

ANNUAL RESULTS REPORT 2018



*Empowered lives.
Resilient nations.*

Multi-Country Western Pacific Integrated HIV/TB Programme



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Programme details



Programme title:	Multi-Country Western Pacific Integrated HIV/TB Programme
Global Fund grant number:	QUA-C-UNDP
Duration:	January 2018 – December 2020
Principal Recipient:	UNDP Pacific Office in Fiji
Sub-recipients:	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and Oceania Society for Sexual Health and HIV Medicine (ASHM-OSSHMM), Cook Islands Ministry of Health, Chuuk Women's Council-FSM, Federated States of Micronesia Department of Health, Fiji Network for People Living with HIV/AIDS (FJN+), Kiribati Ministry of Health, Marshall Islands Ministry of Health, Nauru Ministry of Health, Niue Ministry of Health, Pacific Sexual and Gender Diversity Network, Palau Ministry of Health, Samoa Faafafine Association, Samoa Family Health Association, Samoa Ministry of Health, Tonga Family Health Association, Tonga Letis Association, Tonga Ministry of Health, Tuvalu Family Health Association, Tuvalu Ministry of Health, Vanuatu Family Health Association, Vanuatu Ministry of Health, Wan SmolBag Theatre-Vanuatu, World Health Organization (WHO)
Geographic coverage:	Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of the Marshall Islands, Samoa, Tonga, Tuvalu and Vanuatu
Budget 2018-2020:	US\$11,368,713

Summary

This was the first year of the new funding cycle for the Multi-Country Western Pacific Integrated HIV/ tuberculosis (TB) Programme. The three-year (2018-2020) US\$11,368,713 programme is supported by the Global Fund and aims to strengthen control of HIV and TB in 11 Pacific island countries: Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of Marshall Islands, Samoa, Tonga, Tuvalu and Vanuatu. The United Nations Development Programme (UNDP) is the programme's Principal Recipient.

HIV prevalence in the 11 Western Pacific countries continues to be low, with overall prevalence estimated at 0.1 percent.¹ The cumulative number of persons ever diagnosed with HIV up until November 2017 in the programme supported countries is 234.² Despite the low rates and numbers, HIV vulnerability is still high due to factors such as widespread migration and mobility, dense sexual networks, a large caseload of untreated sexually transmitted infections (STIs), low knowledge about HIV and STIs, high levels of transactional sex and significant levels of intimate partner violence.

In 2017, TB incidence rate per 100,000 for each of the 11 programme countries as per the WHO 2018 Global TB Report are as follows: Cook Islands (0), Federated States of Micronesia (165), Kiribati (413), Niue (71), Nauru (91), Palau (106), Republic of the Marshall Islands (480), Samoa (18), Tonga (12), Tuvalu (236), Vanuatu (51).³ Regionally, since 2013 there has been a gradual increase in the TB incidence rate per

1 WPRO, (2017). HIV/AIDS data and statistics: Prevalence and rates of infection remain low.

2 UNDP (2017). Multi-Country Western Pacific TB and HIV/STI M&E Plan 2018-2020.

3 WHO (2018). Global Tuberculosis Report 2018.

100,000: 2013=131, 2015=132, 2016=143. This increase may be attributed to the increased active case finding interventions at the community level and the adoption of GeneXpert as a first line diagnostic test in the majority of the programme countries. Treatment success rates for all forms of TB are stable, averaging 86 percent for those cases registered in 2017 whose treatment outcomes were reported in 2018. TB mortality across the programme countries decreased from 17 per 100,000 population in 2015 and 2016 to 14 per 100,000 in 2017. Prevalence of multi-drug resistant (MDR) cases has averaged 2 cases per annum from 2014 to 2016, however, in 2017 a total of 9 MDR cases were identified. Cases of HIV-TB co-infection remains rare with zero positive patients identified in 2017.

The programme has the following objectives:

- Halt the spread of HIV and maintain HIV incidence rates below 0.1 percent annually;
- Reduce AIDS-related mortality by strengthening HIV case finding and case management;
- Reduce the prevalence, incidence and mortality from all forms of TB, thereby contributing to achieving the post-2015 global TB strategy; and
- Promote universal and equitable access to quality diagnosis and appropriate treatment of TB, Multi-Drug Resistant (MDR) TB, TB-DM (diabetes mellitus) and people with HIV and TB coinfection.

The programme seeks to achieve these objectives through implementation of a range of activities across several core areas of work, including prevention programmes for key populations, treatment, care and support for people living with HIV, TB prevention, treatment and care, support for control of MDR-TB, building resilient and sustainable health systems, human rights and gender interventions, legal and policy environment advocacy, and developing strategic information.

To have the strongest impact, the programme targets several strategically important population groups, namely men having sex with men, transgender people, sex workers, prisoners, seafarers, young people, people living with HIV or affected by HIV, people with STIs, people living with TB, household contacts of TB patients, prisoners, and health care providers and staff of TB control programmes.

Key achievements of the programme in 2018

- Increased the coverage of HIV/STI prevention and testing programmes to key populations through increased involvement of civil society groups in undertaking targeted interventions. UNDP signed agreements with seven national civil society organizations (CSOs) in 2018 to carry out key populations-specific interventions and community advocacy on reducing stigma and discrimination towards these groups. In 2018, 661 men who have sex with men, 937 transgender people and 767 female sex workers were tested for HIV and knew their status.
- Increased the number of people living with HIV on treatment. In 2018, there were 61 reported cases of people living with HIV. Out of the 61 reported actual cases alive and in-country, 53 (87 percent) are now on treatment. This is the highest reported rate since 2015 and can be directly attributed to the effectiveness of the regional forum on HIV PLHIV forum organized by UNDP, FJN+ and UNAIDS in October 2018 that brought together health workers and 31 people living with HIV from across the Pacific to engage and strengthen treatment adherence and care services.
- Addressed strategic information gaps related to key populations and strengthened global HIV/STI reporting through a regional HIV strategic information and reporting workshop.
- Improved people living with HIV case management and treatment adherence outcomes through provision of a regional telehealth support service for health workers, delivered by ASHM-OSSHMM. The support also entailed capacity building of health care workers in the delivery of sexual health services with a focus on HIV, STIs and HIV/TB coinfections amongst key populations.
- Developed guidelines on regional key populations definitions and recommended service delivery package and rolled them out in all 11 programme countries.
- In partnership with WHO, supported country efforts to finalize, endorse and disseminate HIV, STIs and TB national guidelines, incorporating the most recent WHO global recommendations.
- Supported procurement and supply of health and non-health products, including: rapid diagnostic tests, cartridges and lab consumables to increase rapid testing of HIV and STIs in communities, antiretrovirals (ARVs), certain STI and opportunistic infections medicines, second-line TB medicines,

Isoniazid preventive therapy (for prevention of TB in people living with HIV), first-line TB medicines and other pharmaceuticals to support continuous treatment of HIV, STIs and TB infections, lucrative condoms (which are not supplied by UNFPA), water-based lubricants, as well as motorcycles and bicycles to support the daily delivery of drugs to TB patients.

- Procurement and training on the use of the GeneXpert instrument and portable x-ray machines to enhance diagnostics and case detection of STIs and TB.
- Supported active TB case finding and contact tracing interventions to increase TB case detection in the programme countries through mass screening initiatives using GeneXpert and portable x-ray machines. A mass screening for TB was conducted in Majuro, Republic of the Marshall Islands, reaching over 18,000 people – more than 80 percent of the island's population.
- Disseminated the findings of the multi-country study on stigma and discrimination faced by people living with HIV in the region, conducted by FJN+, which will be used for advocacy, policymaking and capacity building. The regional and national level reports were released and widely disseminated to stakeholders.
- Strengthened country inventory and supply management of health products using the mSupply system.
- Provided external quality assessment and direct laboratory support to eight programme countries through the Pacific TB Laboratory Initiative (PATLAB).
- The programme supported 22 sub-recipients in the 11 programme countries. In 2018, a sub-recipient agreement was signed with Nauru Ministry of Health, and new partnerships were established in Vanuatu with Wan Smolbag Theatre, VPride and the Vanuatu Family Health Association.
- The programme demonstrated strong financial performance in 2018. The delivery was US\$3,770,427 on a budget of US\$4,030,468, representing a 94 percent delivery rate.

Programme performance highlights

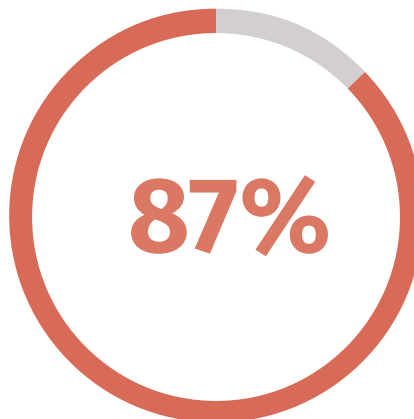
TESTED FOR HIV AND KNEW THEIR STATUS

661 men who have sex with men

937 transgender people

767 female sex workers

PERCENTAGE OF PEOPLE LIVING WITH HIV ON ART*



NUMBER OF NOTIFIED CASES OF TB

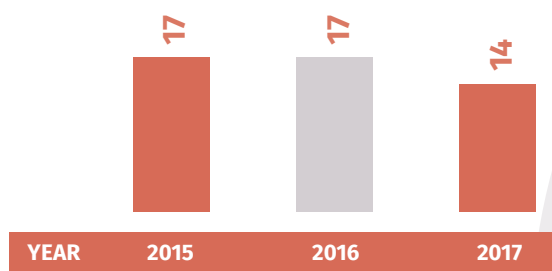
985

All forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), including new and relapse cases

NUMBER OF RR-TB AND/OR MDR-TB CASES

9 that began second-line treatment

TB MORTALITY TREND



TB TREATMENT SUCCESS RATE (ALL FORMS)



*Data based on actual reported cases and not estimates. If estimates are used, the result would be 73%.



Key results by country

Cook Islands

Ministry of Health, Te Tiare Association

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine. Training was provided on the tools for health workers.
- Through point-of-care testing using the SD Duo test kit, 26 members of key populations (men who have sex with men and transgender women) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers from all four states on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for ARVs, HIV testing services, STI diagnosis, treatment and management, prevention of parent to child transmission (PPTCT) of HIV, syphilis and hepatitis B and C, and TB management. The guidelines were printed, launched and rolled out to health care workers for implementation.
- Capacity of health workers strengthened through participation in regional trainings, including a regional strategic information and reporting workshop, and a regional HIV forum.
- Conducted trainings for tattoo artists to ensure safe practice and reduce risk of HIV and other STIs transmission.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Strengthened collaboration between MOH and Te Tiare Association, not only in terms of extending reach for key populations, but also in other areas of health such as noncommunicable diseases (NCDs), sexual and reproductive health, human rights, and gender-based violence and safety.
- Raised awareness and promoted HIV, STIs and TB prevention through multimedia campaigns. The campaigns sought to reduce stigma and discrimination, promote condom use and address sexual violence for key populations. Information, education and communication (IEC) materials were produced and disseminated to target groups, with technical inputs from the Ministry of Health. For World AIDS Day and World TB Day, awareness and screening programmes were also organized.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	12	3	25%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	5	3	60%
Number of transgender people reached with HIV prevention programmes	28	23	82%
Number of transgender people that have received an HIV test during the reporting period and know their results	20	23	115%
Number of sex workers reached with HIV prevention programmes	4	0	0%
Number of sex workers that have received an HIV test during the reporting period and know their results	4	0	0%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	N/A	
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	3	0	
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	N/A	
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	0	

Notes:

Cook Islands does not have any HIV positive cases and therefore PLHIV on ART indicator is not relevant.

Cook Islands continues to report zero for TB case notifications and therefore no data is available to inform 2018 case notifications and TB treatment success rate indicator.

Federated States of Micronesia

Department of Health and Social Affairs, Chuuk Women's Council

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine and one portable x-ray machine. A generator was also procured to power the portable x-ray machine during active case finding activities. Training was provided on the tools for a total of 23 health workers.
- Through point-of-care testing using the SD Duo test kit, 181 members of key populations (men who have sex with men, transgender women and sex workers) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers from all four states on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for ARVs, HIV testing services, STI diagnosis, treatment and management, and prevention of PPTCT of HIV, syphilis and hepatitis B and C. The guidelines were printed, launched and rolled out to health care workers for implementation.
- In Chuuk, active TB case finding and contact tracing was conducted involving screening and testing using the Mantoux Tuberculin skin test. 107 test results were reactive and sent for further review, treatment and care.
- ASHM-OSSHM conducted a transgender health training on 6 November 2018 for 21 health workers from all four states, comprising doctors, nurses, community health care workers and managers. The same week, a sexual health refresher and capacity-building training was also held for 20 participants including programme managers, coordinators, physicians, nurses and health assistants.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Raised awareness and promoted HIV, STIs and TB prevention through multimedia campaigns. The campaigns sought to reduce stigma and discrimination, and promote condom use. IEC materials were produced and disseminated to target groups. Through outreach work, primarily by Chuuk Women's Council, condoms and lubricants were distributed to key populations.
- Chuuk Women's Council conducted a survey on risk behaviour and condom usage among key populations. The results were used to better target programme implementation going forward.
- Trainings were provided for female sex workers, including a workshop for young mothers, a workshop for mothers and daughters on personal wellbeing and sexuality, and a peer educator training on HIV, STIs, counselling and testing, and sexual and reproductive health.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	12	21	120%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	5	22	120%
Number of transgender people reached with HIV prevention programmes	23	24	104%
Number of transgender people that have received an HIV test during the reporting period and know their results	17	20	118%
Number of sex workers reached with HIV prevention programmes	30	144	120%
Number of sex workers that have received an HIV test during the reporting period and know their results	29	139	120%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	82%	104%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	159	95	60%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	87%	101%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No Target	0	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

Kiribati

Ministry of Health and Medical Services

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine and one portable x-ray machine. A generator was also procured to power the portable x-ray machine during active case finding activities. Training was provided on the tools for health workers.
- Through point-of-care testing using the SD Duo test kit, 331 members of key populations (men who have sex with men, transgender women and sex workers) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers from outer islands on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for ARVs, HIV testing services, STI diagnosis, treatment and management, and prevention of PPTCT of HIV, syphilis and hepatitis B and C. The guidelines were printed, launched and rolled out to health care workers for implementation.
- Improved access to sexual reproductive health services for key populations through support for the establishment of a new drop-in centre run by Boutokaan, Inaomataia ao Mauriia Binabinaine Association (BIMBA) on the premises of the Ministry of Health in the capital, Tarawa.
- ASHM-OSSHM conducted a transgender health training on 18 July 2018 for 15 health workers, comprising nurses and one representative from the Catholic Church.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Raised awareness and promoted HIV, STIs and TB prevention through multimedia campaigns. The campaigns sought to reduce stigma and discrimination, and promote condom use. IEC materials were produced and disseminated to target groups. Through outreach work, condoms and lubricants were distributed to key populations.
- To improve treatment adherence and health outcomes, support was provided to MDR-TB patients and people living with HIV. This included food vouchers and transport allowances to encourage people living with HIV to visit hospitals for viral load tests and checkups.
- Three dedicated basic facilities for treatment of MDR-TB cases were built, one in Christmas Island and two in Tarawa, serving as isolation wards patients.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	09	128	120%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	04	128	120%
Number of transgender people reached with HIV prevention programmes	16	75	120%
Number of transgender people that have received an HIV test during the reporting period and know their results	12	75	120%
Number of sex workers reached with HIV prevention programmes	08	131	120%
Number of sex workers that have received an HIV test during the reporting period and know their results	08	128	120%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	100%	120%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	640	323	50%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	90%	105%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	3	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

Nauru

Ministry of Health and Medical Services

Major achievements:

- A grant agreement was signed with Ministry of Health and Medical Services on 20 August 2018, formally bringing the Ministry of Health and Medical Services into the programme as a sub-recipient for the first time. The agreement enabled activities on HIV, STIs and TB control to be undertaken, with a focus on vulnerable and key populations.
- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine. Training was provided on the tools for health workers.
- Through point-of-care testing using the SD Duo test kit, 6 members of key populations (transgender women and sex workers) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for HIV testing services, STI diagnosis, treatment and management, and TB management.
- Capacity of health workers strengthened through participation in regional trainings, including a regional strategic information and reporting workshop, and a regional HIV forum.
- Strengthened national health procurement and supply chain management through provision of a training for the Ministry of Health on the electronic inventory management system mSupply, from 16-20 July 2018. The training was provided for pharmacists, pharmacy technicians, stores officers, supply officers, nurses and lab technicians. The system is implemented at central medical stores, consumables store, pharmacies dispensaries and laboratories and enables real-time information on consumption of health items, supporting procurement forecasting and reducing the risk of stock-outs and wastage.
- ASHM-OSSHM conducted a transgender health training on 13-15 November 2018 for 20 health workers, comprising doctors, coordinators, programme managers, nurses, TB staff, pharmacists, laboratory staff and a social worker from the refugee camp.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Raised awareness and promoted HIV and STIs prevention through nationwide campaign over a two week period around World AIDS Day. The campaign sought to reduce stigma and discrimination, and promote condom use. IEC materials were produced and disseminated to target groups.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	No target	0	
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	No target	0	
Number of transgender people reached with HIV prevention programmes	No target	3	
Number of transgender people that have received an HIV test during the reporting period and know their results	No target	3	
Number of sex workers reached with HIV prevention programmes	No target	3	
Number of sex workers that have received an HIV test during the reporting period and know their results	No target	3	
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	N/A	
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	12	5	42%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	78%	91%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	0	

Note:

The 2016 key populations mapping and behavioural study was not conducted in Nauru and therefore Nauru does not have size estimates and programme targets for key populations. However, Nauru still managed to reach a few transgender people and female sex workers in 2018 with HIV and STI prevention and testing programmes.

After several years of reportedly being HIV free, one new case was reported in 2018. However, this patient presented late to the hospital and had passed away shortly after being diagnosed with HIV. At the end of 2018, there were no HIV cases reported to be alive and in-country, and as a result no data to inform the people living with HIV on ART indicator.

Niue

Niue Department of Health

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine. Training was provided on the tools for health workers.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for HIV testing services, STI diagnosis, treatment and management, and TB management.
- Capacity of health workers strengthened through participation in regional trainings, including a regional strategic information and reporting workshop.
- Supported an Integrated Community Health Approach, adopted from the Samoa Ministry of Health, to provide health promotion, prevention, screening and testing services for HIV, STIs and NCDs targeting five villages and two schools. The activities also covered social determinants of health.
- On World TB Day, launched an active TB case finding programme involving screening and testing using the Mantoux Tuberculin skin test. 610 people were screened and 70 test results were sent for further review, treatment and care.
- On World Blood Donor Day, conducted a HIV and STIs screening and testing programme for the general population. Blood donors were tested for HIV, STIs, Hepatitis and TB before registering as a blood donor for Niue Foa Hospital.
- Conducted a HIV and STIs screening and testing programme for vulnerable and key populations, using men who have sex with men contacts that were provided by PSGDN during a visit of the oversight working group on M&E.
- Collaborated with the Niue Tourism Sector to develop IEC materials for Niue Health's SAFE population programme that promotes condom use as well as HIV and STI testing.
- Conducted a health promotion activity to raise awareness among the general public on the steps to take if a family member is suspected or confirmed to have TB.
- Conducted trainings for tattoo artists to ensure safe practice and reduce risk of HIV and other STIs transmission.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	N/A	4	
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	N/A	0	
Number of transgender people reached with HIV prevention programmes	N/A	0	
Number of transgender people that have received an HIV test during the reporting period and know their results	N/A	0	
Number of sex workers reached with HIV prevention programmes	N/A	0	
Number of sex workers that have received an HIV test during the reporting period and know their results	N/A	0	
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	N/A	
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	-	1	
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	N/A	
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	0	

Notes:

The 2016 key populations mapping and behavioural study was not conducted in Niue so it does not have size estimates and programme targets for key populations. However, Niue managed to identify a few men who have sex with men and provided them with HIV and STI prevention programmes, although they all adopted not to get tested for HIV.

Niue does not have any HIV positive cases and therefore the people living with HIV on ART indicator is not relevant.

Niue had zero TB cases in 2017 and therefore TB treatment success indicator is not relevant. In 2018, after several years of no cases, Niue reported one new TB case.

Palau

Ministry of Health

Major achievements:

- Through point-of-care testing using the SD Duo test kit, 46 members of key populations (men who have sex with men, transgender women and sex workers) were reached with HIV prevention information and 25 were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers on how to administer the SD Duo test kits for STI/HIV screening and testing.
- The review and updating of the national guidelines in line with the latest WHO guidelines for HIV testing services, STI diagnosis, treatment and management, and TB management has been initiated.
- Capacity of health workers strengthened through participation in regional trainings, including a regional strategic information and reporting workshop, and a regional HIV forum.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Launched a pilot project in December 2018 to expand reach of services for testing and screening key and vulnerable populations for HIV, STIs and TB in non-clinical settings. The project succeeded in reaching and testing 24 people within the first month.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	10	13	120%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	04	13	120%
Number of transgender people reached with HIV prevention programmes	12	19	120%
Number of transgender people that have received an HIV test during the reporting period and know their results	09	10	111%
Number of sex workers reached with HIV prevention programmes	05	14	120%
Number of sex workers that have received an HIV test during the reporting period and know their results	05	02	40%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	71%	90%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	30	17	57%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	75%	87%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	1	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

Republic of the Marshall Islands

Ministry of Health and Human Services

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine and one portable x-ray machine. Training was provided on the tools for health workers.
- Through point-of-care testing using the SD Duo test kit, 35 members of key populations (men who have sex with men, transgender women and sex workers) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers from outer islands on how to administer the SD Duo test kits for STI/HIV screening and testing.
- A TB mass screening activity was conducted on the island of Majuro in partnership with WHO, the Centre for Communicable Diseases (CDC) and Ministry of Health and Human Services. 18,674 people were screened in total, and as a result 307 active TB cases started treatment.
- ASHM-OSSHMM conducted a sexual health refresher and capacity-building training on 16-17 October 2018 for 39 health workers, including nurses, nurse practitioners, clinicians and non-governmental organizations (NGOs).
- Ongoing mentorship was provided to health workers by ASHM-OSSHMM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Raised awareness and promoted HIV, STIs and TB prevention through multimedia campaigns. The campaigns sought to reduce stigma and discrimination, and promote condom use. IEC materials were produced and disseminated to target groups. Through outreach work, condoms and lubricants were distributed to key populations.
- To improve treatment adherence and health outcomes for people living with HIV, workshops were conducted to build capacity on treatment literacy, coping strategies and peer-to-peer support.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	03	22	120%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	02	22	120%
Number of transgender people reached with HIV prevention programmes	05	07	120%
Number of transgender people that have received an HIV test during the reporting period and know their results	04	07	120%
Number of sex workers reached with HIV prevention programmes	15	06	40%
Number of sex workers that have received an HIV test during the reporting period and know their results	14	06	43%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	88%	111%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	225	406	120%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	81%	94%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	2	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

Samoa

Samoa Ministry of Health, Samoa Family Health Association, Samoa Faafafine Association

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including three GeneXpert machines. Training was provided on the tools for health workers.
- Through point-of-care testing using the SD Duo test kit, 1,111 members of key populations (men who have sex with men, transgender people, female sex workers and seafarers) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for HIV testing services, and STI diagnosis, treatment and management. The guidelines were launched on World AIDS Day.
- Capacity of health workers strengthened through participation in regional trainings, including a regional strategic information and reporting workshop, and a regional HIV forum.
- The Ministry of Health coordinated the Integrated Community Health Approach Programme involving key health partners, Samoa Family Health Association, Samoa Faafafine Association, Samoa Red Cross, Samoa Teen Challenge, National Health Services, Ministry of Women Community and Social Development, and Young Women's Christian Association, to provide a series of health outreach activities that promoted infectious disease prevention education, maternal and child health, family wellness and climate change resilience.
- ASHM-OSSHM conducted a sexual health refresher and capacity-building training on 18-19 April 2018 for 38 health workers, including nurses, nursing orientees and a representative from Samoa Family Health Association.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- The Ministry of health conducted screening and testing for female sex workers in collaboration with the National Health Services STI/HIV clinic, and handed over the programme to Samoa Faafafine Association for their continued implementation.
- The Ministry of Health, in collaboration with the National STI/HIV Clinic (NHS), provided support to people living with HIV, including educational awareness trainings, school vouchers for children living with HIV and food vouchers for their families. Transport allowances were also provided to encourage people living with HIV to visit hospitals for viral load tests and checkups.
- Supported awareness raising activities on World AIDS Day and World TB Day, coordinated by the National HIV/STI and TB Stakeholders Group that consisted of the Samoa Faafafine Association, Ministry of Health, Samoa Family Health Association and other key partners. In a first for Samoa, the World AIDS Day activities featured a parade with decorated floats with themes related to HIV and STIs prevention, as well as other entertainment and Q&A games. Also, for World AIDS Day, the Samoa Faafafine Association in collaboration with NHS and Faafafine Clubs in the Districts conducted screening and testing outreach activities for transgender women during Samoa Faafafine Week on Savaii Island.
- The Samoa Faafafine Association established its first formal office, with support from the programme. This enabled better coordination of activities and is also available for transgender groups in Samoa to gather for meetings and features a private room for HIV and STIs walk-in testing.
- The Samoa Family Health Association conducted sexual and reproductive health and rights (SRHR) trainings and screening/testing for HIV and STIs with men who have sex with men in Upolu and Savaii islands. Other SRHR trainings and testing activities were conducted by Samoa Family Health Association in collaboration with the National Health Services for seafarers and youth groups.

- Multimedia campaigns, including radio talk shows, were produced to promote HIV, STIs and TB prevention.
- Samoa Faafafine Association conducted several awareness raising sessions with the National Media Council to promote accurate and objective representation of key populations in the media.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	600	355	59%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	258	354	120%
Number of transgender people reached with HIV prevention programmes	1200	678	57%
Number of transgender people that have received an HIV test during the reporting period and know their results	876	678	77%
Number of sex workers reached with HIV prevention programmes	14	20	120%
Number of sex workers that have received an HIV test during the reporting period and know their results	14	26	120%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	100%	120%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	18	11	61%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	63%	73%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	0	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

Tonga

Ministry of Health, Tonga Leitis Association, Tonga Family Health Association

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine. Training was provided on the tools for health workers.
- Through point-of-care testing using the SD Duo test kit, 476 members of key populations (men who have sex with men, transgender women and sex workers) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for HIV testing services, and STI diagnosis, treatment and management.
- Capacity of health workers strengthened through participation in regional trainings, including a regional strategic information and reporting workshop, and a regional HIV forum.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Raised awareness and promoted prevention for HIV and STIs through campaigns targeting key populations at several locations, including outer islands. Campaigns were run to distribute condoms and lubricants in 30 different areas, including at bars, resorts, hotels and night clubs. Testing activities were conducted with transgender communities, consultations were held with church leaders and parents, and a national social media and television campaign was implemented.
- An innovative approach for conducting outreach was used in outer island settings where literacy rates are low involving live theatre performed in the community by the Filitonu Drama Group.
- HIV prevention targets for sex workers were significantly overachieved.
- On 12-14 July 2018, the 25th Miss Galaxy Pageant was organized, providing a platform for sensitizing the community on lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) rights and inclusion, reducing stigma and discrimination, as well as to promote HIV and STI testing and prevention.
- In the aftermath of tropical cyclone Gita in March 2018, supported rebuilding efforts of the Tonga Leitis Association drop-in centre and office, as well as efforts to reach patients in the Ministry of Health's treatment, care and support programme with needed supplies.



LEFT: The Tonga Leitis Association drop-in centre and office suffered heavy damage from tropical cyclone Gita. Rebuilding efforts were supported through the grant.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	30	91	120%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	13	91	120%
Number of transgender people reached with HIV prevention programmes	60	73	120%
Number of transgender people that have received an HIV test during the reporting period and know their results	44	73	120%
Number of sex workers reached with HIV prevention programmes	72	319	120%
Number of sex workers that have received an HIV test during the reporting period and know their results	69	319	120%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	83%	105%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	15	9	60%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	86%	100%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No target	0	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

Tuvalu

Ministry of Health

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including one GeneXpert machine and one portable x-ray machine. Training was provided on the tools for health workers. The number of TB cases notified in 2018 – 32 patients – was unprecedented, the highest Tuvalu TB notification rate in the past 20 years, and an approximate two-thirds increase from previous average annual cases.
- Through point-of-care testing using the SD Duo test kit, 46 members of key populations (men who have sex with men, transgender women, sex workers and seafarers) were tested for HIV and syphilis, provided with counselling and referred for care. This marked an increase in access to HIV and syphilis testing, prevention and treatment. Training was also provided for health care workers at all Ministry of Health facilities and CSOs on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Reviewed and updated national guidelines in line with the latest WHO guidelines for ARVs, HIV testing services, STI diagnosis, treatment and management, prevention of PPTCT of HIV, syphilis and hepatitis B and C, and TB management. The guidelines were printed, launched and rolled out to health care workers for implementation.
- Ongoing mentorship was provided to health workers by ASHM-OSSHM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.
- Improved community engagement and partnerships with CSOs, including the Tuvalu Red Cross and Tuvalu Family Health Association. This has resulted in the establishment of a functional multi-disciplinary technical working group, the TB/HIV Core Team, that steers and guides the National Control Programme activities, and has improved clinical and programmatic outcomes, e.g. projected treatment success rate of at least 90 percent for 2018. A partnership between Tuvalu Red Cross Volunteers and the MOH has improved treatment compliance and adherence to almost 100 percent.
- Raised awareness and promoted HIV, STIs and TB prevention through multimedia campaigns. The campaigns sought to reduce stigma and discrimination, and promote condom use. IEC materials were produced and disseminated to target groups. Through outreach work, condoms and lubricants were distributed to key populations. Workshops were also held with seafarers and prisoners to raise awareness on HIV and STIs prevention, and counselling and testing services were provided.
- A publicity exposure activity, featuring a photo essay and video to showcase partnerships between the Global Fund, UNDP, Tuvalu Ministry of Health, UN Volunteers and local CSOs (Tuvalu Red Cross) in tracking TB and use of community-based volunteers, was produced and disseminated ahead of the 2018 UNHLM on TB.
- Facilitated the deployment of a UNV HIV/TB specialist to the Ministry of Health, providing support to the national HIV and TB programmes including for case finding, prevention activities and provision of comprehensive HIV and TB services.
- Procured bicycles to support the daily delivery of drugs to TB patients by directly observed treatment (DOT) workers.
- Supported the organization of the National Health Forum on 26-28 September 2018, which brought together Tuvaluan health professionals, local and regional agencies, government departments and community leaders and members to discuss health, hygiene and communicable diseases.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	2	3	120%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	2	3	120%
Number of transgender people reached with HIV prevention programmes	3	5	120%
Number of transgender people that have received an HIV test during the reporting period and know their results	3	5	120%
Number of sex workers reached with HIV prevention programmes	2	2	100%
Number of sex workers that have received an HIV test during the reporting period and know their results	2	2	100%
Number of seafarers reached with HIV prevention programmes	No Target	36	
Number of seafarers tested for HIV that know their results	No Target	36	
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	N/A	
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	22	28	120%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	74%	86%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No Target	1	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

HIV data cleanup was conducted in 2018 in which all recorded HIV cases being lost to follow up for more than 5 years which were found to be completely untraceable in country were removed from the records as per the advice of UNAIDS. In May 2018, upon discussions with UNDP, the national HIV program adjusted their HIV records accordingly. Thus the new reported number of PLHIV cases alive and in country is now zero.

Vanuatu

Ministry of Health, Vanuatu Family Health Association, Wan SmolBag Theatre,

Major achievements:

- Enhanced TB diagnostic and case detection through procurement of diagnostic tools, including two GeneXpert machines and one portable x-ray machine. Training was provided on the tools for health workers.
- The procured portable x-ray machine has enabled the Ministry of Health to undertake active case finding activities to rural areas of Vanuatu and detect and treat 91 new TB cases, including in remote areas of Penama and Malampa provinces. Other diseases such as leprosy were also detected and treated as a result.
- As part of active case finding programmes, 2 new MDR-TB cases were identified and are now on treatment in line with the national guideline on TB management.
- Capacity strengthened of health workers from the Ministry of Health and civil society on the SD Duo rapid diagnostic test kits, which have enabled expanded testing of key populations.
- Through point-of-care testing using the SD Duo test kit in collaboration Vanuatu Family Health Association, 127 members of key populations (female sex workers) were tested for HIV and syphilis, provided with counselling and referred for care. Training was also provided for health care workers on how to administer the SD Duo test kits for STI/HIV screening and testing.
- Capacity of health workers strengthened through participation in regional trainings, including a regional strategic information and reporting workshop, and a regional HIV forum.
- Through VPride and Wan Smolbag, the programme is providing needed HIV and STIs prevention, testing, treatment and care services as well as counselling tailored for transgender people and men having sex with men. Previously, men who have sex with men and transgender people did not have access to targeted health services specific to their needs.
- Support provided to VPride has enabled creation of a safe space for the transgender and men who have sex with men community to build their knowledge on sexual orientation and gender identity, expression and sex characteristics, as well as to mobilize.
- Ongoing mentorship was provided to health workers by ASHM-OSSHMM through the regional telehealth support service to improve people living with HIV case management and treatment adherence outcomes.

Performance against key programme indicators:

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	25	25	100%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	11	25	120%
Number of transgender people reached with HIV prevention programmes	50	43	86%
Number of transgender people that have received an HIV test during the reporting period and know their results	37	43	116%
Number of sex workers reached with HIV prevention programmes	48	142	120%
Number of sex workers that have received an HIV test during the reporting period and know their results	46	142	120%
Percentage of people living with HIV currently receiving antiretroviral therapy	79%	67%	85%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	127	90	71%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	92%	107%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	No Target	2	

Note:

The achievement rate is capped at 120% so as not to disproportionately skew the mean for all the indicators ratings. This method is adopted from the Global Fund New Funding Model grant rating assessment approach.

Regional

Fiji Network for People Living with HIV/AIDS, Pacific Sexual and Gender Diversity Network

Major achievements:

- Strengthened the evidence base on stigma and discrimination faced by people living with HIV in the region through the conducting of a multi-county Stigma Index study, led by FJN+. A regional summary report was released in February 2018 and country level reports have also been published. The recommendations in the reports provide concrete actions for more effective programmes, interventions and policies.
- Supported the involvement and empowerment of the community of people living with HIV through the Regional HIV Forum for the Pacific Island Countries and Territories, organized by FJN+, UNDP and UNAIDS in October 2018.
- On-going mentorship support provided to the people living with HIV community in the 11 Western Pacific island countries to enhance treatment adherence. The mentorship programme was initiated based on recommendations from the Pacific Stigma Index study. FJN+ conducted a mentorship mission to the Republic of the Marshall Islands from 29 November to 9 December 2018, providing support with mobilizing support from families, the community and stakeholders, providing advice on disclosure issues, and coping strategies.
- Pacific Sexual and Gender Diversity Network successfully completed registration as an organization in Fiji, which strengthens the opportunities for resource mobilization and sustainability. The registration also contributes to consolidating the network's position as the leading regional LGBTQI+ organization in the Pacific.
- Pacific Sexual and Gender Diversity Network supported capacity and partnerships building of key populations advocates by facilitating their participation in the Pacific Human Rights Conference in Denarau, Fiji on 28 May to 1 June 2018.

RIGHT: FJN+ takes part in a World AIDS Day march on the main road in Majuro.



ABOVE: A member of the FJN+ mission speaks on a radio show during media awareness activities.



Voices

Tackling TB in Tuvalu

No-one should be left behind in the fight to end TB, which is now the world's most infectious and deadly disease. Yet in 2017, 3.6 million people with TB were 'missed' by health systems and remained undiagnosed, or detected but not reported. Patients and health care workers from Tuvalu explain how diagnosis and treatment is being scaled-up across the Pacific and reaching directly into people's homes and communities.



“ Pisisami Kamelu, Laboratory Technician

Before, we used to have to bring patients to the main island if we needed to get a full diagnosis for TB.

They would have to travel to the main island with a lot of people on a boat, and we know TB can spread very fast, especially where it's crowded.

It's very easy for us to reach people now, because the x-ray machine is portable.

It only takes two hours to get a result. So now we can quickly inform the patient if they have TB or not.



“ Salote, Housewife and TB patient

I could see in my eyes that I was sick. When I did my work, when I took a breath, I could tell it hurt.

If it wasn't for them, I would not have gotten better and started feeling strong again. If they were not here, I guess I would have died already.

I spend most of my time with my family. I don't feel comfortable around others because they treat me differently.



“ Foma, Community-based Health Promoter

Sometimes patients won't fully access their treatment because they are ashamed to go out in public.

That is why I think it's better that we collect the medicines and treat them at home.

People can die from the disease if they refuse to take the pills, or if they won't let us come to see them. But if they allow us to come, they can be cured and stay safe and happy with their family.

Every day I go by motorbike to the patient's house and deliver the pills. I ask them to make sure they drink enough water when taking the medication.

I chose to do this because I care about people's health. I love to help people.



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“ Dr. Christine Lifuka, Junior Doctor

“Ten years ago it was eight cases a year, but last year there were 23 cases, and this year we are already at 21 cases, and it is still only September.

We can now actively find cases in the outer islands where there are no facilities, and we can assess everyone, even those who previously faced difficulties coming to the hospital.

If you ask most people how is TB spread, they think it's spread by touching or by using the same utensils. Within communities there is confusion about what TB is.

We used to have a lot of people stop treatment, and we didn't know where they went or if they finished their treatment or not. We wanted to change this system, so now health care workers go to patients' homes and monitor them every day.”

[Read more](#) 



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“ Dr. Ronald Achidri, United Nations Volunteer at the Tuvalu Ministry of Health

“I support the Ministry of Health in the control of TB and HIV by working with and training community health workers, initiating and implementing preventive approaches, and treating patients.

Professionally, I am learning skills to manage TB programmes in a different context. For example, one of the highest risk factors for TB in Africa is HIV. Here in Tuvalu, HIV prevalence is low, but diabetes prevalence is high, so I am learning how to control TB in this environment.”

[Watch the video](#) 

Rolling out the SD Duo rapid test for HIV and syphilis



RIGHT: Health workers take part in a training on the SD Duo test kit in Federated States of Micronesia.



“ Sincera E. Fritz, Key Populations Project Coordinator at Chuuk Women’s Council

The SD Duo testing kit has made a big difference in our outreach work since it is easy to take a blood sample and the result is immediately given within 30 minutes. The presence of our HIV physician during the outreach allows our participants to see a doctor if needed and avoid a hospital visit, which is always still difficult for our key populations.

Agabe Tu’inukuafe, Vice President and Office Manager at the Tonga Leitis Association

The beauty of using rapid testing in the Pacific is that it is encouraging more people to get tested. The SD Duo test kit has the ability to save lives.

[Read more](#) 

Empowering fa'afafine to take control of their health

“ Alex Su'a, President of Samoa Faafafine Association

The safe sex packs were designed by SFA and have very Samoan fa'afafine friendly packaging. The imagery featured in them also has a very sweet sense of fa'afafine humour. The fact, that the main characters are well known members of our Association speaks a lot about the work of our fa'afafine and fa'atama community with HIV/AIDS and STI testing. I'm proud to say that these packs are a pure indication of the priority of our Association – that is to prioritize our own national advocacy within our own fa'afafine and fa'atama community. This is fa'afafabulously kaisi!

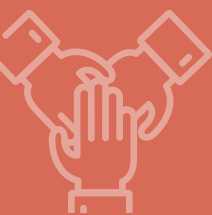


“ Sara Faletose, Programme Analyst at UNDP Samoa

We too often assume that people out there have detailed knowledge about how to protect themselves and their partners, without realizing that there are still people who think that using a condom is only to avoid getting pregnant. From the available data and our own surveys, we have come to find out that condom utilization is very low in Samoa and I'm sure it's the same case across the Pacific. Fa'afafine are a vulnerable group – through this initiative, we're aiming to empower them to take control of their health and well-being.



[Read more](#) 



Regional activities and cooperation

In addition to country level activities, the programme also implements activities at the regional level to strengthen control of HIV, STIs and TB. To achieve this, the programme leverages the expertise of government, civil society, academia, the private sector, the UN and other development partners. Technical assistance is provided to the programme's 11 countries through a regional team composed of WHO and ASSHM-OSSHMM. Such engagement and cooperation increases regional coordination and enables efficient strengthening of capacity of individuals and institutions to carry out HIV and TB control. Some of the key regional activities are highlighted below.

Enhancing diagnostics capacity for HIV, STIs, TB and co-morbidities

To effectively control HIV, STIs and TB in the Pacific there is a need to equip the medical professionals with the required tools and skills. The programme has supported national HIV, STIs and TB programmes by procuring much-needed diagnostics, medicines and commodities, and providing laboratory support and staffing.

In the Western Pacific, populations are often scattered across remote islands, many with either limited or no clinical health services. Test turnaround times can be lengthy, requiring patients to return on a separate date for test results, which results in loss to follow-up. In addition, laboratory-based testing is particularly challenging with key populations, who face stigma and discrimination as well as legal and social barriers that hinders their access to health services. Rapid diagnostic tests that enable testing to be conducted at the point of care using finger prick blood or serum, such as the Standard Diagnostics Bioline HIV/Syphilis (or SD Duo) test, are therefore well suited. Following an initial five-country pilot in 2017, the programme [rolled out the SD Duo test](#) in all countries, with the exception of Niue where it is still in process. Thus far, over 39,500 test kits have been supplied to 17 implementing partners, including Ministries of Health and community and non-governmental organizations. Over 200 health care workers have received training to equip them with the skills and know-how to effectively use the tests and incorporate them into their health services.

A total of 17 GeneXpert instruments have been supplied to 10 countries from 2015-2018: Cook Islands (1), Federated States of Micronesia (1), Kiribati (4), Niue (1), Nauru (1), Republic of the Marshall Islands (1), Samoa (3), Tonga (1), Tuvalu (1) and Vanuatu (3). The diagnostic tool is highly versatile – being used for tests for TB and rifampicin (RIF) resistance using MTBRIF cartridges (for MDR-TB), viral load for HIV patients using Xpert HIV-VL cartridges, and chlamydia and gonorrhoea using Xpert CT/NG cartridges and urine collection kits. On-site trainings for the GeneXpert instruments were provided to clinicians and laboratory technicians in Kiritimati Islands (Kiribati), Cook Islands, Nauru and Niue in 2018, building on the trainings provided in Tuvalu, Kiribati, Vanuatu, Palau, Marshall Islands, Micronesia, Samoa and Tonga in 2016 and 2017. Highly skilled trainers from Cepheid, the supplier of GeneXpert, were sent to conduct three day 'Master Class' trainings for groups of 6-15 participants, who were subsequently awarded certificates of completion and qualified to train other laboratory personnel at the national level. The trainings included information sessions to inform clinicians, health care workers and National Tuberculosis Programme staff of the instrument's capabilities.

Portable x-ray machines have also been procured in 2018 for four high TB burden countries (one each), Federated States of Micronesia, Kiribati, Tuvalu and Vanuatu, with training completed for health workers (the Republic of the Marshall Islands also received a unit in 2016). To increase TB case detection, active case finding and contact tracing using the GeneXpert instruments and portable x-ray machines has been introduced. So far, TB active case finding and contact tracing activities have been conducted in Federated States of Micronesia, Kiribati, Republic of the Marshall Islands and Tuvalu. In 2018, a mass screening was also conducted on the island of Majuro in the Republic of the Marshall Islands. Done in partnership with WHO, CDC and the Ministry of Health and Human Services, a total of 18,674 people were screened for TB, and 307 active TB cases were put on treatment. The initiative reached more than 80 percent of the entire island's population.

RIGHT AND BOTTOM-RIGHT:
A portable X-ray machine is transported by boat to the island of Amatuku in order to take chest X-rays of the local community members with TB symptoms.



UNDP/Aurelia Rusek



UNDP/Pranee Maharaaj



ABOVE: Health workers take part in a training session on the SD Duo test kit in Tuvalu on 15-16 May 2018.



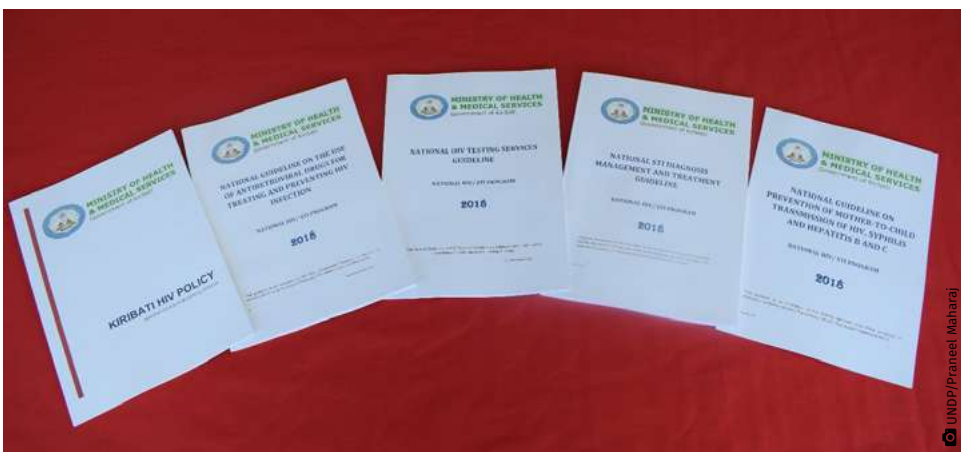
LEFT: Imran Khan, Procurement & Supply Chain Management Analyst at UNDP Pacific Office in Fiji leads a training on mSupply in Nauru.



RIGHT: The SD Duo test kit is demonstrated at the Samoa Sexual Health Refresher Training.



BELOW: The four national guidelines launched on World AIDS Day in Kiribati are displayed, along with the Kiribati HIV Policy.



To fill a gap in capacity, UNDP has contracted the Pacific TB Laboratory Initiative (PATLAB) since 2016 to provide access to external quality assessment and direct laboratory support for eight programme countries: Cook Islands, Kiribati, Nauru, Niue, Samoa, Tonga, Tuvalu and Vanuatu. External quality assessment (EQA) and direct laboratory support to the national TB laboratories is delivered through the Pacific TB reference laboratory network of four laboratories in Australia, New Zealand and the United States of America. Specifically, the following services are included in the arrangement: EQA; provision of culture, drug susceptibility- and molecular-testing; data collection and analysis; implementation of rapid and more sensitive diagnostic technologies such as LED-microscopy liquid culture, and molecular (Xpert MTB/RIF); provide specialist technical and laboratory-related programmatic advice.

Strengthening health systems to better control HIV, STIs and TB

As part of the programme's efforts to strengthen national health procurement and supply chain management, UNDP has provided onsite training for the electronic inventory management system, mSupply. A five-day onsite training was organized in Nauru for the Nauru Ministry of Health from 16-20 July 2018. Other than Nauru, mSupply training has also been provided to Tuvalu and Majuro in the Republic of the Marshall Islands. The Nauru training was provided for pharmacists, pharmacy technicians, stores officers, supply officers, nurses and lab technicians. Electronic inventory systems, such as mSupply, are implemented at central medical stores, consumables store, pharmacies dispensaries and laboratories to help ensure countries have real-time information on consumption of health items. This enables countries to quantify and forecast procurement quantities effectively and efficiently, reducing the risk of stock-outs and wastage through expiry and overstocking of supplies.

Technical assistance partner ASHM/OSSHMM has continued to build the clinical capacity of Pacific health care workers and public health services in selected programme countries through the Pacific Sexual Health Worker Capacity Building Programme. Support is provided face-to-face and through remote telehealth mentorship. In 2018, a new transgender health training was first piloted in Vanuatu, and subsequently rolled out in Kiribati and the Federated States of Micronesia. Drawing on existing documentation and consultation with Pacific transgender people and Pacific health workers, the training gives basic guidance on transgender health needs and ways to support transgender people to reduce stigma and discrimination. It provides training on HIV testing, counselling and treatment as part of comprehensive HIV and sexual health services, and gives general information on specific gender-affirming health care such as hormone therapy and working with gender-diverse children and youth. Upon individual country requests, ASHM/OSSHMM provided sexual health refresher trainings in Samoa (18-19 April 2018) and Federated States of Micronesia (5-6 November 2018), and a sexual health workforce capacity building training for the Republic of the Marshall Islands (16-17 October 2018). A three-day HIV Core Team training was also conducted in Nauru from 13-15 November 2018 for health care workers, focusing on the necessary principles of diagnosis, treatment, care and prevention of HIV as a holistic approach.

Through a comprehensive technical assistance package, supported by UNDP, WHO, SPC, UNICEF and UNAIDS, the programme has [reviewed and updated national guidelines](#) on the provision of HIV, STI and TB related interventions, which are crucial to ensuring effective delivery of prevention, diagnosis, treatment and care services. The new guidelines bring together the latest information and global recommendations from WHO. The five guidelines are: 1) guideline on the use of antiretroviral drugs for treating and preventing HIV infection; 2) guideline on HIV testing services; 3) comprehensive guideline on STI diagnosis, treatment and management; 4) guideline on prevention of mother-to-child transmission of HIV, syphilis, and hepatitis B and C; and 5) TB management. They are being developed, endorsed by governments and being rolled out across all 11 countries of the programme.

HIV/TB national guidelines endorsement status

Country	HIV guideline status	TB guideline status
Cook Islands	Endorsed	Endorsed
Federated States of Micronesia	Endorsed	Pending Endorsement
Kiribati	Endorsed	Pending Endorsement
Nauru	Pending Endorsement	Endorsed
Niue	Endorsed	Pending Endorsement
Palau	Pending Endorsement	Pending Endorsement

Republic of the Marshall Islands	Pending Endorsement	Pending Endorsement
Samoa	Endorsed	Pending Endorsement
Tonga	Pending Endorsement	Pending Endorsement
Tuvalu	Endorsed	Endorsed
Vanuatu	Endorsed	Pending Endorsement

WHO has been a crucial technical assistance partner on strengthening the response to MDR-TB in the programme countries. A dedicated help desk is in place that supports countries in managing cases of MDR-TB. When MDR-TB cases are discovered, requests are forwarded to the WHO focal point who then makes arrangements for second line drugs to be supplied from a stockpile in Manila, Philippines, and provides guidance on treatment to ensure a positive outcome.

WHO in collaboration with UNDP also led on the development of the 'Key populations definitions and recommended service delivery package within the Multi-Country Western Pacific Integrated HIV/TB Programme' in 2018. The document acts as a guideline to assist civil society and national HIV programme implementors in the identification and provision of targeted and tailored health services for key populations. The guideline offers operational definitions for men who have sex with men, transgender woman and female sex workers, as well as provides recommendations for the minimum package of services to be delivered to these groups. Several consultations leading up to the development of the guideline were conducted with programme sub-recipients including Pacific Sexual and Gender Diversity Network, regional CSOs and technical partners such as UNAIDS and SPC. Further consultations and feedback were elicited from participants at the Pacific Human Rights Conference in June 2018 and through the Regional Technical Working Group. The document was later presented to the Pacific Islands Regional Multi-Country Coordinating Mechanism and accepted in principal prior to its distribution to all countries and programme partners.

Strengthening communities and their involvement in the response

Across the region, there is a need to strengthen community organizations working with key and vulnerable populations and elevate their involvement in the response to HIV, STIs and TB.

From 29 to 31 October 2018, UNDP in partnership with FJN+ and UNAIDS organized the [Regional HIV Forum 2018 for the Pacific Island Countries and Territories](#). The forum was the first event of its kind in the Western Pacific, bringing together people living with HIV and health care workers from across the region to meet, discuss and share their experiences working with and living with HIV. It provided a platform for open dialogue for both groups, enhancing HIV and ART literacy, and self-empowerment, while aiming to catalyze coordination across HIV care, treatment and prevention programmes in the Pacific islands. It was organized in a format that encouraged active engagement by all participants, particularly in sessions related to identifying the most appropriate and feasible approaches countries can use to support the care and retention of people living with HIV on treatment. Participants had the opportunity to share their experiences and to take a leadership role. The forum was attended by 55 participants, including 31 people living with HIV, and health workers from the Federated States of Micronesia, Fiji, Kiribati, Nauru, Palau, Republic of Marshall Islands, Samoa, Tonga and Vanuatu, as well as development partners and CSOs working on the response to HIV. A range of experts, including from WHO, spoke and presented on during the forum.

From 29 November to 9 December 2018, FJN+ conducted a mentorship mission to Majuro in the Republic of the Marshall Islands. The initiative stemmed from recommendations from the Pacific people living with HIV stigma index study and involved peer-to-peer support between positive communities. A range of activities were organized to offer moral support, personal development, capacity and skills building such as on media communications and public speaking, as well as contribute to awareness raising in the country. Representatives from FJN+ joined forces with the local people living with HIV community to serve as spokespeople during World AIDS Day commemoration activities, sharing their experiences of living with HIV with the public. Interviews were conducted with members of the media, including through a live radio show, to share facts and information about HIV. Outreach was done with health workers, students,

teachers and church leaders, and meetings were held with public health officials to advocate for an enabling policy environment.

Strategic information and creating an enabling legal environment

A crucial component of the programme is to contribute to building a strong base of strategic information, which is invaluable for informing advocacy for policy and legal reform, especially community-led advocacy efforts.

Initiated in 2017, the [people living with HIV stigma index study regional summary](#) was launched on the occasion of Zero Discrimination Day, 1 March 2018. The study found that people living with HIV in the Pacific are experiencing high levels of stigma and discrimination, resulting in social exclusion and hindering access to basic social services including health care. It provided valuable data on the real lived experiences of people living with HIV, and is being used to inform programmes, interventions and policies to ensure more effective HIV responses in the region. The study was conducted by FJN+ with support from UNDP and UNAIDS and covers seven countries: Federated States of Micronesia, Kiribati, Palau, Republic of the Marshall Islands, Samoa, Tonga and Vanuatu. Country level reports were also published and disseminated to country stakeholders.

On 19-21 September 2018 in Nadi, Fiji, UNDP together with UNAIDS organized the Regional Workshop on Strengthening HIV Strategic Information and Reporting. The workshop brought together 22 project coordinators, M&E and reporting officers from government and civil society organizations, to discuss and share experiences on ways to strengthen information gaps relating to key populations. The workshop also provided the opportunity for UNDP to present to all sub-recipients the newly developed key populations definitions and recommended service delivery package. Participants were provided with a refresher session on global HIV and STI reporting, and a learning session by UNAIDS on how to strengthen national HIV case-based surveillance to achieve the global HIV 90-90-90 goals. South-South learning sessions on key populations enabled participants to discuss successes and challenges in reaching hard to reach/hidden population groups. The workshop contributed to improved reporting by sub-recipients during the remainder of the year, including, importantly, on the programme's key populations coverage indicators. This year, annual programmatic reporting was satisfactory, with 14 of the 21 (67 percent) sub-recipients submitting complete reports by the due date of 30 January 2019, and the remaining 7 sub-recipients submitting their reports within 25 days of the deadline.

Promoting cross-country learning

The island countries of the western Pacific face some common challenges for the provision of health services, including geographically dispersed populations, socio-economic disparities, living conditions, poor diet, lack of public health resources, and in some countries an unsupportive legal and policy environment. Therefore, a key component of the programme has been to facilitate cross-country and South-South learning to match the unique needs of the region. To achieve this, regional forums were organized in 2018 that brought together participants from across the programme countries for dialogue and knowledge exchange, including: the Regional HIV Forum for the Pacific Island Countries and Territories 2018, organized by UNDP, FJN+ and UNAIDS on 29-31 October 2018 in Nadi, Fiji, and the Strengthening HIV Strategic Information and Reporting Workshop, organized by UNDP and UNAIDS in Nadi, Fiji on 19-21 September 2018.



Summary tables

Financials

By recipients

By recipients	Budget 2018	Sub-recipient agreement	Expenditure 2018	Balance	Utilization
Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine	174,000	188,263	177,490	10,773	94%
World Health Organization	192,600	440,840	383,726	57,114	87%
Vanuatu Ministry of Health	204,832	204,832	185,828	19,004	91%
Marshall Islands Ministry of Health	172,285	172,285	118,992	53,293	69%
Kiribati Ministry of Health	173,642	173,642	165,151	8,491	95%
Tuvalu Ministry of Health	55,889	55,889	28,929	26,961	52%
Tonga Ministry of Health	90,155	90,155	70,854	19,300	79%
Federated States of Micronesia Department of Health	145,193	145,193	122,999	22,194	85%
Cook Islands Ministry of Health	37,468	56,524	55,432	1,092	98%
Sub-recipient to be determined	70,955	-	-	70,955	0%
The Pacific Sexual Diversity Network	24,000	30,000	25,091	4,909	84%
Fiji Network for People Living with HIV/AIDS	20,000	18,993	13,840	5,152	73%

By recipients	Budget 2018	Sub-recipient agreement	Expenditure 2018	Balance	Utilization
PATLAB Initiatives members	30,000	-	35,138	(5,138)	117%
Cook Islands Family Welfare Association	19,057	-	-	19,057	0%
Palau Ministry of Health	31,015	32,902	31,257	1,645	95%
Chuuk Women's Council-FSM	37,485	57,485	52,322	5,163	91%
Samoa Family Health Association	31,821	37,553	30,774	6,779	82%
Samoa Fa'afafine Association	31,428	34,428	33,939	489	99%
Tuvalu Family Health Association	22,627	-	-	22,627	0%
Nauru Ministry of Health	3,472	12,380	-	12,380	0%
Vatu Mauri Consortium	64,195	-	-	64,195	0%
Save the Children	49,189	-	-	49,189	0%
Vanuatu Family Health Association	-	45,969	47,046	(1,077)	102%
Wan Smolbag Theatre	-	33,721	37,371	(3,651)	111%
Samoa Ministry of Health	93,850	93,850	69,805	24,045	74%
Niue Ministry of Health	14,232	14,232	5,301	8,931	37%
Tonga Letis Association	28,004	29,405	31,516	(2,112)	107%
Tonga Family Health Association	15,321	17,017	18,603	(1,586)	109%
United Nations Development Programme	2,197,754	-	2,029,019	168,735	92%
Total	4,030,468		3,770,425	260,043	94%

By intervention

By modules, interventions	Budget 2018	Expenditure 2018	Balance	Utilization
Comprehensive prevention programmes for MSM				
Addressing stigma, discrimination and violence against MSM	29,700	5,342	24,358	18%
Behavioral interventions for MSM	28,137	9,708	18,430	35%
Community empowerment for MSM	13,600	-	13,600	0%
Condoms and lubricant programming for MSM	13,373	6,059	7,315	45%
Comprehensive prevention programmes for sex workers and their clients				
Addressing stigma, discrimination and violence against sex workers	24,000	-	24,000	0%
Behavioral interventions for sex workers	15,321	18,796	(3,475)	123%
Condoms and lubricant programming for sex workers	13,373	5,850	7,523	44%
Other intervention(s) for sex workers and their clients	3,182	2,586	597	81%
Comprehensive prevention programmes for TGs				
Addressing stigma, discrimination and violence against TGs	24,000	25,901	(1,901)	108%
Behavioral interventions for TGs	31,428	34,156	(2,729)	109%
Community empowerment for TGs	28,004	31,813	(3,809)	114%
Condoms and lubricant programming for TGs	113,912	81,105	32,807	71%
HIV testing services for TGs	3,182	1,541	1,642	48%
Other intervention(s) for TGs	31,821	30,977	844	97%

By modules, interventions	Budget 2018	Expenditure 2018	Balance	Utilization
MDR-TB				
Treatment: MDR-TB	23,334	31,732	(8,398)	136%
PMTCT				
Prong 1: Primary prevention of HIV infection among women of childbearing age	15,000	13,027	1,973	87%
Prong 3: Preventing vertical HIV transmission	1,832	-	1,832	0%
Prevention programmes for adolescents and youth, in and out of school				
Community mobilization and norms change	49,189	47,135	2,054	96%
Prevention programmes for other vulnerable populations				
Behavioral interventions for other vulnerable populations	62,542	56,695	5,847	91%
Diagnosis and treatment of STIs and other sexual health services for other vulnerable populations	25,030	27,534	(2,505)	110%
HIV testing services for other vulnerable populations	127,191	115,628	11,563	91%
Other intervention(s) for other vulnerable populations	23,375	79	23,296	0%
Programme management				
Grant management	359,023	343,212	15,811	96%
Policy, planning, coordination and management of national disease control programmes	793,913	800,644	(6,731)	101%
Programmes to reduce human rights-related barriers to HIV services				
Improving laws, regulations and policies relating to HIV and HIV/TB	102,053	-	102,053	0%

By modules, interventions	Budget 2018	Expenditure 2018	Balance	Utilization
RSSH: Community responses and systems				
Community led advocacy	5,489	5,468	21	100%
Institutional capacity building, planning and leadership development	28,064	27,992	72	100%
Other community responses and systems intervention(s)	299	-	299	0%
Social mobilization, building community linkages, collaboration and coordination	55,883	40,347	15,536	72%
RSSH: Health management information systems and M&E				
Other health information systems and M&E intervention(s)	254,276	225,927	28,350	89%
RSSH: Human resources for health (HRH), including community health workers				
Capacity building for health workers, including those at community level	38,820	29,385	9,435	76%
RSSH: Integrated service delivery and quality improvement				
Laboratory systems for disease prevention, control, treatment and disease surveillance	30,000	35,405	(5,405)	118%
Supportive policy and programmatic environment	13,660	123,764	(110,104)	906%
RSSH: Procurement and supply chain management systems				
Supply chain infrastructure and development of tools	40,000	24,477	15,523	61%
TB care and prevention				
Case detection and diagnosis	357,491	386,468	(28,978)	108%

By modules, interventions	Budget 2018	Expenditure 2018	Balance	Utilization
Collaborative activities with other programmes and sectors (TB care and prevention)	9,118	14,502	(5,383)	159%
Community TB care delivery	9,927	10,671	(743)	107%
Engaging all care providers (TB care and prevention)	24,416	20,746	3,670	85%
Other TB care and prevention intervention(s)	203,410	379,427	(176,017)	187%
Prevention	6,267	5,314	953	85%
Treatment	346,400	253,134	93,266	73%
TB/HIV				
Collaborative activities with other programmes and sectors (TB/HIV)	3,680	2,135	1,545	58%
Key populations (TB/HIV) - Others	64,195	37,609	26,585	59%
Key populations (TB/HIV) - Prisoners	5,400	4,776	624	88%
Other TB/HIV intervention(s)	49,089	55,350	(6,260)	113%
TB/HIV collaborative interventions	84,735	36,684	48,051	43%
Treatment, care and support				
Counseling and psycho-social support	32,667	27,525	5,142	84%
Differentiated ART service delivery	316,506	266,208	50,298	84%
Other intervention(s) for treatment	56,832	39,308	17,525	69%
Prevention, diagnosis and treatment of opportunistic infections	35,807	27,027	8,781	75%
Treatment monitoring - Viral load	2,520	1,260	1,260	50%
Total	4,030,468	3,770,425	260,043	94%

Procurement

Items	Classification	Cook Islands	FSM	Kiribati	Nauru	Niue	Palau	RMI	Samoa	Tonga	Tuvalu	Vanuatu	Line total
PSM Support – in-country travel	Capacity Development & Building	-	-	-	3,563.88	-	-	-	-	-	2,182.00	2,666.00	8,411.88
Condom Dispenser	Condoms & Lubricants	1,297.00	-	-	-	-	-	-	-	1,686.10	-	-	2,983.10
CONDOMS 53MM DOTTED MALE CONDOMS, PAC-144	Condoms & Lubricants	132.18	-	-	27.22	7.78	-	-	31.10	-	-	11.66	209.94
CONDOMS 53MM RIBBED MALE CONDOMS, PAC-144	Condoms & Lubricants	176.78	-	-	26.90	11.53	-	-	46.12	-	-	26.90	288.23
CONDOMS 53MM THICK MALE CONDOMS, PAC-144	Condoms & Lubricants	8.64	-	-	-	8.64	-	-	8.64	-	-	-	25.92
WATER BASED PERSONAL LUBRICANT, 4MLS, PAC-1000	Condoms & Lubricants	347.28	-	-	173.64	-	-	-	-	463.04	-	-	983.96
BIO BOTTLE 0.5L, CLASS 6.2, CAT A, UN2814/2900	Consumables, Disposables	-	-	108.00	-	-	-	-	-	-	108.00	108.00	324.00
BIO BOTTLE 1L, Class 6.2, CAT A, UN2814/2900	Consumables, Disposables	-	-	120.00	-	-	-	-	-	-	120.00	120.00	360.00
BIO BOTTLE 2L, CLASS 6.2, CAT A, UN2814/2900	Consumables, Disposables	-	-	84.50	-	-	-	-	-	-	84.50	84.50	253.50
BIO POUCH 10NZ WITH TRANSPORTATION KIT	Consumables, Disposables	-	-	99.00	-	-	-	-	-	-	99.00	99.00	297.00
SPECIMEN TRANSPORTATION BAG 23.5CM X 34.5CM	Consumables, Disposables	-	-	55.50	-	-	-	-	-	-	74.00	55.50	185.00
Xpert Check Kit	Consumables, Disposables	-	1,800.00	1,350.00	-	-	-	1,350.00	1,898.00	-	450.00	2,250.00	9,098.00

Items	Classification	Cook Islands	FSM	Kiribati	Nauru	Niue	Palau	RMI	Samoa	Tonga	Tuvalu	Vanuatu	Line total
Alcohol pre-injection swabs, 100s	Consumables, Disposables	-	-	28.32	-	-	-	73.63	24.00	4.80	-	43.20	173.95
Syringe, 1ML, INSULIN, 26G, 0.45 X 13MM, 1000s	Consumables, Disposables	-	-	-	-	-	-	140.08	-	-	-	-	140.08
Syringe, Tuberculin, Luer, 1 ml + Needle 25 G x 5/8", sterile, disposable, 120s	Consumables, Disposables	-	-	337.12	-	48.16	-	-	309.60	103.20	75.68	516.00	1,389.76
COLD BOX, B. KINGS, 90 hours + 24 ice packs	Consumables, Disposables	70.75	141.50	212.25	70.75	69.95	70.75	-	141.50	70.75	69.95	141.50	1,059.65
NEEDLES, 26G, 13MM, 1000s	Consumables, Disposables	-	-	-	-	-	-	256.14	-	-	-	-	256.14
Determine HIV-1/2 Ab Rapid Test Kit + Chase Buffer + Lancets + Capillary Tubes	HIV/STI diagnostic	630.00	4,320.00	3,150.00	450.00	450.00	-	2,610.00	4,320.00	900.00	450.00	1,800.00	19,080.00
INSTI HIV 1/2 Confirmatory, One test Kit	HIV/STI diagnostic	71.10	316.00	161.95	59.25	79.00	98.75	71.10	355.50	71.10	-	177.75	1,461.50
PIMA Bead Standard	HIV/STI diagnostic	-	83.50	-	-	-	-	83.50	-	-	-	83.50	250.50
PIMA CD4 cartridge, 25s	HIV/STI diagnostic	-	255.00	-	-	-	-	-	-	-	-	255.00	510.00
Syphilis Rapid Test Kit, 100s	HIV/STI diagnostic	135.00	-	-	180.00	90.00	-	180.00	2,625.00	765.00	360.00	1,320.00	5,655.00
Syphilis Rapid Test Kit, 30s	HIV/STI diagnostic	561.00	808.50	-	247.50	-	330.00	429.00	1,980.00	-	-	-	4,356.00
Syphilis/HIV Duo RDTS, PAC-25 Test	HIV/STI diagnostic	680.00	5,950.00	10,625.00	1,785.00	425.00	170.00	19,062.50	6,800.00	4,675.00	1,700.00	5,100.00	56,972.50
Unigold HIV 1+2 test, 20s	HIV/STI diagnostic	27.72	83.16	27.72	27.72	27.72	27.72	27.72	27.72	-	-	27.72	304.92
Xpert CT/NG Cartridges, 10s	HIV/STI diagnostic	15,228.00	60,264.00	34,992.00	-	-	7,776.00	40,824.00	73,872.00	21,384.00	5,832.00	31,104.00	291,276.00
Xpert HIV-VL Cartridges, 10s	HIV/STI diagnostic	-	336.00	-	-	-	168.00	168.00	1,008.00	168.00	-	336.00	2,184.00

Items	Classification	Cook Islands	FSM	Kiribati	Nauru	Niue	Palau	RMI	Samoa	Tonga	Tuvalu	Vanuatu	Line total
XPERT URINE COLLECTION KIT, 105	HIV/STI diagnostic	1,428.80	5,654.40	3,283.20	-	-	729.60	3,830.40	6,931.20	2,006.40	5,47.20	2,918.40	27,329.60
UPS 1500VA, 895 WATTS	IT Equipments & Printer	-	-	-	790.00	790.00	-	-	-	-	-	-	1,580.00
GENEXPERT INSTRUMENT - IV R2.4 MODULE CONFIG - LAPTOP VERSION	Medical Equipments	-	-	-	17,500.00	17,500.00	-	-	-	-	-	-	35,000.00
AC2-6E8 Microbiological Safety Cabinet Airstream® Class II G3 MSC, 6ft/1.8m	Medical Equipments	-	-	-	-	7,768.02	-	-	-	7,768.02	-	-	15,536.04
CareSens N B/Glucose Monitoring System	Other diagnostics	-	-	580.00	-	-	-	-	-	-	-	-	580.00
CareSens N Strips, 50s	Other diagnostics	-	-	900.00	-	-	-	-	-	-	-	-	900.00
Dry Blood Spot Kit, 20s	Other diagnostics	80.20	80.20	80.20	-	-	80.20	240.60	80.20	-	-	-	641.60
Thermoelectric cooler, 7L, 12V - TropiCool	Other Items	-	-	-	-	173.70	1,389.60	694.80	-	347.40	694.80	-	3,300.30
VACCINE CARRIER. B. KINGS, 43hours + 4 ice packs	Other Items	370.80	72.10	463.50	20.60	10.30	-	-	123.60	123.60	-	525.30	1,709.80
DANGEROUS GOODS LABEL, UN3373, 5cm x 5cm	Other Items	-	-	2.00	-	-	-	-	-	-	2.05	2.00	6.05
PIMA Printer Paper	Other Items	-	-	11.52	-	-	-	-	-	-	-	5.76	17.28
EO-HD Direct Mounted Electrical Outlet Plug	Other Items	-	-	-	-	158.76	-	-	-	158.76	-	-	317.52
European Style Service Fixture with 20mm thread Length - GAS	Other Items	-	-	-	-	116.79	-	-	-	116.79	-	-	233.58

Items	Classification	Cook Islands	FSM	Kiribati	Nauru	Niue	Palau	RMI	Samoa	Tonga	Tuvalu	Vanuatu	Line total
UV-30A UV Lamp	Other Items	-	-	-	-	79.38	-	-	-	79.38	-	-	158.76
Support Stand with Caster Wheels (Height 28") for 6ft cabinets	Other Items	-	-	-	-	392.47	-	-	-	392.47	-	-	784.94
Data Logger - Multi Use - LIBERO T11-L	Other Items	195.00	390.00	623.72	195.00	214.36	214.36	-	428.72	214.36	214.36	428.72	3,118.60
N95 Respirator Mask, PAC-20	Other Items	-	544.59	2,299.38	-	-	-	968.16	-	-	1,391.73	1,391.73	6,595.59
GeneXpert Warranty Extension	Other Items	-	-	5,796.00	-	-	-	-	2,898.00	2,898.00	2,898.00	5,796.00	20,286.00
PATLAB - TB EQA	TB EQA - PATLAB	888.12	-	4,429.03	2,240.37	-	2,434.00	-	3,271.73	120.38	4,047.15	1,209.70	18,640.48
Abacavir 300mg tabs, 60s	Pharmaceuticals	-	-	-	-	-	-	224.86	-	-	-	-	224.86
Atazanavir 300mg + Ritonavir 100mg Tabs, 30s	Pharmaceuticals	-	-	-	-	-	-	964.00	-	-	-	135.00	1,099.00
Efavirenz 600mg tabs, 30s	Pharmaceuticals	-	-	40.44	-	-	-	33.70	-	-	-	-	74.14
Emtricitabine 10mg/mL oral solution, 170mLs	Pharmaceuticals	-	-	-	-	-	-	-	-	-	-	-	-
Emtricitabine 200mg+Tenofovir 300mg+Efavirenz 600mg tabs, 30s	Pharmaceuticals	-	142.50	-	-	-	-	-	-	-	-	-	142.50
Lamivudine 150mg tabs, 60s	Pharmaceuticals	-	-	-	-	-	-	-	-	-	-	-	-
Lamivudine 150mg+Zidovudine 300mg tabs, 60s	Pharmaceuticals	-	-	-	-	-	-	56.80	355.00	-	-	21.30	433.10
Lamivudine 150mg+Zidovudine 300mg+ Nevirapine 200mg tabs, 60s	Pharmaceuticals	-	-	73.80	-	-	-	-	139.40	-	-	-	213.20
Lamivudine 300mg+tenofovir 300mg tabs, 30s	Pharmaceuticals	9.50	-	-	-	-	196.40	199.40	112.00	-	-	47.60	564.90

Items	Classification	Cook Islands	FSM	Kiribati	Nauru	Niue	Palau	RMI	Samoa	Tonga	Tuvalu	Vanuatu	Line total
Lamivudine 300mg+Tenofovir 300mg+Efavirenz 600mg tabs, 30s	Pharmaceuticals	18.00	270.00	216.00	18.00	18.00	-	96.00	316.80	370.65	-	369.00	1,692.45
Lamivudine 30mg + Zidovudine 60mg dispersible tablets, PAC-60	Pharmaceuticals	-	-	18.60	-	-	-	-	-	-	-	-	18.60
Lamivudine 30mg+Zidovudine 60mg+Nevirapine 50mg dispersible tabs, 60s	Pharmaceuticals	-	-	43.80	-	-	-	-	-	-	-	-	43.80
Lopinavir 200mg+Ritonavir 50mg tabs, 120s	Pharmaceuticals	-	-	-	-	-	240.00	-	700.00	-	-	60.00	1,000.00
Lopinavir 40mg + Ritonavir 10mg Pallets in Caps, PAC-120	Pharmaceuticals	-	-	-	-	-	-	-	-	-	-	-	-
Nevirapine 200mg tabs, 60s	Pharmaceuticals	-	-	-	-	-	-	-	35.59	-	-	-	35.59
Nevirapine 50mg/5mL oral solution, 100mLs	Pharmaceuticals	-	3.60	3.60	1.80	1.80	1.80	13.00	9.40	2.90	-	4.35	42.25
Tenofovir 300mg tabs, 30s	Pharmaceuticals	-	-	-	-	-	-	-	-	-	-	12.00	12.00
Tenofovir 40mg/g Oral Powder, 60g	Pharmaceuticals	-	-	-	-	-	-	-	-	-	-	-	-
Zidovudine 10mg/mL oral solution, 240mLs	Pharmaceuticals	-	-	-	-	-	-	-	48.06	-	-	-	48.06
Ethambutol HCl 100mg Tablets	Pharmaceuticals	-	-	-	-	-	-	-	-	-	-	362.88	362.88
Isoniazid 100mg tabs, 100s	Pharmaceuticals	6.80	25.50	85.00	3.40	2.55	-	172.55	85.00	-	-	97.75	478.55
Isoniazid 300mg tabs, 67s	Pharmaceuticals	25.52	1,301.52	765.60	25.52	25.52	25.52	2,309.56	510.40	-	-	433.84	5,423.00
Pyrazinamide 500 mg tablets	Pharmaceuticals	-	-	-	-	-	-	-	-	-	-	201.60	201.60
Rifampicin 60 mg/ Isoniazid 30 mg dispersible tablets	Pharmaceuticals	-	-	-	-	-	-	-	-	-	67.20	-	67.20

Items	Classification	Cook Islands	FSM	Kiribati	Nauru	Niue	Palau	RMI	Samoa	Tonga	Tuvalu	Vanuatu	Line total
Rifampicin 60 mg/ Isoniazid 60 mg dispersible tablets	Pharmaceuticals	-	-	2,759.00	-	-	-	-	-	-	33.60	-	2,792.60
Rifampicin/ Isoniazid, 150 mg/75 mg, Film coated tablet(s), Blister(s)	Pharmaceuticals	-	-	-	67.90	-	-	-	-	-	322.56	-	390.46
Rifampicin/ Isoniazid/ Pyrazinamide/ Ethambutol, 150 mg/75 mg/400 mg/ 275 mg, FI	Pharmaceuticals	-	-	7,326.00	186.70	-	-	1,776.00	-	-	887.04	-	10,175.74
Azithromycin 500mg Tabs, 3s	Pharmaceuticals	848.00	1,696.00	1,272.00	212.00	212.00	-	636.00	3,180.00	424.00	-	1,696.00	10,176.00
Sulf. 100mg + Trimet. 20mg, dispersible tabs; 100s	Pharmaceuticals	-	-	-	-	-	-	2.16	10.80	-	-	10.80	23.76
Sulf. 400mg + Trimet. 80mg Tabs, 100s	Pharmaceuticals	-	-	128.00	-	-	-	3.84	89.60	-	-	12.80	234.24
SECOND LINE TB MEDICINES (STOCKPILE)	Pharmaceuticals	-	-	11,265.63	-	-	-	2,027.76	-	-	1,065.27	1,910.74	16,269.40
Printing of GUIDELINES & HIV/STI IEC Materials	Printing	-	-	3,692.21	3,563.88	-	-	-	2,381.11	-	3,064.42	-	12,701.62
Freight, Insurance, Storage & Quality Assurance Cost - Supplier to Fiji to PICs & PATLAB	PSM Cost	6,727.07	16,790.04	231,666.98	4,693.45	4,248.35	4,509.52	15,412.45	25,141.97	9,171.15	4,566.87	17,755.29	132,183.13
Xpert MTB-RIF Cartridges, 50s	TB diagnostic	998.00	7,485.00	20,459.00	-	-	2,495.00	10,978.00	4,990.00	2,495.00	1,497.00	7,984.00	59,381.00
Tuberculin Injection 1mL vial (Mantoux Test), 20s	TB diagnostic	1,161.60	7,260.00	8,712.00	1,161.60	1,306.80	1,161.60	-	5,808.00	3,194.40	1,742.40	8,712.00	40,220.40
Total	-	32,122.86	116,073.11	149,847.57	37,292.08	34,236.58	22,118.82	105,915.71	151,093.76	60,174.65	35,211.26	97,866.31	841,952.70

Regional performance against key programme indicators

Coverage indicators	Target	Results	Achievement rate
Number of men who have sex with men reached with HIV prevention programmes	673 / 9,284 (7.3%)	665 / 9,284 (7.2%)	99%
Number of men who have sex with men that have received an HIV test during the reporting period and know their results	289 / 9,284 (3.1%)	661 / 9,284 (7.1%)	120%
Number of transgender people reached with HIV prevention programmes	1,345 / 18,569 (7.2%)	950 / 18,569 (5.1%)	71%
Number of transgender people that have received an HIV test during the reporting period and know their results	995 / 18,569 (5.4%)	937 / 18,569 (5.0%)	94%
Number of sex workers reached with HIV prevention programmes	283 / 3,904 (7.2%)	781 / 3,904 (20%)	120%
Number of sex workers that have received an HIV test during the reporting period and know their results	269 / 3,904 (6.9%)	767 / 3,904 (19.6%)	120%
Percentage of people living with HIV currently receiving antiretroviral therapy	58/73 (79%)	53/73 (73%)	91%
Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	1,253	985	79%
Treatment success rate - all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	86%	86%	100%
Number of cases with RR-TB and/or MDR-TB that began second-line treatment	2	9	120%

Notes:

Actual number of people living with HIV reported to be alive and in-country is 61. The denominator used to calculate the final regional result for this indicator is 73, which is the estimated number of people living with HIV. It is very important to note the following regarding the estimated number of cases:

1. The estimate of 73 was based on 2016 programme data and not on spectrum results.
2. HIV data cleaning was conducted in 2017 and 2018 in programme countries with high HIV prevalence, including Kiribati and Tuvalu. This resulted in re-testing in which false positive cases were identified, and identification of cases where the individual had passed away but was still being reported as being alive and in-country. Therefore, the actual number of cases of people living with HIV alive and in-country in 2016 was much lower than what was reported and implies that the programme estimates for people living with HIV in the region requires revisiting as well.

UNDP would like to extend sincere gratitude to all of the programme partners named in this report – the governments, CSOs, community groups, WHO, UNAIDS, the Pacific Islands Regional Multi-Country Coordinating Mechanism, and others. Without your hard work and dedication, the results would not have been possible.



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