHO	107, 100	GFATM II
2.4.6	Supply and distribute HIV test kits for screening transfused blood						SPC (GFATM)	WHO	26, 500	GFATM II
2.4.7	Investigate feasibility of a sustainable regional mechanism (e.g. revolving fund) for continued access to ARTs						SPC/GFATM	WHO, ADB, FPS	17, 500	GFATM II
2.5	**Improved capacity of laboratories for confirmatory testing and monitoring of antiretroviral combination therapy**									
2.5.1	Provide support for operational costs of laboratory service to PICTs on HIV confirmatory testing						SPC (GFATM)	WHO, SPC, MoH (Fiji)	12, 000	GFATM II

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
2.5.2	Conduct training and refresher training for laboratory staff in HIV confirmatory testing and monitoring of antiretroviral combination therapy						WHO (tbc)	WHO, FSM, MoH (Fiji), GFATM II, PPTC	22, 000	GFATM II
2.5.3	Provide technical support for the development of a quality assurance system for laboratories						WHO (tbc)	FSM, GFATM-II, SPC, PPTC, Labnet, ADB	tbc	tbc
COMPONENT 3: REGIONAL COORDINATION										
Objective 3: To intensify regional cooperation and coordination on HIV/AIDS										
3.1	**Regional partnerships, networks and communication expanded and strengthened**									
3.1.1	Develop and implement a Pacific Regional Communication Strategy on HIV/AIDS & STIs						SPC	PRHP, UNAIDS, PIAF	12, 000	AUSAID
3.1.2	Provide training and follow-up technical assistance in network management, meetings skills and HIV/AIDS advocacy skills for the Pacific Islands AIDS Foundation (PIAF) and a regional HIV/AIDS NGO coordinating body ***(not scheduled for 2006)***						SPC	GFATM-II, ATFF, UNFPA, PRHP		
3.1.3	Conduct a regional skills workshop in HIV/AIDS advocacy for the Pacific Council of Churches						APLF	SPC, ATTF, PIAF, UNICEF, UNFPA, UNAIDS	None	None
3.1.4	Advocate for inclusion of HIV/AIDS issues (e.g. workplace discrimination; resource mobilization) in private sector development initiatives (e.g. Pacific Business Council)						APLF	SPC, ILO, ABCA, PIFS, UNAIDS, UNFPA	None	None
3.1.5	Develop and broker, or expand,						SPC	CDC	None	None

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	partnership agreements with identified HIV/AIDS Regional organisations working in Pacific Island Territories									
3.2	**Regional cooperation on resource mobilization and monitoring intensified**									
3.2.1	Establish and maintain a central database on regional HIV/AIDS resourcing flows and activities (with links to the PRSIP central M&E database and other regional and country databases)						SPC	UNAIDS, PRHP, GFATM-II	35, 000	SPC
3.2.2	Conduct a feasibility study for a Pacific Regional HIV/AIDS fund, and prepare an implementation plan if appropriate						SPC	UNAIDS	20, 000	SPC
3.2.3	Support countries to prepare and submit reports against international indicators						SPC	UNAIDS	10, 000	SPC
COMPONENT 4: PROGRAMME MANAGEMENT										
Objective 4: To effectively and efficiently manage the Pacific regional strategy implementation										
4.1	**Regional strategy has been implemented in a coordinated manner**									
4.1.1	Develop the Implementation Plan for the Pacific Regional Strategy (including the 2005/2006 work plan)						SPC	PRHP	21,000	AUSAID
4.1.2	Recruit and hire HIV/AIDS and STI specialist to manage PRSIP						SPC		50, 000	SPC
4.1.3*	Conduct a PRSIP Inception Meeting with designated key focal point agencies and other key partners to facilitate planning of joint action ***(not scheduled for 2006)***						SPC	PRHP, UNAIDS		
4.1.4	Establish a PRSIP Regional Coordination Group (PRCG) (PRSIP key focal points and PICT and donor						SPC	UNAIDS, PRHP	35, 000	SPC

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	representatives and other invitees), to strengthen PRS partnership contribution to joint annual planning and review, and conduct an annual meeting									
4.1.5	Negotiate and sign a joint PRSIP Implementation plan with each key PRS partner						SPC	UNAIDS, PIFS	4, 000	SPC
4.1.6	Prepare and submit a PRSIP Joint Annual Work Plan (with clearly defined and agreed roles, responsibilities, targets and budgets)						SPC	UNAIDS, PRHP	16, 000	SPC
4.1.7	Strengthen coordination mechanisms between different sectors within regional organizations: SPC and CROP agencies						SPC	PIFS, CROP agencies	None	None
4.1.8	Prepare a PRSIP Phase 2 Plan (2009-2013), in collaboration with key PRS partners ***(not scheduled for 2006)***						SPC	UNAIDS, PRHP		
4.2	**Regional strategy has been monitored and evaluated**									
4.2.1	Develop and implement a Monitoring and Evaluation Framework for the Pacific Regional Strategy						SPC	PRHP, UNAIDS	68, 000	SPC, AUSAID, UNAIDS
4.2.2	Establish a Monitoring and Evaluation Reference Group, and conduct regular meetings						SPC	UNAIDS, PRHP	13, 500	AUSAID
4.2.3	Prepare annual monitoring and evaluation reports on PRSIP implementation						SPC	PRHP, UNAIDS	1, 000	SPC
4.2.4	Conduct a review of PICT HIV/AIDS M&E frameworks and facilitate the adaptation of relevant indicators for monitoring situations and responses						SPC	UNAIDS	None	None
4.2.5	Provide support to PICTs in the						SPC	UNAIDS	None	None

Ref	Description	2005	2006				Principal Responsibility	Collaborating partner	Funds allocated Oct 05 to Dec 06	Funding source
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec				
	collation, analysis and synthesis of data on country situations and responses									
4.2.6	Conduct independent Mid-Term and Final Reviews of Regional Strategy (in July-August of relevant year)						SPC	PIFS, UNAIDS	40, 000	SPC
4.2.7	Modify existing M&E databases to accommodate PRSIP M&E database and collect indicator data						SPC	UNAIDS, GFATM, PRHP	40, 000	AUSAID
4.2.8	Prepare a PRSIP Completion Report ***(not scheduled for 2006)***						SPC	PRHP, UNAIDS		

Annex D – Monitoring and Evaluation Framework

Table of Contents

M&E Annexes

1 Introduction

This document presents the proposed Monitoring and Evaluation (M&E) Framework for the Pacific Regional Strategy on HIV/AIDS (2004-2008). It is divided into four sections:

- Introduction
- Background
- Reporting Requirements for the Regional Strategy
- The Monitoring and Evaluation Framework.

2 Background

The successful monitoring and evaluation (M&E) of the regional strategy is the primary responsibility of the Secretariat of the Pacific Community (SPC), however, monitoring and evaluation is ultimately a collective responsibility of all governments, civil society organizations (including groups of people living with and affected by HIV/AIDS, CBOs, NGOs and media), regional agencies, and development partners. The strategy will be implemented through a number of regional projects and initiatives (and, very importantly, will complement national activities), with key indicators being used to monitor achievements in the region.

The multitude of implementing agencies, the diversity of interventions and the multiplicity of funding sources are a clear indication of strong commitment to a multisectoral approach in the Pacific region and of the considerable achievements to date in building partnerships across the region. They also pose a major challenge for a coordinated approach to monitoring and evaluation of the regional strategy.

The Monitoring and Evaluation Reference Group (MERG) was established in 2004 to technically assist with monitoring and evaluation needs in the region and support the development of the first draft of the regional monitoring and evaluation framework. The MERG met through video-conference in July 2005 to refine the structure and focus of the draft regional M&E framework. It was felt that although the framework was an excellent M&E tool, in its draft state it was too resource intensive and did not adequately monitor international targets stated in UNGASS Declaration of Commitment (DoC) and Millennium Development Goals (MDGs). Therefore, with the current capacity of both regional partners and countries in mind, the MERG suggested that the strategy would be monitored and evaluated at the purpose level.

As described in the PRS document, at the purpose level the strategy's major indicator targets are linked to the Pacific Islands and Territories' (PICTs) international commitments to the Millennium Development Goals (MDGs)[5], the Declaration of Commitment made by the United Nations General Assembly Special Session on

[5] The MDG for HIV/AIDS 'Halt and begin to reverse the spread of HIV/AIDS', stated in the United Nations Millennium Declaration of 8 September 2000. The target for this goal is to "have halted by 2015 and begun to reverse the spread of HIV/AIDS".

HIV/AIDS, June 2001 (UNGASS)[6], and the International Conference on Population and Development (ICPD)[7].

The intent was to assure PICTs that the Pacific thematic response areas were meeting the intended international goals, for example, the overall goal of the regional strategy is "to reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus in Pacific communities". This high-level objective was selected to correspond to the MDG target to "have halted by 2015 and begun to reverse the spread of HIV/AIDS". The strategy document recognized that the Secretariat of the Pacific Community (SPC) and other regional organisations, working together with the national authorities, would continue to collect, analyse and report the relevant statistics for country reporting on MDG and UNGASS targets.[8]

The strategy document acknowledges that more work will be required in the collection of baseline data, in particular to improve the capacity of PICTs to generate this data for their initiatives.

The approach proposed in the strategy document for Pacific theme seven "planning, monitoring and evaluation, surveillance and research" takes into consideration the need to strengthen the capacity of countries to plan, monitor and evaluate their national responses to HIV/AIDS. Research and surveillance activities were recognised as also assisting countries to improve their responses and interventions. The theme's strategic approach focuses on developing effective planning, monitoring, evaluation, surveillance and research activities for the region through provision of regional guidelines and training for surveillance, research, monitoring and evaluation.

3 Reporting Requirements for the Regional Strategy

The major reporting requirements for the regional strategy are:

- Annual Joint Work Plan.
- Report on the annual meeting of the PRSIP coordination group (PRCG)
- Quarterly reports on PRSIP progress (two verbal updates and two written)
- Annual Monitoring and Evaluation Report.
- Report of the Mid-Term Review.
- Report of the Final Review.
- Completion Report.

The SPC HIV/AIDS & STI Adviser will be responsible for ensuring that the required data is collected and reports are prepared on time and meet quality standards. The Adviser will submit the reports to the SPC Executive through the SPC Public Health Program Manager and the Deputy Director General of SPC Noumea. The reporting timeframe is provided in section 4.2 of the Implementation Plan.

[6] Declaration of Commitment made by the United Nations General Assembly Special Session on HIV/AIDS, June 2001 (UNGASS).
[7] 1994 ICPD Programme of Action
[8] Annex F of the strategy document provided a matrix of current regional initiatives on HIV/AIDS.

Following acceptance or endorsement, as relevant, by the Executive the reports will be provided directly to relevant funding agencies.
Wider dissemination will be as follows:

- to PICT governments through the PIF and CRGA secretariats;
- to United Nations partners through UNAIDS-Pacific;
- to PLWHA groups/CBOs/NGOs through PIAF and
- to other stakeholders through the SPC HIV/AIDS & STI Section mailing list.

Highlights of reports will be disseminated through various media utilized for the implementation of the Pacific Regional Communication Strategy for HIV/AIDS & STIs. It is hoped that the information disseminated will strengthen advocacy efforts, resource mobilization, policy development, and evidence based strategic planning, all while increasing awareness of HIV/AIDS in the Pacific region through the sharing of lessons learned.

4 The Monitoring and Evaluation Framework

4.1 Summary of Key Features of this M&E Framework

The main principles and features of this M&E Framework can be summarised as follows:

- It has evolved through a participatory development process, led by the SPC HIV/AIDS & STI Section with advice from the Monitoring and Evaluation Reference Group (MERG) and other stakeholders.
- It is supported by an M&E implementation plan.
- It is geared to assist the SPC to meet reporting requirements for the regional strategy, as well as PICTs reporting on UNGASS agreements.
- It is an integrated framework for regional strategy planning, monitoring, evaluation and reporting functions across a range of implementing entities.
- Purpose level indicators will be linked with UNGASS[9] and MDG[10]indicators where relevant, feasible and appropriate.
- The different means and costs of collecting information have been considered when choosing appropriate indicators (including the resource/capacity constraints which may be faced by those collecting the information).
- Database requirements build on existing systems and sources where possible and appropriate.
- It acknowledges the contribution to regional capacity building of PRHP's[11] M&E scaling-up strategy, that is, a strategy to disseminate, popularise, spread and sustain the practice of monitoring and evaluation in PICTs.

[9] The UNGASS core indicators are provided in Annex 4.
[10] MDG indicators are provided in Annex 4
[11] The Franco - Australian Pacific Regional HIV/AIDS and STI Initiative/the Pacific Regional HIV/AIDS Project (PRHP), jointly funded by the Governments of Australia and France.

4.2 Monitoring and Evaluation Framework

4.2.1 Monitoring and Evaluation Matrix

	PRSIP Description	Verifiable Indicators	Method	Frequency of Data Collection	Responsibility for Data Collection	Reports (to SPC Executive/donors)		Responsibility for Producing 2nd Report	Responsibility for Providing Technical Advice for Report(s)
						Frequency	Tool		
Goal	To reduce the spread and impact of HIV/AIDS, while embracing people infected and affected by the virus in Pacific communities	Goal or 'Development Goal' is beyond management responsibility of PRSIP	Not Applicable (NA)	NA	NA	NA	NA	NA	NA

	PRSIP Description	Verifiable Indicators	Method	Frequency of Data Collection	Responsibility for Data Collection	Reports (to SPC Executive/donors)		Responsibility for Producing 2nd Report	Responsibility for Providing Technical Advice for Report(s)
						Frequency	Tool		
Purposes	1. To increase the capacity of PICTs to achieve and sustain an effective response to HIV/AIDS	Evidence of increase in achievements by PRSIP-supported PICTs against UNGASS national commitment and action indicators between 2004 and 2008 National Commitment & Action Indicators 8 *1.1 Funds Dispersed* Amount of national funds dispersed by governments in low and middle income countries *1.2 Policy Development & Implementation Status* National Composite Policy Index Areas covered: prevention, care and support, human rights, civil society involvement, and monitoring and evaluation Target groups: most-at-risk populations *1.3 National Programs* Percentage (most-at-risk populations) who received HIV testing in the past 12 months and who know the results Percentage (most-at-risk populations) reached by prevention programmes Percentage of HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission Percentage of women and men with advanced HIV infection receiving antiretroviral combination therapy Percentage of transfused blood units screened for HIV	Multiple sources, including content analysis of UNGASS country reports	Twice Baseline 2005 Endpoint 2008	SPC-HA	Twice	PCR	SPC-HA	SPC

	PRSIP Description	Verifiable Indicators	Method	Frequency of Data Collection	Responsibility for Data Collection	Reports (to SPC Executive/donors)		Responsibility for Producing 2nd Report	Responsibility for Providing Technical Advice for Report(s)
						Frequency	Tool		
	2. To strengthen coordination of the regional-level response and mobilise resources and expertise to assist countries to achieve their targets	Evidence of improved regional coordination ▪ Evidence of improved *Communication* ▪ Evidence of improved *Partnership and Mutual Mission* ▪ Evidence of improved *Common Decision Making*	Key informant interviews, surveys with partners	Twice Baseline 2005 Endpoint 2008	SPC-HA	Twice	PCR	SPC-HA	SPC
	3. To help PICTs to achieve and report on their national and international targets in response to HIV/AIDS	Evidence of increase in number of PICTs submitting MDG and UNGASS reports, and improved quality of reports between 2004 and 2008 ▪ Number of countries submitting UNGASS and MDG reports ▪ Number of indicators collected per country report ▪ Number of indicators collected using UN guidelines	Multiple sources, including desk review of reports, content analysis of MDG and UNGASS reports against UN guidelines	Twice Baseline 2005 Endpoint 2008	SPC-HA	Twice	PCR	SPC-HA	UNAIDS Pacific and SPC
Activities	Vary by year and Key Responsibility	Evidence of Key Responsibility submitting activity reports ▪ Number of reports submitted ▪ Percentage of agreed upon activities completed annually	PRSIP activity progress reports	Bi-annual	SPC-HA	Annual	Activity Progress Report Summary	SPC-HA	SPC

Reporting requirements are outlined in sections 4.1 and 4.5.2 of the main body of the Implementation Plan for the regional strategy.

4.2.2 Purpose Level Monitoring and Evaluation

Purpose 1: To increase the capacity of PICTs to achieve and sustain an effective response to HIV/AIDS.

The Pacific Regional HIV Strategy has used the following UNGASS Core National-Level Indicators to monitor and evaluate purpose 1 of the regional strategy:

- *National commitment and action.* These indicators focus on policy and the strategic and financial inputs for the prevention of the spread of HIV infection, the provision of care and support for people who are infected and the mitigation of the social and economic consequences of high morbidity and mortality due to AIDS. They also capture programme outputs, coverage and outcomes; for example, the prevention of mother-to-child transmission and treatment with antiretroviral combination therapy.[12]

A symbiotic relationship exists between the Millennium Development Goals HIV/AIDS indicators and the UNGASS indicators, thereby limiting the demands on countries to collate and produce unique HIV related data for each report. Data will be collected in 2005, in conjunction with country reporting of UNGASS Declaration of Commitment (DoC), and at the end of the lifespan of the regional strategy in 2008, which also coincides with UNGASS country reporting.

Purpose 2: To strengthen coordination of the regional-level response and mobilise resources and expertise to assist countries to achieve their targets.

Using the components of the PRSIP as a frame of reference, resource disbursement by each *Principal Responsibility* will be monitored for each fiscal year. The percentage of funds dispersed per country and/or regionally (if the *Principle Responsibility*'s activities are solely at a regional level) by component will be measured to track resource mobilisation and disbursement patterns. Monitoring financial disbursement trends will enable the managers of the Pacific Regional HIV Strategy to gain a more solid understanding of where financial resources are being disbursed, and if these disbursement patterns are aligned with the Pacific Regional HIV Strategy. Participation in coordination meetings and monitoring of activities completed per fiscal year will also be tracked over the lifetime of the strategy to examine the synchronization of agency implementation of the regional strategy.

Purpose 3: To help PICTs to achieve and report on their national and international targets in response to HIV/AIDS

PICTs are encouraged to compile and analyse UNGASS reports for 2006 and 2008, and MDG reports in 2005 and 2007. Data will be synthesized on the number of countries submitting reports and the quality of those reports, using *the Guidelines on Construction of Core Indicators* and the *Millennium Development Goal Indicator Database* as a frame of reference.

[12] Guidelines on Construction of Core Indicators July 2005 UNAIDS

4.2.3 UNGASS Core Indicators

One of the key findings of the feasibility study highlighted that countries are overburdened with reporting on their international commitments. Countries strongly encouraged the Pacific Regional HIV Strategy to incorporate the UNGASS and MDG indicators into the monitoring and evaluation framework to reflect their international commitments.

The *Guidelines on Construction of Core Indicators* (July 2005) were used as a frame of reference for the creation of the Pacific Regional HIV Strategy M&E framework. Indicators from both the generalized epidemics and concentrated/low-prevalence epidemics were adapted to meet the needs of the Pacific context in consultation with the MERG and pacific island countries. The UNGASS Core Indicators compliment the MDG indicators, thereby limiting the reporting burden of countries to the regional strategy.

The national indicators are vital for the regional response, as they help countries evaluate the effectiveness of their response, however, when these indicators are analysed collectively, the indicators can provide critical information on the efficacy of the response at a regional level.

4.2.4 Participatory Formulation

The regional consultative meeting, held in Suva from 31 January to 3 February 2005, and the first meeting of the MERG, held in Suva on 4 February 2005, were key mechanisms for ensuring input and advice from a wide range of Pacific stakeholders to priority-setting on PRSIP outputs and activities, to the formulation of indicators and suggestions on their means of verification, and to the identification of responsibilities. The MERG again met July 19, 2005 to refine the framework and a feasibility assessment was conducted with partner organisations and three country feasibility assessments were conducted in Fiji, Marshall Islands and Vanuatu from July to August 2005. Further consultation with regional partners was conducted in September 2005 at the Pacific Regional Strategy Joint Annual Work Plan and Inception Meeting to further assess the feasibility of the monitoring and evaluation framework.

Regional HIV/AIDS M&E Feasibility Assessment
Some Key Recommendations

- Develop systems rather than implement ad hoc data collection efforts.
- Consider the skills and resources of small island developing states to collect, analyse and report data.
- Use commonly agreed upon HIV/AIDS and STI indicators for comparability purposes and ease of reporting.
- M&E systems must be as straightforward as possible.
- M&E systems must include a standardized core set of tools to collect and analyze data.
- M&E ‘language’ must be consistent and appropriate for *English as a Second Language* communities.
- Ensure ownership throughout the data collection and analysis.
- M&E capacities must be enhanced to guarantee uniform and quality data.

Using a participatory approach has ensured that the monitoring and evaluation framework is realistic within the Pacific context. The framework has evolved from a more objective and output based monitoring framework to a framework which monitors at the purpose level. This shift was done in consultation with the MERG, regional partners, governments and civil society to reflect the current capacity and needs of monitoring and evaluation within the Pacific region.

4.2.5 M&E System

SPC, in consultation with regional partners, should have principal responsibility for the design and establish of a performance monitoring database system for the PRSIP, utilizing the existing SPC system and/or other relevant systems (e.g. GFATM Pacific's Project Implementation Management System (PIMS) and/or the UNAIDS/CRIS [13] database), with links to national databases as appropriate. Procedural guides and report templates should be prepared for use by coordinating and implementing partners.

4.2.6 Sub-Strategies

The M&E Framework includes several key sub-strategies:

- A strategy for monitoring PRSIP at the activity level
- A PRSIP risk-monitoring strategy.
- Templates for reports.

As of September 2005, due to limited capacity, only activities and their progress will be reported on every six months. All activity-level reports are designed to support management decisions by SPC and key stakeholders as to whether strategies and activities should be continued, modified, replicated or discontinued. SPC has responsibility for preparing six-monthly reports on the strategy activities progress and an annual M&E report based on purpose level indicators.

Ongoing work will be required to ensure that proposed activities are clearly identified in the Joint Annual Work Plans, that they are relevant to the objective and purpose level of the M&E Framework.

Verifiable indicators have not been proposed for the goal level in the logical framework matrix. Given the nature of regional programs, the PRSIP activities cannot in themselves exert a direct influence over achievement of the regional strategy goal, as it is a long-term goal requiring a multitude of change agents, organisations and

[13] The Country Response Information System (CRIS) is being implimented by UNAIDS to provide partners in the global response to HIV/AIDS with a user-friendly system consisting of an indicator database, a project/resource-tracking database, a research inventory database and other important information.

strategies. The management of the PRSIP should, however, monitor the broader policy and program environment to help ensure that the regional program continues to be contextually relevant. Equally, the PRSIP can only be expected to exert influence over the achievement of the regional strategy purposes through its role as a contributor to the overall multisectoral and multi-strategy response across the Pacific region.

Indicators for the work program level for implementing partners will need to be formulated within the context of this M&E Framework, as the indicators are reflective of international indicators and targets.

Risk Management and Sustainability Strategy

Risk and sustainability analysis has been a crucial part of the consultative process in developing the PRSIP Joint Work Plan. The annual planning process should include review and updating of the risk and sustainability management matrices, and the annual M&E report should highlight Pacific risks relating to sustainability. Annex H contains a detailed outline of the risk management and sustainability strategy.

Templates

Activity 4.2.5 in the 2006 PRSIP Joint Annual Workplan indicates that existing M&E databases will be modified to accommodate for a PRSIP M&E database. Within that database, reports will be generated for:

Six-Monthly Report:

- Summary data on activity progress.
- Recommendations to improve both programme performance and M&E.
- Emerging issues of relevance to programme performance and impact.
- Intended six-monthly activities may include, where appropriate:
  - *Event* targets (eg number of workshops planned for upcoming quarter).
  - *Client-number* targets (eg number of participants attending workshops planned for upcoming six-month period) disaggregated by sex.
- Actual event- and client- number data on the past six-month's activity, with client-number data disaggregated by sex.
- Deferred and planned inputs for the upcoming six-month period.

Regional assessment tools for training should be developed, e.g. for clinical audits, and training in their application should be provided for training competency assessors.

Data for all reports should be disaggregated by sex; age grouped by 15-19, 20-24, 25-49, population group, occupational category, organizational category and country, as appropriate and feasible.

Please contact the HIV/AIDS Section at SPC for copies of the reporting format for the *6 Month Activity Progress Report.*

Mid-Term Review/Report:

- Summary
- List of Acronyms
- Glossary
- Introduction
    - This section should provide the reader with a summary of the regional status of the epidemic and the strategy.
- Overview of the HIV epidemic
    - This section should review the status of HIV prevalence in the region for the period January 2004-June 2006 based on sentinel surveillance and special surveys.
- Regional Strategy and the HIV Epidemic
    - This section should include summary data on progress against the work plan, indicators and activities for January 2004-June 2006. Where ever relevant, indicators and other evidence should be reported by gender, area of residence (urban/rural) and the following age groups: 15-19, 20-24, 25-49.
- Strengths, Challenges Faced and Action Areas
    - This section should list and analyse the strengths, key challenges and emerging issues of the strategy, as well as lessons learned and recommendations to improve both programme performance and M&E, including key actions that need to be undertaken by development partners.
- Financial review 2004-2005

Completion Report:

- Summary
- List of Acronyms
- Glossary
- Introduction
    - This section should provide the reader with a summary of the regional status of the epidemic and the strategy.
- Overview of the HIV epidemic
    - This section should review the status of HIV prevalence in the region for the period January 2004-December 2008 based on sentinel surveillance and special surveys.
- Regional Strategy and the HIV Epidemic
    - This section should include summary data on progress against the work plan, indicators and activities for January 2004-December 2008. Where ever relevant, indicators and other evidence should be reported by gender, area of residence (urban/rural) and the following age groups: 15-19, 20-24, 25-49.
- Strengths, Challenges Faced and Action Areas
    - This section should list and analyse the strengths, key challenges and emerging issues of the strategy, as well as lessons learned and recommendations to improve both programme performance and M&E

for the 2009-2013 Pacific Regional HIV/AIDS Strategy, including key actions that need to be undertaken by development partners.

- Recommendation for 2009-2013 Pacific Regional HIV/AIDS Strategy.
  - This section should list emerging issues in the Pacific region, as well as recommendations to support the development of the 2009-2013 Pacific Regional HIV/AIDS Strategy.
- Financial review 2004-2008

4.3 Monitoring and Evaluation Reference Group

A Monitoring and Evaluation Reference Group (MERG), comprising a representative range of technical experts, has been established to provide expert advice to the SPC on monitoring and evaluation issues throughout the course of the five-year Strategy. The MERG terms of reference are provided at Annex 4. The MERG held its initial meeting on 4 February 2004, and then on July 19, 2005.

The MERG will meet at least twice a year. One of the regular meetings will be held in September to coincide with the annual meeting of the PRSIP Regional Coordination Group. Beginning in 2006, the other meeting will be held in early March for technical review of the annual M&E report. The MERG members will communicate on a regular basis through emails and possibly occasional conference calls.

4.4 Indicative Budget

An indicative budget is provided in Annex 1 for PRSIP monitoring and evaluation activities. The indicative budget assumes that:

- the majority of ongoing monitoring costs, and costs relating to the preparation of the PRSIP Completion Report, can be accommodated within the existing resources of regional coordinating and implementing partners; and
- the need for additional M&E funds can be minimized by measures such as in-kind contributions, utilization of existing systems (to the extent possible), extensive use of electronic communication, scheduling M&E meetings to coincide with travel planned for other events, and conducting meetings and workshops in the home location and venues of the majority of key focal points.

M&E Annex 1: Monitoring and Evaluation Framework Budget

Activity and Budget Description		Indicative Costs				
		2004-2005 (US$)	**2006 (US$)**	**2007 (US$)**	**2008 (US$)**	
Monitoring and Evaluation Reference Group		**13,500**	**13,500**	**13,500**	**13,500**	
Meetings	$54,000	13,500	13,500	13,500	13,500	
Develop M&E Framework; establish M&E system; prepare M&E implementation plan; prepare procedural guides and templates		**100,000**	**40,000**	**50,000**	**50,000**	
Consultancy support	Fee: 285 person days @ US$350/day	100,000				
Consultancy support	Database development		40,000			
Prepare annual M&E reports; review M&E system and implementation plan		**1000**	**1000**	**1000**		
Document production	Annual M&E reports for PIF/CRGA/ donors	1000	1000	1000		
Conduct Mid-Term Review			**40,000**			
Review Team (2 persons)	Fee: 30 person days x 2 persons @ US$350/day		21,000			
	Travel and per diem (1 trip x 2 persons)**		15,000			
Consultative meeting (Suva)	Meeting meals/refreshments, travel and per diem (20 participants x 2 days)		4,000			
Conduct Final Review					**45,000**	
Review Team (2 persons)	Fee: 30 person days x 2 persons @ US$350/day				21,000	
	Travel and per diem (1 trip x 2 persons)**				18,000	
Consultative meeting (Suva)	Meeting meals/refreshments, travel and per diem (20 participants x 2 days)				6,000	
Completion report					**1,000**	
Totals		**114,500**	**94,500**	**64,500**	**109,500**	**$383,000**
					TOTAL FOR PERIOD 2005-MARCH 2009	**$383,000**

Note:

- Individual cost figures over US$1,000 rounded to nearest 1,000.
- The indicative budget assumes that the majority of ongoing monitoring costs, and costs relating to the preparation of the PRSIP Completion Report, can be accommodated within the existing resources of regional coordinating and implementing partners; and that the need for additional M&E funds can be minimized by measures such as those outlined in section 4.4.
- Travel cost assumptions (to ensure budget enables sourcing of short-term assistance and review team members from outside the Pacific Island region if necessary):
  - * Year 2005: 3 trips/ Years 2006-2009: 1 trip. Costed on Pacific Pass fares, including Australia eastern seaboard or Auckland, Noumea and Suva.
  - ** 1 trip using Pacific Pass fares, including Australia eastern seaboard, Auckland, Noumea, Suva, Apia, Melanesian country and Micronesian country.
- Increases in per diem rates will need to be factored in for years 2006-2009 for M&E Adviser.

M&E Annex 2: MERG Terms of Reference

Terms of Reference

Monitoring and Evaluation Reference Group (MERG)

Introduction:

Monitoring and evaluation of the regional response to HIV/AIDS has been either fragmented or inadequate. It has been influenced by the expectations of funding agencies, and the capacity of counties to effectively monitor and evaluate their national programs. Most monitoring and evaluation (M&E) systems in the region focus on disease impact-indicators and serve the reporting needs of donor agencies or organizations. Countries also have different levels of HIV/AIDS-related activity M&E needs.

A unified and coherent M&E system in the Pacific region is essential for effective responses to the HIV/AIDS epidemic in the region. It will improve coordination and communication between different agencies and stakeholders involved in the regional response to HIV/AIDS.

In April 2004[14], the representative of major donor organizations and countries adopted the "three ones" principles to better coordinate the scale-up of HIV/AIDS responses at national level. These are:

- One agreed HIV/AIDS action framework
- One national AIDS coordinating authority, with broad based multi-sector mandate
- One agreed upon country-level M&E system.

In August 2004, the Pacific Islands Forum endorsed the Pacific Regional Strategy on HIV/AIDS (2004-2008), providing a framework for the regional level response to HIV/AIDS. At purpose level, the regional strategy aims to: (a) increase capacity of PICTs to achieve and sustain an effective and sustainable response to HIV/AIDS; (b) strengthen coordination of the regional-level response and mobilize resources/expertise to assist countries achieve their targets; and (c) assist PICTs to achieve and report on their national and international targets in response to HIV/AIDS.

One of the key thematic areas of the regional strategy relates to strengthening Monitoring and Evaluation (M&E), including surveillance and research. A key aim is to improve M&E capacity at national and regional levels in the Pacific, including the promotion of appropriate resource allocation to support monitoring and evaluation of HIV/AIDS responses.

The establishment of a Monitoring and Evaluation Reference Group (MERG) is a step toward a better coordination through a common M&E framework as well as providing an

[14] Monitoring and Evaluation Toolkit, HIV/AIDS, Tuberculosis and Malaria; June 2005, GFATM, Geneva.

advisory role on M&E to regional level activities and responses to HIV/AIDS as framed within the Regional Strategy.

Roles of MERG:

- To advise and assist the coordinator of the implementation of the Pacific Regional Strategy on HIV/AIDS in:

  - coordinating and contributing to the development of a monitoring and evaluation framework for the Pacific Regional Strategy on HIV/AIDS
  - coordinating and monitoring the implementation of the regional strategy's M&E framework
  - using M&E findings on the strategy:
    - to improve ongoing planning and implementation of the regional strategy
    - to inform stakeholders on the strategy's progress, successes and lessons, and needs for further action
  - coordinating the implementation of the surveillance and M&E theme area.

Membership:

Membership of the group will be drawn from technical agencies/programs at regional level. The members are:

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5	**Dr. Tim O'Shaughnessy**	Monitoring & Evaluation Advisor Pacific Regional HIV/AIDS Project PO Box 2372 Government Buildings Suva, Fiji Islands Tel: ++679 331 7945 Mobile: ++679 992 3355 Fax: ++679 331 7949 Email: timothy.oshaughnessy@prhp.org.fj
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It is envisaged that core membership be limited to maximum of eight (8) people, however, there is scope for expansion as the technical capacity of the region in M&E improves. A relevant expert from the country level and an expert from the regional level PLWHA network may be invited to participant in meetings.

Communication/Meetings:

The MERG will have regular communication and discussions on M&E issues through various means, including emails, teleconferences, and video-conferencing. To further

strengthen the role of MERG, the creation of a supporting network of M&E focal points in countries will be evaluated in 2006.

Funding Support:

Funding support for the MERG will include costs related to face-to-face meetings. However, to ensure sustainability, funds will be built into the implementation of the regional strategy as well as using regional meetings opportunities. As far as possible, consultations will be made through the internet.

M&E Annex 4 International HIV/AIDS Indicators

Core Indicators for UNGASS
Declaration of Commitment Implementation
2006 reporting

		Indicators	Reporting Schedule	Method of Data Collection
NATIONAL		**GENERALISED EPIDEMICS**		
		National Commitment & Action		
		Expenditures		
		1. Amount of national funds disbursed by governments in low and middle income countries	Ad-hoc based on country request and financing	AIDS National Spending Assessments (National AIDS Accounts, standalone or within National Health Accounts) Survey on financial resource flows
		Policy Development and Implementation Status		
		2. National Composite Policy Index	Biennial	Desk review and key informant interviews
		Areas covered: prevention, care and support, human rights, civil society involvement, and monitoring and evaluation		
		Target groups: people living with HIV/AIDS, women, youth, orphans, and most-at-risk populations		
		National Programmes: education, workplace policies, STI case management, blood safety, PMTCT coverage, ART coverage, and services for orphans and vulnerable children		
		3. % of schools with teachers who have been trained in life-skills based HIV/AIDS education and who taught it during the last academic year	Biennial	School-based survey & education programme review
		4. % of large enterprises/companies which have HIV/AIDS workplace policies and programmes	Biennial	Workplace survey
		5. % of women and men with STIs at health care facilities who are appropriately diagnosed, treated and counselled	Biennial	Health facility survey
		6. % of HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT	Biennial	Programme monitoring & estimates
		7. % of women and men with advanced HIV infection receiving antiretroviral combination therapy	Biennial	Programme monitoring & estimates
		8. % of orphans and vulnerable children whose households received free basic external support in caring for the child	Every 4-5 years	Population-based surveys
		9. % of transfused blood units screened for HIV	Biennial	Programme monitoring/special survey
		Knowledge and Behaviour		
		10. ** % of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission **(Target: 90% by 2005; 95% by 2010)**	Every 4-5 years	Population-based surveys
		11. Female and male median age at first sex		
		12. % of young women and men aged 15-24 who have had sex with a non-marital, non-cohabiting sexual partner in the last 12 months		
		13. ****** % of young women and men aged 15-24 reporting the use of a condom the last time they had sex with a non-marital, non-cohabiting sexual partner		

		14. ****** Ratio of current school attendance among orphans to that among non-orphans, aged 10-14		
		Impact		
		15. **% of young women and men aged 15-24 who are HIV infected **(Target: 25% in most affected countries by 2005; 25% reduction globally by 2010)**	Biennial	HIV sentinel surveillance
		16. % of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy	Biennial	Programme monitoring
		17. % of infants born to HIV infected mothers who are infected **(Target: 20% reduction by 2005; 50% reduction by 2010)**	Biennial	Estimate based on programme coverage
		** Millennium Development Goals		

N A T I O N A L		**CONCENTRATED/LOW PREVALENCE EPIDEMICS**		
		National Commitment & Action		
		Expenditures		
		1. Amount of national funds disbursed by governments in low and middle income countries	Ad-hoc based on country request and financing	AIDS National Spending Assessments (National AIDS Accounts, standalone or within National Health Accounts) Survey on financial resource flows
		Policy Development and Implementation Status		
		2. National Composite Policy Index **Areas covered**: prevention, care and support, human rights, civil society involvement, and monitoring and evaluation **Target groups**: Most-at-risk Populations	Biennial	Desk review and key informant interviews
		National Programmes: HIV testing and prevention programmes for most-at-risk populations		
		3. % (most-at-risk populations) who received HIV testing in the last 12 months and who know the results	Biennial	Programme monitoring/special surveys
		4. % (most-at-risk populations) reached by prevention programmes	Biennial	Programme monitoring/special surveys
		Knowledge and Behaviour		
		5. % of (most-at-risk population(s)) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission 6. % of female and male sex workers reporting the use of a condom with their most recent client 7. % of men reporting the use of a condom the last time they had anal sex with a male partner 8. % of injecting drug users who have adopted behaviours that reduce transmission of HIV, i.e., who both avoid sharing equipment and use condoms, in the last 12 months (for countries where injecting drug use is an established mode of HIV transmission)	Biennial	Special surveys
		Impact		
		9.% of (most-at-risk population(s)) who are HIV infected	Biennial	HIV sentinel surveillance

Millennium Development Goals (MDG) Indicators

HIV prevalence among pregnant women aged 15-24 years
Condom use rate of the contraceptive prevalence rate
Condom use at last high-risk sex
Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
Contraceptive prevalence rate
Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

M&E Annex 5 Pacific Regional HIV Strategy Monitoring and Evaluation Terms

Term	Definition/Explanation
Advance HIV Infection	Advanced HIV Infection is defined by WHO as any stage 3 or 4 disease clinically or optionally CD4 less than 350
Attainment Indicators	Measure the status of a situation at one point in time. Attainment indicator targets usually refer to a particular number or percentage of people or things attaining a specified standard or state by a particular time. They are particularly useful when "pre-program" or earlier data are unavailable. See also indicators, 'comparative indicators' and 'targets'.
Baseline Study	A collection of data about the characteristics of a population before a program/project is set up. This data can then be compared with a study of the same characteristics carried out later in order to see what has changed and/or as part of a monitoring system.
Comparative Indicators	Facilitate the monitoring of change over time and require two or more comparable data collections. They commonly begin with the phrases 'change in number of' or 'change in percentage of'. Use data collected on two or more occasions during the project or intervention.
Complete Course of Antiretroviral Prophylaxis for MTCT	WHO defines complete course of ARV as treatment which commences 4 weeks before delivery, then a single dose nevirapine during delivery followed with AZT 3TC for 7 days after delivery. Refer to Anti-retroviral drugs and the prevention of mother to child transmission of HIV infection in resource limited settings. WHO-June 2005.
Convenience sampling	Haphazard, accidental or convenience sampling occurs when the researcher/evaluator gets any cases in any way that is feasible or convenient.
Direct Indicator	A direct or 'substantive' indicator contains situation-change data on 'beneficiaries', 'clients' or 'priority groups' of an intervention, project, program or organisation.
Disaggregate	To analyse data according to different groupings to show differences between certain groups (by gender, age, ethnic group etc) and therefore to reflect the true variations within the sample.
Domains	'Domains' are to the Most Significant Changes Approach what 'indicators' are to the Logical Framework Approach. Projects and organisations using the MSC approach, normally specific 'domains' or areas of 'most significant change' that will be monitored through regular collection of 'stories' or 'news' of change.
Effectiveness	The extent to which program outcomes achieve program objectives.
Efficiency	The extent to which program inputs are minimised for a given level of program outputs or, the extent to which outputs are maximised for the given level of inputs.
Evaluability Assessment	There are different descriptions of 'evaluability assessment'. A common description is that an evaluability assessment is a pre-evaluation check that a program is worth evaluating (especially focussing on clarity and plausibility of objectives), relevant data can be obtained and there is agreement on use of evaluation results.
Evaluation	Appraise, assess and judge the worth or value of, an intervention. Evaluation can focus on performance and issues concerning an intervention's inputs, processes, outputs, outcomes and goal. See also 'levels'.
Evaluation Strategy	A plan that defines the purpose of the evaluation and the audience(s) for the evaluation findings and report. It states the objectives of the program, identifies the boundaries of those aspects of the program to be evaluated and the constraints on the evaluation (in terms of time, scope, costs and resources), and details the evaluation design, methodology and the management arrangements.
Formative and Summative Evaluation	Evaluation that focuses on helping to form the future of a project. Some definitions of formative evaluation equate it with process evaluation or with any evaluation undertaken during the lifetime of a project. Others define it as 'a method of judging the worth of a program while the program activities are forming or happening. Formative evaluation focuses on the *process*. Arguably, it is preferable to see both summative and formative evaluation as possibly occurring during a program's lifetime; summative evaluation's function, however, is to inform donor decision-making about the long term future of the project, while formative evaluation's function is to improve an ongoing program (i.e. implementers and clients). In this sense, formative and summative evaluations can focus on inputs and/or activities and/or outputs and/or outcomes and/or impact. The main defining characteristic of formative and summative evaluation is not the *level* of focus but the intent and orientation.

Term	Definition/Explanation
Goal	The goal or 'development objective' of a program is a higher-level change or effect that the program is expected to contribute to, but not to achieve by itself by the end of the program. Program management is not accountable for achieving the program's 'goal'.
Impact	'Impact' refers to the goal-level effects of a project. See also 'goal' and 'levels'.
Index	An index is a measure based on a number of more specific indicators or data. Well-known examples of indexes are the Consumer Price Index and the Dow-Jones stock-market index. In this Monitoring and Evaluation Framework, an index is the ratio or average of the percentaged data of its constituent indicators. An *index target* specifies the (usually minimum) percentaged target that PRHP aims to achieve by the end of the project, for example, 'Project completely achieves (i.e. 100%) at least 70% of its purpose-level targets between 2004 and 2008'. In other words, if there are 10 purpose-level indicator targets, performance on each is expressed in numbers and percentages, the project sets itself a minimum acceptable standard of completely achieving 7 out of 10 indicator targets.
Indicators	Facilitate the measuring of abstract and/or larger concepts. Quantitative indicators usually refer to 'number' or 'percentage' of people or things attaining a specified situation (Attainment Indicator) or degree of change (Comparative Indicator). A common indicator of stunting for children below two years of age is 'percentage of children in a particular locality below two standard deviations of defined length-for-age standards.' Indicators, then, are generally understood as measurable proxies for abstract concepts and generally required to be specific, measurable, attainable, realistic/relevant and timely (SMART – Figure 1). See also 'attainment indicators', 'comparative indicators' and 'indicator topic'. Qualitative indicators are commonly used where more precise, quantitative indicators/targets are not possible or appropriate. An example of a qualitative indicator is 'evidence that supervision of X number of community midwives is conducted according to specified guidelines by most of the supervisors on most supervision visits in 46 specified sub-district health centres'. For simplicity, Figure 1 refers to 'positive-state' indicators ('desired state'). 'Negative-state' indicators monitoring for risks/harm to be avoided or reduced are also options.

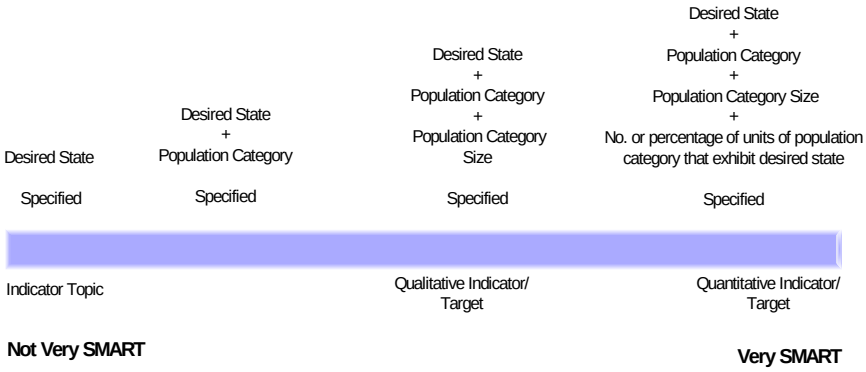

Figure 1: SMART Continuum

Term	Definition/Explanation
Indirect Indicator	An 'indirect' or 'piggyback' indicator does not contain data on project effects (unlike 'direct indicators'), but on internal program or organisational targets (e.g. 70% of projects achieve 70% of their targets).
Inputs	The resources, both human and other, used to produce program outputs. An input to a program activity may also be an output of an earlier program activity. For example, the output of a training program may be qualified program staff; qualified program staff may in turn be the input for a service delivery program.
Levels	A project and its effects (intended and actual) can be seen as consisting of three 'levels', namely: 1st Level: inputs, processes and outputs; 2nd Level: outcomes; 3rd Level: goal.

Term	Definition/Explanation
Monitor	Check, observe and record the operation of an intervention or situation. It is possible and appropriate to monitor a program's inputs, processes, outputs, outcomes and impact. Monitoring data on all 'levels' can and should inform any program evaluation. See earlier description of 'levels'.
Most Significant Changes Approach	Pioneered by Dr Rick Davies (the subject of his doctoral dissertation in the early 1990s) the main principles of the 'evolutionary' Most Significant Changes Approach (MSCA) compared to the 'conventional' or 'orthodox' logframe/indicators approach are: ▪ Inductive rather than deductive approach to monitoring through setting broad 'domains of change' rather than specific, targeted areas/indicators of change. Meaningful evidence of change is selected as a project progresses rather than specific instances of change being selected at commencement of project. ▪ Selection of 'evidence of change' in orthodox approach usually done by outside experts rather than by direct beneficiaries of project in contrast to 'evidence of change' elicited through MSCA that is selected by beneficiaries and project staff based on direct their experience of the project.
Most Significant Changes Approach (continued)	▪ Orthodox monitoring tends to be static with the same questions & indicators followed up repeatedly. MSCA monitoring encourages a more dynamic or evolutionary tendency with the possibility of data collected *and* interpretations changing over time as the perceptions and understanding of beneficiaries, implementers and donors evolve. ▪ Orthodox monitoring tends to focus on summarising evidence of change via aggregation of numerical or quantitative data. MSCA tends to focus on collection and participatory selection of 'newsworthy' stories of the most significant changes brought about by a project among project stakeholders starting with those closest to project activities and sometimes ending with project donors. Selection of the most significant change stories occurs through participatory discussion of stories in the light of project objectives as perceived by the different stakeholders at different times over a project's lifetime.
Needs Analysis	An assessment, both qualitative and quantitative, of the extent of needs of an identified community group. Needs may be observed, inferred from comparisons with norms or standards, expressed, or felt but not expressed. Needs assessment contributes to an evaluation of the appropriateness of a program. It is often undertaken when planning a new intervention. It is sometimes undertaken during implementation to determine whether there is a continuing need for the intervention.
Objectives	Concise, realistic, outcomes-oriented statements of what a program, sub-program or other element of the program structure aims to achieve.
Operational Database	One of two main types of database, an operational database stores 'dynamic' data requiring more frequent updating. Databases with transaction-related data (e.g. daily tracking of funds and products going in and out of the organisation) require frequent updating and a plethora of time-stamp fields for items 'in' and 'out'. Examples of operational databases are inventory databases, order maintenance databases, patient-tracking databases, and periodical subscription databases.
Outputs	The products or first immediate effects of a service or activity delivered or undertaken by an intervention in order to achieve the program's outcomes. The term is often used interchangeably with completed activities.
Outcomes	Programs and their managers are accountable for achieving certain changes, effects or *outcomes* by the end of the program's lifetime. In principle, a well-designed activity leads to anticipated 'outputs' which lead to anticipated 'outcomes'. The 'purpose' or 'immediate objective' of the program is to achieve certain specified outcomes by the end of the program.
Performance	The efficiency and effectiveness with which outcomes are being achieved against the objectives program, the appropriateness and quality of the processes, and the probity with which processes are conducted to achieve the outcomes.
Qualitative Research	A flexible and open-ended method of building up an in-depth picture of a situation, community, etc; methods used include observation and discussion. There are many aspects of health projects, which are hard to count or measure, but which influence program success or failure in important ways. These include people's behaviour, abilities, qualities, attitudes, values, motivation, and relationships (both to the program and to each other). These aspects of a program are assessed using qualitative methods such as focus group discussions, semi-structured interviews, observations, Participatory Learning and Action techniques etc. Such methods provide information that complements the quantitative measures described above.

Term	Definition/Explanation
Quantitative Research	Quantitative research methods such as probability sampling and interviewer-administered questionnaires are designed to collect data that can be analysed in a numerical form, that is, measured or counted.
Questionnaire	A series of questions listed in a specific order, used to gather information from a range of people.
Stakeholders	People, organisations or groups with an interest or stake in the program and/or its outcomes and in the evaluation of the program.
Sample	A sample is a small collection of cases drawn from a larger 'population'.
Scaling up	Scaling up is the spread of a model, practice or skill-set beyond its initial location. Scaling up strategies include additive strategies (implying an increase in size of a program or organisation), multiplicative strategies (spreading a model or practice through deliberate influence, networking, training, policy and legal reform), diffusive strategies (where spread is achieved informally and spontaneously).
Summative Evaluation	See entry under 'Formative and Summative Evaluation'.
Random Sampling	A random sample occurs when the researcher/evaluator lists all the 'elements' in a 'sampling frame' (e.g. lists the names of everyone over 14 years of age who lives in a particular village), puts the names in a hat, draws a percentage of the names from a hat (say 10%) and interviews them. (Of course, researchers may also use random-number tables etc.; the 'hat' is merely an example of a community-friendly way of demonstrating the random-sample idea).
Targets	A target is a measurable objective that the project participants choose or are asked to meet. *Attainment* targets can be expressed as straight numbers or percentages (with no-reference to a pre-existing situation). *Comparative* targets are expressed as an increase or reduction of a phenomenon vis-a-vis an earlier, baseline situation. Some guidelines on indicators distinguish between *indicators* and *targets* and others collapse them into an 'objectively verifiable indicator' (OVI) or Verifiable Indicator (VI).[i] Although an OVI and VI should be an 'indicator target', frequently PDD logframes list *indicators* (e.g. number of X ….) in the OVI or VI column.

Database Management Terms

Term	Definition/Explanation
CRIS (*Country Response Information System*)	The Country Response Information System (CRIS) is being implemented by UNAIDS to provide partners in the global response to HIV/AIDS with a user-friendly system consisting of an indicator database, a project/resource-tracking database, a research inventory database and other important information.
Data	Numerical and non-numerical evidence and information. For example, each inpatient registration form contains a range of data, including the patient's date of birth, sex, living place, marital status etc.
Database	Computerised collection of data, forms, reports, tables etc. relating to a particular topic. In practice, database data are often spread over several computers, pieces of software and software/paper files.
Database System	Collection of (hopefully linked) databases associated with a project, program, organisation, government department or ministry, etc. Degree of integration between databases can vary.
Form	Collection of uniform 'fields' on a piece of paper or computer file to standardise the type of data collected on any topic, e.g. hospital's in-patient registration form.
Field (or data-element)	Space on a form, etc. calling for specific data such as last name, place of residence, sex, etc.; in a data table, data on fields is usually put in columns.
Information	One or more pieces of data that throw light on a particular situation or decision and that are used to *inform* thinking and future action.
Program Management Information System (PIMS)	A project management application developed by GFATM at SPC to simplify the management, coordination, monitoring and reporting of multiple projects where data changes occur on a regular basis.

Record	Collection of data about a person, place, event, etc., usually first entered on forms. In a data table, each row usually represents data on a single record. For example see Table 1. Table 1: Example of Records and Fields (fields in columns, records in rows) Record Number Last Name First Name Record 1 Record 2
Report	Presents a view of selected data, often, but not always, summarised or aggregated, for example, total number of inpatients attending a particular hospital in a year, list of addresses of hospital patients over the past 12 months (merely a list, not a total). Reports can also take the form of documents containing sentences, paragraphs, etc., for example, a report describing Bureau of Health activities between 1990 and 2000 in a particular province or district.
M&E System	A database system is part of a larger monitoring and evaluation system (M&E system) of project, program, organisation, national-government system etc. An M&E system includes a database system (described above) and a social system. Social system refers to the roles of people in actively monitoring and evaluating interventions, talking to each other about how things are going, feeding this data into database systems, enabling this data to inform later monitoring and evaluating.
Management Information System (MIS)	Systematic collection, storage, dissemination and use of data to inform management decisions.

Annex E Current Pacific Regional Initiatives on HIV/AIDS and STI at December 2004

Initiative	Description	Duration	Countries Involved	Funding
REGIONAL INITIATIVE				
Global Fund to Fight AIDS, Tuberculosis and Malaria (HIV/AIDS component)	• 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 (phase II submission submitted to GFATM on 6 February 2005)
Franco-Australian Pacific Regional HIV/AIDS and STI Initiative	• 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*	**Component 2** Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Palau, Niue, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu **Component 1** Above plus US and French member countries of SPC (and Pitcairn Island)	Budget A$12.5 million
Joint United Nations Programme on HIV/AIDS (UNAIDS)	Aim is to promote a collaborative and coordinated effort amongst UN agencies to: • Increase political understanding of and commitment to the 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)	Budget US$2.4 million

Initiative	Description	Duration	Countries Involved	Funding
OTHER UN AGENCY ACTIVITIES FUNDED INTERNALLY OR THROUGH OTHER PROJECTS				
United Nations Children's Fund (UNICEF)	• Lifeskills initiative, right to know initiative, counselling, planned focus on prevention of mother-to-child transmission and paediatric HIV.	2002–2005	Priority on Kiribati, Solomon Islands and Vanuatu, with ongoing work in the 14 countries listed for UNAIDS (see above)	Included in UNAIDS budget above
United Nations Development Programme (UNDP)	• Supporting Fiji Positive Network (FJN+).	2002–2005	15 countries (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu)	Included in UNAIDS budget above
United Nations Population Fund (UNFPA)	• Adolescent reproductive health, men as partners in reproductive health.	2002–2005	15 countries listed above	Included in UNAIDS budget above
Joint United Nations Programme on HIV/AIDS (UNAIDS)	• Asia Pacific Leadership Forum on HIV/AIDS and Development. Also refer to UNAIDS section above.	Ongoing programme	15 countries listed above	Included in UNAIDS budget above
World Health Organization (WHO)	• 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)
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/annum Core funding confirmed by NZAID for 2004–2006

Initiative	Description	Duration	Countries Involved	Budget
ACTIVITIES OF OTHER ORGANISATIONS				
Pacific Islands Forum Secretariat	• 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. • 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.	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.
AIDS Task Force of Fiji (ATFF)	• Establishment of regional NGO secretariat and implementation of Global Fund related activities, including peer education training and NGO capacity building.	2003–2005	12 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
	• Voluntary, confidential counselling and testing	Ongoing programme	Fiji (willing to train other PICTs)	US$22,000 (UNICEF – Seeking further funding)
	• Antiretroviral therapy support pilot project.	2004	Fiji (willing to train other PICTs)	US$9336
	• Capacity Building of Fiji Network of People Living with HIV/AIDS.	2004–2006	Fiji (willing to train other PICTs)	UNDP funded

Initiative	Description	Duration	Countries Involved	Budget
International Federation of the Red Cross and Red Crescent Societies (IFRC)	• Voluntary blood donor recruitment programmes. • HIV education and prevention programmes through national societies, including peer education, community outreach activities and condom distribution. • HIV awareness and training in the workplace • Care and support programmes (eg counselling, training and support). • Advocacy/anti-stigma and anti-discrimination campaigns. • Development and distribution of information, education and communication materials. • Advocacy. • Integrating HIV/AIDS education and universal precautions into other programmes (eg disaster preparedness and response, youth and first aid programmes).	2001–2008	Red Cross national societies and their programmes; including 12 PICTs (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu & Vanuatu) plus New Zealand and Australia	IFRC Regional Health and Care budget (annual) US$640, 000
Wan Smol Bag Theater	• 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 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	GFATM US$80,000; World AIDS Foundation US$90,000; Oxfam US$100,000
Family Planning Australia – Pacific Regional South Pacific Reproductive Health & Family Planning Training Project	• 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. • 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).	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

Initiative	Description	Duration	Countries Involved	Funding
US/CDC Initiative	• Support for HIV/STI laboratory testing in the US Pacific.	Ongoing	Commonwealth of Northern Mariana Islands (CNMI), Guam, Palau, Federated States of Micronesia, Marshall Islands, American Samoa	Not available
	• Community-based initiatives through the Government health systems.	Ongoing	CNMI, Guam, Palau, Federated States of Micronesia, Marshall Islands, American Samoa	Not available
	• Training in HIV point-of-care testing (OraQuick).	2004	CNMI, Guam, Palau, Federated States of Micronesia, Marshall Islands, American Samoa	Not available
Marie Stopes International (MSIP/A)	Specialist Sexual and Reproductive Health INGO responding to unmet community needs by implementing • STI/RTI, family planning, HIV and AIDS initiatives with much work done in awareness raising and education; • Social marketing of locally branded contraceptives (CSM) via youth peer leaders, community based and commercial distributors (CBD); • Adolescent sexual and reproductive health services and education; • Voluntary, confidential, counselling and testing for STIs, HIV and AIDS at MSIP/A's youth-friendly sexual and reproductive health clinic and referral network; • Projects for under-served and vulnerable groups including (but not limited to) adolescents and seafarers; • Training in all related areas, including community engagement, local capacity building, clinical services (including STI and HIV VCCT), marketing, IEC, BCC, project design and management, financial management, M&E.	Ongoing	Fiji, Kiribati, Tuvalu, Samoa, Federated States of Micronesia and Papua New Guinea Seeking to expand activities to other parts of the Pacific based on identified community need	GFTAM: USD120,000 AusAID PRHP: AUD150,000 AusAID ANCP: AUD40,000 UNFPA: AUD$175,000 Seeking further funding

Annex F: Cumulative reported HIV, AIDS and AIDS death cases, crude incidence rates, gender & cases with missing details: All Pacific Islands Countries and Territories, New Zealand & Australia to 31st December 2004 (or date specified*)

Country / Region	Mid year population (2004)	Cumulative Cases			HIV cumulative incidence rate per 100,000 (99% CIs)	Gender (HIV)		Missing details (HIV)		
		HIV (including AIDS)	AIDS (incl. deaths)	AIDS related deaths		Male	Female	Sex	Age	Exposure
MELANESIA	**7,444,100**	**10,645**	**1,973**	**422**	**143.0 (139.4 to 146.6)**	**5,336**	**4,893**	**416**	**4,027**	**7,579**
MELANESIA (excluding PNG)	**1,748,800**	**461**	**130**	**69**	**26.4 (23.2 to 29.5)**	**311**	**147**	**3**	**12**	**26**
Fiji Islands	836,000	182	25*	17*	21.8 (17.6 to 25.9)	109	73	0	1	2
New Caledonia	236,900	272	101	50	114.8 (96.9 to 132.7)	200	69	3	11	24
Papua New Guinea*	5,695,300	10,184	1,843	353	178.8 (174.3 to 183.4)	5,025	4,746	413	4,015	7,553
Solomon Islands	460,100	5	2	2	1.1 (0.2 to 3.1)	2	3	0	0	0
Vanuatu	215,800	2	2	0	0.9 (0.0 to 4.3)	0	2	0	0	0
MICRONESIA	**536,100**	**284**	**149**	**109**	**53.0 (44.9 to 61.1)**	**211**	**69**	**4**	**18**	**59**
Federated States of Micronesia	112,700	25	15	12	22.2 (12.4 to 36.4	14	11	0	6	8
Guam	166,100	168	97	67	101.1 (81.1 to 121.2)	145	23	0	0	34
Kiribati	93,100	46	28	23	49.4 (32.7 to 71.5)	30	16	0	8	8
Marshall Islands	55,400	10	2	2	18.1 (6.7 to 38.6)	3	3	4	4	4
Nauru	10,100	2	1	1	19.8 (1.0 to 91.8)	2	0	0	0	1
Northern Mariana Islands	78,000	25	2	1	32.1 (17.9 to 52.6)	12	13	0	0	4
Palau	20,700	8	4	3	38.6 (12.4 to 89.7)	5	3	0	0	0
POLYNESIA	**635,750**	**283**	**115**	**79**	**44.5 (37.7 to 51.3)**	**202**	**81**	**0**	**1**	**5**
American Samoa	62,600	3	1	0	4.8 (0.5 to 17.5)	2	1	0	0	0
Cook Islands	14,000	2	0	0	14.3 (0.7 to 66.2)	1	1	0	0	0
French Polynesia	250,500	243	94	61	97.0 (81.0 to 113.0)	175	68	0	0	4
Niue	1,600	0	0	0	-	0	0	0	0	0
Pitcairn Islands	50	0	0	0	-	0	0	0	0	0
Samoa	182,700	12	8	8	6.6 (2.7 to 13.2)	8	4	0	0	0
Tokelau Islands	1,500	0	0	0	-	0	0	0	0	0
Tonga	98,300	13	9	8	13.2 (5.7 to 25.9)	7	6	0	1	1
Tuvalu	9,600	9	2	2	93.8 (32.6 to 208.3)	8	1	0	0	0
Wallis and Futuna	14,900	1	1	0	6.7 (0.0 to 49.9)	1	0	0	0	0
All PICTs	**8,615,950**	**11,212**	**2,237**	**610**	**130.1 (127.0 to 133.3)**	**5,749**	**5,043**	**420**	**4,046**	**7,643**
All PICTs (excluding PNG)	**2,920,650**	**1,028**	**394**	**257**	**35.2 (32.4 to 38.0)**	**724**	**297**	**7**	**31**	**90**
New Zealand	3,993,817	1,975	845	607	49.5 (46.6 to 52.3)	1,657	300	18	98	343
Australia*	19,731,984	23,306	9,260	4,521	118.1 (116.1 to 120.1)	21,476	1,510	260	213	3,716

***Reporting period to 31 December 2004 except for: PNG (September 2004); Australia (December 2003); Fiji (AIDS and AIDS deaths – December 2001).; All data are supplied by official country reporting authorities. All data are subject to revision.; Reported cases do not reflect total disease burden. Case numbers are influenced by access to testing, testing uptake & notification rates.**

Source: AIDS Section, Public Health Programme, Secretariat of the Pacific Community (www.spc.int/aids) (Table date: 12th September 2005).

ANNEX G – Risk management and sustainability matrix

Risk/Challenge	L	C	R	Mitigation Strategy	Responsibility	Timing
OVERALL GOAL						
Lack of required level of funding to fund the regional strategy implementation program	2	3	M	Review the PRSIP work plan to identify areas that have high impact value and mobilize resources to support these activities. (eg. Targeting vulnerable groups, BCC, VCCT, STI services, etc)	PRSIP Coordination Group; HIV/TWG	Jan 2006
COMPONENT 1: LEADERSHIP AND GOVERNANCE						
Output 1.1 Pacific Leaders HIV/AIDS Champions Program established						
Competing priorities for leaders and governments other than HIV/AIDS. Different level of awareness among leaders	4	3	H	Maintain consistence advocacy for leaders and assist countries to translate the "*Suva Declaration on the Fight Against HIV"* by Pacific Parliamentarian into action	APLF	On going
Output 1.2 HIV/AIDS issues raised in relevant regional fora and meetings						
Regional meetings and fora organizers have strict mandate and can not include or raise HIV/AIDS issues at that meeting	2	3	M	Each implementing partner to advocate for inclusion of HIV/AIDS, in speeches if difficult to include in agenda. Distribute information packages at the meet.	APLF	On going
Output 1.3 Strengthened PICT capacity to develop, implement, monitor and evaluate multi-sectoral national HIV/AIDS strategic plans						
NACs and national partner organisations overburdened by competing projects in terms of time and resources.	4	3	H	Close and regular coordination maintained with all major stakeholders, donors and project working on HIV/AIDS issues regionally and in-country. Provide technical assistance to implement capacity development plan of countries. All partners to use NSPs in supporting the activities at national level	SPC, UNAIDS, PRHP	On going
Output 1.4 Supportive environment for HIV/AIDS responses improved						

Inadequate, inappropriate or non-existent legal frameworks to address human rights and support HIV+ people Prevailing environment of stigma and discrimination; different religious views; and cultural differences.	4	3	H	Continue to advocate for changes in legislation through community groups and education targeting legal systems in countries.	UNDP	Ongoing
Broader social, cultural and religious taboos making it difficult to provide adequate coverage of IEC materials at regional level.	4	2	M	Targeted IEC and BCC materials with priority to at risk groups Also broader approaches in advocacy, particularly for traditional and faith-based leaders	SPC, PRHP	On going
COMPONENT 2: ACCESS TO QUALITY SERVICES						
Output 2.1 Service delivery system for HIV-related treatment, care and support strengthened						
Inadequate technical support in the region to support countries in establishing, or scaling up care, treatment and support system in countries	4	3	H	Coordinate technical agencies and review TWG of the GFATM to include broader technical agencies. Continue to expand training of core care team in countries. Establish technical support network. Strengthen involvement of clinicians in training activities Establish linkage with other regional TWG networks	SPC, WHO and TWG	On going
Output 2.2 Systems for surveillance, research and quality assurance strengthened						
Inadequate technical support in the region to support countries in establishing, or scaling up of surveillance, research and quality assurance systems in countries	4	3	H	Coordinate technical agencies and review TWG of the GFATM to include broader technical agencies. Continue to expand training *Epinet* team in countries. Establish technical support network	SPC, WHO and TWG, PPHSN	Ongoing
Output 2.3 Service delivery system for HIV prevention strengthened						

Inadequate or lack of technical support in the region to support countries in scaling up service delivery systems for HIV prevention (eg. BCC, PMTCT, VCCT,STI treatment and working with vulnerable groups)	4	3	H	Coordinate technical agencies and review TWG of the GFATM to include broader technical agencies and individuals. Continue to expand training in-country team in countries. Establish technical support network Strengthen focus on STI prevent and treatment	SPC, WHO and TWG	On going
Output 2.4 Improved regional capacity for procurement and supply management of HIV/AIDS drugs and commodities						
Lack of funding to maintain a regional pharmacist position at FPS. Only one person is responsible regional procurement at FSP, does not allow for annual leave, sick leave, etc	3	2	M	Continue to allocate funding to regional project to maintain financial resources to support a regional position at FPS. Train additional pharmacist as to support work at FPS.	SPC/GFATM	On going
Output 2.5 Improved capacity of laboratories for confirmatory testing and monitoring of antiretroviral combination therapy						
Inadequate or lack of technical support in the region to support countries in scaling up laboratory systems	4	3	H	Coordinate technical agencies and review TWG of the GFATM to include broader technical agencies and individuals. Continue to expand training in-country laboratories in countries. Establish technical support network	SPC, WHO, PPHSN, TWG	On going
COMPONENT 3: REGIONAL COORDINATION						
Output 3.1 Regional partnerships, networks and communication expanded and strengthened						
Key stake holders fails to provide information on activities and initiatives on HIV/AIDS in the region	3	2	M	Communication strategy should include the key monitoring indicators, especially in the operationalisation. Devise a simple and effective tool for monitoring and reporting against common indicators in the MDGs	SPC, UNAIDS	On going

Duplication of activities being carried out by regional agencies	2	2	L	Keeping abreast with initiatives being planed and carried out by other bilateral and multi-lateral agencies through regular communication networks	SPC, UNAIDS	On going
Output 3.2 Regional cooperation on resource mobilization and monitoring intensified						
Strict mandate by donors and development partners on where and what their resources should be used.	4	3	M	Establish resource and activity tracking systems (data base) with implementing partners to ensure that resources are used in a balance manner and guided by priority interventions	SPC, UNAIDS and TWG	On-going
"Donor Fatigue"	3	3	H	Explore the possibility of revolving fund for HIV/AIDS programs , and ensure that countries are able to increase national budgetary allocations to HIV/AIDS activities	SPC, UNAIDS	2006
COMPONENT 4: PROGRAMME MANAGEMENT						
Output 4.1 Regional strategy has been implemented in a coordinated manner						
Lack of coordination between SPC and other key stakeholders resulting in no cooperation in the implementation of the regional strategy	2	3	M	Ensuring a functioning coordination mechanism and transparent dialogue between SPC and other stakeholders. Adopt regional HIV/AIDS communication strategy system that provides regular "two-way" exchange of information.	SPC, UNAIDS	On going
RS interventions not linked to and support country action plans	2	3	M	Work closely with component with PRHP component 2 including other projects/programs working at national level and continued dialogue in the development national strategic implementation plan	SPC, UNAIDS	On going
Output 4.2 Regional strategy has been monitored and evaluated						

No or low level of data analysis skills	4	2	H	Provide training formal and on the job training on data collection and analysis skills	SPC, UNAIDS	Ongoing
Lack of resources to monitor UNGASS population indicators	4	3	H	Provide adequate resources to monitor required indicators Use existing systems of surveillance Develop and agree upon appropriate indicators at regional and national levels Increase Human Resources for M&E	SPC, UNAIDS	Ongoing

Key L= LIKELIHOOD 5=almost certain; 4=likely; 3=possible; 2=unlikely; 1=rare
C=CONSEQUENCE 5=severe; 4=major; 3=moderate; 2=minor; 1=negligible
R= RISK LEVEL E=extreme; H=high; M=medium; L=low