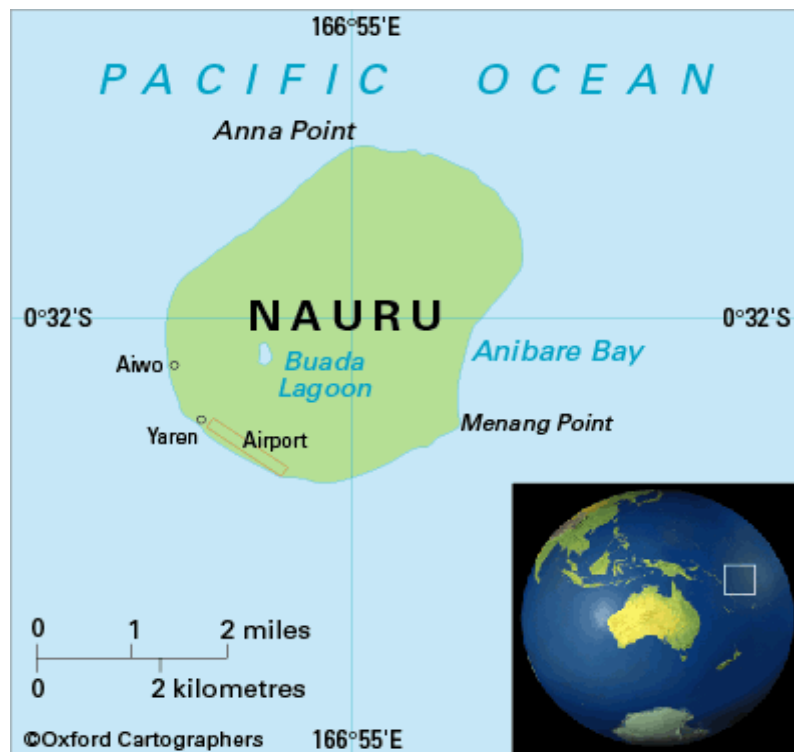


REPUBLIC OF NAURU
[Reporting period January - December 2013]



Global AIDS Response Progress Report
2014

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1. Forward

We are pleased to write on this special occasion an introduction to the Global AIDS Progress Report that the Government of the Republic of Nauru has produced. Compared to the previous reporting periods, the Republic of Nauru has achieved impressive results, and second, because it is for the first time when the report is being produced under full responsibility and coordination of the Ministry of Health of Nauru. We are proud of the many activities implemented during the years to ensure that wide information dissemination, advocacy, education and availability of Voluntary Counselling and Testing is made available to all citizens which has brought us to the present where the national emphasis is now shifting to quality of services.

With this report you will find evidence of raised expectations translated into figures and a 'calling-to-account' of the key players in the national response to AIDS. There is a rising expectation on our government, not only to honour the commitment to the Political Declaration on AIDS endorsed in 2011 but also to ensure that the interventions set out to reach the commitments are successful, constructive and accountable. Common objectives such as reaching 'Universal Access to Prevention, Care and Treatment' and the Political Declaration of 2011 helped us to realize that HIV is one of the world's challenges which is too interconnected and complex for any country to handle. These challenges further consolidate the need for greater collaboration between government and civil society.

Though Nauru has no registered HIV cases we are strong in our resolve to support further Global AIDS Progress reporting and ensure its quality increases along with the increased quality of strategic planning, coordination and transparency of decision making as well improved monitoring and evaluation.

Hon. Valdon Dowiyogo, MP

1.1 Acronyms

| | |
|-------|---|
| ANC | Antenatal clinic |
| ARV | Antiretroviral |
| BSS | Behavioural Surveillance Survey |
| CSO | Civil Society Organisation |
| CCM | Country Coordinating Mechanism |
| CRGA | Committee of Representatives of Governments and Administrations |
| DMS | Director Medical Services |
| DPHCW | District Primary Health Care Worker |
| GFATM | Global Fund to fight AIDS, Tuberculosis and Malaria |
| HIV | Human Immunodeficiency Virus |
| IDU | Injecting Drug User |
| IEC | Information, Education & Communication |
| IPPF | International Planned Parenthood Federation |
| KIT | Keep in Touch |
| M&E | Monitoring and Evaluation |
| MDG | Millennium Development Goal |
| MSM | Men Who Have Sex with Men |
| NASA | National AIDS Spending Assessment |
| NDHS | Nauru Demographic Health Survey |
| NCPI | National Composite Policy Index |
| NCM | National Coordinating Mechanism |
| NGO | Non-Governmental Organisation |
| NZAID | New Zealand Agency for International Development |
| PIF | Pacific Islands Forum |
| PLWH | People living with HIV |
| PMTCT | Prevention of Mother-To-Child Transmission |
| OSSHM | Oceania Society of Sexual Health Medicine |
| RONH | Republic of Nauru Hospital |
| SGS | Second Generation Surveillance |
| STI | Sexually Transmitted Infection |

1.2 Acknowledgements

This report was approved by the Minister of Health of the Republic of Nauru on March 31, 2014 with technical support from UNAIDS Office in the Pacific.

It was coordinated by the Nauru Department of Public Health which is leading the HIV/AIDS programme response on Nauru. The data and commentary presented in this report was drawn from a diverse range of sources including (but not limited to): Department of Public Health, RON Hospital Laboratory and STI Clinic administrative and reporting data; Nauru's Demographic Health Survey (2007) and key informant interviews.

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2. Indicator Overview

Core indicators for Global AIDS Response Progress Reporting

| Targets | Indicators | Value | Measurement | Comments | |
|---|------------|---|-------------------------------------|--|----------------------------------|
| Target 1. Reduce sexual transmission of HIV by 50% by 2015 General population | 1.1 | Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission* | 12.1% | 13,3% for women and 9,6% for men | DHS 2007 |
| | 1.2 | Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15 | 20,32% | 31.3% of men and 14.8% of women | DHS 2007 |
| | 1.3 | Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months | 19% | 10.5% of women and 35.7% of men aged 15-49 | DHS 2007 |
| | 1.4 | Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse* | 11.3% men and 4.6% female | DHS 2007 11.3% men and 4.6% female | DHS 2007 |
| | 1.5 | Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results | 53.4 for males and 41.9 for females | | DHS 2007 |
| | 1.6 | Percentage of young people aged 15-24 who are living with HIV* | 0 | Data from the Ministry of Health | Total tested for HIV 332 in 2013 |
| Sex workers | 1.7 | Percentage of sex workers reached with HIV prevention programmes | 0 | No targeted activities for FSW | |
| | 1.8 | Percentage of sex workers reporting the use of a condom with their most recent client | 0 | No targeted activities for FSW | |
| | 1.9 | Percentage of sex workers who have received an HIV test in the past 12 months and know their results | 0 | No targeted activities for FSW | |

| | | | | |
|--|------|--|--------------|---|
| | 1.10 | Percentage of sex workers who are living with HIV | 0 | No targeted testing for FSW |
| <i>Men who have sex with men</i> | 1.11 | Percentage of men who have sex with men reached with HIV prevention programmes | 0 | No targeted activities for MSM |
| | 1.12 | Percentage of men reporting the use of a condom the last time they had anal sex with a male partner | 0 | No targeted activities for MSM |
| | 1.13 | Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results | 0 | No targeted activities for MSM |
| | 1.14 | Percentage of men who have sex with men who are living with HIV | 0 | No targeted testing for MSM |
| Target 2. Reduce transmission of HIV among people who inject drugs by 50% by 2015 | 2.1 | Number of syringes distributed per person who injects drugs per year by needle and syringe programmes | Non-relevant | NO IDUs in Nauru |
| | 2.2 | Percentage of people who inject drugs who report the use of a condom at last sexual intercourse | Non-relevant | NO IDUs in Nauru |
| | 2.3 | Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected | Non-relevant | NO IDUs in Nauru |
| | 2.4 | Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results | Non-relevant | NO IDUs in Nauru |
| | 2.5 | Percentage of people who inject drugs who are living with HIV | Non-relevant | NO IDUs in Nauru |
| Target 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths ⁷ | 3.1 | Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission | 0 | No HIV positive pregnant women in Nauru |
| | 3.1a | Prevention of mother-to-child transmission during breastfeeding | 0 | No HIV positive pregnant women in Nauru |
| | 3.2 | Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth | 0 | NO HIV positive women and children in Nauru |

| | | | | | |
|--|-----|---|-------|--|-----------------------------|
| | 3.3 | Mother-to-child transmission of HIV (modelled) | 0 | A value of estimated 0,00132 children born in Nauru. | Estimations produced by SPC |
| Target 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015 | 4.1 | Percentage of adults and children currently receiving antiretroviral therapy* | 0 | No HIV positive case in Nauru | |
| | 4.2 | Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy | 0 | No HIV positive case in Nauru | |
| Target 5. Reduce tuberculosis deaths in people living with HIV by 50% by 2015 | 5.1 | Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV | 0 | No HIV positive case in Nauru | |
| Target 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries | 6.1 | Domestic and international AIDS spending by categories and financing sources | | | |
| Target 7. Eliminating gender inequalities | 7.1 | Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months <i>All indicators with sex-disaggregated data can be used to measure progress towards target 7</i> | n/a | A Family Health and Safety Study with data for the indicator conducted in 2013 however the data have not been processed yet and are not available. | |
| Target 8. Eliminating stigma and discrimination | 8.1 | Discriminatory attitudes towards people living with HIV | 27.9% | Data coming from question: Would You buy fresh vegetables from a shopkeeper or vendor if you knew | DHs 2007 |

| | | | | this person had HIV? |
|--|------|---|-------------------------------|---------------------------------------|
| Target 9. Eliminate travel restrictions | | <i>Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed</i> | <i>No travel restrictions</i> | |
| Target 10. Strengthening HIV integration | 10.1 | Current school attendance among orphans and non-orphans aged 10–14* | Not relevant | Nauru is having no HIV positive cases |
| | 10.2 | Proportion of the poorest households who received external economic support in the last 3 months | Not relevant | Nauru is having no HIV positive cases |
| Policy questions (relevant for all 10 targets) | | National Commitments and Policy Instruments (NCPI) | | |

3. Status at a glance

Historically Nauru has no registered HIV cases amongst the local population but 2 expatriates and 1 foreigner had tested positive while the 3rd person who was a crew of a visiting ship had full blown AIDS and died on the island. HIV testing is available and is frequently promoted on the island. The profile of Nauru's national response to HIV/AIDS is thus one of surveillance focused on prevention awareness and improved testing. The context of this response is that Nauru has significant levels of sexually transmitted infections (STIs) and its HIV efforts have been combined with programmes tackling STIs for most of the reporting period.

4. Overview of the AIDS Epidemic

4.1 Geography

Nauru is a raised coral atoll in the central Pacific, about 60 km south of the equator. It is part of the Pacific sub-region of Micronesia. Its nearest neighbour is Banaba (Ocean Island) in the Republic of Kiribati, about 330 km to the east. Nauru is bordered by Solomon Islands to the southwest, and by the Republic of the Marshall Islands and the Federated States of Micronesia to the northwest. Nauru has a total land area of 21.1 km², and measures 6 km by 4 km, with a circumference of 19 km. Nauru is the smallest independent nation in the world¹.

4.2 History

Nauru became an independent sovereign nation in 1968, with a president elected by members of parliament. Extensive mining of the island's central plateau has left most of the island uninhabitable. Nauru is exposed to extreme weather patterns that may range from wet storm surges to prolonged drought periods. Workers almost a century ago were recruited from various parts of the world to work the mines when phosphate was discovered in 1900 and mining commenced in 1906. Early accounts reveal that in 1939, the foreign population was equal to the indigenous population of Nauruans. The phosphate industry continues to drive Nauru's economy, trade and foreign relations, and will likely continue to have a clear and direct impact on the country's population in the future (SPC 2002).

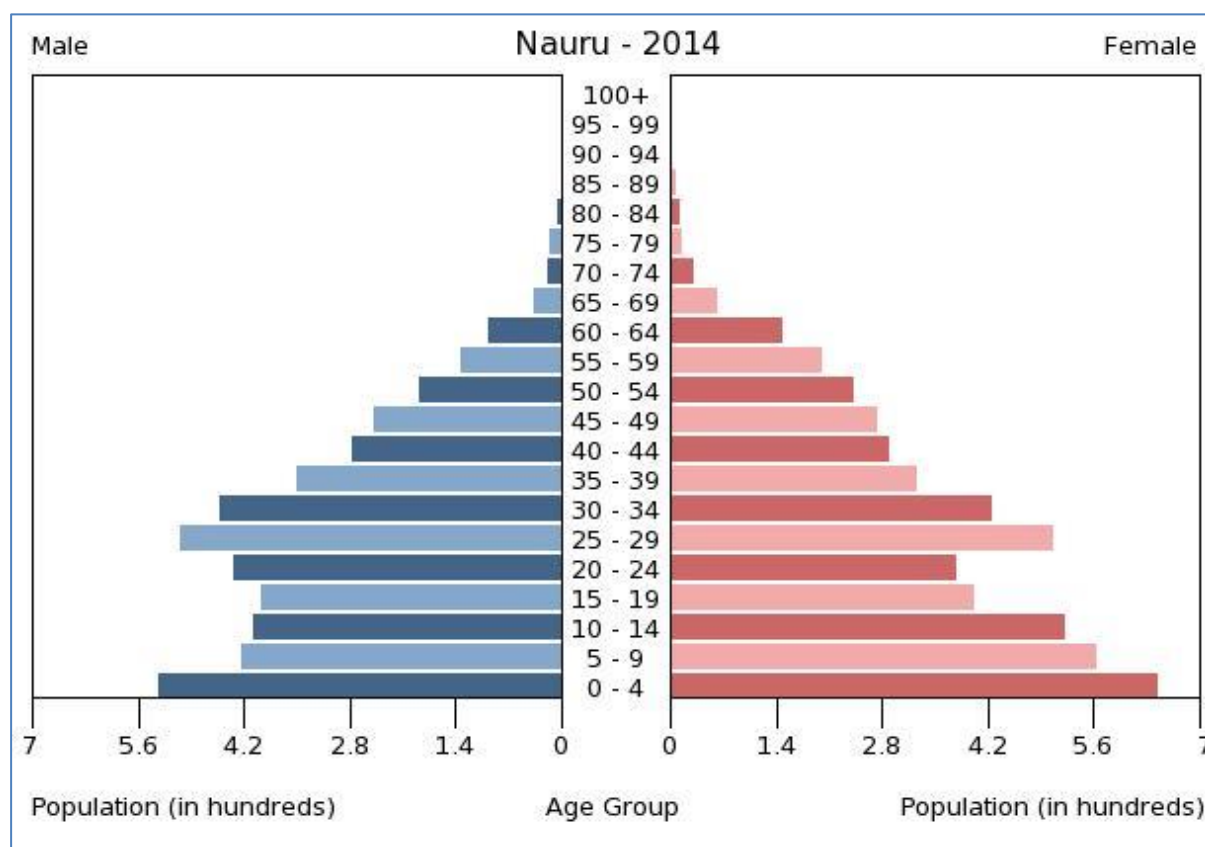
4.3 Country Population

The population of Nauru is 10, 089. Approximately 34.6% of the population is less than 15 years of age. The broad population base pattern is illustrated in the population pyramid and indicates that the population is growing rapidly and this trend will continue when those currently aged younger than 15 years enter their reproductive years. Less than 5% of the population is currently older than 60, which is indicative of the low life expectancy and relatively high mortality rates. Life expectancy at birth has increased in 2014 to 66 compared to 63 in 2005.²

¹ Nauru Census Report 2011 p.1

² U.S. Census Bureau. International Database. Available from:
<http://www.census.gov/population/international/data/idb/region.php?N=%20Results%20&T=13&A=separate&RT=0&Y=2014&R=-1&C=NR>

Figure 1. Population Pyramid of Nauru as of 2014, Source: U.S. Census Bureau. International Database.



4.4 Government and Administration

Nauru is divided into 14 small districts of various sizes and varying numbers of inhabitants³. The country is governed by a unicameral Parliament consisting of 18 elected members. Parliament elects the president, who is both chief of state and head of government, from among its members. The president appoints a cabinet from among members of Parliament. There is a small police force under civilian control. There are no armed forces.

4.5 Health Status

There is a high rate of diabetes, obesity, and cardiovascular disease in Nauru⁴. The traditional practices of fishing and gardening for food are no longer practiced; diets now consist largely of imported westernised food. There is also limited physical activity. As a result, Nauruans have the

³ Secretariat of the Pacific Community Demography/ Population Program, Nauru Bureau of Statistics. Nauru census main report and demographic profile of the Republic of Nauru 1992-2002. 2006

⁴ World Health Organization, Policy and Service Development Centre for Mental Health Research, University of Auckland. Situational analysis of mental health needs and resources in Pacific Island countries. 2005. Available from: http://www.who.int/mental_health/policy/pimhnet/Pacific_islands_needs_assessments.pdf.

highest rates of obesity in the Pacific with 72% of men and 77% of women classified as obese⁵. Nauruans also have high rates of diabetes. In 1975 the diabetes prevalence was 34.6% which fell to 16.2% in the WHO NCD STEPS survey in 2004 and a whole of population screening (i.e. of those aged 15-64 years) in 2011-2012 saw this rate decrease to 9.27%⁶. However, there appears to be a surge in the rate of complications arising from diabetes. There is also anecdotal evidence that compliance with treatment for diabetes is poor. Treatment of advanced cases is expensive, sometimes requiring transfer of patients to the Fiji Islands or Australia.

Use of alcohol and tobacco also present significant health and economic concerns. Approximately half of the adult population engages in binge drinking. Reports of heavy drinking increasing with rising unemployment rates have been associated with larger proportions of household income being spent on purchasing alcohol.

However, improvements in other areas of health have been noted. According to a survey conducted by the Nauruan Demographic and Health Survey in 2007, at least 95% of pregnant women saw a doctor, nurse, midwife or auxiliary midwife at least once during their most recent pregnancy in the five-year period prior to the study. Almost all deliveries took place in a health facility⁷ and figures in recent years show 100% of child births occur in the hospital. Immunization coverage for standard vaccine-preventable diseases (such as tetanus, tuberculosis, polio, and hepatitis B is estimated to be 100% and the entire population has access to good quality drinking water and sanitation facilities. HIV prevalence in adolescents and adults is zero (estimated at less than 0.1%⁸).

4.6 Health System

Coordination and management of health services is completely centralised under the MOH. There are no other community based primary care facilities in Nauru, and no private practitioners.

Given the small size of the country and the ready availability of public and private transportation, access to clinical and preventive services provided through the RON Hospital and the Public Health campus is good.

There are no private or non-government health service providers on Nauru. Over-the-counter medications (but not prescription drugs) are available in the supermarket and in many stores.

⁵ Secretariat of the Pacific Community. Healthy Pacific lifestyles NCD mortality morbidity database. Available from:
http://www.spc.int/hpl/index.php?option=com_content&task=blogcategory&id=17&Itemid=46.

⁶ Nauru Ministry of Health Report 2011-2012, p.40

⁷ Nauru Bureau of Statistics, The Secretariat of the Pacific Community, Macro International Inc. Republic of Nauru demographic and health survey 2007. Secretary of the Pacific Community, Noumea, New Caledonia; 2009. A

⁸ World Health Organization Western Pacific Region (WPRO). Country health information profiles (CHIPS): Nauru. 2008. Available from:
<http://www.wpro.who.int/internet/files/hin/CHIPS2008.pdf>.

The RON Hospital Outpatients Department is the only primary care facility on the island. The Naoero Public Health Centre conducts regular community and school outreach visits for both primary and preventive health purposes. A District Primary Health Care Worker (DPHCW) is employed in each District to provide a range of outreach services to the community.

The RON Hospital laboratory is able to provide a preliminary diagnosis of hepatitis B and HIV infection using rapid diagnostic test (RDT) kits and of tuberculosis by microscopy. However, it lacks the facilities for bacterial culture or infectious diseases serology that are necessary to support laboratory confirmation of a broader range of diseases of public health significance.

The Public Health Unit has introduced a weekly system of syndromic surveillance of communicable diseases, with urgent reporting of suspected outbreaks (for which there are guidelines for reporting thresholds) and specific conditions of possible international public health concern. The syndromes currently subject to surveillance include: diarrhoea, influenza-like illness, severe acute respiratory infection or pneumonia, acute fever with rash, and acute flaccid paralysis.

The Public Health Unit produces a monthly surveillance bulletin, which summarises reporting trends from the previous month.

The Republic of Nauru Health Services are divided into 2 sectors – clinical health and public health. The clinical health service is located at the Republic of Nauru Hospital, consisting of a 55 bed hospital, 1 operating theatre suite, 4 bed emergency departments and an outpatient department with 5 outpatient clinics. There are at least 10 medical officers working at the hospital. There are 64 nurses and nurse aids which is a combination of expatriate and local staff. HIV/AIDS services are available at the RON Hospital either through screening at the blood bank, consultation through outpatient department or the Antenatal Care services.

According to administratively collected data from the RON Hospital for 2007 and 2008, access to and utilisation of health services in Nauru compares very favourably with other developing countries. This probably reflects the excellent access that can be achieved in a small island state, and the absence of user fees for the indigenous Nauruan population.

The Nauru centre for Public Health houses the Public Health unit, a 6-bed renal dialysis unit and a primary and preventive care unit for MCH and other community health activities. There are 3 doctors, all expatriates, working in primary health (PH) and a range of other support staff. Services that are provided from the Public Health Centre include Well - Baby Clinic, Health Promotion, Diabetic Clinic, Environmental Health and Nutrition. The majority of staff in these sections are nurse aides and District Primary Health Care Workers (DPHCW). An Overseas Referral Committee chaired by the Secretary for Health prioritizes cases and recommended overseas treatment according to the overseas referral policy.

In addition to referring patients overseas, Nauru has scheduled visiting specialist teams such as renovascular, ENT, eye, cardiology gastroenterology teams and others. Furthermore, the Taiwan ICDF (International Cooperation and Development Fund) Medical Mission visits twice annually and the specialist team depends on the request submitted by the Ministry of Health.

AusAID support has been a major one for the Ministry of Health over the past many years basically to improve health sector planning and management, develop a pharmaceuticals procurement system and physical health infrastructure that includes a new laboratory, pharmacy and dental clinic⁹ and other programmes including a school feeding programme. Clinical services in Nauru are under the leadership of the Director of Medical Services (DMS) who reports to both the Secretary for Health and Minister of Health. The DMS works in partnership with the Director of Nursing Services and the Director of Administration who are an important part of clinical services in Nauru. The range of clinical services offered in Nauru is dependent on the skills and capabilities of the recruited expatriate doctors and thus changes from time to time. At the time of the situational analysis, the RON hospital was able to deliver almost all basic clinical services apart from mental health and ophthalmologist services. For these services, the Ministry of Health contracts an expatriate psychiatrist and Ophthalmologist for 3-4 periodic visits in a year.

Human resource remains a major challenge for the Ministry of Health as there is a high dependence on expatriate staff.

Outcomes on disease prevention strategies remain to have significant impact on incidence of common diseases. Preventive health strategies on disease prevention need to refocus on getting more community involvement and participation.

Weaknesses in health information complicate data analysis for planning in service delivery, disease monitoring and surveillance. Development of minimum data set will be priority in the strategic plan.

4.7 Coordination of the AIDS response

In December 1999 a multi-sector AIDS Task Force was formed in Nauru to address arising concern about HIV/AIDS on Nauru. From 2010, a Country Coordinating Mechanism (CCM) was set up with civil society representatives to assist with coordination, reporting and other implementation issues. In addition, a 5 year HIV Strategic Plan had been drawn up which covered the following areas of operations:

1. Prevention:

Prevention interventions are carried out through BCC strategic interventions, VCCT and ANC. Other activities to prevent HIV and other STI include promotion of Condom promotion and availability and STI treatment.

2. Diagnosis:

The RON hospital has been upgraded to international standard to provide effective and efficient microbiology service. The laboratory is now able to carry out some STI diagnosis that it was not able to do before. During the mass Chlamydia treatment campaign, over 400 blood samples were taken and tested. There are several guidelines and protocols developed, such as protocol on blood donation and guidelines on VCCT.

⁹ AusAID. Country program: Nauru. Available from:
<http://www.ausaid.gov.au/country/country.cfm?CountryId=21>

3. Treatment, Care and Support

Since there is no known case of a person living with HIV or AIDS, treatment is limited to STI treatment, and Anti-natal Care and Support. All pregnant women coming for anti-natal treatment are recommended to be tested for HIV and other STI, however only 19% of pregnant women got tested for HIV in 2013. Those found positive for STI are advised to access treatment with their partners. The most common STIs in Nauru are Chlamydia, Gonorrhoea and Syphilis and Trichomonas.

The trend in Nauru social arena is that culture and tradition does not encourage open discussions about HIV and STI. There are no Clubhouses, Cinemas or Discotheque for the youths to attend, the only places where the youths unwind is Beaches and organized house parties and Bingos. The Nauru Demographic Health Survey (NDHS) noted that young people particularly between ages 15 – 24 are particularly vulnerable to early sexual debut, particularly for young men; they also have low levels of knowledge of reliable condom sources (46.8% women and 20% men aged 15 – 24 did not know a reliable condom source), and high levels of higher-risk sex (45.4% for women and 80% men) for young people aged 15 – 24.

The fact that parties are organized at private places and most of the youths, particularly the young ladies that attend those parties do not inform their parents before attending those parties makes the issue of sex education and condom use very necessary. Presently there are no functional Non-Government Organisations (NGOs) in Nauru.

HIV prevention and awareness programmes are being implemented and delivered by the Department of Public Health's Communicable Diseases Unit. The Republic of Nauru Hospital Laboratory delivers testing for HIV. The other government department involved in HIV efforts is the Ministry of Education through its Youth Affairs Department. Youth Affairs host Adolescent Sexual Health and HIV education as part of its learning delivery for out-of-school youth and school leavers. There is currently limited HIV involvement by other sectors, namely non-governmental organisations, community based organisations, churches and civil society more generally in the HIV/AIDS response.

In terms of training, the representatives of the Ministry of Health attend the Global and Response Fund meetings and have been to several training workshops like HIV/AIDS Counselling, STI/HIV testing for Laboratory technicians, Strategic Health Communication training, Capacity building in proposal development, MSC training and financial support, routine STI and testing (STI Management and Guidelines training) and international referral of specimens.

Advocacy programme is crucial in HIV awareness and in 2011 it was instrumental in the successful implementation of the mass treatment campaign for Chlamydia and it was carried out with Parliamentarians and the various Churches in Nauru. STI management and guidelines were developed and are in place and perhaps, one of the best outcome of the Response Fund project is the upgrading of the Nauru Ministry of Health Laboratory and the training of Laboratory technicians, this has made it possible to provide for effective and efficient health service thereby improving the quality of care and services provided in the country. Regarding the Monitoring and Evaluation, the training provided necessary skills that were otherwise not available in the institution.

A number of capacity development interventions also took place under the Global and Response Fund (RF) projects. The following were the capacity development support rendered under the RF project:

- Training of HIV/STI Counsellors
- Development of VCCT/STI guidelines and policies
- Training of DPHCW for condom programming
- Development of the HIV Strategic Plan and annual work plan
- In producing and distributing strategic health communication material resources
- Capacity building of local staff and other CSOs in Monitoring & Evaluation
- upgrading of the Nauru Ron Hospital laboratory and trained Laboratory Technicians in Microbiology and HIV/STI algorithm
- Capacity development in, data gathering on STI and Baby Clinic
- Training in the management of Blood Borne diseases
- Training in fundamentals of infection control and post exposure prophylaxis
- Training of Reproductive Health practitioners

There was very little HIV programme activity throughout 2008. Ongoing delivery of Adolescent Reproductive Health and HIV/STI education continued at the Department of Youth Affairs. Singular events included a one week awareness programme in the lead up to World AIDS Day 1 December 2008. During 2008 HIV education was delivered to individual patients in the STI clinic by two Public Health Nurses. Data for HIV antenatal testing, blood donor screening and VCCT testing in 2008 is unclear. Some HIV prevention awareness activity was delivered to schools and workplaces: voluntary peer educators from a previous Peer Education Programme did an HIV awareness workshop with the Nauru Port Authority following the distribution of SPC's 'Seafarers' Diaries' to the maritime workforce.

In preparation for the 2009 Annual Operation Plan (Health), a risk mapping exercise was undertaken by HIV/STI staff from the Department of Public Health and District Primary Health Care Workers. This risk map identified vulnerable populations (young women aged 15 – 19 both in and out of school) who were targeted in the Annual Operation Plan 2009. There was also a significant scaling up of HIV prevention activity delivered by the Department of Public Health and RON Hospital:

- January 2009 – Nauru secured five years funding from the Global Fund for HIV/AIDS
- In December 2009 Nauru secured three years funding from the SPC Response Fund for HIV/STI
- A Senior Laboratory Technician was appointed June 2009 with the aim of improving HIV monitoring and screening.
- A HIV/STI Coordinator and two assistants were appointed in the Communicable Diseases Unit, Department of Public Health.
- The first Nauru VCCT counsellor qualified and two STI officers began a one year training in counselling, including HIV/STI.
- From January 2009 the HIV response has had a separate budget; prior to this, HIV was subsumed within the wider STI budget and programme delivery.
- In August 2009 the newly appointed HIV/STI Coordinator attended a regional Pacific HIV Workshop.

- Two staff training events in HIV/STI were held: HIV Continuity of Care & HIV/STI Case Management. Training included HIV prevention, Behavioural Change Communication and an Introduction to Counselling for HIV Testing.

Programme delivery stepped up in mid-2009 with an expansion of prevention activities, specifically HIV education to the following groups: youth, community and students going overseas. HIV staff also joined the STI outreach programme and thus condom promotion in communities and HIV knowledge and behavioural change promotion also increased.

The Youth Peer Education programme funded by SPC Response Fund is a significant strengthening of Nauru's national response to HIV/AIDS. Although funding was secured in late 2009, fund transfer and activity has just begun in 2010.

Since 2012, UNFPA has provided funding promoting the integration of Sexual reproductive health and HIV/STI awareness. A portion of this funding is towards the adolescent development program which promotes peer education both in-school and out of school. The Department of Health is working with the Department of Education to assist in the introduction and strengthening of the in-school program through the facilitation of the family life education curriculum with a holistic approach towards adolescent hood, HIV/STIs, reduction of alcohol and smoking and addressing the issues of teenage pregnancies.

4.8 National HIV/AIDS Plan

The first National AIDS programme for Nauru was developed in 2000. At national level, the policy response to the challenges faced in HIV/AIDS is embedded in *Nauru's National Sustainable Development Plan (2005 - 2025)*, where HIV/AIDS falls within the wider strategy of '...strengthening responsiveness and intervention on preventative and reproductive health'.

At a later stage, HIV programme part has been incorporated within the Health Strategic Plan for 2010-2015. This Plan aims to strengthen HIV/AIDS awareness programmes, increase education on condom use and improve training and delivery of HIV counselling. The monitoring and evaluation framework developed in 2009 at the inception of the Response Fund 11, listed the following interventions as priority in Nauru:

- National Coordination
- Capacity Building
- BCC
- Project Design & Management
- VCCT
- Leadership
- STI Clinical Support
- Monitoring and Evaluation

There are activities in the Health Sector Strategic Plan outline for HIV/AIDS under the following pillars:

1. Strengthening National Capacity - Strengthen national capacity for HIV/STI, through increasing human resources, improving infrastructure (equipment, laboratory capacity), and scaling up training and staff capacity.
2. Strengthen policy & advocacy – reviewing national HIV/STI strategy, conducting advocacy with parliamentarians and churches and HIV/STI media awareness.
3. Improve prevention/control – clinical and promotional support for HIV/STI counselling, testing, treatment and care, school and youth programmes, behavioural change and communication initiatives, and peer education programmes.
4. Improving Monitoring & Evaluation – the Health Department coordinated with other departments and Civil Society Organisations to monitor and supervise the HIV/STI programme.

The outputs are directly related to the outcomes and the activities are consistent with the intended impact. There is currently no policy or programme readiness for HIV treatment, care and support as Nauru has no confirmed cases of HIV or AIDS.

5. General population, routine statistics data

Below is a summary of data for Nauru for 2013. Only one case was registered in 1992 but in 1999 the male that had apparently acquired HIV overseas died.

| Type of the epidemics | No epidemics | | |
|--|--------------------|-----------------|---|
| Mid Year Population 2011 | 10,089 | | |
| Mid Year Population 2011 (15-49 years) | 5,245 | | |
| First HIV case reported | 1992 ¹⁰ | | |
| Cumulative Incidence per 100,000 | 0 | | |
| Cumulative number of HIV infection | Male | 3 | 0 |
| | Female | 0 | |
| | Unknown | 0 | |
| Cumulative number of HIV infection in children | Male | 0 | 0 |
| | Female | 0 | |
| | Unknown | 0 | |
| New cases 2013 | Male | 1 ¹¹ | 0 |
| | Female | 0 | |
| | Unknown | 0 | |
| People in ART | Male | 0 | 0 |
| | Female | 0 | |
| | Unknown | 0 | |

¹⁰ all 3 cases of HIV / AIDS in Nauru are from foreigners

¹¹ A crew of visiting ship had full blown AIDS and died in Nauru

| | | | |
|---|---------|-----|-----|
| People tested for HIV | Male | 206 | 332 |
| | Female | 126 | |
| | Unknown | 0 | |
| Testing in pregnant women total/tested | 392 | 76 | 19% |
| Cumulative AIDS-related death | Male | 0 | 0 |
| | Female | 0 | |
| | Unknown | 0 | |
| AIDS-related death 2013 | Male | 0 | 0 |
| | Female | 0 | |
| | Unknown | 0 | |

With no HIV cases in Nauru the Ministry of Health focuses its work towards STIs. The STI prevalence rates in Nauru are quite high.

Apparently high prevalence rates of STIs are being registered in Nauru with syphilis, chlamydia gonorrhoea and Trichomonas being tested. Generally STI testing is high in Nauru with 310 women visiting ANC being tested for syphilis in 2013. Nauru uses both RPR/VDRL and TPHA for testing of syphilis. Out of the total number of antenatal care attendees 9 tested positive for syphilis with 9 having a positive serology, while the total number of people tested for syphilis in 2013 was 12. There is one case of congenital syphilis reported in Nauru in 2013. Five men were reported with gonorrhoea in 2013. Table below shows the number of STI tests carried out in 2012, disaggregated by STI type.

Table showing STI testing in Nauru, 2012

| 2012 | Total | No. Positive |
|-------------------------|------------|--------------|
| Chlamydia Tests | 544 | 33 |
| Gonorrhoea Tests | 544 | 0 |
| Syphilis Test | 978 | 92 |
| HIV Tests | 619 | 0 |

Furthermore the Chlamydia mass treatment, in which Response Fund supplied all the drugs, was very effective. In 2009, prior to the mass campaign treatment, the prevalence rate for Chlamydia was 49.5%, but the number dropped to less than 4% after the campaign that was accompanied by mass treatment. This rate was maintained in 2012 as was evident from urine monitoring of around 400 clients. However, further monitoring via urine samples was not possible from 2013 onwards due to limitation in funding. The complete upgrading of the Republic of Nauru (RON) Hospital by Response Fund was another intervention that provided for an effective and efficient health service demand, the outcome of this is a better-equipped laboratory with enhanced microbiological services and referral system.

5.1 HIV testing

Testing for HIV is primarily focused on antenatal clinic attendees, blood donors, selected clients and visa applicants but the Ministry for Health is keen to expand testing to wider coverage of the general population. There is only one laboratory in Nauru that can test for HIV and is part of the services provided by the Republic of Nauru Hospital (RONH). The laboratory can do only HIV Determine testing and any suspected positives are sent to Australia for confirmation.

Currently, testing for HIV is focused on the following groups:

1. Antenatal clinic attendees: there is one central antenatal clinic on the island. All births on Nauru are by hospital delivery
2. Blood donors: Blood donors are not contacted with the results of their test unless it is positive. There have been no confirmed positive results to date from blood donors.
3. Visa applicants: This covers both expatriate workers seeking employment visas for Nauru and Nauruans applying to travel overseas, for example, on scholarships.
4. VCCT individuals: There is no mandatory testing for HIV in Nauru.

Each of the 14 districts in Nauru has a District Primary Health Care Worker (DPHCW). The Youth peer education project was trialled in 2010 but by 2012, it had discontinued.

The STI staff were trained in Voluntary Confidential Counselling and Testing, and VCCT was set up in the hospital premises. There are more people accessing this service particularly youths.

Nauru use the recommended HIV testing algorithm validated for the Pacific (a rapid screening test - [Determine] with confirmation of reactive samples by two additional rapid tests [Insti and Unigold]). Overall testing has increased markedly in recent years. The country now has the capacity to conduct in-country confirmatory tests.

The DHS of 2007 results indicate that more men (53.4%) than women (41.9%) knew where to go to get an HIV test. Only one in eight women and one in six men reported that they had ever been tested for HIV. Not all of those tested received their results, with only 10% having been tested and actually getting their results.

332 people were tested for HIV in 2013 in Nauru with an additional of 392 pregnant women.

5.2 Testing in pregnant women

The total number of pregnant women in Nauru in 2013 was 392. 76 of them were tested for HIV indicating that 19% of pregnant women went through HIV testing and counselling.

HIV counselling and testing during pregnancy is uncommon. According to DHS of 2007 only 4.4% of women indicated that they had received HIV counselling during prenatal care. Less than one in ten women who had given birth in the two years prior to the survey reported being offered an HIV test, having accepted the test and receiving the results.

5.3 HIV in Blood Donors

All blood for donation is being tested for HIV in Nauru. There were no HIV cases registered among blood donors in Nauru. All blood is collected and screened by the RON Hospital Laboratory.

5.4 HIV in Most at Risk Populations

There are a number of transgender people coming for HIV testing; however there are no specially designed programmes for prevention in most at risk groups in Nauru.

6. Indicators for Target 1: Reduce sexual transmission of HIV by 50 per cent by 2015

1.1 Young people – knowledge about HIV prevention

1.1 “Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*”

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: DHS 2007

Other measurement tool / source:

From date: 2007

to date: 2007

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source: DHS 2007

Sample size - Number of Survey Respondents: 364

Correct answer to all five questions

| | All (15-24) | All Males (15-24) | Males (15-19) | Males (20-24) | All Females (15-24) | Females (15-19) | Females (20-24) |
|--|----------------|----------------------|------------------|------------------|------------------------|--------------------|--------------------|
| Percentage (%): Percentage of respondents aged 15-24 years who gave the correct answer to all five questions | 12.1 | 9.6 | 7.8 | 11.5 | 13.3 | 7.6 | 18.4 |
| Numerator : Number of respondents aged 15-24 years who gave the correct answer to all five questions | 44 | | | | | | |
| Denominator : Number of all respondents aged 15-24 | 364 | | | | | | |

Correct answer to question 1 "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?"

| | All (15-24) | All Males (15-24) | Males (15-19) | Males (20-24) | All Females (15-24) | Females (15-19) | Females (20-24) |
|--|----------------|----------------------|------------------|------------------|------------------------|--------------------|--------------------|
| Percentage (%): Percentage of respondents who gave a correct answer to question 1 | 50.8 | 63.4 | 56.1 | 70.9 | 44.8 | 20.4 | 48.7 |
| Numerator : Number of respondents/population who gave correct answer to question 1 | | | | | | | |
| Denominator : Number of all respondents age 15-24 | | | | | | | |

Correct answer to question 2 "Can a person reduce the risk for getting HIV by using a condom every time they have sex?"

| | All (15-24) | All Males (15-24) | Males (15-19) | Males (20-24) | All Females (15-24) | Females (15-19) | Females (20-24) |
|--|----------------|----------------------|------------------|------------------|------------------------|--------------------|--------------------|
| Percentage (%): Percentage of respondents who gave a correct answer to question 2 | 41.2 | 52.1 | 45.1 | 59.3 | 35.9 | 29.9 | 41.2 |
| Numerator : Number of respondents/population who gave correct answer to question 2 | | | | | | | |
| Denominator : Number of all respondents age 15-24 | | | | | | | |

Correct answer to question 3 "Can a healthy-looking person have HIV"?

| | All (15-24) | All Males (15-24) | Males (15-19) | Males (20-24) | All Females (15-24) | Females (15-19) | Females (20-24) |
|--|----------------|----------------------|------------------|------------------|------------------------|--------------------|--------------------|
| Percentage (%): Percentage of respondents who gave a correct answer to question 3 | 12.09 | 9.6 | 7.8 | 11.5 | 13.3 | 7.6 | 18.4 |
| Numerator : Number of respondents/population who gave correct answer to question 3 | | | | | | | |
| Denominator: Number of all respondents age 15-24 | | | | | | | |

Correct answer to question 4 "Can a person get HIV from mosquito bites?" (Or country specific question)

| | All (15-24) | All Males (15-24) | Males (15-19) | Males (20-24) | All Females (15-24) | Females (15-19) | Females (20-24) |
|--|----------------|----------------------|------------------|------------------|------------------------|--------------------|--------------------|
| Percentage (%): Percentage of respondents who gave a correct answer to question 4 | 27.7 | 22.5 | 16.5 | 28.9 | 30.5 | 25.5 | 35.0 |
| Numerator : Number of respondents/population who gave correct answer to question 4 | | | | | | | |
| Denominator : Number of all respondents age 15-24 | | | | | | | |

Correct answer to question 5 "Can a person get HIV from sharing food with someone who is infected?" (Or country specific question)

| | All (15-24) | All Males (15-24) | Males (15-19) | Males (20-24) | All Females (15-24) | Females (15-19) | Females (20-24) |
|--|----------------|----------------------|------------------|------------------|------------------------|--------------------|--------------------|
| Percentage (%): Percentage of respondents who gave a correct answer to question 5 | 34.0 | 29.8 | 25.3 | 34.6 | 36.2 | 26.8 | 44.6 |
| Numerator : Number of respondents/population who gave correct answer to question 5 | | | | | | | |
| Denominator : Number of all respondents age 15-24 | | | | | | | |

1.2 Sex before age of 15

Indicator 1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: DHS

Other measurement tool / source:

From date: 2007

to date: 2007

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source: DHS 2007

Sample size - Number of Survey Respondents: 364

| | All (15-24) | All Males (15-24) | Males (15-19) | Males (20-24) | All Females (15-24) | Females (15-19) | Females (20-24) |
|--|----------------|----------------------|------------------|------------------|------------------------|--------------------|--------------------|
| Percentage (%): Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15 | 20.32 | 31.3 | 34.8 | 27.6 | 14.8 | 14.9 | 14.8 |
| Numerator : Number of respondents (aged 15-24 years) who report the age at which they first had sexual intercourse as under 15 years | | | | | | | |
| Denominator : Number of all respondents aged 15-24 years | | | | | | | |

1.3 Multiple Sexual Partners

Indicator 1.3 Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: DHS

Other measurement tool / source:

From date: 2007

to date: 2007

**Additional information related to entered data. E.g. reference to primary data source, methodological concerns:
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:**

**Data measurement tool / source: DHS
Sample size - Number of Survey Respondents:**

| | All | Males (all ages) | Males (15-19) | Males (20-24) | Males (25-49) | Females (all ages) | Females (15-19) | Females (20-24) | Females (25-49) |
|--|-----|------------------|---------------|---------------|---------------|--------------------|-----------------|-----------------|-----------------|
| Percentage (%): Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months | 19 | 34.6 | 49.5 | 55.9 | | 10.5 | 28.5 | 10.2 | |
| Numerator : Number of respondents aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months | | | | | | | | | |
| Denominator : Number of all respondents aged 15-49 | | | | | | | | | |

1.4 Condom use during higher risk sex

Indicator 1.4 Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: DHS 2007

Other measurement tool / source:

From date: 2007

to date: 2007

**Additional information related to entered data. E.g. reference to primary data source, methodological concerns:
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:**

Data measurement tool / source: DHS

Sample size - Number of Survey Respondents:

| | All | Males (all ages) | Males (15-19) | Males (20-24) | Males (25-49) | Females (all ages) | Females (15-19) | Females (20-24) | Females (25-49) |
|---|-----|------------------|---------------|---------------|---------------|--------------------|-----------------|-----------------|-----------------|
| Percentage (%): Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse | | 11.3 | | | | 4.6 | | | |
| Numerator : Number of Respondents (aged 15-49) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex | | | | | | | | | |
| Denominator : Number of Respondents (15-49) who reported having had more than one sexual partner in the last 12 months | | | | | | | | | |

1.5 HIV Testing in General Population

Indicator 1.5 Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: DHS

Other measurement tool / source:

From date: 2007

to date: 2007

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source:

Sample size - Number of Survey Respondents: 658

| | All | Males (all ages) | Males (15-19) | Males (20-24) | Males (25-49) | Females (all ages) | Females (15-19) | Females (20-24) | Females (25-49) |
|--|-----|------------------|---------------|---------------|---------------|--------------------|-----------------|-----------------|-----------------|
| Percentage (%): Percentage of women and men aged 15-49 who | | 53.4 | | | | 41.9 | | | |

| |
|--|
| received an HIV test in the past 12 months and know their results |
| Numerator : Number of respondents aged 15-49 who have been tested for HIV during the last 12 months and who know their results |
| Denominator: Number of all respondents aged 15-49, including those who have never heard of HIV or AIDS. |

1.6 Reduction in HIV prevalence

Indicator 1.6 Percentage of young people aged 15-24 who are living with HIV*

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: Antenatal clinic registries

Other measurement tool / source:

From date: 2013

to date: 2013

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source:

Sample size - Number of Survey Respondents:

| | Total (15-24) | 15-19 | 20-24 |
|--|------------------|-------|-------|
| Percentage (%) : Percentage of young people aged 15–24 who are living with HIV | 0 | | |
| Numerator : Number of antenatal clinic attendees (aged 15–24) tested whose HIV test results are positive | 0 | | |
| Denominator : Number of antenatal clinic attendees (aged 15–24) tested for their HIV infection status | 332 | | |

3.1 Prevention of Mother to Child transmission

Indicator 3.1 Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: Numerator from ANC/PMTCT and ART register

Other measurement tool / source: Ministry of Health Surveillance data

From date: 01/01/2013

to date: 12/31/2013

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source:

| | Data value |
|---|------------|
| Percentage (%) : Percentage of HIV-positive pregnant women who received antiretroviral medicine to reduce the risk of mother-to-child transmission | 0 |
| Numerator : Number of HIV-positive pregnant women who received antiretroviral drugs during the past 12 months to reduce the risk of mother-to-child transmission during pregnancy and delivery | 0 |
| 1. newly initiated on ART during the current pregnancy | 0 |
| 2. already on ART before the current pregnancy | 0 |
| 3. Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B) | 0 |
| 4. Maternal AZT (prophylaxis component during pregnancy and delivery of WHO Option A or WHO 2006 guidelines) | 0 |
| 5. Single dose nevirapine (with or without tail) ONLY Please note that the final published value for PMTCT coverage will not include single dose nevirapine. However, this data is collected in the reporting tool during the phase out period. | 0 |
| 6. Other (please comment: e.g. specify regimen, uncategorized, etc.) In the Comment Box, for the women reported as receiving an "Other" regimen, please describe the ARV regimen(s) and the number of women receiving each regimen category. | 0 |
| If disaggregation's 1 and 2 are not available, please provide the total number of pregnant women on Lifelong ART | 0 |
| Denominator : Estimated number of HIV-positive pregnant women who delivered within the past 12 months | 0 |

3.3 Mother to Child Transmission of HIV (Modelled)

Indicator 3.3 Estimate percentage of child HIV infections from HIV positive woman delivering in the past 12 months

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: SPC estimations

Other measurement tool / source: Ministry of Health Surveillance Data

From date: 01/01/2013

to date: 12/31/2013

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source: GARPR

| | Data value |
|--|------------|
| Percentage (%) : Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months | 0 |
| Numerator : Estimated number of children who will be newly infected with HIV due to mother-to-child transmission among children born in the previous 12 months to HIV-positive women | 0 |
| Denominator : Estimated number of HIV positive women who delivered in the previous 12 months | 0 |

The estimated number of women living with HIV is 0 and the estimated number of children born to women is 0,00132.¹²

3.4 Pregnant Woman who know they HIV Status

Indicator 3.4 Pregnant women who know their HIV status

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: Please specify

Other measurement tool / source: Ministry of Health Surveillance Data

From date: 01/01/2013

to date: 12/31/2013

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source: ANC registers

Percentage (%) - Percentage of pregnant women who were tested for HIV and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status:

Numerator - Number of pregnant women who were tested for HIV in the last 12 months and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status

| | Data value |
|---|------------|
| : Total number tested (including previously known positives) | |
| : Total number tested and received results (including previously known positives) | 0 |
| : Total number testing positive (including previously known positives) | 0 |

¹² Estimation produced by the Secretariat of the Pacific Community in 2013.

(a) Total number of pregnant women attending ANC who were tested during ANC and received results or knew their positive status

| | Data value |
|---|------------|
| : Total number tested (including previously known positives) | 0 |
| : Total number tested and received results (including previously known positives) | 0 |
| : HIV+ out of number tested (including previously known positives) | 0 |

(a.i) Number of pregnant women with unknown HIV status attending ANC who were tested during ANC and received results

| | Data value |
|------------------------------------|------------|
| Number tested | 0 |
| Number tested and received results | 0 |
| HIV+ out of number tested | 0 |

(a.ii) Number of pregnant women with known HIV+ infection attending ANC for a new pregnancy

| | Data value |
|---------------------------------|------------|
| Number of HIV+ pregnant women 1 | 0 |

(b) Number of pregnant women with unknown HIV status attending L&D (labor and delivery) who were tested in L&D and received results

| | Data value |
|------------------------------------|------------|
| Number tested | 0 |
| Number tested and received results | 0 |
| HIV+ out of number tested | 0 |

(c) Number of women with unknown HIV status attending postpartum services within 72 hours of delivery who were tested and received results

| | Data value |
|------------------------------------|------------|
| Number tested | 0 |
| Number tested and received results | 0 |
| HIV+ out of number tested | 0 |

Denominator - Estimated number of pregnant women: 392

7. Indicators for Target 6: Close the global AIDS resource gap

Indicator 6.1 Domestic and international AIDS spending by categories and financing sources

8. Discriminatory attitudes towards people living with HIV

Indicator 8.1 Percentage of woman and men age 15-49 who report discriminatory attitudes towards people living with HIV

Is indicator/topic relevant? Yes

Is data available? Yes

Data measurement tool / source: DHS 2007

Other measurement tool / source:

From date: 2007

to date: 2007

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data measurement tool / source: DHS 2007

As this indicator is new, it is likely that many countries will not be able to report on the indicator during the 2014 reporting round. Instead, countries are requested to report data from the previous version of question 1, 'Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?' This question has been routinely collected in DHS in many countries. In future reporting rounds, countries should report on the full indicator.

Sample size - Number of Survey Respondents: 452

Answered "No" or "It depends" to question 1 "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"

| | All | Mal es (all ages) | Ma les (15- 19) | M ales (20-24) | M ales (25-49) | Fem ales (all ages) | Fe males (15-19) | Fe males (20-24) | Fe males (25-49) |
|--|------|-------------------------|-----------------------|----------------------|----------------------|---------------------------|------------------------|------------------------|------------------------|
| Percentage (%) : Percentage of Respondents (aged 15–49 years) who respond "No" or "It depends" to question 1 | 27.9 | 65.9 | 14.0 | 24.7 | | 65.9 | 14.0 | 24.7 | |
| Numerator : Number of Respondents (aged 15–49 years) who respond "No" or "It depends" to question | | | | | | | | | |
| Denominator : Number of all Respondents aged 15–49 years who have heard of HIV | | | | | | | | | |

Data for the rest of the questions not available as the study was based on a different set of questions.

9. Indicators for Target 9: Eliminate travel restrictions (No Data Reported)

Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed

10. Best practices

- Chlamydia Mass treatment campaign was a very successful initiative that is being replicated all over the Pacific countries.
- The Advocacy and health communication interventions are gaining more success as the churches, district heads and other social groups who could not be reached earlier in the project are now attending meetings and accept the interventions and being part of the stakeholder group.
- The fact that Nauru Ministry of Health who is the sub-recipient of the Global and Response Fund project could get the National Republic to take over maintenance of these projects is laudable and should be commended.

11. Major challenges and gaps

a) Issues/Challenges/Gaps

HIV/STI tests conducted in 2012 were more of Syphilis compared to other STIs. Out of the 978 people tested for Syphilis, 92 were tested positive. The closest to this was Chlamydia in which 33 out of 544 people tested were found positive.

Recommendation

Perhaps syphilis mass treatment campaign may be necessary to address this problem.

b) Issues/Challenges/Gaps

The grant allocated to the Department of Education to include Sex Education in the school curriculum was not utilised in 2011 – 2012. There were cases of teenage pregnancies noted in schools in 2011 and 2012.

Recommendation

Develop a curriculum synergizing Adolescent Reproductive Health with STI/HIV and AIDS and rebrand it Family Life Education. This rebranding is necessary in order to make such a sensitive issue more acceptable in a more conservative country like Nauru. There may be a need to train teachers on how to teach the curriculum in schools, as proposed by the project.

c) Issue/Challenge/Gap

Although VCCT protocol is available, it is not strictly followed. Previously the Public Health Centre and the RON Hospital did not always provide confidentiality and the counsellor did not have a lockable drawer or filing cabinet to keep confidential files. Since the Counselling training facilitated by Empower Pacific in November 2013, the VCCT program was reassessed and there is now a filing cabinet which can be locked by the counsellor

Recommendations

To ensure that VCCT should be as confidential as can be achieved and the setting should be such that whoever goes in and out may not be noticed. It should be a safe environment and well secured with filing cabinets for the Counsellor and the use of codes or numbers should be adopted for identification of blood samples sent for screening.

d) Issue/Challenge/Gap

Nauru faces a great problem with attraction of its skilled workforce, most of who move to join and work at the nearby refugee camps¹³ for better salary and condition of service.

Recommendations

A complete review of the workforce is recommended to identify areas that need motivation e.g. review of salary scale, capacity development and other conditions of service to be able to retain institutional memories much needed by this growing country.

e) Issue/Challenge/Gap

There is a need to break the silence surrounding sex education. Open discussion about sex is frowned upon in Nauru.

Recommendation

Intensive and continuous behaviour change communication strategy is needed in the form of T.V. and radio messages, adverts, dramas, jingles, etc. and is necessary to re-enforce change. It was said that one in four youths from the Pacific region has a sexually transmitted infection. The Youth peer education project should be revived to give peer support to the youths.

12. Other Recommendations

1. Nauru should be guided and supported to develop a NSP on HIV/AIDS integrating STIs and reproductive health aspects into one document policy.
2. Appropriate resources should be mobilized to meet the planned activities in the new STI NSP.
3. There is need for multi – sectorial responses to addressing the issue of HIV and other STI, particularly the involvement of the Education, Socio-Economic, Agriculture, Environment & Climate Change and other sectors. This will go a long way in prevention, impact mitigation and behaviour change.
4. Civil Society Organisations are an integral part of development. The role of Non-Governmental Organisations, Peer Educators and Associations cannot be over-emphasised in programming, and their involvement is very critical to speed up interventions. There is a great need for Nauru to be more proactive in this area.
5. Advocacy efforts should target local women from the Districts, Market Places and Churches for further reduction of Stigma and other Health Communication strategies like Drama, Jingles etc. and is needed to re-enforce behaviour change
6. There is need to continuously update information stored in the hospital data bank and an M & E officer should be appointed specifically for that purpose.
7. An M&E framework for the NSP in HIV/STI should be developed and institutionalized
8. All capacity development or system strengthening support should be followed up with supervisory visit or mentoring, to ascertain whether the newly acquired skills or infrastructure is being utilized effectively.
9. Extending testing to key populations: This could either take place through targeted surveys or through their routine testing and targeted outreach.

¹³ The Australian government opened for the 2nd time an off-shore refugee processing centre in Nauru from September 2012.