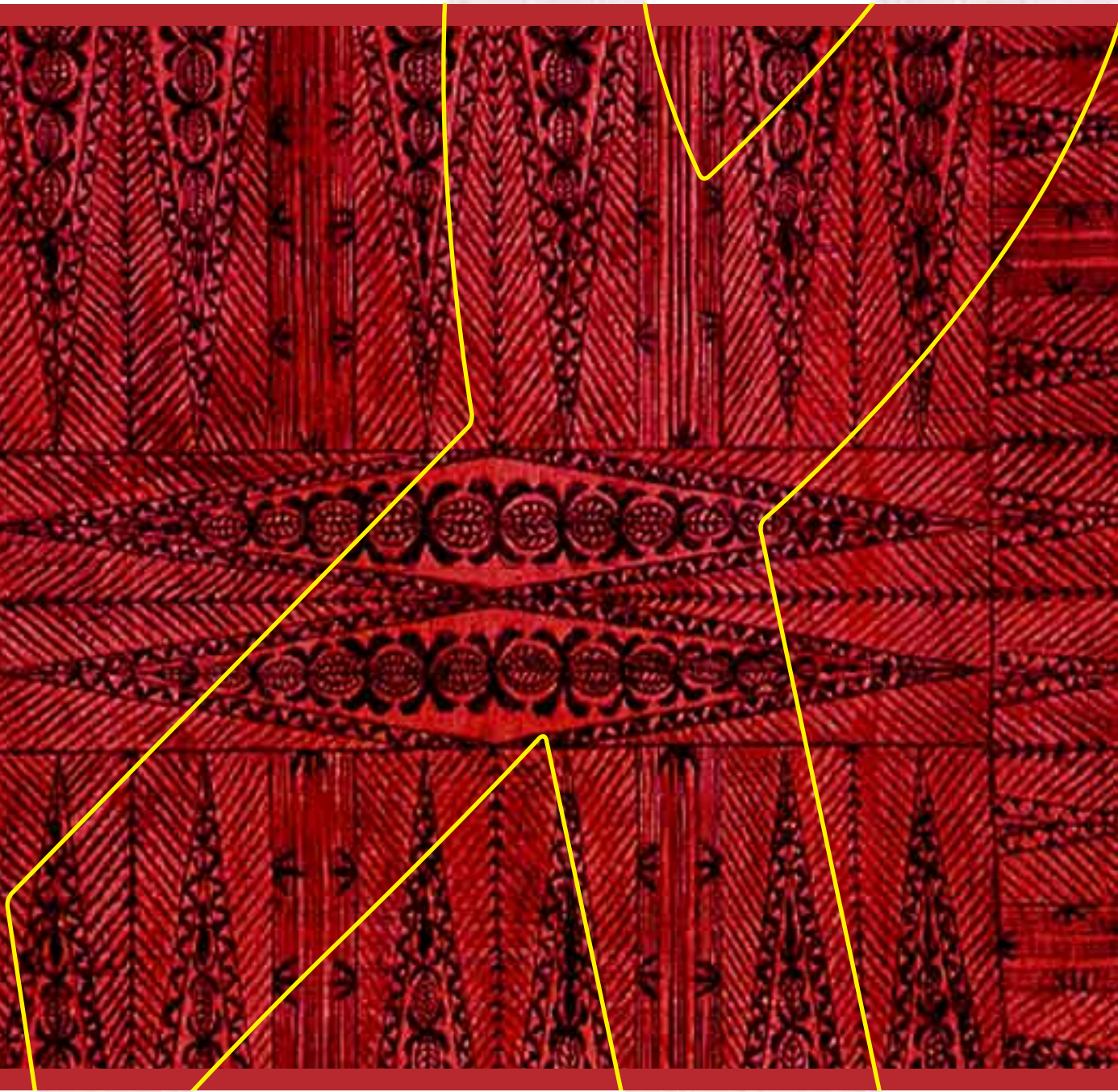




Kingdom of Tonga

National Strategic Plan for HIV & STIs



2009 – 2013

Tonga Country Coordinating Mechanism

Niua Foou **NIUA GROUP**

Niua Toputapu



Kingdom of Tonga

VAVAU GROUP

Late *Neiafu* *Vavau*
Kapa *Kapa* *Marinitta*

Kao *Haano* **HAAPAI GROUP**
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Limu Barrier *Fisei*

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Lolona
Hunga Tonga
NOMUKA GROUP

NUKUALOFA **TONGATAPU GROUP**
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Eua

Ata



Kingdom of Tonga

**National Strategic Plan
for HIV & STIs
2009 – 2013**

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We wish to thank the various organizations and individuals, who contributed to the planning, development and implementation of the Kingdom of Tonga National Strategic Plan for HIV & STIs 2009-2013. Our gratitude also goes to the following individuals and organizations that contributed in a multitude of ways to this document.

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The development of the strategic plan through the auspices of the Pacific Regional HIV/AIDS Project has been funded by the Australian, New Zealand and French Governments. This project was established to assist the 14 Pacific Island countries to respond to the HIV epidemic and during the past four years, PRHP has worked with SPC and partner organisations in this endeavour.

This strategic plan will therefore serve as a platform for Tonga to implement, monitor and strengthen HIV & STI surveillance accessing the financial and technical resources available throughout the region and especially the Regional HIV & STI Response Fund managed by SPC.

Malo 'aupito

Country Coordinating Mechanism (CCM) Committee

Foreword by the Hon. Minister of Health

The challenges faced towards the development and compilation of the Kingdom of Tonga NSP for HIV&STI 2009-2013 has been a milestone of achievements. Since its preparatory phase in 2007, a lot of input has been made by the stakeholders, CCM members and Ministry of Health personnel and funding agencies towards the completion of this final document.

Addressing HIV & STIs will remain a priority for the health sector and despite the low prevalence of HIV in Tonga; the threat generated by the incidence of other STIs and especially chlamydia in ante natal women remains a concern. This was evident in the 2004 and 2008 SGS surveys together with the astounding results from the youth behavioural survey.

Reducing stigmatization and discrimination for PLWHA and affected by HIV/AIDS is also a concern in our communities and I am happy to say that strategies have been identified in this strategic plan to address this as part of a supportive and enabling environment for our at risk and vulnerable population. This strategic plan also portrays key action areas that will target our vulnerable and at risk population with activities and programs that will involve health workers, key stakeholders, PLWHA and the community at large towards the prevention and reduction of the incidence of HIV & STIs in Tonga.

The Response Fund supports the implementation stage of this strategic plan, including monitoring and evaluation activities and this will allow the Kingdom of Tonga to address the HIV & STI situation which will serve as a platform of action for the region.

I therefore wish to express my gratitude to all who were involved in the various stages of development of this strategic plan, NGOs and the government sector, faith based organisations and our community for producing a well detailed and planned out document. Just as important are our key funding agencies and regional partners- SPC, PRHP, UNAIDS, WHO and UNICEF for the technical and financial assistance provided.

Malo 'aupito



Honourable Dr. Viliami Tau Tangi

Deputy Prime Minister and Minister of Health

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Abbreviations & Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
AusAID	Australian Agency for International Development
CCM	Country Co-coordinating Mechanism
CDO	Capacity Development Organisation
CDU	Communicable Diseases Unit
CSO	Civil Society Organisation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immuno-Deficiency Virus
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
NAC	National AIDS Committee
NCM	National Co-coordinating Mechanism
NGOs	Non-Government Organisations
NZAID	New Zealand Agency for International Development
PCSS	Pacific Counselling and Social Services
PIC	Pacific Island Country
PICT	Pacific Island Country and Territory
PLWHA	Person/People Living with HIV and AIDS
PRHP	Pacific Regional HIV and AIDS Project
PRHS	Pacific Regional HIV Strategy
PRSIP	Pacific Regional Strategy Implementation Plan
QSSN	Queen Salote School of Nursing
SGS	Second Generation Surveillance
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infection
TFHA	Tonga Family Health Association
TLA	Tonga Leiti Association
TNYC	Tonga National Youth Congress
UNAIDS	United Nations Joint Program on AIDS
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on AIDS
UNICEF	United Nations Children's Fund
VCCT	Voluntary Confidential Counselling and Testing
WHO	World Health Organisation

Executive Summary

The development of the Kingdom of Tonga National Strategic Plan for HIV & STIs 2009-2013 began with the review of Tonga's first National HIV/STI Strategy Plan 2001-2005 in early 2007. The findings of that review, together with the results of the Second Generation Surveillance Survey undertaken in 2004-2005, formed the foundation for this document.

The first draft of the five-year plan evolved from a five-day workshop held in Nuku'alofa in March 2008. The workshop brought together participants from a range of government, civil society, non-government and faith-based organisations¹. Technical and financial support for the workshop was provided by PRHP, with UNAIDS and UNFPA also contributing in a technical capacity. Consecutive workshops with local stakeholders in August and October of 2008 led to this final document

The Strategic Plan defines a vision for the future guided by values and principles that were shared and agreed upon by all stakeholders. It identifies the obstacles and opportunities for change and the strategic issues that need to be addressed. It is also part of a continual process of action and reflection because, to remain strategic, its implementation must be reviewed periodically.

As defined by the Minister in his opening speech at the NSP Workshop: the Plan seeks to:

- ⇒ promote co-ordination across all agencies charged with responsibility for implementation;
- ⇒ build partnerships between civil society and government and
- ⇒ Prioritise HIV [prevention] as a critical part of Tonga's national development.

In addition, there is the Pacific Regional HIV Strategy and Implementation Plan 2009-2013 (PRSIP II), which is intended to complement the Strategic Plan. PRSIP II links the Strategic Plan to the day-to-day activities that must be accomplished to realise its vision. It includes a timetable of activities, identifies the person and/or agency responsible for implementing them and outlines the resources and costs of undertaking the activities. Working together, the Implementation and Monitoring & Evaluation plans will be key tools for the execution of the National Strategic Plan and for refining and adapting it over time as needed.

PRSIP II also provides a framework for the co-ordination and mobilisation of resources at regional level to support national implementation and is intended to support individual countries, including Tonga, to meet the challenge of preventing the spread of HIV.

The review of the 2001-2005 NSP identified a number of lessons learnt to strengthen the response to HIV in Tonga. These included:

- ⇒ Better engagement of stakeholders in developing and implementing the next Strategic Plan;
- ⇒ The importance of promoting consistent and accurate health education through a range of different mediums and forums, particularly with a focus on promoting safer sexual behaviour;
- ⇒ The need to develop professional skills in HIV advocacy and education, support, treatment and care;
- ⇒ The need to improve the capacity of health services to address HIV issues, particularly testing, treatment and care;

¹ See attached participants list, Annex 1

- ⇒ The recognition that reducing vulnerability to HIV requires an understanding that it is a social, cultural and economic issue as well as a health issue; and
- ⇒ The importance of improved security to prevent illegal drugs entering the Kingdom.

The 2009-2013 Strategic Plan identifies strategies to address these issues and incorporate lessons learnt in the future national response to HIV. The Plan proposes a safer and more resilient Tongan population working together in the treatment, care and support of those living with HIV - and help prevent the spread of STIs, HIV and other communicable diseases so that people can live free and healthy lives in dignity and unity in a peaceful and prosperous Tonga. Its goal is to reduce the spread and impact of HIV and other STIs through a whole-of- country approach, while embracing the groups that are most at risk such as people living with and affected by HIV and Other STIs.

The Plan outlines strategies and actions to address HIV and Other STIs by implementing actions in the following five Focus Areas:

- 1) Prevention of HIV and STIs
- 2) Treatment care and support
- 3) Creating an enabling environment
- 4) Monitoring and Evaluation
- 5) Management and co-ordination



1. Introduction

1.1 The HIV & STI Context in the Pacific Region

There has been significant improvement in the capacity to address the spread of HIV since the epidemic first emerged and has now an estimated 4.3 million new infections in 2006 worldwide. Although most of these new infections were in sub-Saharan Africa, the prevalence of new infections in the Asia-Pacific region is increasing each year.

In the Pacific region, the first case of HIV was reported in 1984. HIV infections have since been reported in all Pacific Island Countries and Territories [PICTs], with the exceptions of Niue, Tokelau and the Pitcairn Islands. According to the Secretariat of the Pacific Communities (SPC) 15,353 people had been diagnosed with HIV in the Pacific by the end of 2005, with more than 90% of these cases in Papua New Guinea. Although the number of reported cases in other PICTs remains low, the actual incidence of HIV is thought to be more widespread because of under-reporting and inadequate data collection and testing².

Given the current stated low prevalence of HIV infection across most of the Pacific³, it is critical for the region to treat, care and support those known to be infected with HIV, while preventing its further transmission. The majority of HIV transmission in the Pacific is due to heterosexual contact, although analysis of data suggests that, excluding Papua New Guinea, transmission appears higher between men who have sex with men in most other Pacific countries.

A number of factors influence the transmission of HIV in the region: young and highly mobile populations in many countries; high rates of other sexually transmitted infections; gender inequality; and underlying risk and vulnerability issues associated with socio-cultural and religious norms. While the WHO/SPC Sentinel Survey released in 2006 confirmed the continuing low prevalence of HIV across the Pacific⁴, it noted that there continues to be significant vulnerability to the risk of infection, as demonstrated by the lack of knowledge of HIV transmission; continuing risky sexual practices, particularly among the young; and higher rates of STIs.

Some groups are more vulnerable than others and require particular consideration in the development of strategies to prevent and/or manage HIV-related issues. Vulnerable groups include youth⁵ and seafarers due to their mobility for study and work; women, particularly young women, for biological and social reasons and consequently, this increases the vulnerability of young children, in particular, infants.

For cultural, social and economic reasons, stigma and discrimination are significant barriers to the effective prevention and management of HIV. In many countries, individuals cite fear of losing family acceptance or social status and the prospect of losing employment as significant factors in their reluctance to address HIV issues.

²The total number of reported HIV cases exceeds 150 cases only in New Caledonia [272], French Polynesia [260] Fiji [236] and Guam [175]

³Apart from Papua New Guinea

⁴Excluding PNG

⁵SGS surveys in Vanuatu, Solomon Islands and Samoa demonstrate the young people are a key vulnerable group, having sex young and often. Cite date/source of survey....

1.2 The Pacific Regional Response

The Pacific Island leaders and donors have acknowledged the benefits of working in partnership to address the threat posed by HIV across the region. This is reflected in their endorsement of the 1st Pacific Regional HIV Strategy 2004-2008 and Implementation Plan and the subsequent commitment of donor resources. The commitment to the 1st Pacific Regional HIV Strategy generated additional funds of \$US13m to the region from the ADB, AusAID, NZAID, the French Government and the United Nations-family.

The 2006 Mid-Term Review of the PRHS identified some positive trends in strengthening leadership across the Pacific governments and civil society, particularly in programs that engage people living with HIV. However, the review also identified that stigma and discrimination continue to pose challenges in building a supportive environment for people living with HIV and ensuring their access to services. In addition, the review determined that institutional governance arrangements for programming were not strong and lacked clarity in their engagement of a range of sectors.

In October 2007, the Pacific Island Forum confirmed its commitment to addressing HIV, agreeing to extend the Regional HIV Strategy to 2013 and to amend it to include STIs and TB (tuberculosis) in recognition of emerging trends. PRSIP II was then developed to support the extended strategy with donors agreeing to this extension of the Regional Strategy and accompanying Implementation Plan to 2013.

Our Vision

“Our Pacific region is to be a place where the spread and impact of HIV and other STIs are halted and reversed; where leaders are committed to leading the response to HIV; where people living with and affected by HIV are respected, are 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 guided by a vision for the Pacific which reflects the Pacific socio-cultural values and is structured to address the ongoing challenges of HIV in the Pacific towards achieving its goal. It identifies six themes, three related to the delivery of improved services and three related to programme management and support. These thematic areas include: 1) Prevention Services; 2) HIV and other STI Diagnosis 3) Continuum of Care, Treatment, Care and Support Systems and Services; 4) Leadership and Enabling environment; 5) Strategic Information and Communication; and 6) Governance and Coordination.

Our Goal

“To reduce the spread and impact of HIV and other STIs, while embracing people living with and affected by HIV in Pacific communities.”

The Kingdom of Tonga is signatory to a range of international and regional agreements on HIV. As a member of the Pacific Island Forum, Tonga has endorsed the 1st and 2nd Pacific Regional HIV strategies and is also signatory to the 2004 Suva Declaration on HIV and AIDS by the Pacific Parliamentarians; the Nadi Declaration on HIV & AIDS by the Pacific members of the World Council of Churches; as well as the international commitments to achieve the Millennium Development Goals, of which HIV is a key priority, and the United Nations General Assembly Special Session on AIDS (UNGASS).

2. The Kingdom of Tonga – Social, Political, Economic and Cultural Context

2.1 Demography and Population

The Kingdom of Tonga is located in the South Pacific Ocean, comprising 169 islands, 36 of them are inhabited. Tonga is divided into five island groups: Tongatapu, Vava'u, Ha'apai, 'Eua, and the Niuas. In Tonga's 2006 Census, total population was estimated to number 101,991 (Tonga Statistics Department, 2008). Over 70% of the 101,991 inhabitants of the Kingdom of Tonga live on its main island, Tongatapu. Although an increasing number of Tongans have moved into the commercial centre, Tongatapu, cultural ties continue to be important throughout the country.

Tonga Statistics Department (2008) has projected that by 2010, the population of Tonga will increase to 103,641. As the numbers of Tongans people grows, so too does the nation's attempt to reduce STIs and HIV in Tonga.

2.2 The HIV & STI context in Tonga

The first recorded case of HIV in Tonga emerged in 1987 (refer to table 1). Since then, a total of 17 people have been reported as HIV-positive in Tonga, with the most recent cases identified in August, 2008. Of the seventeen, seven have since died; three have returned to their country of origin; two have returned to the USA and another migrated to New Zealand; and two positive people remain living in Tonga.

TABLE 1: HIV CASES IN TONGA SINCE 1987

YEAR OF DIAGNOSIS	GENDER (male, female)
1987	m
1989	m
1989	m
1992	m
1996	m
1996	f
1996	m
1998	f
1998	f
1999	m
1999	f
2000	m
2002	m
2005	f
2007	m
2008	m
2008	f

Neither person remaining in Tonga is on anti-retroviral treatment. The key mode of transmission appears to be predominantly through unprotected sexual intercourse and the age group of those infected ranges from 15 to 44 years.

2.3 Health Services

Currently the Ministry of Health -Communicable Diseases Unit (CDU) of the Public Health Division and the laboratory offers routine screening for HIV of all potential blood donors, those seeking visas for immigration purpose and overseas travel, all medical examination for residency and employment purposes. Antenatal mothers are also routinely screened through the ANC clinic at the main hospital, a service which began in 2007. Identified cases of TB and other STI clients are also routinely screened for HIV. Testing is a requirement for seafarers and is offered on behalf of the Maritime school.

Testing is available at the four major hospitals, the outer islands and TFHA (Tonga Family Health Association), with all tests referred to the hospital laboratory. TFHA also operates a clinic for sexual reproductive health issues which includes STI management and treatment. The testing clinics follow World Health Organisation guidelines on treatment and care and by December 2007, a total of 4911 HIV tests were performed at the four main hospitals, with one positive diagnosis being made⁶. All confirmatory tests are sent to the Laboratory in Melbourne, Australia, which provides the service at no charge.

HIV data is routinely collected from the hospitals and TFHA, however, this data does not include any cases that may be diagnosed through private clinics and pharmacies or the outer islands where data is not routinely collected. Anti-Retroviral treatment, funded through the GFATM, is accessed through the Fiji Pharmaceutical Services, which plays a regional role in supplying these commodities to the Pacific Island countries. The treatment is released on request by the treating physician.

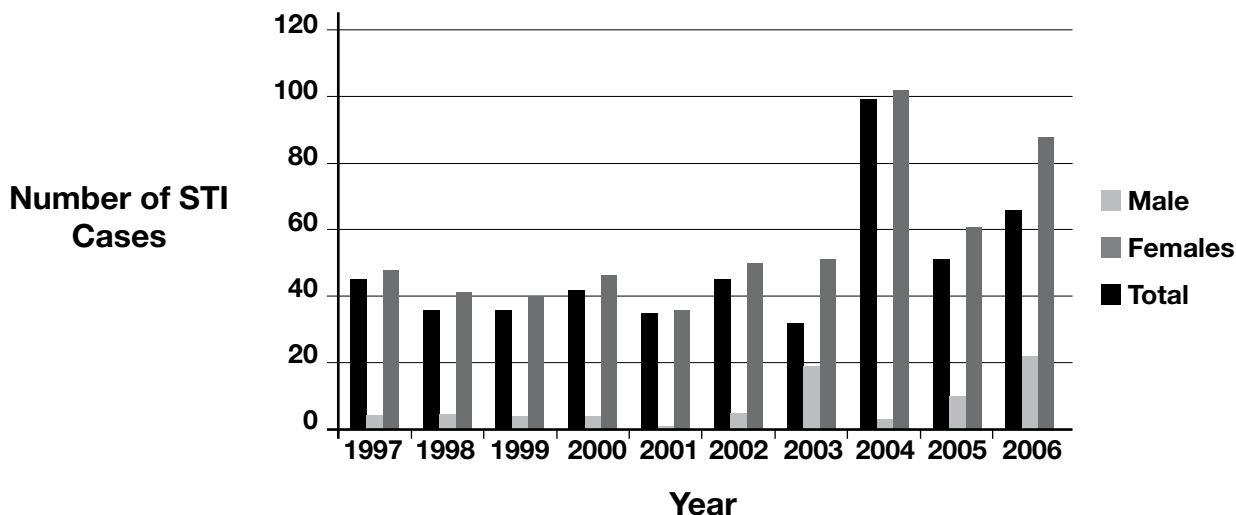
2.4 Other STIs in Tonga

The diagnosis of other STIs in Tonga is thought to be significantly under-reported. In the past, national data records only included those cases seen at the STI clinic in Vaiola and TFHA clinic. No figures were available from the outer island hospitals, health centres, private clinics and pharmacies. In addition, various treatment regimes were often pursued through informal networks in the health professions to avoid public scrutiny. STIs were recently incorporated into the revised Public Health Act [draft] as a notifiable disease and so all diagnoses must be included in the weekly notifiable disease forms. Treatment is a mixture of syndromic and laboratory-based management.

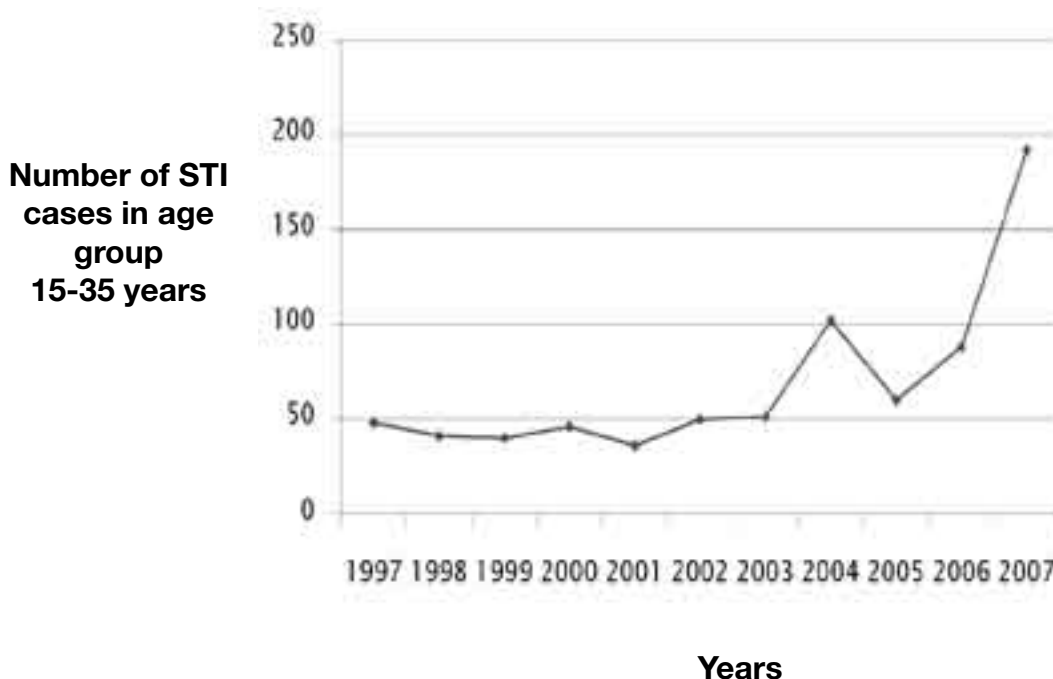
⁶This included: Vaiola: 4645; Prince Wellington Ngu Hospital:170; Niu'ui Hospital:60; and Niu'eiki:36

Graph 1 below shows STI diagnosed cases from 1997-2007 by gender revealing that males consistently and despite some annual fluctuations increasingly predominate each year. Graph 2 looks at the current estimates of curable STIs indicating an increase of 48 cases diagnosed in 1997 to 102 cases in 2004. Following this was a drop to 60 and 88 respectively in 2005 and 2006 with a further increase to 192 in 2007 confirming a stronger focus on reporting from the hospital.

GRAPH 1: Curable STIs 1997-2007 by Gender



GRAPH 2: Curable STIs 1997-2007



(Communicable Disease Unit, Ministry of Health, Tonga)

Source: CDU, MOH, Tonga

The SGS survey in 2005 reflects some of the results shown below in Table 2, 3 and graph 3. This indicates that if the rates of chlamydia and gonorrhoea diagnosed in young pregnant women presenting for the first time in 2005 could be viewed as indicative of the general population, the rate of STIs in the Tongan population, particularly in the 15-25 age group, should raise serious concerns. It is this young age group that makes up 31% of the sample population.

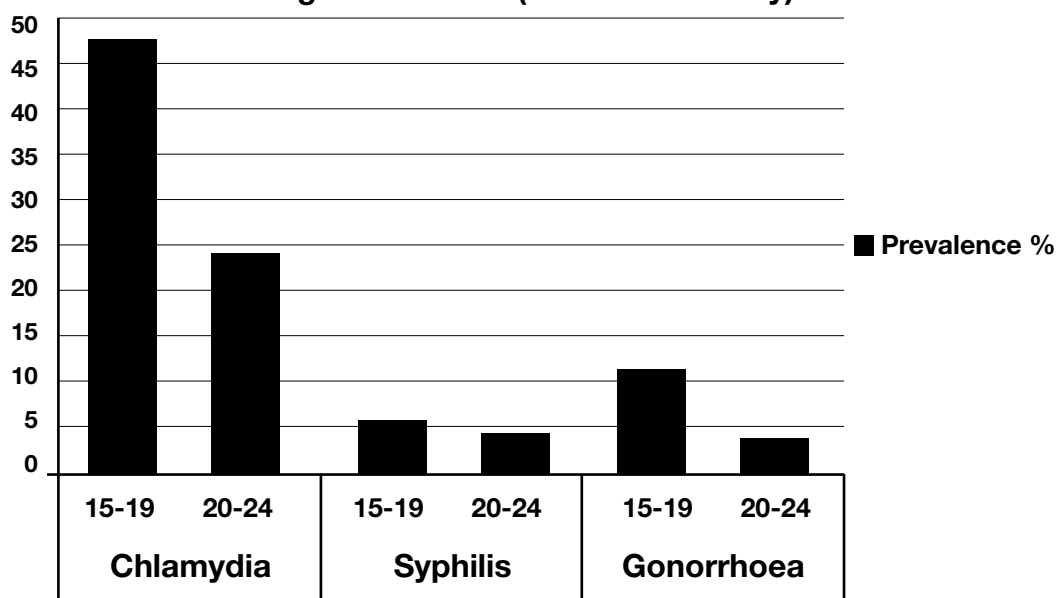
TABLE 2: STI and HIV Prevalence amongst Pregnant Women 2005

STI	No. tested	Prevalence	95%CI
HIV	347	0	
Chlamydia	318	14.5	10.6-18.4
Gonorrhoea	317	2.5	0.8-4.3
Syphilis [RPR]	348	3.2	1.1-4.7
Any STI	317	17.7	13.5-21.9

TABLE 3: Prevalence of STIs in Pregnant Women by age group [2005]

Type of STI	Age	Prevalence	95%CI	Sample size
Chlamydia	15-19	47.1	23.0-72.2	17
	20-24	23.5	15.0-34.0	85
Syphilis	15-19	5.9	0.1-28.7	17
	20-24	4.3	1.2-10.8	92
Gonorrhoea	15-19	11.8	1.5-36.4	17
	20-24	3.5	0.7-10.0	85

GRAPH 3: STI & HIV Prevalence among Pregnant Women (2005 SGS Survey)



Source: SGS Survey 2004, MOH, Tonga

The Vaiola Hospital Laboratory has begun testing for chlamydia with support from SPC through Round 7 of the GFATM and there is a need to ensure that funds are available to procure adequate supplies of test kits.

The CDU has adopted a different strategy in its approach to contact tracing in order to address the bias towards males. In the past, it has been difficult to get clients to reveal the names of their

partners, so now the clinic asks clients to bring their (usually female) partners into the clinic. This has helped increase the success of contact tracing to some degree, although there is still a need to improve the number of females accessing the clinic for testing and treatment.

2.5 Risk and vulnerability factors contributing to transmission of HIV and other STIs

The participants in the NSP workshop confirmed that there were a number of risk and vulnerability factors in Tonga that contributed to transmission of HIV and other STIs. A range of groups were identified as being more vulnerable to infection because of their social, economic and/or cultural situations. These included youth, particularly young women, the fakaleiti, sex workers, mobile groups such as seafarers, uniformed personnel (including the Defense Forces and Police) and overseas travellers, including tourists, extended family and business travellers.

Factors that increased an individual's likelihood or risk of contracting HIV were identified. These included:

- Limited access/availability and use of condoms;
- Increasing use of alcohol and other drugs, particularly among young people;
- The demonstrated absence of safer sexual behaviours and practices as the international research literature shows and the WHO/SPC SGS Survey undertaken in six Pacific countries in 2006 also identifies, the presence of other STIs is an indicator for increased risk of transmission of HIV;
- The presence of one or more STIs, particularly in pregnant women, demonstrates the likelihood of multiple sexual partners, with high probability that safer sexual behaviours, such as the use of condoms, are not practised;
- Tonga's ANC screening for chlamydia showed infection rates of 14.7%, which if used as a general indicator, suggest the rates in the general population could be higher.

2.6 Social and Economic Impact of HIV & Other STIs

The social and economic impact of HIV and other STIs is difficult to quantify as there has not been a serious study of the potential impacts in Tonga. With apparent low prevalence, this has not been identified as a priority.

The current budget dedicated to the CDS is managed through the Ministry of Health and donor subsidised funding. The cost of ART is currently subsidised through the GFATM funds and accessed through the Fiji Pharmaceutical Services in Suva. Confirmatory testing in Australia is provided at no cost to Tonga. While there is a cost for services delivered by the Ministry of Health and various NGOs in Tonga, most of this is covered by various donor funds either as a block health grant or as specific HIV funding through GFATM or the Australia and New Zealand funds through SPC as the Response Fund.

Potential costs

While there is little formal data on the social and economic cost of HIV in Tonga, there is anecdotal information that confirms the devastating impact a HIV diagnosis can have on the personal, economic and social wellbeing of the positive person and their family, as well as the broader wellbeing of the community and the nation.

The Situation Analysis and Review conducted before the development of the 2000-2005 National Strategic Plan provided a snapshot of the impact of HIV diagnosis on a person in Tonga. Following the death of her husband from AIDS, and the consequent loss of family income, a positive woman was evicted from her home by her relations (her husband's family). She was forced to rent alternate

accommodation and began selling handicrafts in the marketplace to generate income for herself, her two children and her own parents. Gossip about her positive status spread through the community. As a result, one market source, in Fiji, refused to sell her products any longer. Her children were forced to change schools and she became reluctant to be seen with them in public because she did not want them to suffer further stigma and discrimination. Her sister no longer associates with her. Although some churches have offered to provide financial assistance and support, she was disappointed that they expected her to approach them to seek support rather than initiate contact themselves.

As this woman's story shows, HIV infections have severe social and economic repercussions for both individuals and nations. Loss of income and productivity arising from the sickness and death of a positive person affects families as does the denial of access to the workforce and the family's eviction from their home because of discrimination, as well as the lost income and capacity to meet rental costs. This family also faces threats to the children reaching their potential if there are barriers to accessing education, as well as participating freely in the broader community.

In addition, there is the potential loss of income from overseas remittances – a number of those who have died were professionals who returned from overseas to their family before their deaths from AIDS.

2.7 Tuberculosis and HIV in Tonga

The Tonga Ministry of Health's Communicable Diseases Unit has a well-functioning TB program. Identified cases of TB have dropped from the 100s each year to 18-40 cases of pulmonary TB in 2007. The Communicable Diseases Unit, located at the main hospital, routinely screens identified cases of TB+ for HIV. The first [and only] case of co-infection of TB and HIV was reported in 2005.

2.8 Donor Support

There are a multitude of donors and developmental partners who will assist Tonga in the response to STIs, HIV and AIDs. Tonga is part of the multi-country proposal to the Global Fund for to Fight AIDS, TB and Malaria that has been successful for Round 7. Australian and New Zealand governments, through PRHP and SPC, will continue to support Tonga over the next few years. The UN agencies in their specialized and focus areas of comparative advantage will support Tonga. WHO and SPC will support research and technical areas where needed.

WHO provides specific support at regional and national levels for the prevention and control of STIs through improving access to testing and counselling, with a focus on maximizing prevention through the scaling up of access to services; and strengthening health systems' strategic information systems to ensure adequate monitoring and evaluation. WHO collects regional data on STIs and is guided by the Regional Strategic Action Plan for the prevention and control of STIs.

SPC collects data at regional level, working with individual countries to identify appropriate data in response to the agreed relevant UNGASS indicators. SPC is able to help Tonga identify country level indicators to measure progress of the national response and for inclusion at the regional level. SPC can support Tonga to identify a 'focal point', either a person or an organisation, to support in the collection and analysis of data to monitor and evaluate the national response.

The successful GFATM Round 7 submission identifies up to \$360,000 for Tonga over the next five years. Of this, \$180,000 is allocated to fund operational costs and a National HIV Co-coordinator. Funds for other program expenses may be sourced through the SPC-managed HIV & STI Response Fund, to be operational from January 2009.

While the GFATM is a useful source of funds, Tonga needs to look further to identify other sources and avenues to deliver programs with minimal costs and/or through shared resources. A good

example would be the TB monitoring trips to the outer island health centres which can also include screening for HIV cases.

3. The Kingdom of Tonga NSP 2001 – 2005

The 2001-2005 Strategic Plan identified six focus areas addressing priority groups:

1. Prevention and control of sexually transmitted infections.
2. Reducing the vulnerability of specific groups and promoting safer sexual behaviours.
3. Safe blood supply.
4. Care and support for people living with HIV and AIDS and their families.
5. Human rights and HIV and AIDS.
6. Co-coordinating the multi-sectoral response.

Each of these focus areas targeted a range of priority groups. They were casual and commercial sex workers; mobile populations and employees at risk, such as seafarers, police, army, navy and tattooists, domestic workers, overseas travellers and business men; the general population; blood donors; pregnant women; health workers, including doctors, health officers, laboratory technicians, nurses, dentists, traditional birth attendants, midwives and counsellors; people living with HIV , their families and care-givers; the Royal Family and nobility; marginalized or vulnerable groups, such as the fakaleiti, prisoners, women and youth; community groups, NGOs and church groups, particularly their leaders; lawyers and legislators, including crown lawyers; the Ministries of Health, Education, Finance and other government departments; traditional leaders; the private sector; the Tonga NCC and town officials.

3.1 The Review of the NSP 2001-2005

The implementation of the 2001-2005 HIV & AIDS Strategic Plan for the Kingdom of Tonga was reviewed in early 2007 and a report submitted to the CCM. Overall, the Review found that the national strategy was not considered to have been successfully implemented. Most stakeholders interviewed held the view that the strategic plan was not generally pursued and most of the activities identified in it were not implemented. The review identified a number of barriers to the successful implementation of the Plan. The workshop participants elaborated on these points.

The Strategic Plan & the Role of the Country Co-ordination Mechanism

Quite a number of stakeholders asserted that the plan was not used as a guide for implementation. Apart from one stakeholder, who said they referred to the plan's priority areas to guide implementation of their program, most stakeholders consulted considered they neither owned nor had been engaged as implementers of the plan. One explanation was that, in the absence of a time frame for actions and a lack of identified responsibility for actions, activities were neither implemented nor monitored or followed up.

An ongoing concern was that the role and function of the CCM needed clarification to improve transparency, communication and leadership.

Working with Vulnerable or At- risk Groups

There was a concern that there was limited and sometimes inaccurate perceptions, and knowledge about vulnerable groups. More research into the identity and needs of such groups is called for, so that the vulnerabilities of particular populations are acknowledged and programs developed to address them. -The known vulnerable or at-risk populations include: school

dropouts, fakaleiti; wives with absent husbands (away overseas, mobile servicemen); men and women in uniform- soldiers, police; youth, especially teenagers who become pregnant while at school, especially in boarding schools; and those extended families forced to live in the same house because of urbanisation; tourists and travellers; and business workers.

Attitudes, stigma and discrimination

The review found that some of those in privileged positions, such as the kau paipa, local businessmen or tourists, often assume that HIV is not something they need to worry about, so they do not practice safe sex. One aspect of this is that they abuse their privilege and power by refusing to use condoms, or they display ‘double standards’ of morality in their relationships. However, other stakeholders disagreed with this, noting that some “kau palangi value their lives and know about condoms and use them”.

The breakdown of traditional ways of living

The breakdown of traditional family households, which can be accompanied by crowded housing, alcohol use, domestic violence and multiple sexual partners, creates vulnerable or risky situations. Often children are vulnerable, because they are left unsupervised while their parents are out ‘clubbing’ or drinking.

Ignorance of HIV

A number of stakeholders identified that the seriousness of HIV continued to be misunderstood or acknowledged. There remains ignorance and misinformation about how HIV is transmitted and how to practice safe sex. There is a concern within the churches and the Ministry of Education that discussion of HIV and other STIs could promote ‘promiscuity’ rather than protect people. The church doctrines and teachings can be seen to conflict with the education about safe sex, and particularly about condoms. In addition is the concern that the confidentiality of those who are diagnosed with HIV and/or other STIs can be jeopardized by ‘cultural gossips,’ misinformation and discrimination.

Improved Health Services

A number of stakeholders commented on the need for appropriate services to help people test and respond to HIV and other STIs. There was not enough testing because test kits were not available; and records were not coordinated. In addition, some were concerned that health workers did not always practice universal precautions, which could put them at risk in some situations.

Funding the HIV response

Stakeholders expressed confusion and a lack of understanding about the extent of HIV-related funding allocated to Tonga by donors (particularly the GFATM), the purpose of the funds, and how they were used. There was concern that not all funds were used and programs/services were not advised that there were funds available to support other programs. Some program/service deliverers explained that they did not know how to apply for funds and would like training in this area.

HIV Education and Communication

The Review identified a need for accurate, up-to-date, consistent information and advice on HIV and other STIs, starting with the development and delivery of an awareness and education program for the whole country. There needed to be education and awareness programs designed for specific groups:

⇒ Kau paipa

⇒ Foreigners

- ⇒ School youth
- ⇒ Church members

HIV information needs to be shared in a range of different ways:

- ⇒ Via print and broadcast media
- ⇒ Through brochures and other printed material
- ⇒ Public performances and displays
- ⇒ In school curricula and church pastoral care programs
- ⇒ Within the family census and during family counselling and home visits
- ⇒ And involving the churches and families and schools

Skills development

There needed to be more opportunities to learn professional skills in:

- ⇒ Management
- ⇒ Training, facilitation and education
- ⇒ HIV & STI counselling
- ⇒ Life esteem programs
- ⇒ Capacity building, to support educators and trainers to discuss HIV accurately and informatively while respecting culture and the views of the churches.
- ⇒ How to apply for funds; and to report on or acquit funds.

While stakeholders identified the need for improved skills and training across the sectors, the particular roles and functions of the members of the CCM were highlighted.

The Strategic Plan identifies strategies to address these issues and incorporate the lessons learnt in the future national response to HIV. Participants in the workshop identified the vision, goal and principles which would guide the implementation of the national response for 2009-2013.

4. The National Strategic Plan for HIV & STIs 2009 – 2013

The National Response 2009–2013: The Vision

- ⇒ A safer and more resilient Tongan population working together in the treatment, care and support of those living with HIV, the prevention of STIs, HIV and other communicable diseases so as to enhance people's capabilities to live free and healthy lives in dignity and unity in a peaceful and prosperous Tonga.

The National Response 2009–2013: The Goal

- ⇒ To reduce the spread and impact of HIV and other STIs through a whole-of-country approach while embracing the most at-risk groups, including people living with and affected by HIV and other STIs in Tonga.

4.1 The Guiding Principles

The Guiding Principles seek to capture the shared aspirations and values that inform and guide the development and implementation of the NSP 2009-2013

- ⇒ We, as a community with our strong social, cultural and religious heritage, will embrace and empower all those living with and affected by HIV and STIs without discrimination, but with love, compassion and respect.
- ⇒ The use of traditional participatory and informal learning methods such as dancing, singing, dramas, faikava and fono, can be utilised at all levels to provide information about HIV & STIs.
- ⇒ Education empowers the population. Accurate knowledge about human sexuality, HIV and STIs will not only create awareness, but should lead to behaviour change with less stigma and discrimination. All persons have a right to this education in schools, communities and elsewhere.
- ⇒ Communities, ensuring the participation of women, girls and young people, should be empowered to develop, manage and monitor HIV and STI programs to protect themselves.
- ⇒ People living with HIV (PLWHA) and their communities should be encouraged to participate at all levels of development and implementation of services, programs and policies on HIV/AIDS and STIs
- ⇒ Participation and involvement of at-risk groups and those most vulnerable in our communities, while respecting the protection and promotion of human rights and gender-sensitive approaches, must be a core element in our response.
- ⇒ Leadership among government, businesses, churches and civil society organisations must be strengthened in order to contribute to the national response and participate in the implementation of the NSP 2009-2013.
- ⇒ Collaboration among key stakeholders with evidence-based programming, taking into consideration the unique position of women and girls, is essential for an effective response.

- ⇒ HIV testing in Tonga should be encouraged and be in line with recognised VCCT standards and procedures.
- ⇒ Universal precautions and infection control guidelines should be strengthened and practised at all points of service.
- ⇒ Principles of good governance should guide communication strategies with respect to the implementation and co-ordination of the national response.
- ⇒ HIV/AIDS & STIs workplace policy should be implemented for all government, business and private workplaces.
- ⇒ The Ministry of Health shall be the leading agency, in partnership with civil society organisations, in policy formulation, strategic and decision-making processes and be should be mandated and accountable to government.
- ⇒ The CCM will be the guiding and governance mechanism for the overall implementation of the NSP
- ⇒ The NSP should be regularly monitored and flexible to accommodate current and relevant research findings.

5. Focus Areas & Key Strategies for Action

5.1 Focus Area 1: Prevention of HIV and STIs

A multitude of organisations and government partners have been involved in the response to HIV and STIs with the Ministry of Health taking the leading role as the government representative. Some of the initiatives include youth prevention programs, peer education, condom campaigns, VCCT and the introduction of a family life education program.

There are also programs that include advocacy on HIV and STIs during certain special events. Such events include: World AIDS Day activities; World Population Day, International Youth Day, Heilala Week, Miss Galaxy, and sporting competitions.

Despite the availability of both male and female condoms in the hospitals, health centres in the outer islands and the TFHA clinic, studies show that there is low condom usage and there needs to be more effort to address this. There is a need to look at cultural, gender, religious and personal objections; ensure that different types of condoms are available, that supplies and distribution are stable and misconceptions are addressed. Increasing the use and distribution of condoms is essential. They need to be made available at different locations e.g. nightclubs and bars, NGOs, community offices and private businesses. More health workers and peer educators can be engaged in condom distribution and ensuring different varieties of condoms are available.

The social context of HIV must be understood. There is widespread unemployment leading to poverty; an increase in the use of drugs, including alcohol and kava; and high levels of teenage pregnancy and STIs. Tourism in the outer islands, with the yachties and whale watchers, could be a factor in STI transmission.

Recent surveys indicate there are still gaps in the knowledge of people on HIV- and the mode of transmission. Thus although awareness programs have been carried out, there is still a need to deliver accurate information, with the messages being tailored to specific target groups. The community needs to understand that HIV is 'everyone's business'. Accessibility needs to be established at the remote areas and outer islands. The adoption of safer sexual behaviours must be encouraged; some agencies promote abstinence, others distribute condoms. The strategy needs to encompass and manage the breadth of views across the Tonga population and to respect cultural, Christian and secular views and beliefs. The effect of gender inequality on HIV transmission, treatment and care must be addressed.

Although culture can be a barrier to preventing open discussion of sexual practices, it could also be an opportunity to reach out to vulnerable groups with mobilization of key community leaders. Attitudinal change is needed across the generations in order to tackle stigma and discrimination.

The Ministry of Education is introducing family life education into the secondary school curriculum. However, comprehensive sexual and reproductive health, together with skills development, needs to be introduced from primary levels in an age-appropriate manner. Young girls are reaching menarche at a earlier age and recent studies show that young people are becoming sexually active at a younger age, hence the need to equip them with the necessary skills to negotiate when faced with difficult situations. With more than 90% of children, attending school at some stage of their lives, introduction of the family life education will also allow discussion on violence against women to be introduced, as well as open communication among students and teachers about sexuality and the reproductive health needs of young people. This should go hand –in-hand with professional teacher development including gender sensitization; as currently teachers lack the confidence and knowledge to teach about sexuality issues effectively.

Four people were recently trained in VCCT in Fiji and there is still a need to train more people to enable more voluntary testing. A national 2 week VCCT training has been scheduled for 2009 with regularly training planned on an annual basis.



Peer education is an approach that has been shown to work, especially in reaching out to vulnerable and at-risk populations in the prevention of HIV. This has occurred in Tonga with the AHD project, coordinated through TFHA and supported from SPC. This approach should be expanded with training and recruitment of more peer educators from at-risk populations, ensuring that there is equal representation of females and males. The TNYC has a peer education program which has branched out into the outer islands.

Tongans are highly mobile people, both nationally and internationally and strategies need to address how mobility can put them at risk of contracting STIs or HIV. Additional strategies to address prevention of HIV in the other modes of transmission i.e. ensure safe blood supply; safer tattooing practices and prevention of mother-to-child transmission.

FOCUS AREA 1: PREVENTION OF HIV & STIs		
OBJECTIVE & OUTCOME	STRATEGIES	KEY ACTIONS
<p>To reduce new infections of HIV & STIs by:</p> <p>1.1 Promoting safe sex and safer sexual behaviour through</p> <ul style="list-style-type: none"> ✓ Using the ABCDEs ✓ Awareness programs ✓ Education programs ✓ Mass media ✓ Advocacy <p>OUTCOME: Decrease in the incidence of HIV & STIs</p>	<p>Education and awareness programs</p>	<p>1.1.1 Provide comprehensive skills-based sexual and reproductive health education in an age-appropriate manner based on accurate and up-to-date information from global, Pacific and national data and materials</p> <p>1.1.2 Develop and deliver informal education through drama, discussions and support groups at public and private workplaces.</p> <p>1.1.3 Develop and deliver education programs within the community through sporting organisations, church groups, PTAs and schools</p> <p>1.1.4 Conduct research into sexual and social behaviours that will inform effective strategies for HIV & STI prevention</p> <p>1.1.5 Peer education program for women, young people, mobile populations, men who have sex with men, sex workers and other vulnerable and at-risk groups</p> <p>1.1.6 Involve parents as partners in HIV & STI prevention by improving their level of knowledge and access to information.</p> <p>1.1.7 Develop rights-based and gender-sensitive awareness and prevention programs for both men and women that target issues of:</p> <ul style="list-style-type: none"> a. Sexuality b. Domestic violence c. Legal literacy d. Gender roles and equality. <p>1.1.8 Strengthen awareness programs that identify high-risk behaviours that contribute to the spread of HIV & STIs such as:</p> <ul style="list-style-type: none"> a. Alcohol abuse and binge drinking b. Substance and drug abuse c. Intravenous drug usage d. Multiple sex partners and promiscuity e. Tattooing and body piercing.

FOCUS AREA 1: PREVENTION OF HIV & STIs

		<p>1.1.9 Promote the use and distribution of condoms (male and female) through public awareness campaigns.</p> <p>Implement capacity development programs for service providers</p>
	Advocacy	1.1.10 Influence key stakeholders and community leaders: lobby leaders, parliamentarians, advocate current and future church leaders ensuring women and girls are included
	Media programs	<p>1.1.11 Promote public awareness of HIV & STIs through Mass media campaigns – TV spots, radio programs and newspaper columns.</p> <p>1.1.12 Advocate for positive involvement of media in the response to HIV & STIs</p>
<p>1.2: Prevention of mother-to-child transmission of HIV</p> <p>OUTCOME: prevention of MTCT of HIV</p>	Education	1.2.1 Training of healthcare workers on PMTCT with the development of guidelines on the use of ARVs.
	Policy	1.2.2 Develop and finalise national policy and guidelines on HIV & STIs that will include PMTCT
	Counselling	1.2.3 Counsel and support mothers in decision-making on PMTCT guidelines, including mode of delivery and breastfeeding
<p>1.3: HIV & STI testing</p> <p>OUTCOME: no. of voluntary testing of HIV & STIs</p>	Education and awareness	1.3.1 Provide information and advocate for HIV & STI testing in the community
		1.3.2 Strengthen confidentiality – provide ongoing training on VCCT.
<p>1.4: Promoting blood safety guidelines</p> <p>OUTCOME: safe blood supply</p>	Education	1.4.1 Educate community on safe handling of blood and bodily fluids
<p>1.5: Developing health promotion strategies</p> <p>OUTCOME: health promotion programs developed and linked to HIV & STI</p>	Awareness programs	<p>1.5.1 Develop and strengthen prevention programs on HIV & STIs</p> <p>1.5.2 Link health promotion strategies to other health-related activities and programs such as</p> <ul style="list-style-type: none"> a) Healthy eating b) Physical activity c) Health promoting schools d) Tobacco awareness programs e) Drug, alcohol and substance abuse
<p>1.6: Developing behaviour change communication strategies</p> <p>OUTCOME: behaviour modification of at risk population</p>	IEC materials	1.6.1: Develop, produce and disseminate behaviour change communication materials and programs targeting key at-risk populations.

5.2 Focus Area 2: Treatment, Care and Support

HIV testing is available at all of the hospitals in Tonga and – on average - carries out 3000 tests each year. Positive specimens are referred for confirmatory testing at reference laboratories in New Zealand or Australia. Provider-initiated testing and voluntary testing is offered to the general public and to pregnant women in antenatal clinics, TB and STI clinics. TFHA is the only NGO that conducts STI-specific clinics concentrating in Tongatapu and Vava'u.

The most common STI in Tonga is chlamydia and testing for this is now available at the Vaiola hospital laboratory. Specimens are sent to the laboratory from the outer island hospitals, government and private health clinics and TFHA. Other STIs can also be tested in Tonga's main hospitals though in some areas, testing is limited. Syndromic management is used widely in areas that do not have access to laboratories, mostly on the peripheries and the outer islands. Bigger centres are managing cases through both syndromic and laboratory based diagnosis and a national guideline of STI management was launched in October 2008 with a follow-up training of trainers course conducted in Fiji.

Although the number of people tested remains low, surveys show high rates of STIs, particularly among the young. The 2004 SGS survey showed rates of chlamydia in pregnant women as 14.5% with 12.8% in the 2008 survey. If this is used as a proxy indicator for the general population, it suggests there could be a potential 3000-4000 undiagnosed cases in the broader population.

The MoH would like to improve STI case management; expand access to care and treatment of STIs, train more people in VCCT and ensure an uninterrupted supply of test kits and necessary supplies for the management of STI and HIV. More youth-friendly services are needed as well as more trained staff. There is a need to establish better coordination and linkages across all of its various STI-related services, i.e. the CD Section, the laboratory, government health centres, reproductive health clinics and private clinics, to maximize its screening, care and management support. Syndromic management has not been well coordinated with diagnosed cases often referred to the hospital for treatment rather than offered treatment at point of contact. Resistance rates of gonorrhoea were 9% in 2006 and 16% in 2007 indicating the need for monitoring of STI trends.

With Tonga facing a shortage of health professionals, particularly medical officers and nurses with many migrating to other countries, including Fiji and New Zealand there is then a need for more trained health workers. Reporting must be strengthened and improved, based on regular and reliable data.

**SUB-FOCUS AREA
1: HIV PREVENTION IN HEALTH CARE SETTINGS**

OBJECTIVE/OUTCOME	STRATEGIES	KEY ACTIONS
2.1 To strengthen and sustain the quality of HIV prevention in health care settings OUTCOME: Minimize transmission of HIV & STIs	Education and training	2.1.1 Training and information materials on universal precautions 2.1.2 Prophylaxis ARV for HCWs
	Resources	2.1.3 Availability and access of condoms
	Equipment and supplies	2.1.4 Provide an uninterrupted supply of laboratory test kits for HIV/STI, reagents and equipment for HIV confirmatory testing, CD4 and viral load estimation. 2.1.5 Provide an uninterrupted supply of infection control materials and PEP kits 2.1.6 Maintain blood safety precautions at all times: universal screening of blood for HIV, STIs, and other blood-borne infections

SUB-FOCUS AREA 2: HIV TESTING AND COUNSELLING

2.2 To strengthen the capacity of health workers to deliver appropriate HIV &STI counselling and testing OUTCOME. Improvement of the quality of HIV &STI testing and counselling in health care settings	Training	2.2.1 Training of health care personnel and stakeholders on VCCT
	Counselling	2.2.2 Establish VCCT sites with proper referral systems according to Pacific minimum standard guidelines
	Policy	2.2.3 Develop a national VCCT guideline

SUB-FOCUS AREA 3: STI CARE

2.3 To strengthen STI controls in Tonga OUTCOME: Improved STI services in Tonga	Education and Training	2.3.1 Training of health workers in comprehensive STI management 2.3.2 Refresher STI training programs 2.3.3 Integrate STI care management in health curriculum 2.3.4 Strengthen integration of STI care and management with AHD, Reproductive Health services and other relevant services
	Equipment and supply	2.3.5 Availability and access of drugs and supplies for STI care and management
	Policy	2.3.6 Regularly review national guidelines for management of STIs
	Management and co-ordination	2.3.7 Ensure that STI services are user-friendly 2.3.8 Strengthen STI surveillance system 2.3.9 Strengthen on-the-job training , monitoring and networking

SUB-FOCUS AREA 4: CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS

OBJECTIVE/OUTCOME	STRATEGIES	KEY ACTIONS
2.4 To ensure quality care and support services for PLWHA and their families OUTCOME: Improvement of service provision for PLWHA	Education and training	2.4.1 Training and attachment in HIV including ART for key health professionals
	Policy planning and implementation	2.4.2 Develop HIV/ & STI workplace policy 2.4.3 Inclusion of PMTCT into HIV policy and implementation plan
	Community development	2.4.4 Ensure family and community support for adherence, counselling and training 2.4.5 Strengthen community and care support for PLWHA
	Treatment strategies	2.4.6 Establishment of referral system for HIV care and treatment 2.4.7 Specimen referral for confirmation of reactive HIV screening test, CD4 and viral load 2.4.8 Availability of drug for treatment of opportunistic infection
To build better relationships between selected service providers and those affected OUTCOME: reduce stigma and discrimination of PLWHA in the community	Program design and advocacy	2.4.9 Design programs [allocated funds and provide resources] to meet the needs of those affected 2.4.10 Develop advocacy and other strategies of inclusion within the community to reduce discrimination and stigma and accept PLWHA

SUB-FOCUS AREA 5: ADDRESSING STIGMA, DISCRIMINATION AND CONFIDENTIALITY IN THE HEALTH CARE SETTING

2.5 To reduce stigma and discrimination and maintain confidentiality in all health care settings OUTCOME: Health care personnel with a positive and non-judgmental attitude	Education	2.5.1 Counselling of health care professionals
	Governance	2.5.2 Address the issues of stigma and discrimination and confidentiality in our public service regulations (establish code)

SUB-FOCUS AREA 6: STRENGTHENING HEALTH SYSTEM

2.6a To enable health systems to deliver better quality, sustainable HIV and STI services OUTCOME: A health system that is user-friendly and well equipped to deliver HIV/STI services	Training	2.6.1 Training of health workers on data collection, monitoring and surveillance
	Governance	2.6.2 Ensure that HIV and STIs are addressed in existing MoH committees such as infection control and infectious diseases 2.6.3 Establish an operative HIV treatment core team within the Ministry of Health and related stakeholders

FOCUS AREA 3: CREATING AN ENABLING ENVIRONMENT

2.6b To ensure availability of accurate data and information for planning, monitoring and evaluation of programs OUTCOME: Reliable and accurate surveillance and M&E systems	Monitoring and Evaluation	2.6.4 Strengthen surveillance systems for HIV and STIs 2.6.5 Establish and maintain laboratory data base for HIV & STI surveillance
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5.3 Focus Area 3: Creating an enabling environment

The review of the previous NSP 2000-2005 included the recognition that reducing the vulnerability of at-risk groups required a social, economic and cultural approach in support of the health issues towards HIV & STIs. Because of the fear of stigmatization and discrimination, PLWHA and at-risk groups are reluctant to speak on HIV issues within their families and communities, let alone in the general public. Moreover, the social aspects that can contribute to HIV such as widespread unemployment, poverty, poor parenting skills and increasing use of illicit drugs are factors that need to be considered when developing the NSP 2009-2013.

Strengthening governance and leadership with continuous capacity building for health providers, vulnerable groups and the community is an essential part of the focus area strategies towards implementation of the NSP. Evidence-based research and surveys within Tonga have identified the vulnerable groups to be young people, pregnant women, men in uniform, seafarers and the leiti community.

FOCUS AREA 3: CREATING AN ENABLING ENVIRONMENT		
OBJECTIVE/OUTCOME	STRATEGIES	KEY ACTIONS
<p>3.1 To create an enabling environment for at-risk and vulnerable groups such as men who have sex with men, pregnant women, sex workers, men and women in uniform, seafarers, school dropouts and deportees to reduce the vulnerability to HIV & STIs.</p> <p>OUTCOME: Partnerships developed between NGOs, FBOs & Governments to share information about programs, issues, funds and expertise.</p>	Education	3.1.1 Disseminate information to organisations working on HIV & STI-related issues.
<p>3.2 Develop an advocacy strategy identifying key people and mass media</p> <p>OUTCOME: advocacy strategy developed for vulnerable groups and mass media</p>	Advocacy	<p>3.2.1 Identify target groups such as Church leaders, parliamentarians, parents, teachers and other influential people.</p> <p>3.2.2 Agree on key messages and develop advocacy packages.</p> <p>3.2.3 Map out social gatherings, meetings and occasions where there are opportunities for advocacy at all levels.</p>
<p>3.3. Develop joint activities, partnerships and programs among key stakeholders</p> <p>OUTCOME: Partnerships developed amongst key stakeholders</p>	Networking and research	<p>3.3.1 Strengthen network activities to identify opportunities to work collaboratively with other stakeholders</p> <p>3.3.2 Support more research on the knowledge, behaviour, attitudes, sexual behaviour and needs of specific groups:</p> <p>3.3.3 Provide training on peer education to build capacity, change attitudes and engage people in useful and meaningful pursuits.</p>

FOCUS AREA 3: CREATING AN ENABLING ENVIRONMENT

OBJECTIVE/OUTCOME	STRATEGIES	KEY ACTIONS
<p>3.4: To involve affected and at-risk communities at all levels of HIV & STIs program planning, development and implementation.</p> <p>OUTCOME: involvement of affected and at risk groups at all levels of HIV & STI program developments</p>		<p>3.4.1: Encourage stronger networking between health care providers and vulnerable and at-risk communities.</p> <p>3.4.2: Develop strategies to involve affected and at-risk communities in HIV & STI program planning, development and implementation.</p>
<p>3.5: Protection and promotion of the human rights of HIV -affected communities</p> <p>OUTCOME: Rights based approach used for affected communities</p>	Human Rights	<p>3.5.1: To ensure the confidentiality and all aspects of the right to privacy, of PLWHA and their families is maintained.</p> <p>3.5.2 To ensure PLWHA are not subject to discrimination in the family, the workplace, the church or the community.</p> <p>3.5.3 To raise community awareness of the human rights of PLWHA and their families, regardless of age, gender, religion or sexual orientation.</p>
<p>3.6: Protection of children from</p> <ul style="list-style-type: none"> ✓ Rape ✓ Molestation ✓ Abuse <p>OUTCOME: Child protection rights and safety incorporated and emphasized</p>		<p>3.6.1: Provide education programs for parents, families, PTAs and at-risk groups</p> <p>3.6.2: Provide information and education programs on child safety and protection.</p>
<p>3.7: Young people to have access to accurate and reliable information and services related to HIV & STIs.</p> <p>OUTCOME: Increase access to accurate and reliable information by young people</p>	Youth Education	<p>3.7.1: Peer education training to young people and at-risk groups.</p> <p>3.7.2: Availability and review of IEC materials for young people</p> <p>3.7.3: Accessibility to counsellors</p> <p>3.7.4: Youth friendly services established to meet the needs of young people.</p>

5.4 Focus Area 4: Monitoring and Evaluation

There is a need to strengthen and support the MoH's process for collecting and reporting on data.

An improved and accurate data collection system will inform us on how our plan is working and the areas that we need to focus on. The working committee of the CCM will develop monitoring guidelines for all programs so that systems as well as capacity are strengthened. Inclusion of mandatory reporting of communicable diseases by all partners, both private and public, will ensure that all cases are captured including an improved monitoring and evaluation system put in place.

The strategic plan will be evaluated twice - midway and at the end of implementation with evaluation surveys conducted to see the trend of STIs. Behavioural surveys will be carried out to inform us of how to better focus our communication strategies to induce safer sexual practices in our at-risk and vulnerable populations.

The Pacific regional data is updated by SPC and reliant on each country's own data collection systems and will only be as accurate, reliable and up-to-date as each country's own systems.

FOCUS AREA 4: MONITORING AND EVALUATION, STRATEGIC INFORMATION AND RESEARCH

OBJECTIVE/OUTCOME	STRATEGIES	KEY ACTIONS
4.1 To strengthen and build the M&E capacity of organisations in Tonga that work in the field of HIV/AIDS & STIs OUTCOME: Improved level of M&E skills of all organisations involved in the implementation of the NSP 2009-2013	Management and Coordination	4.1.1 Strengthen monitoring and evaluation systems among all the stakeholders: <ul style="list-style-type: none"> • HIV and Capacity Development Organisation co-coordinators to support M&E in conjunction with CCM working committee • Liaise with regional partners on M&E activities • Report regularly to CCM 4.1.2 CCM Working Committee to work in partnership with IEC Committee 4.1.3 HIV & STIs co-coordinators to establish processes for working collaboratively with CCM and other organisations implementing the NSP 2009-2013
	Training	4.1.4 Develop Monitoring guidelines and orientation for all programs 4.1.5 Training program targeting all stakeholders.
4.2: Strengthen M&E Reporting and Data Information Systems OUTCOME: Improved availability of reliable M&E data used to inform research and the implementation of the NSP 2009-2013	Data Collection	4.2.1 Strengthen the notification system for HIV & STIs 4.2.2 Collect data to report to regional strategy implementation plan 4.2.3 Collect data for UNGASS reports
	Reporting	4.2.4 Establish a standardized M&E reporting system for the NSP 2009-2013 including: <ul style="list-style-type: none"> • Annual National Reporting • Annual Regional Reporting & • International Reporting
	Resources	4.2.5 Develop standardized M&E tools for measuring and reporting the effectiveness of NSP 2009-2013 objectives and activities 4.2.6 Ensure that there are adequate resources to support M&E activities 4.2.7 NSP shall be evaluated twice: mid-term and at the end

5.5 Focus Area 5: Management and Co-ordination

The role of CDO Co-coordinator at TFHA has contributed significantly to building connections between the Government and CSOs (Civil Society Organisations). It is important to have someone continually working at developing these relationships. The recent recruitment of the national HIV and STI coordinator with support from GFATM will strengthen the work of the CCM and the linkages needed for a more effective response.

The purpose of the CCM and its progress needs to be strengthened and communicated to all the stakeholders. It requires a secretariat with a broad understanding of HIV issues and approaches and the roles of the various stakeholders; and that is capable of developing networks to lead and motivate others to implement the national strategy. The current CDO coordinator has a range of jobs and commitments and cannot always do enough or provide secretariat services to the CCM, but any new position would need to consider how the two roles could complement each other.

A multi-sectoral, coordinated response is required if Tonga is to combat STIs and HIV with effective engagement of other governmental and civil society partners to ensure that care and support is given to those living with HIV. Stakeholders need to work together in a cooperative manner and be able to identify the resources available, how to access funds and develop appropriate proposals for submission to donors and relevant organisations. All proposals should be submitted via the CCM to ensure that programs are linked to the NSP 2009-2013 with standardised processes and procedures followed.

Capacity development is necessary for stakeholders to carry out effective programs and a training needs assessment and mapping should be carried out to ensure that the priority areas are being addressed in relation to the NSP 2009-2013. With the endorsement of the Tonga NSP 2009-2013 by the CCM this can then be incorporated into the National Health Plan and the National Development Plan for Tonga. The plan must be ratified, resourced and coordinated within the MoH and across all sectors as a national priority, and managed by one lead agency but with key stakeholders in play and comprising of the CCM.

It is important that there is a sense of ownership of the plan by all those responsible for its implementation. It is critical to:

- ⇒ Share information about the plan, and about the strategies for implementation
- ⇒ Disseminate the plan through formal and informal networks, build linkages between MoH, STI Clinics, and NGOs
- ⇒ Build on the expertise and experience of civil society and government
- ⇒ Provide leadership
- ⇒ Identify resources to support implementation

CCM and the national HIV/STI coordinator with support from the CDO co-coordinator will oversee the national programs on HIV & STIs

FOCUS AREA 5: MANAGEMENT AND CO-ORDINATION

OBJECTIVE/OUTCOME	STRATEGIES	KEY ACTIONS
5.1-5.6 : To strengthen the management and co-ordination of the national response to HIV & STIs OUTCOME: More effective and collaborative leadership of the HIV & STI response in Tonga	5.1 Governance	5.1.1 Establishment of National HIV & STIs Co-coordinator as secretariat of the CCM. Support will be provided by the CDO co-coordinator 5.1.2 Develop a Terms of Reference for CCM- establish percentage membership from government and NGOs.
	5.2 Reporting	5.2.1 Develop an Annual Report of the CCM-submit to MoH and Cabinet 5.2.2 Develop an annual work plan for CCM
	5.3 Advocacy	5.3.1 Strengthen CCM capacity- advocate using governance, leadership and participation throughout government sector and parliament
	5.4 Networking and communication	5.4.1 Establish a mechanism for better communication and relationships between stakeholders. 5.4.2 Strengthen and maintain links between different health sectors providing HIV & STI services. 5.4.3 Strengthen national networking between CCM, CSOs and other NGOs in Tongatapu and the outer islands. 5.4.4 Ensure equitable and balanced representation from government and civil society at regional meetings
	5.5 Resources	5.5.1 Secure appropriate system for effective and productive data management (indicators, manpower to get the information) 5.5.2 Identify and list potential sources of funding for resources (funding, technical assistance and services) from both within Tonga and outside. 5.5.3 Secure human resources and technical assistance for implementation of the NSP 2009-2013. 5.5.4 Network with regional and global agencies for funding to implement the NSP 2009-2013 together with monitoring and evaluation.
	5.6 Training	5.6.1 Training of HIV & STI organisations and health providers in data collection and management 5.6.2. Training of CCM secretariat in financial management 5.6.3 Strengthen capacity of CCM in HIV & STIs advocacy

6. Implementation Plan

An implementation plan will be done annually to guide the work of all the parties involved. An annual review will also be carried out to ensure that any emerging issues are covered and to assess how the National Strategic Plan is being implemented.

7. Monitoring & Evaluation Plan

An annual review and planning process will be required to assess annual progress and to plan for the coming year. The first implementation plan will address year one of the strategy. Subsequent annual implementation Plans will be required for the ongoing four years of the Strategy.

The monitoring and evaluation of the Tonga National Strategic Plan on HIV and Other STIs will operate on two levels:

- ⇒ Evaluation strategies addressing higher-level outcomes at the national level, addressing achievement of the goal and strategies
- ⇒ Monitoring of activity level outputs, to ascertain their contribution to the higher order outcomes.

These specific strategies will be elaborated on further in the development of the implementation plan [with its M&E Plan], but could include the inclusion of a routine SGSS survey; the collection of MSC stories; as well as other specific evaluation mechanisms.

Independent Review

The strategy will be independently reviewed at two points during its five-year life. The first point will be a mid-term review in 2011 and then a final review during 2013, which is expected to be a key step in the development of the updated, strategic plan for the following five-year period. The CCM will commission the independent reviews, with the assistance of the TFHA. The reviews will be incorporated as part of the M&E framework developed as part of the implementation plan.

The Tonga NSP Working Group, consisting of the MoH, TFHA, and other interested stakeholders, will meet periodically through the life of the strategy to assist the CCM to plan, monitor and review the Annual Implementation Plan; consider the outcomes of the mid-term review; and adjust objectives and implementation as required. Reviews are scheduled for year 2-3 and again in year 4-5, when the CCM and Tonga NSP Working Group will bring together a broader group of stakeholders to consider the outcomes of the end of Strategy evaluation in preparation for the development of the next strategy.

Organisations and Individual Involved in the Development of this Document

- 1 Ministry of Health
- 2 Ministry of Finance
- 3 Ministry of Tourism
- 4 Ministry of Education
- 5 Ministry of Training, Employment, Youth and Sport
- 6 Tonga Family Health Association
- 7 National Centre for Women & Children
- 8 Tonga National Youth Congress
- 9 Salvation Army
- 10 Tonga Red Cross Society
- 11 Christian Family Life
- 12 Legal Literacy
- 13 Catholic Women's League
- 14 Seafarer Mission
- 15 Tonga Leiti's Association
- 16 Tonga Campus Crusade
- 17 Langikapo mei Hevani
- 18 Civil Society Forum of Tonga
- 19 Tonga Girl Guides
- 20 Tonga Trust
- 21 Reformation Home
- 22 Vava'u Family Health Centre
- 23 Tonga Amateur Sport Association
- 24 Free Church of Tonga
- 25 Vava'u Youth Congress

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