Country: Vanuatu

Reporting period: January - December 2013

Global AIDS Response Progress Report

2014

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1. Introduction

Remarks by the Ministry of Health

The Global AIDS Response Progress Reporting is a rich source of data for in-depth analysis. Vanuatu is classified as a low HIV prevalence country with increasing rates of STIs, similar to the rest of the Pacific Region is a growing concern.

While the number of HIV cases is low with only nine recorded cases, the high prevalence of Sexually Transmitted Infections (STIs) and risky behaviour, in particular unsafe sex amongst young people creates a context where HIV could rapidly spread. Increasing population mobility, both within Vanuatu as well as to other countries in the Pacific Region increases this risk. Factors such as poverty, high rates of gender-based violence, unstable political situation, and a heavy dependence on international technical and financial support are important challenges to an effective response to the prevention of HIV and STIs, and the treatment, care and support of people living with HIV (PLHIV).

It is a main objective of the Ministry of Health (MOH), Vanuatu to reduce the incidence of HIV and rates of STIs within the country. The Ministry of Health wishes to acknowledge the collaborative efforts between the (UNAIDS) United Nations Joined programme on HIV/AIDS, the UNICEF Suva Fiji field office and especially the dedicated staff of the Ministry of Health STI, HIV/AIDS unit for the coordination and write up of this report. This report is produced with findings and recommendations to aid in the implementation so as to improve the health outcomes of the population of Vanuatu.

Global AIDS Response Progress Reporting is a yearly report which countries produce to show trends on the development of HIV in the country. Vanuatu is again happy to be reporting for the fifth time this year together with many other countries in the region to participate in this effort to firstly; build on capacity within the MOH, Vanuatu and secondly, to inform STI, HIV/AIDS national response. We hope to establish detailed report regarding our identified vulnerable population (youths, Antenatal clinic mothers and HIV Clients, MSM, Sex workers) against the 10 UN targets and with the report findings to either improve or establish programmes especially prevention activities aimed at targeted sections of our general population.

Special acknowledgment must be awarded to Ms Janet Faith Jack (Assistant HIV Coordinator) for agreeing to be the local consultant to compile data and write up the report, Mr. Caleb Garae and Ms Sangita Robson for facilitating the activity. Other departments and sections from within the Ministry of Health and Non-government organisations such as Wan Smol Bag, Vanuatu Family Health Association, Save the Children Vanuatu, and Oxfam, are also being acknowledged for taking part in their effort.

Finally, but not the least we would also like to thank UNAIDS Pacific Office for their guidance during the reporting process. We would like to extend our appreciation to all development partners, Civil Society Organisations, MOH and other Government Ministries and Departments who have participated and provided support to the completion of this report, for without them this report would not have been possible.

On behalf of the Republic of Vanuatu, I am pleased to present the January – December 2013 Global AIDS Response Progress Reporting for Vanuatu. Our efforts will contribute to the Global Vision the three zeros: Zero New Infections; Zero AIDS-related Deaths; Zero Discrimination.

Long God Yumi Stanap

Dr Santus Wari
Acting Director General of Health
Date:

1.1 Acronyms

Acronym	***Definition***
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CSW	Commercial Sex Worker
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
ILO	International labor Organization
FSW	Female Sex Workers
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBT	Lesbian Gay Bisexual Transsexual
MARP	Most at risk population
MDG	Millennium Development Goal
MSM	Men having sex with Men
M&E	Monitoring and Evaluation
NGO	Non-governmental organization
RDSAT	Respondents Driven Sampling Analysis Tool
PLHIV	People Living with HIV
PMTCT	Prevention of mother-to-child transmission
RNA	Ribonucleic acid
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
VFHA	Vanuatu family Health Association
VSO	Volunteer Services Overseas

1.2 Acknowledgements

This report was approved by the Acting Director General of Health, Vanuatu on **24th March 2014**, and was subsequently endorsed by the GARPR working group and members of the National AIDS Committee in Vanuatu.

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2. Indicator Overview

Core indicators for Global AIDS Response Progress Reporting

Individual indicators may be used to track more than one target

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*	**24%**	*Other Behavioural Surveillance Survey 2010. " I no bin Gat Protection" UNICEF and Vanuatu Government*	24% of young people aged 15-24 (29% of Young Males and 20% of Young Females) both Correctly identified ways to prevent HIV infection and rejected misconceptions about HIV transmission. - **63%** correctly answered can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners? - **70%** correctly answered can a person reduce the risk of getting HIV by using a condom every time they have sex? - **63%** correctly answered can a healthy-looking person have HIV? - **60%** correctly answered can a person get HIV from mosquito bites? - **79%** correctly answered can a person get HIV by sharing food with someone who is infected? *Note: Purposeful sample of young people across selected locations (i.e. not generalize to the youth population)*
	1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	**16.5%**	*Secondary Analysis on Second Generation Surveillance of Antenatal Woman, STI Clients and Youths, Vanuatu, 2008*	The 2005 SGS only reported the median while in the MARA report indicated the mean age of first sex as 16.5 years. In the 2008 SGS, young women who participated in HIV Surveillance (HSS) amongst clients attending an STI Clinic had higher percentage of sex before the age of 15 when compared to young women who participated in STI Prevalence Survey (SPS) amongst pregnant women and Behavioural Surveillance (BSS) amongst youths. The mean age for sex before the age of 15 years was same for all the three surveys
	1.3	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	**40.5%**	*Second Generation Surveillance Survey of Youth 2008*	Data collected <u>before</u> the reporting period found that **40.5%** of young people aged 15-24 (**52.9%** of males: and **27.4%** of females) have had sexual intercourse with more than one partner in the last 12 months. There is no data available for people aged 25-49.
	1.4	Percentage of adults aged 15–49 who had more than one sexual partner in	**41.7%**	*Other Behavioural Surveillance Survey 2010. " I no bin Gat*	**41.7%** of young people aged 15-24 (**49.5%** of young males and **34.6%** of young females) reported condom use at last high risk sex i.e. with a non-regular partner. There is no data available for people aged 25-49.

		the past 12 months who report the use of a condom during their last intercourse*		*Protection" UNICEF and Vanuatu Government*	*Note: Purposeful sample of young people across selected locations (i.e. not generalize to the youth population)*
	1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	**10%**	*Other Behavioural Surveillance Survey 2010. " I no bin Gat Protection" UNICEF and Vanuatu Government*	**10%** of young people aged 15-24 have been tested for HIV and know their results. *Note: Purposeful sample of young people across selected locations (i.e. not generalize to the youth population)* **2.3%** of the total population received an HIV test in the past 12 months and know their results. *Notes:1) The data has not been reported in a way that allows disaggregation by age or gender* *2) The data is for total tests undertaken irrespective of whether people know their results. (Source: Ministry of Health surveillance data)*
	1.6	Percentage of young people aged 15-24 who are living with HIV*	**0%**	*Ministry of Health, STI and HIV Unit Surveillance Data, HIV Patient Summary Form*	There were **no** known cases of young people aged 15-24 who are living with HIV in the reporting period
Sex workers	1.7	Percentage of sex workers reached with HIV prevention programmes	**N/A**	*N/A*	There are no specific programmes designed for Sex Workers for which data are centrally collected thus the indicator cannot be reported currently
	1.8	Percentage of sex workers reporting the use of a condom with their most recent client	**7.6**	*Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Female Sex Workers in Vanuatu, 2011.*	Consistent Condom use with transactional sex partners during previous 30 days was low. The percentage of sex workers reporting the use of a condom with their most recent transactional sex partner was 7.6%
	1.9	Percentage of sex workers who have received an HIV test in the past 12 months and know their results	**5.5%**	*Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Female Sex Workers in Vanuatu, 2011.*	5.5% of FSW had an HIV Test and who know their results. Out of the 138 FSW only 11 responded yes to the indicator. The low level of testing revealed in this study supports this recommendation. McMillan and Worth's qualitative study of FSW in Vanuatu also found that few FSW had ever tested for HIV, with privacy concerns cited as the main reason for not being tested (20). As noted above, fear may also contribute to the low level of testing. It is paramount that further research is conducted exploring the reasons why FSW and other at risk populations may not have a HIV tests.

	1.10	Percentage of sex workers who are living with HIV	**0%**	*Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Female Sex Workers in Vanuatu, 2011.*	There were no known cases of FSW living with HIV during the reporting period
Men who have sex with men	1.11	Percentage of men who have sex with men reached with HIV prevention programmes	**N/A**	*Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Men who have sex with men and Transgender people in Vanuatu, 2011.*	There are no specific programmes designed for MSM for which data are centrally collected thus the indicator cannot be reported currently
	1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	**34.5%**	*Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Men who have sex with men and Transgender people in Vanuatu, 2011.*	Seventeen MSM and 12 TG reported having anal sex with a male partner during the previous six months. Among these MSM and TG, the overall percentage that reported using a condom at last sex with a male partner was 34.5%; condom use was higher among MSM (42.2%) compared to TG (25.0%).
	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	**20%**	*Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Men who have sex with men and Transgender people in Vanuatu, 2011.*	The percentage of MSM and TG that had a HIV test in last 12 months and know the result was 20%; the percentage was higher amongst TG (38.1%) compared to MSM(7.1%).
	1.14	Percentage of men who have sex with men who are living with HIV	**0%**	*Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Men who have sex with men and Transgender people in Vanuatu, 2011.*	HIV was not detected in any MSM and TG in the study even during the reporting period there were no known cases of HIV in MSM and TG
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	**-**	*Information Not Available*	Vanuatu Currently does not have any Baseline to report on this indicator. Baseline reports only covers Substance Abuse none or little on Injecting drug use therefore this cannot be classified against the indicators laid out
	2.2	Percentage of people who inject drugs who report the use of a condom	**-**	*Information Not Available*	

		at last sexual intercourse			
	2.3	Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	**-**	*Information Not Available*	
	2.4	Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	**-**	*Information Not Available*	
	2.5	Percentage of people who inject drugs who are living with HIV	**-**	*Information Not Available*	
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 antiretroviral to reduce the risk of mother-to-child transmission	**100%**	*Ministry of Health surveillance Data*	**100%** of pregnant women (two pregnant woman) known to be HIV positive received antiretroviral therapy to reduce the risk of mother to child transmission during the reporting period. *(Source: Ministry of Health Surveillance data)*
	3.1a	Prevention of mother-to-child transmission during breastfeeding	**100%**	Ministry of Health surveillance Data	100% of Pregnant Woman known to be HIV Positive have receive ARV to reduce the risk of mother to child transmission during breast feeding
	3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	**0%**	Ministry of Health Surveillance Data	There are no virological tests done in 2013, and no infants born to HIV mother in 2013.
	3.3	Mother-to-child transmission of HIV (modelled)	**0%**	Ministry of Health Surveillance Data	There were no reported cases of Mother to Child transmission of HIV during the reporting period. There were **no** children born to HIV positive women recorded during the reporting period. *(Source: Ministry of Health Surveillance data)*
Target 4. Reach 15 million people living with HIV with lifesaving	4.1	Percentage of adults and children currently receiving antiretroviral therapy*	**100%**	Ministry of Health Surveillance Data	100% of eligible adults and children(4 Female adult, 1 female Child and 1 adult male) are currently on Antiretroviral therapy

antiretroviral treatment by 2015	4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	**100%**	Ministry of Health Surveillance Data	100% of adults and children(4 Female adult, 1 female Child and 1 adult male) are currently on HIV treatment 12 Months after initiation of Antiretroviral therapy
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%**	Ministry of Health Surveillance Data	Currently all HIV Positives and TB positives are screened for both HIV and TB, and no known cases are reported positive for either diseases during the reporting period.
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	7% Domestic 93% International	Ministry of Health and Civil Society Expenditures	During the reporting period a total **of 84,994,001VT** was spend on HIV/AIDS in Vanuatu (Source: Ministry of Health and Civil Society Expenditures)
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	**60%**	Vanuatu National Survey on woman's Lives and Family Relationship 2011	**60%** of ever-married or partnered women aged 15-49 experienced physical or sexual violence from a male partner in the past 12 months.
Target 8. Eliminating stigma and discrimination	8.1	Discriminatory attitudes towards people living with HIV	**46.5%**	Second *Generation Surveillance of Antenatal Woman, STI Clients and Youths, Vanuatu, 2008*	Less than half of women reported that they would be willing buy vegetables from a vendor or shopkeeper if they knew that the vendor had HIV (46.5%). As might then be expected, fewer women subsequently agreed that a female teacher, who has HIV though is not sick, should be allowed to continue to teach (36.0%).
Target 9. Eliminate travel restrictions	9.1	*Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed*	**-**	-	Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ

Target 10. Strengthening HIV integration	10.1	Current school attendance among orphans and non-orphans aged 10–14*	**73.6%**	Monitoring the Situation of Children and Woman Vanuatu Multiple Cluster Survey 2007	Data collected before the reporting period found that **73.6%** of children whose mother and father have died attended school. **79.6%** of children with both parents alive and are living with one parent attended school.
	10.2	Proportion of the poorest households who received external economic support in the last 3 months	-	Vanuatu National Census Report	There is no government social security system in Vanuatu. Vanuatu National Census Report bears information on household size and status but not disaggregated to rich and poor household. Thus, Poor people might have received external economic support from family members, non-government organisations, faith-based organisations or remittances from family living overseas.
Policy questions (relevant for all 10 targets)		*National Commitments and Policy Instruments (NCPI)*	-	-	Refer to Annex
* Millennium Development Goals indicator 7 The *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* defines this target as: 1. Reduce the number of new HIV infections among children by 90% 2. Reduce the number of AIDS-related maternal deaths by 50%					

3. Status at a glance

3.1 GARPR reporting January – December 2013

The 2013 Country Progress Report for the Republic of Vanuatu on Global AIDS Response Progress Reporting (GARPR) covers the period **January 2013 to December 2013.** It is the fifth time Vanuatu has submitted a Country Progress Report.

This Country Report was prepared in a participatory manner and engaged a range of stakeholders, including government agencies, civil society, development partners and people living with HIV. Stakeholders attended meetings, filled in the National Commitments and Policy Instrument (NCPI) and attended a data validation workshop in Port Villa on 20th March 2014. A list of participants consulted in preparing this report is appended.

3.2 Status of the epidemic

Vanuatu has low incidence and prevalence of HIV infection. Vanuatu officially reported its first HIV positive case in September 2002. As at 31st December 2013, there have been nine officially reported cases – seven adults and two children aged 0-14 years. Cases were reported across three provinces: Shefa, Tafea and Sanma. Of the nine reported cases 3 died and six cases are currently living with HIV.

The key mode of HIV transmission is through sexual transmission. Of the nine HIV cases, one was acquired overseas, and two by transmission to women from their partners who acquired the infection outside the country. There have been two reported cases of mother-to-child transmission of HIV. The other 4 HIV cases acquired HIV through sexual intercourse. While men who have sex with men (MSM) are present in most communities, there have been no reported cases of HIV among MSM. There have also been no reported cases of HIV amongst sex workers. There has been no transmission of HIV through unsafe blood.

3.3 Policy and programmatic response

Vanuatu has a National AIDS Committee (NAC), which has the responsibility for the strategic oversight and implementation of the response to HIV and AIDS in the country.

Vanuatu's old National Strategic Plan for HIV and STIs covers the period 2008-2012. The Ministry of Health is at its final stages of developing a new National Strategic Plan. The new National Strategic Plan covers period 2014 – 2018.

Funding for Vanuatu's HIV and AIDS response is largely from international sources. Domestic contribution covers 7% of total spending over the reporting period.

4. Overview of the AIDS Epidemic

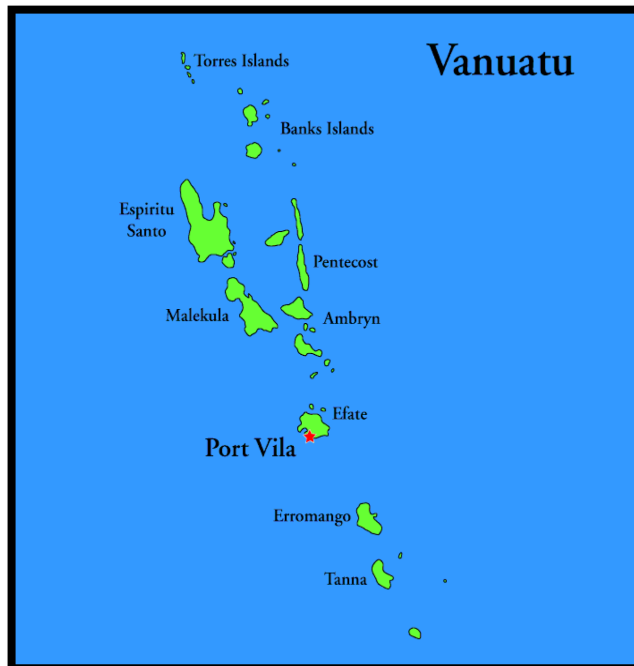
Country Context and Situational Analysis

Geography

Vanuatu consists of a Y-shaped chain of four main islands and 80 smaller islands, located in the Pacific Ocean between Australia and Hawaii. The official languages of Vanuatu include Bislama (local language), English and French; however there are over 100 other local languages (1). Vanuatu is part of Melanesia, which also includes the Solomon Islands, Papua New Guinea, Fiji and New Caledonia; the term Melanesia denotes an ethnic and geographical grouping of islands that are distinct from Micronesia and Polynesia.

Vanuatu has a highly structured, hierarchical, village-based community social organization. The country spans a distance of 1,100 km from the Torres Islands in the far north to the Matthew and Hunter Islands in the south. The country is divided into six provinces: 1) Torba; 2) Penama; 3) Sanma; 4) Malampa; 5) Shefa; and 6) Tafea. The nation's largest towns are the capital Port Vila, situated on Efate, and Luganville on Espiritu Santo.

Figure 1: Map of Vanuatu



Population

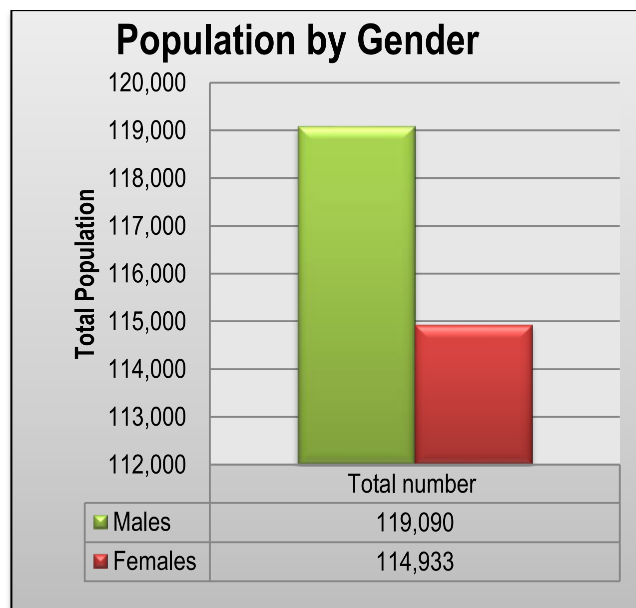
The 2009 census recorded the population of Vanuatu as 234,023; approximately one-fifth of the population lives in the capital, Port Vila (population 44,040. The majority of the populations live in villages of less than 200 people. Vanuatu's human development index value in 2012 was 0.626, in the medium human development category, positioning the country at 124 out of 187 countries and territories.
Similar to many other Pacific Island Countries and Territories, Vanuatu has increasing urbanization with the urban population comprising of 24.4% of the total population in 2009, up from 21.5% in 1999. Also similar to many other PICT, the population is young with 62% of the population aged 24 years and younger

Table 1: Population by province

Province	Total Number	Percentage
Shefa	78,723	33.6
Sanma	45,860	19.6
Malampa	36,722	15.7
Tafea	32,540	13.9
Penama	30,819	13.2
Torba	9,359	4.0
	234,023	100

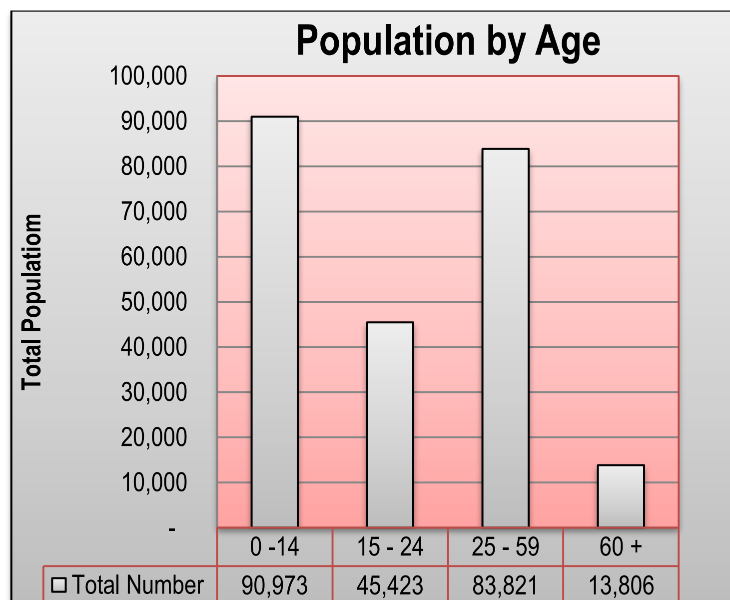
In addition to high rates of domestic mobility, there are increasing mobility rates between Vanuatu and other countries in the region, in particular New Zealand, Australia, and Papua New Guinea. For example, between the periods 2002-06 and 2007-11, visas or permits issued to Vanuatu citizens for entry to New Zealand increased by over 324 per cent, the highest for any Pacific country. The reasons for the increased population mobility are the accelerating urbanization of Vanuatu and other Melanesian countries, and the demand for labour, especially in the agricultural sector in Australia and New Zealand, and the demand for skilled labour from Papua New Guinea's resource-extraction industries.
(Source: Vanuatu National Census Report)

Graph 1: Population by Gender



(Source: Vanuatu National Census Report)

Graph 2: Population by Age



	0 -14	15 - 24	25 - 59	60 +
Total Number	90,973	45,423	83,821	13,806

(Source: Vanuatu National Census Report)

Culture and Religious

Christianity is the predominant religion in Vanuatu, consisting of several denominations. In addition there are many other religious groups and cults. Traditional cultural systems have been maintained, including the chief system and *kastom* law, which are extremely strong in Vanuatu, even in urban areas. *Kava* drinking is popular. The kava roots of the plant are used to produce a drink with aesthetic properties. Manhood and coming of age ceremonies and rituals for young men, menstrual seclusion of women, and other practices that reflect a male-female dichotomy in society are also maintained. Male circumcision is widely practiced throughout most of Vanuatu.

Gender – Based Violence and Discrimination

Domestic violence is among the factors contributing to the vulnerability of women to STIs and HIV in Vanuatu. A 2011 survey found that 44% of women interviewed had experienced sexual violence, 33% of them in the last year. In some provinces 75% of women reported physical or sexual violence. Thirty three percent of women over 15 years of age had experienced sexual violence by men who were not their partners. Violence against women is compounded by a context of alcohol and *kava* abuse, increasing poverty, and rural-urban migration, contributing to social and economic disparities and hardship. Alcohol abuse is a primary contributing factor that exacerbates domestic violence.

Stigma, discrimination, and embarrassment related to MSM are widespread in Vanuatu, justified by the popularly expressed view that “homosexuality does not accord with custom” (Jowitt 2005).

Political Situation

The Republic of Vanuatu is a parliamentary democracy with a written constitution, headed by a president. The parliament has 54 members, elected by popular vote every four years, unless parliament is dissolved earlier. The Prime Minister is elected by the members of parliament and the prime minister, in turn, appoints the Council of Ministers. The Prime Minister and the Council of Ministers constitute the executive

government. Chiefs are still the leading figures on village level, and may hold considerable power at the local level. The national Council of Chiefs is elected by district councils of chiefs and advises the government on all matters concerning Ni-Vanuatu culture and language.

The political system in Vanuatu has been characterized as unstable and fragmentary, based on patronage rather than on policies. There have been frequent changes of government, with patronage and a view to short-term gain leading to corruption at the highest levels. As a result, political and administrative corruption, including nepotism, cronyism, embezzlement of public funds and bribery, is acknowledged to be widespread in Vanuatu. This situation has presented major challenges to sustained national development, and has contributed to a growing disparity between the capital, Port Vila and rural areas, reflected in a lack of access to services (education, health, regular water supply, transport, and communications) and income-earning opportunities. This has important implications for the funding and development of services for HIV and STIs.
(Source: Wikipedia, the free encyclopedia)

Economic Development

The four mainstays of Vanuatu's economy are agriculture, tourism, offshore financial services, and raising cattle. International tourism, currently accounts for 54 percent of gross export earnings. Little increase has occurred in rural production, but there has been accelerating prosperity in relation to the two urban centres, Port Vila on Efate, and Luganville in Santo, mainly sustained by the construction industry (hotels and private real estate). Financial Services are an important part of the economy, as a result of the lack of income tax, withholding tax, capital gains tax, inheritance tax, or exchange control in Vanuatu.

Despite a moderate gross national income per capita (USD 1,737 in 2009) and medium Human Development Index ranking (125th out of 187 countries); Vanuatu has high levels of poverty and vulnerability. For this reason Vanuatu remains on the UN Committee for Development Policy's list of Least Developed Countries. Vanuatu has marked rural-urban income inequalities – over 80% of the population depends on agriculture for their livelihood, yet the rural sector contributes only 8% of GDP. Forty percent of the population has an income below USD 1 per day, and 13% of the population is under the basic needs poverty line.

The Global Financial Crisis has had a significant impact on Vanuatu's economic growth rate, which has dropped from 5% to 3%.

Picture: Port Vila Market House (Source: Wikipedia, the free encyclopedia)

Education

Education is compulsory in Vanuatu. The education Millennium Development Goal (MDG 2) is unlikely to be met. Education improvement has stalled, and universal access to primary education is unlikely to be achieved. According to the 2009 Census, 13% of females and 10% of males over 5 years of age have never been to school. The rate of primary school enrolment fell from 93% in 2004 to just over 85% in 2007. The proportion of pupils completing a primary education fell from 90% in 1991 to 72% in 2004. The adult literacy rate is estimated to be only 33%.
(Source: Wikipedia, the free encyclopedia)

Health System

Since independence on 30th July 1980, the Government took over the responsibilities of running health care services across Vanuatu of which were usually run by mission Hospitals and clinics; and was normally free. Government immediately introduced User-fees to both the Inpatient and Outpatient services of all health facilities (Hospitals, Health Centres and Dispensaries) to help run its services. By 1990's most of the former Mission Hospitals were scaled down to a Health Centre level. By 1993, the re-introduction of "Free Health Care" came about but ironically, outpatient has never been made free. Rather, the outpatient charge is renamed as contribution fee.

As of 2013, Vanuatu Ministry of Health has a total of 377 Health Facilities and delivers its services through two referral hospitals (VCH & NPH), 3 provincial hospitals, 34 health centres, 97 dispensaries and 240 Aid posts; this ranks health facility in Vanuatu per capita as one of the highest and most accessible amongst least developed countries in the world. Sexual and reproductive health (SRH) services are also provided at all levels from Hospitals, Health Centres and Dispensaries inclusive of NGO Clinics with referral for deliveries

Ministry of Health Policy objective

Ministry Of Health is responsible for the provision of curative and preventive health services. The Ministry formulates national health policies, coordinates the development and planning of public health sectors, and regulates health standards. The vision, broad objectives and strategies for development of Vanuatu's health sector are defined in the *Health Sector Strategy 2010–2016*. Under this strategy, in line with the PAA, MOH has committed to:

- Ensure that the whole population has access to a range of evidence based and affordable health promotion and preventive services
- Ensure universal equitable access to emergency, curative and rehabilitative services
- Ensure that quality Primary Health Care remains pre-eminent as the central strategic health priority for the country, and that this is reflected in the budget
- Ensure that the health systems necessary to provide such services, which are accountable to clients and are cost effective, are developed and strengthened in line with international best practices
- Actively engage in partnerships with donor agencies, private sectors, civil society groups and other development partners to assist in optimizing health service delivery
- Adopt a 3 year strategic planning framework (Corporate Plan), with rolling yearly implementation plans (Business Plans) that should drive the budgeting process and
- Ensure that all significant external funding is in line with the priorities and directions of the MOH.

Government Health Services

Vanuatu's health services are organized based on the country's six provinces, each of which has a single hospital and multiple health centres. The two tertiary referral hospitals are in the two main towns of Port Vila (Vila Central Hospital, Efate Island) and Luganville (Northern Provincial Hospital, Espiritu Santo Island). Specimens are collected at some of the 32 health centres, mostly through skills introduced along with the establishment of voluntary confidential counselling and testing (VCCT) services at a total of 17 government and NGO clinics, 6 laboratory services are generally restricted to the provincial hospitals setting. Specialized tertiary services are not available in Vanuatu and are referred for overseas treatment, mainly to Australia and New Zealand.

A number of health centres and dispensaries also operate in urban areas, and are run by municipal administrations, churches or nongovernment organisations. Beyond urban areas, each province is divided into catchment zones for the purposes of coordinating community health care, including public health programs.

Throughout Vanuatu, there are 34 health centres and 89 dispensaries and 181 aid posts (ODE Ausaid 2009). Aid posts are community owned, and staffed by a volunteer village health worker with limited first-aid focused training.
Major hospitals have high client loads so there was insufficient time for staff to counsel STI clients or provide additional tests. For example, at Vila Central Hospital (40-50 ANC clients per day) the number of ANC clients and shortage of staff led to no speculum examinations, no gonorrhoea testing, no prophylactic tetracycline for newborns, and very few ANC clients getting HIV tests – all services that were offered in at least some other provincial hospitals in Vanuatu.

There are 34 health centres (also referred to as district/first-level referral hospitals), about six in each province. They provide outpatient and inpatient services (mostly deliveries), health promotion and preventive health services, such as immunization. Each of these health centres is staffed by a nurse practitioner (who is also the manager), a midwife and a general nurse. The health centres are the referral centres for dispensaries (PHC centres) and aid posts. A health centre is basically a bigger version of a dispensary with more amenities. A health centre normally has a maternity room, multiple beds for overnight patients, indoor toilet facilities, and the ability to treat lacerations and minor fractures. It is staffed with a nurse practitioner, a nurse's assistant and a microscopist for complicated malaria cases. A health centre also supplies medicines and other hospital supplies to all dispensaries and aid posts in their areas.

There are 89 active dispensaries providing primary care. All the islands have at least one dispensary, which is usually staffed by a general nurse A dispensary is responsible for overseeing 3 or 4 aid posts in its area and is supposed to be manned by a government paid registered nurse. A dispensary holds regular outpatient hours, have facilities for patients to stay overnight and engage in community outreach. Dispensaries can handle minor injuries, NCD cases such as diabetes and high blood pressure, do regular checkups with the school children; dispense deworming medication and host antibiotics.

The lowest level of healthcare in Vanuatu is the Village Aid Post and there are 240 of them. Every village or cluster of villages has an Aid Post. Every Aid Post is manned by a village health worker, a local villager who is trained. The level of competence and devotion of the different community posts staff varies wildly. Aid Posts are expected to be able to test and treat malaria, bandage small cuts, dispense panadol (Tylenol), birth control, condoms and antacid. Anything more complex gets referred up to a dispensary.
Aid posts have been established in most villages and are funded by the community, while the Ministry of Health provides basic medicine and training for the staff. There are about 240 aid posts in the country, each staffed by a village health worker.

The Vanuatu Ministry of Health alone has a total of 2,282 positions approved by the Public Service Commission in their new structure, however, there are currently only 1,216 positions filled. Almost 90 percent of the Vanuatu health workforce is based on nursing staff, who perform both clinical and community health roles, as well as most management roles. Staff rotation and re-assignment is frequent, resulting in an impact on staff capacity and continuity in programmes.

Other important health infrastructure challenges include the disparities in the distribution of health expenditures between rural and urban areas, and access to clean water supplies and sanitation and health services in rural areas.

Non Government Health Service

In addition to government health services, there are also clinics operated by NGOs, FBOs and the private sector. Wan Smol Bag (WSB) has health clinics in Port Vila and Luganville and also has a mobile clinic in Pentecost Island, which is visited once a month. WSB employs four registered nurses. Vanuatu Family Health Association (VFHA) on the other hand has health clinics in Port Vila and Luganville, and also runs a health hotline, which provides information on sexual and reproductive health, STIs, HIV and related issues. Save the Children operates two youth friendly spaces attached to government sexual and reproductive health clinics in Malekula

and Ambae, designed to engage young people in awareness activities and to facilitate referral to sexual and reproductive health services.

The two major NGOs providing reproductive health services in Vanuatu which are Vanuatu Family Health Association have a total of 50-55 clients per day in Port Vila and 35-40 per day in Luganville. Both clinics are centrally located in their respective towns. Most clients in Port Vila come for family planning, though some come primarily for symptomatic STIs. The family planning clients do not routinely get a genital examination for STIs, but an estimated 20-30% has symptoms such as discharge or abdominal pain, in which case they get a genital examination including speculum examination. Blood (for syphilis testing of symptomatic clients) and urine (for Chlamydia testing of all clients, when operational) are referred to Vila Central Hospital. In the Luganville clinic, there are few family planning clients; instead, the intake is split equally between those with STIs and general medical overflow from the provincial hospital.

Wan Smol bag's Kam Pusum Hed clinic on the other hand is in a discreet location on the outskirts of Port Vila. This clinic appears to attract a less settled clientele –the percentage living with their sexual partner is half that seen at the hospital's ANC clinic (36% vs. 74%); and their condom use at last sex was several-fold lower than for ANC clients and youth. An estimated 70% of the clinic's clients come for family planning services and 30% because of symptomatic STIs. Those with STIs are mostly 17-25 years old, and include almost as many men as women. The clinic has small groups of FSW and MSM peer educators. Wan Smol bag's Northern Care Youth Clinic, sees both family planning and STI clients and has a comfortable and inviting reception area with couches and educational DVDs. At both sites, Wan Smol bag has extensive drama and public education initiatives.

Vanuatu Family Health Association and Wan Smol bag both supply condoms to RH services at these NGO clinics in Vanuatu and are well integrated and the clinics refer samples for testing to the hospital laboratory. However, relative to the hospital testing numbers, the testing volume is 4 times lower at the Northern Care Youth Clinic run by Wan Smol bag, and 12 times lower at the Vanuatu Family Health Association. Within the Northern Provincial Hospital itself, the ANC clients account for 80% of the serological testing volume for HIV, syphilis and hepatitis B.

The majority of services are focused on the general population such as ANC clients. It is of course important to reach key affected populations, which include young people, MSM and sex workers. Vanuatu is still at the inception phase of developing services for key populations.

Vanuatu benefits from the youth-friendly facilities and peer educators of Wan Smol bag. In part because of the small size, the country has implemented many cross-program initiatives. Clients diagnosed (either syndromically or etiologically) with an STI are tested for other STIs and offered HIV testing; ANC mothers are generally tested for HIV, syphilis and hepatitis B. During family planning sessions, testing for HIV and other STIs is offered in some facilities but not others.

HIV and AIDS Management

Vanuatu's response to HIV and STI's is linked to the Pacific Regional Strategy on HIV and other STIs 2009-2013. HIV and AIDS are recognized in the PAA (2006-2015) as an emerging threat, although acknowledging the lack of routine monitoring and evidence regarding the extent of HIV infection in Vanuatu. However, while the PAA includes reference to contraceptive prevalence, and other factors related to HIV and STI transmission, no mention is made of either MDG Indicator 6 (HIV and AIDS), or of the high prevalence of STIs in the country. Similarly, the *Health Sector Strategy 2010–2016* makes no specific reference to HIV and AIDS or STIs.

Programming for HIV and AIDS and STIs is under the management of the Ministry of Health. Guidance and support for the response is provided by the National AIDS Committee. Vanuatu's National AIDS Committee (NAC) was originally formed in 1988 under the Ministry of Health. However, the NAC remained largely inactive until 2006 when it was reactivated, with revised Terms of Reference and membership that included Government and civil society, in order to provide continuing leadership in the national response to the issue of HIV and STIs. The NAC has three overall objectives:

1. To recommend, coordinate, facilitate and support strategies aimed at the prevention of HIV and STIs;
2. To recommend, coordinate, facilitate and support strategies aimed at the management of HIV and STIs;
3. To monitor and evaluate all recommended strategies in the national response to HIV and STIs.

National AIDS Committee

NAC comprises 17 members representing key organisations and individuals involved in the national response to HIV and STI.
Members include three government ministries/departments, two development partners, two medical representatives, six civil society representatives (NGO, CBO, FBO, youth, chiefs etc.), one person living with HIV representative, one legal representative, and two ex-officio members, consisting of the National HIV and STI Coordinator and the Country Liaison Officer, WHO. According to its TOR, NAC meets quarterly (see Ministry of Health, Republic of Vanuatu, and Terms of Reference for the National AIDS Committee).

In 2006, the Minister of Health established the NAC to provide continuing leadership in the national response to the burden of HIV and STIs.
NAC renewed its membership in 2010. While NAC hasn't formally met since 2010, there are active movements to revive the committee and the NAC grants are still functional.
Each of Vanuatu's provinces also has a Provincial AIDS Committee, to oversee the HIV response at a provincial level.

National Strategic Plan

The country's first national strategic plan, of two years' duration, covered the period 2001-2002. The first four year plan, the *Vanuatu Policy and Strategic Plan for HIV/AIDS and Sexually Transmitted Infections 2003-2007*, was finalized by the Ministry of Health in 2004. Vanuatu's *National Strategic Plan (NSP) for HIV and STIs 2008-2012* was developed under the leadership of the country's National AIDS Committee (NAC) in 2007, with support from the Ministry of Health, WHO, and NGOs, and funding from Ausaid through the Response Fund. The NSP is consistent with both the broad objectives of the *PAA (2006-2015)* as well as those of the *Health Sector Strategy 2010–2016.*

The National Strategic Plan (2008-2012) Framework

The goals of the National Strategic Plan are to:

- Reduce the prevalence of STI in the Vanuatu population
- Prevent and minimize the spread of HIV infection in the Vanuatu population.

The NSP has four major objectives:

1. To reduce the community vulnerability to HIV and STIs;

2. To implement a comprehensive intervention of treatment, care and support for people infected and affected by HIV;
3. To create a policy and social environment in which an effective HIV response can flourish;
4. To manage and implement the National Plan effectively and efficiently.

Under each objective the NSP specifies sub-objectives, as follows:

Objective 1 (Reduced community vulnerability)

- Develop and implement appropriate and effective BCC strategy
- Develop HIV and STI prevention strategic intervention for youth
- Develop specific strategic intervention for prevention of HIV and STI in vulnerable groups
- Increase availability, accessibility, and use of condoms among sexually active population
- Ensure the quality and safety of blood products
- Strengthen Universal Precautions in health facilities and other settings
- Ensure availability and accessibility to Post-Exposure Prophylaxis
- Expand quality confidential counseling and testing services

Objective 2 (Treatment, care and support for people with HIV)

- Develop comprehensive national policy for treatment, care, and support for people living with HIV
- Establish core team for HIV care and treatment in the two main hospitals
- Provide adequate resources for the main facilities to enable care and treatment for HIV patients
- Iinitiate community interventions for provision of home-based support, care and treatment for people with HIV patients
- Strengthen health services to effectively provide STI care and treatment
- Strengthen the quality of laboratory services in all hospitals to support HIV and STI diagnosis and case management
- Initiate comprehensive strategic interventions for prevention of parent to child transmission of HIV (PMTCT)
- Explore the practicality of male circumcision practices in country
- Establish a link between the TB and HIV program referral systems

Objective 3 (Enabling policy and social environment)

- Commit to high-level support to the HIV response
- Devise and implement a strategy for the reduction of stigma and discrimination of people infected and affected by HIV
- [Revise] policies, legislation and traditional laws that discriminate against vulnerable populations
- Monitor human rights violations against people living with HIV and their family members

Objective 4 (Effective and Efficient management of the HIV National Strategic Plan)

- Effective multi-sectoral engagement in the NSP
- Improved coordination and management of the National response
- Implementation of the comprehensive program of HIV and STI surveillance and research and annual figures disseminated
- One national monitoring and evaluation framework designed and implemented
- Evidence based planning undertaken annually
- Adequate resourcing of Vanuatu's national HIV response

National HIV/AIDS legislation

Vanuatu has developed a HIV Policy paper which has been finalized and based on decisions made by the country it has become part of the Public Health ACT. In August 2011, the Ministry of Health developed a policy paper for proposed legislation on the management and monitoring of HIV and STIs, HIV prevention, care, treatment and support and to address stigma and discrimination. Due to the Ministry of Health's competing priorities, this policy paper and associated Minister briefing papers have not been finalized in order for the Minister of Health to present the paper to the Council of Ministers. The Ministry of Health intends to finalize the policy and briefing papers in 2014.

M&E Framework

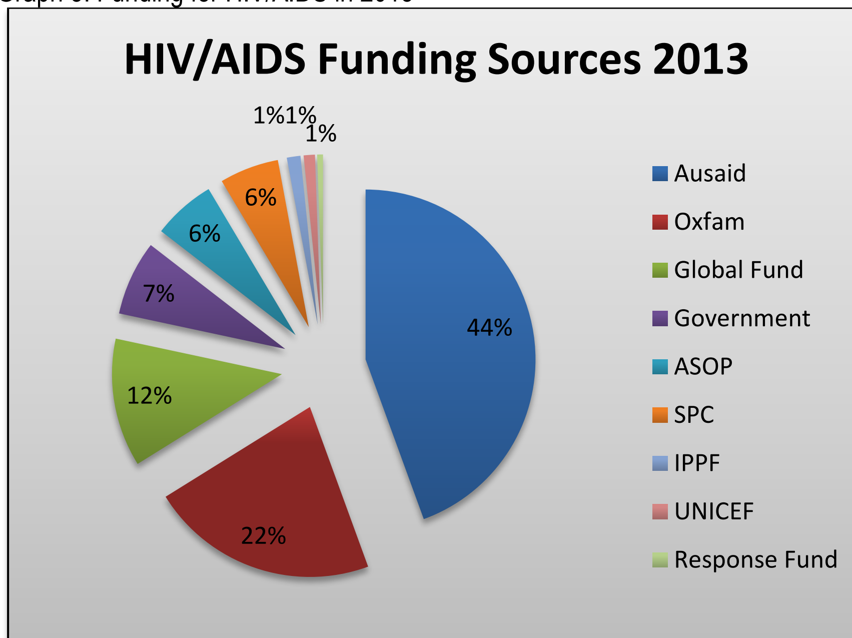
Currently, Ministry of Health Information System is not functional thus programs have parallel systems where data's are collected to be able to feed information back to the donors. HIV and STI programs sets up with National AIDS Committee as the overseer of the program and gives direction to the programs on matters relating to the unit, the National STI HIV Unit sits as a information centre where all information's are feed back and forth from the provincial officers to the NAC and to the donors.

The National STI, HIV/AIDS Unit has recruited an M&E Officer a position which is fully funded by Global Fund and is likely to cease in December 2013. The M&E officers caters for quarterly Monitoring and Supervision and data collection of STI and HIV program data and compile reports to the program head and the donor. All Provinces have provincial HIV officers who act as information collectors for the program and which provide monthly data to the unit which is then analysis and send to the donors with reports. Data's are collected from all provincial Hospitals, Antenatal Clinic, Out Patient Clinics, Blood Bank, some Health Centre and some dispensaries and NGO clinics such as Wan Smol Bag and Vanuatu Family Health Association

HIV & AIDS Funding

There has been a lot of funding support from International donors to support HIV and AIDS program in Vanuatu. Funding for most HIV and AIDS activities for 2013 however are from international donor partners mainly Ausaid, Global Fund, UNICEF, IPPF, SPC and UNAIDS with little funding support from Vanuatu Government.
However, HIV funding support from International partners are said to reduced in the next two years or so, government position to take on the program is not clear and question still remains if program will continue after major donor partners stop their support to the program

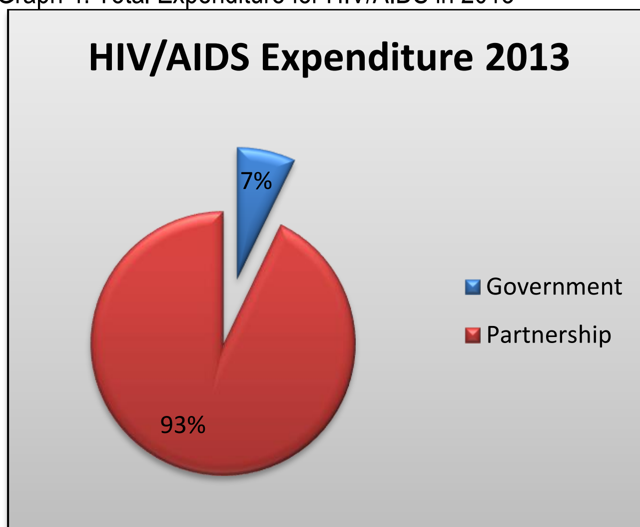
Graph 3: Funding for HIV/AIDS in 2013



Source: Ministry of Health, AIDs Spending Categories 2013

Main funding sources for HIV/AIDS in 2013 by rank are Ausaid with 44%, Oxfam 22%, Global fund 12%, Government with 7%, ASOP 6%, SPC, 6%, IPPF, UNICEF and Response Fund 1% respectively. Majority of funding support from Ausaid and Oxfam goes to NGO and stakeholder partners for HIV/AIDS program support whilst Global Fund and other international donor partner's funds are channel thru to Ministry of health to support program administration, preventions, care and treatment for HIV/AIDS

Graph 4: Total Expenditure for HIV/AIDS in 2013



Source: Ministry of Health AIDs Spending Categories

International donor funding support in 2013 accounts for 93% of the total expenditure for HIV/AIDS with only 7% support from domestic funding sources.

There has been a 5 % increased in domestic funding support from HIV/AIDS from 2% to 7% in 2013. This shows a significant increase in government support to HIV/AIDS

Table 2: HIV/AIDS Expenditure by Category 2013

#	AIDS Spending Categories	Total Expenditure	Percentage
1	Prevention	56,532,299	67%
2	Care and Treatment	2,598,980	3%
3	Orphans and Vulnerable Children	0	0%
4	Programme Management and Administration Strengthening	10,439,548	12%
5	Incentives for Human Resources	4,250,153	5%
6	Social Protection and Social Services (excluding orphans and vulnerable children)	0	0%
7	Enabling Environment and community development	10,021,100	12%
8	Research	1,151,921	1%
		84,994,001	100%

Source: Ministry of Health, AIDS spending Category

From the total expenditures, 67% accounts for prevention, 12% for program management, 12% for enabling environment, 5% of Incentives for human resource and 3% for Care and treatment, 1% for research, 0% for Orphans and Vulnerable children and 0% for Social protection and social Services.

4.1 General population, routine statistics data

Epidemiology of HIV and STIs in Vanuatu

Prevalence and incidence of HIV and STIs

Data on the number of diagnosed HIV cases is available from reports by government and NGOs clinics. Vanuatu officially reported its first HIV positive case in September 2002. The second case was reported at the end of 2003, and the first recorded death in 2006. By the end of 2011, the number of reported HIV positive cases had risen to six. As of March 2013 there have been nine officially reported HIV cases, six of whom are still living with HIV, and 1 recorded HIV related Death. Reported cases appear to be evenly distributed across the country: of the six people currently living with HIV, two were diagnosed in Port Vila, two in Tanna and two in Santo. Of these cases, one was apparently acquired overseas, and two by transmission to women from partners who acquired the infection outside the country. While men who have sex with men (MSM) are present in most communities, to date there have been no reported cases among MSM. Very little injecting drug use has been reported in Vanuatu, and there are no known cases of HIV transmission among people who inject drugs (PWID).

Table 3: Reported cumulative HIV cases by province, 2012

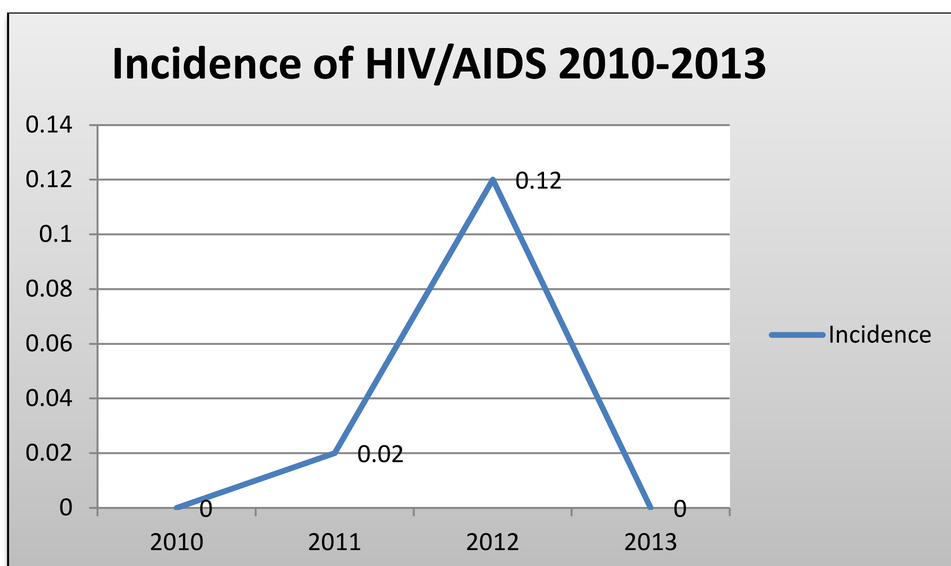
	Number of reported cases by province						**Total**
	Torba	Penama	Sanma	Malampa	Shefa	Tafea	
Male adult	0	0	0	0	2	1	4
Female adult	0	0	2	0	1	1	3
Child	0	0	0*	0	1	1	2
Total	0	0	2	0	4	3	9

Source: HIV and STI Unit, MOH

Current HIV surveillance is based on information derived from four main sources: ANC, STI, and TB clients, and blood donations. There is a specific reporting form for HIV but data has been collected in a way which allows disaggregation by age and gender of which there is still much improvements needed.

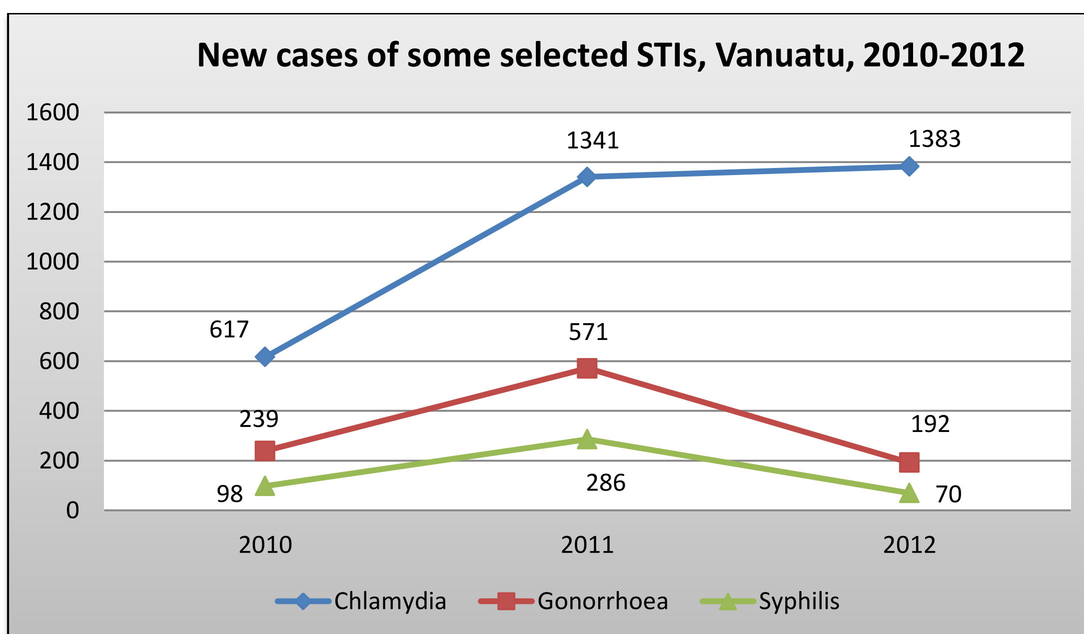
Sexually transmitted infections (STIs) have long been highly prevalent in Vanuatu, and data from health facilities indicate high prevalence and incidence. Data on the number of STI cases is provided by reports from NGO Clinics, OPD, ANC, Health Centres and other clinics. Information on incidence and prevalence of STIs, including HIV, knowledge of HIV and STIs, and risk behaviour for transmission is available from several sources. These include, primarily, Second Generation Surveillance Surveys, with additional data provided by Multiple Indicator Cluster Surveys (MICS), the last of which was conducted in 2007. Information on risk behaviour of young people is available from a purposive survey of HIV and AIDS Risk and Vulnerability among Vanuatu Youth undertaken in 2009 (UNICEF 2009).

Graph 5: Incidence of HIV/AIDS 2010 – 2013 in Vanuatu



Graph 4: Incidence of HIV in Vanuatu, data from the Ministry of Health of Vanuatu

Graph 6: Rates of Hepatitis B are also increasing - in 2012 20.3% of people tested for Hepatitis B received a positive diagnosis, compared with 13.1% of people tested in 2010.



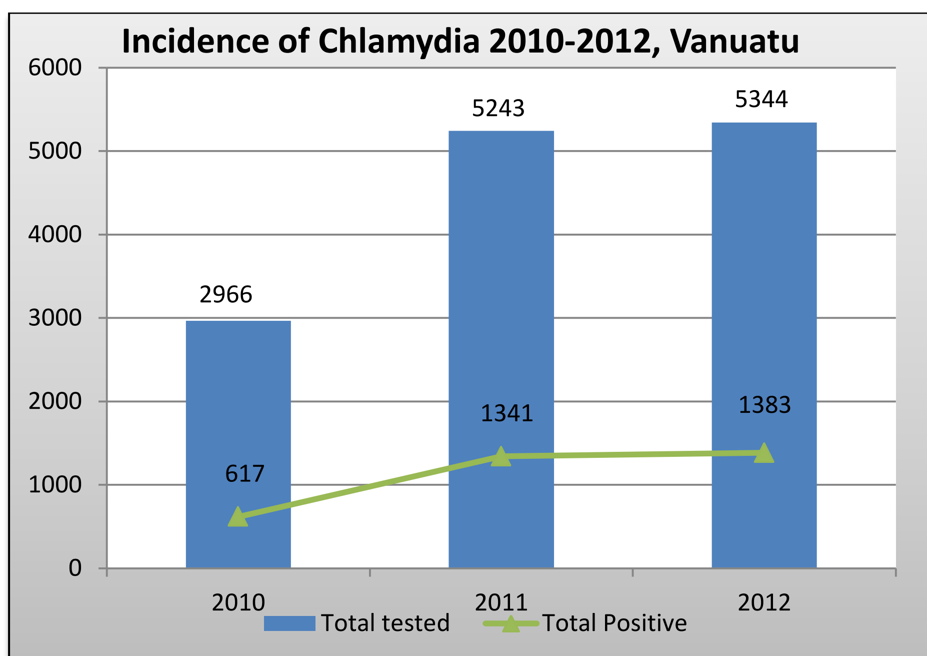
Graph 5: Incidence of some selected STIs in Vanuatu, data from the Ministry of Health of Vanuatu

Two Second Generation Surveillance Surveys (SGS) have been conducted in Vanuatu, in 2005 and 2008. Both surveys were conducted in Port Vila, with data collected from ANC clients, STI clinic attendees and youth surveys. In the 2008 survey, information on sexual behaviour and risk factors was collected from all participants through interviewer-administered questionnaires. ANC clients were tested for HIV, hepatitis B virus, syphilis, Chlamydia and gonorrhoea infections, and STI clinic attendees were tested for HIV, hepatitis B virus and syphilis infections.
The survey found high rates of STIs among all groups tested. Among ANC clients, 3% tested positive for gonorrhoea, 5% of women were found to have syphilis, 11.9% had a hepatitis B infection and 25% had

Chlamydia, a significant increase from 13.2% in the first round of SGS. No cases of HIV were detected. Over one quarter of youth reported that they had previously had an STI, with gonorrhoea the most commonly reported infection (21%). Two in five females (42%) and one in four males (28%) reported having at least one STI symptom in the last month. However only one third of females who reported having a symptom also reported that had sought treatment (32%) compared with 93% of males. Among STI clinic attendees, no participants were found to have the HIV virus. Hepatitis B surface antigen was detected in 19% of males, while 7 % of males and less than 1% of females were zero positive for syphilis.

Vanuatu is relying on a good testing approach for Chlamydia and the data show that among other STIs despite the equal number of tests applied for different diseases Chlamydia registered the highest rates with 25,9% being positive.

Graph 7: Incidence of Chlamydia 2010 – 2012, Vanuatu



Graph 6: Incidence of Chlamydia in Vanuatu, data from the Ministry of Health of Vanuatu

Table 4: STI situation overview (SGS 2008)

Variable	Percentage
Prevalence ANC women over 25 years	18%
Prevalence ANC women under 25 years	29%
Ever diagnosed with an STI: male youth	37%
At least one symptom STI: female youth	42%
% female youth with symptom(s) who sought treatment	30%
STI client sexual partner(s) treated: male	38%
STI client sexual partner(s) treated: female	28%

Source: Adapted from Cave (2011)

From this data, it is clear that, based on the data from 2008; STIs are highly prevalent in Vanuatu, and widespread amongst all areas of the population, including young people and women. The rates of STIs are also amongst the highest in the Pacific region.

Knowledge and risk behavior related to HIV and STIs

While there is high awareness amongst some youth and sex workers on ways to prevent the sexual transmission of HIV, in general levels of knowledge concerning HIV and STIs are generally low. There are high levels of risk behaviour, in particular sexual behaviour, amongst vulnerable population groups in Vanuatu. This especially evident among young people (see Table 4); There is little information available on key affected populations. The main source of information is the survey on HIV and AIDS risk and vulnerability among youth, mentioned above. This survey found that 12.9% of young people (9% of males and 16.5% of females) had participated in sex work. It also found that 5.7% of males (8% of sexually active males) reported having had sex with men. The actual numbers are likely to be higher. The NGO WSB is currently in the data collection phase of research with sex workers and MSM populations.

In regard to drug use, there is also very limited information available. The 2009 youth survey found that no young person mentioned injecting drugs. However, substance use is a concern in relation to reducing HIV and AIDS vulnerability with 43.1% reporting using alcohol, 34.3% reporting using kava and 18.4% reporting using home brew. Anecdotal evidence suggests that marijuana use is high amongst young people in some areas.

Table 5: Summary of key variables on youth HIV knowledge and behaviour

Variable	Percentage		
	Males	Females	All
Young people (15-24) who can correctly identify ways to prevent HIV infection and reject misconceptions about HIV transmission	29	20	24
Young people (15-24) who had sexual intercourse with more than one partner in the last 12 months	52.9	27.4	40.5
Young people (15-24) who reported condom use at last high-risk sex (i.e. with a non-regular partner).	49.5	34.6	41.7
Young people (15-24) who have been tested for HIV and know their results	-	-	10
Young people who engaged in commercial and/or transactional sex reporting use of a condom the last time they had sex.	34.5	43.5	39.1

Sources: *I No Bin Gat Protection*, UNICEF Pacific Office and Government of Vanuatu, 2010; *Second Generation Surveillance Survey of Antenatal Women, STI Clinic Clients and Youth*, 2008; and Government of Vanuatu (2012), *Global AIDS Response Progress Report 2012 Republic of Vanuatu*.

Synthesis

Several reasons have been given to explain the high rates of STIs in Vanuatu. These include the fact that, since an estimated 80 percent of cases are asymptomatic, people are unaware that they have an STI and continue to engage in risky behaviour. High-risk behaviour for STI infection is common, with multiple sexual partners and low condom use. Also the rate of partner treatment is very low, so that re-infection is likely to occur, and the transmission of STIs is not interrupted by treatment.

Given that HIV shares many of the same risk factors as other STIs then it may be asked why HIV rates are not high as well. In this regard, there is a line of reasoning, repeated in the NSP (2008-2012) that draws a comparison between the situation in Vanuatu and that in neighbouring PNG, where high rates of STIs, similar to those of Vanuatu, have been followed by the rapid spread of HIV. However, the comparison as it appears in the NSP and other sources is not necessarily valid. In PNG the proportion of the male population that is circumcised is relatively low, in contrast to Vanuatu where the rates of male circumcision are very high. Based on recent

evidence from studies in Africa that show the significant effect of male circumcision on reducing HIV transmission, it is likely that this practice has played an important role in maintaining the low prevalence of HIV in Vanuatu to date.

Despite the possible mitigating factors, if the data presented still reflect an accurate picture of the situation, then the risk of increased HIV transmission remains high because of the high rate of STIs, low levels of knowledge, patterns of high-risk behaviour, and the important gaps that exist in knowledge, especially in relation to key affected populations. However, given the time that has elapsed since the last survey, and the impact of the extensive programming that has been undertaken in the interim there remains considerable room for doubt. Current reports of high incidence of STIs may, for example, reflect increased reporting as a result of expansion of VCCT programmes and increased community awareness. For this reason there is an urgent need for a further survey to assess the current situation regarding HIV and AIDS and STIs, and the changes that have occurred since the commencement of the NSP, in 2008, when the last SGS was conducted. In addition this will provide baseline data for the new NSP (2013-2017).

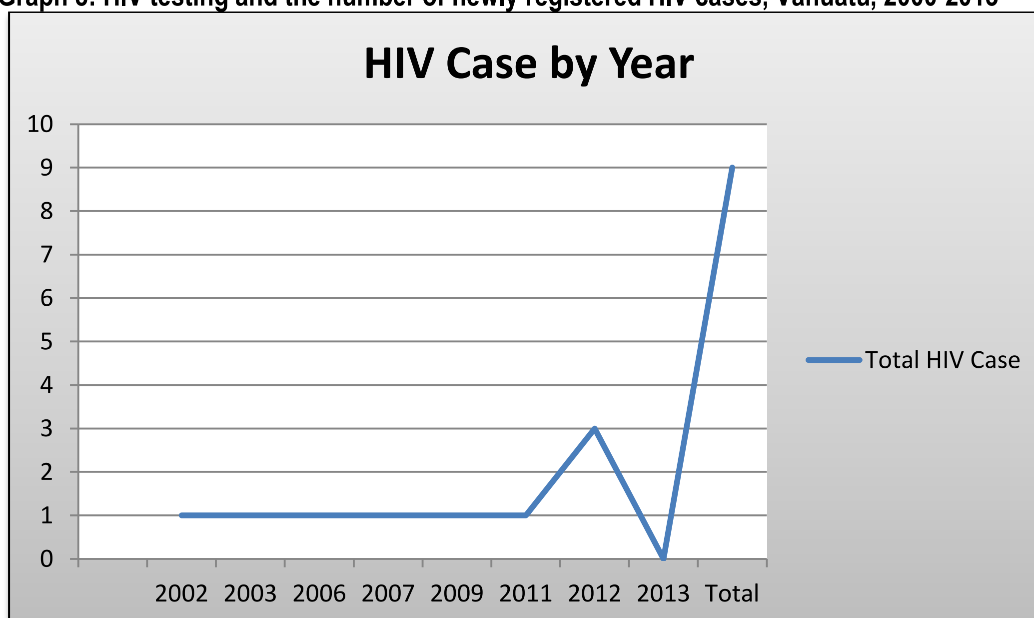
Conduct of a further SGS was in fact considered by the Vanuatu Government, with support from UNICEF, in 2012, however this did not proceed, and it is uncertain whether it will be implemented in 2013. The Vanuatu Government, through the National Statistics Office and Ministry of Health, with support from UNICEF, is planning to conduct a Demographic and Health Survey (DHS) in 2013. This will provide some key information on knowledge, attitudes and behaviour regarding HIV and AIDS and STIs; however it will not yield the specific information on STIs that will allow a comparison to be made with the previous SGS surveys. For this reason, consideration should be given to support to conduct of an SGS, in addition to the planned DHS.

4.2 HIV testing

Vanuatu has 17 VCCT sites which are currently functional and which are accredited as having met the Pacific Essential Minimum Standards of a VCCT. Of the 17 VCCT Sites, 6 are Provincial Hospitals and 4 NGO Clinics, 1 Blood Donor and the rest are Health Centres and Dispensaries. Counselling and Testing's for HIV is provided at all the VCCT Sites, upon client consent blood samples are drown and are send to the main referral laboratory which in this case is Vila Central Hospital for testing results and confirmation. For confirmatory HIV specimens are send overseas inclusive of viral load testing.

Vila Central Hospital and Northern District hospital are the 2 National Referral hospitals with Vila Central Hospital closer to the southern part of the country and Northern District Hospital to the North. This means that of all the 6 provincial Hospitals, Lenakel Hospital (Tafea Province) send HIV specimens directly to Vila Central Hospital while, Sola Hospital, Lolowai Hospital, and Norsup Hospital (Torba Province, Penama Province and Malampa Province) all send their specimens to NDH and then to Vila Central Hospital. Any NGO Clinics and VCCT Sites sends their specimens to the provincial laboratories and which are then send off to with VCH. If it needs confirmatory the samples will be send off to Australia and turnaround time is around 2-3 weeks approximately.

Graph 8: HIV testing and the number of newly registered HIV cases, Vanuatu, 2000-2013



Voluntary Confidential Counselling and Testing Sites (VCCT)

Vanuatu has made impressive progress in establishing a national VCCT programme through 17 accredited clinics, run by government and NGOs. However, the effectiveness of the system is currently compromised by disruption in supply of HIV test kits and reagents, which needs to be addressed as a matter of urgency. Staff capacity is an issue in government clinics, and additional VCCT training is needed to replace reassigned staff, and ensure continuity in services. Increased attention needs to be paid to promotion of partner involvement in VCCT and coverage needs to be extended to maternity and other units in hospitals. A PMTCT programme is in place, in conjunction with the ANC VCCT centres, however no testing for HIV is being done for women who present on onset of labour, without a history of ANC attendance

During the reporting period a total of **14,404** people have been counselled and tested for HIV thru the 17 VCCT sites with 45 Health Care Workers and peer educators, doctors and TB officers have completed 2 successful trainings on counselling

Table 6: Operational VCCT Sites by Province

#	Province	# of VCCT Sites	Name of Sites
1	Torba	1	Sola Hospital
2	Penama	1	Lolowai Hospital
3	Malampa	2	Norsup ANC, Norsup OPD
4	Sanma	5	NPH ANC, NPH OPD, NCYC, VFHA, Port Olry
5	Shefa	5	VCH Antenatal, VCH Blood Bank, KPH, VFHA, Paunagisu
6	Tafea	3	Lenakel OPD, Lenakel ANC, White sands Health Centre
	Total	**17**	

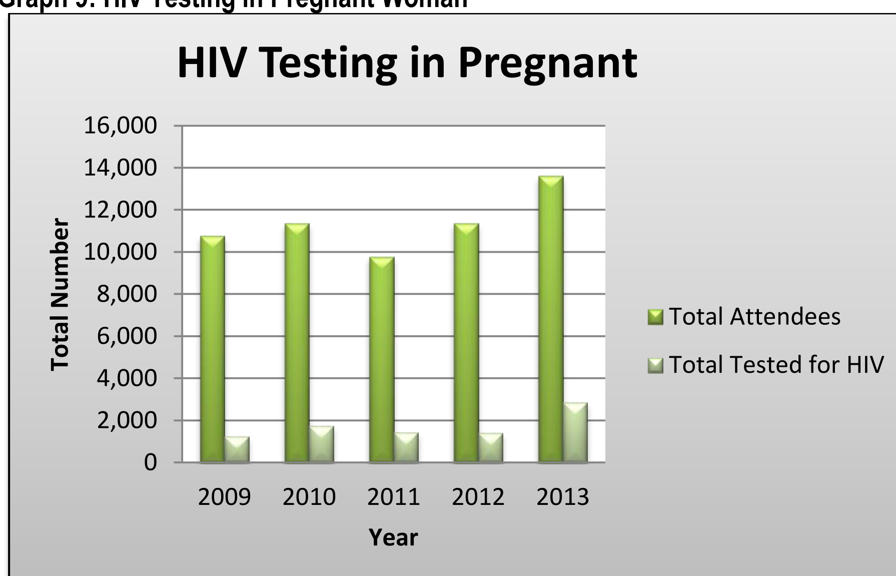
4.3 Transmission routes

Of all the nine officially confirmed HIV cases, the most probable way of HIV transmission is through sexual intercourse, there are no cases of IDU in Vanuatu and 2 transmissions are from Mother to Child transmission.

4.4 HIV testing in pregnant women

Total pregnant women in 2013 was 13,611 and 2,854 were counselled and tested for HIV. Information regarding testing and counselling for pregnant woman are collected from the Antenatal clinics in all the 6 hospitals. Figures in the table below does not portray information from NGO clinics as data collected are not disaggregated to provide specific details.

Graph 9: HIV Testing in Pregnant Woman



Source: Ministry of Health Surveillance Data

Table 7: HIV testing in pregnant woman

Year	Total Attendees	Total Tested for HIV
2013	13,611	2,854
2012	11,375	1,395
2011	9,780	1,430
2010	11,368	1,742
2009	10,769	1,245
	Total	**8,666**

4.5 HIV in Blood Donors

An effective system for screening of blood donations is in place, and is given priority by government, in terms of allocation of supplies such as test kits and reagents. Universal Precautions has been promoted widely through workshops and other awareness-raising activities, however is not being consistently practiced in some hospital settings owing to shortages of equipment and supplies, such as gloves and gowns

However, currently there are still no HIV diagnosed in the blood Donor population though there is a VCCT schedule at VCH Blood Bank and all blood donated are screened for HIV.

The Table 8 below reflects total # tested and screened for HIV without a HIV positive over the years

Year	2009	2010	2011	2012	2013
Donors	283	3018	16791	3799	12621
HIV+	0	0	00	0	0

4.6 HIV in Most at Risk Populations

HIV and STIs in key populations at risk

Pregnant women and girls:

Women are more vulnerable than men to HIV infection – for biological, economic and cultural reasons (such as discrimination, gender inequality and violence). Women and girls have the right to remain free from STI/HIV infections not only because they should not transmit infection to their babies but for their own sake as individuals. In Vanuatu, pregnancy is a key time when most women seek access to health services. Thus, their contact with health services is an opportunity to ensure that they remain healthy. The previous NSP included activities aimed at pregnant women and girls.

Young people:

Previous NSPs have identified young people as a key population group at higher risk of HIV and STIs. Given the size and lack of homogeneity of this group, this NSP recommends actions are aimed at young people who are more vulnerable to circumstances and conditions that make them more at risk of HIV and STIs. This NSP will therefore have a specific focus on urban young people. The previous NSP included some activities aimed at young people.

Sex workers:

Sex work is very informal in Vanuatu, and few explicitly self-identify as a sex worker despite regularly exchanging sex for money. It is therefore difficult to accurately estimate the number of sex workers in Vanuatu. Sex work generally occurs in the context of unemployment and lack of access to cash. In Port Vila, sex workers either work in small groups to frequent bars, nakamals and nightclubs in the evenings to find clients and/or work alone and have regular clients. Research conducted in 2011 found that sex workers have many misconceptions about condoms and a poor understanding of the role they play in preventing HIV and STI transmission. The previous NSP included some activities aimed at sex workers.

Men who have sex with men (MSM):

A survey of young people conducted in 2010, found that 5.7% of men reported having had sex with men. However, it is likely that the proportion of MSM is higher, due to fear of stigma and discrimination. Research conducted with MSM in 2011 found that there were low rates of condom use, limited knowledge of HIV transmission and high rates of STI infection. The previous NSP included some activities aimed at MSM.

Prisoners and detainees:
There are five prisons in Vanuatu (three in Efate, one in Santo and one in Tanna). Given reports of over-crowding, health, sanitation and human rights issues in prisons, it is likely that these settings present a high risk for the transmission of HIV and STIs. The previous NSP included some activities aimed at prisoners and detainees.

Disabled people:
In 2009, 12% of the population reported a disability. There are several social and economic circumstances that make people with disabilities more vulnerable to contracting HIV than non-disabled people, including poverty, poor access to information on HIV and healthcare, sexual abuse and exploitation. The previous NSP included no specific activities aimed at disabled people.
Seafarers: Vanuatu is an island nation, and many people rely on seafaring for employment. The previous NSP included some activities aimed at seafarers.

Seasonal workers:
Vanuatu has participated in the New Zealand and Australian Recognised Seasonal Employment (RSE) Schemes since 2007 and 2008, respectively. RSE is Vanuatu's second biggest foreign exchange earner after tourism, and x people left the country in 2012. The NSP acknowledges the importance of this revenue stream to Vanuatu, and the potential for risky behaviour when people are overseas for extended periods. There have been some activities aimed at migrant workers.

Police and mobile forces:
Approximately x police and other personnel leave Vanuatu each year for peace keeping duties. Often these personnel leave to live and work in countries with a higher prevalence of HIV, e.g. Papua New Guinea and Timor-Leste. There have been some activities aimed at police and mobile forces.

Transport operators:
There are approximately 1,000 bus and taxi drivers in Port Vila and Santo. As well as being young (under 25 years), many of these operators are highly mobile and come into contact and provide transportation services to a range of people. There have been some activities aimed at transport operators.

Cruise ship visitors, guest house owners and tourism operators:
Vanuatu is the fastest growing destination for cruise ships in the Pacific Region. In 2011, 255,493 visitors came to Vanuatu by cruise ship. Day visitors account for 77% of total visitor arrivals. National stakeholders note an increase in sex work activity and guest house occupancy during 'cruise ship days'. There have been no specific activities aimed at cruise ship visitors, guest house owners or tourism operators.

5. National response to the AIDS epidemic

Prevention

Services are in place to provide knowledge, skills and access to services prevent transmission of HIV and STIs, but are limited in their coverage and quality, and largely benefit those least at risk of infection. Access for vulnerable groups, including young people, MSM and sex workers, is challenged by isolation, lack of transport, education, income, and gender discrimination. Effective “friendly” community-based services operated by NGOs are providing access to vulnerable groups, but their coverage is limited largely to the main urban centres. These services need to be extended to cover more remote areas and the other islands. The recent rapid expansion in coverage and access of information technology, in particular text messaging, presents opportunities to reach vulnerable groups with information on HIV, STIs and SRH.

A national strategy on youth, HIV and STIs needs to be developed to help coordinate and improve the focus of prevention activities among young people.

Vanuatu has made impressive progress in establishing a national VCCT programme through 17 accredited clinics, run by government and NGOs. However, the effectiveness of the system is currently compromised by disruption in supply of HIV test kits and reagents, which needs to be addressed as a matter of urgency. Staff capacity is an issue in government clinics, and additional VCCT training is needed to replace reassigned staff, and ensure continuity in services. Increased attention needs to be paid to promotion of partner involvement in VCCT and coverage needs to be extended to maternity and other units in hospitals. A PMTCT programme is in place, in conjunction with the ANC VCCT centres, however no testing for HIV is being done for women who present on onset of labour, without a history of ANC attendance.

An effective system for screening of blood donations is in place, and is given priority by government, in terms of allocation of supplies such as test kits and reagents. Universal Precautions has been promoted widely through workshops and other awareness-raising activities, however is not being consistently practiced in some hospital settings owing to shortages of equipment and supplies, such as gloves and gowns.

Treatment, care and support:

Services for treatment, care and support of people living with HIV and STIs are in place, with two Core Teams established to manage cases. ARVs made available for all people living with HIV who need ART. Diagnostic and monitoring services for CD4 and viral load counts are also available, as is treatment for OIs. Lack of adherence to treatment is the main challenge, probably due to stigma and discrimination, including negative attitudes and behaviour of health personnel, and self-stigmatization, together with geographical isolation.

There is a need for development of national guidelines on treatment, care and support. Core Teams should be expanded to cover remaining provinces, and a mechanism developed for effective communication between them for sharing of information.

Services for diagnosis and treatment of STIs are in place, but their effectiveness is challenged by a lack of partner involvement. Clients diagnosed with an STI or receiving presumptive treatment through ANC VCCT centres, are provided with doses of medicines for their partners, however uptake is low, and there has been little reduction of STI prevalence. More effort is required to increase public awareness of STIs and treatment services, and also to promote partner involvement.

Enabling environment:

Political support for the HIV and STI response has improved, however additional efforts are required to promote political support and involvement of politicians. Importantly, the increased awareness and commitment of parliamentarians has not been translated into increased national funding for HIV and STI programmes, and the programmatic engagement of ministries other than the MOH has been restricted.

Lack of programmatic linkage and coordination of activities in separate areas, such as prevention and treatment, are and support, has limited activities to address stigma and discrimination. When ratified, the new HIV law will help ensure that HIV-based stigma and discrimination does not occur, however there is uncertainty on the extent to which the law will address the needs of vulnerable groups.

Management:

Vanuatu now has in place a clear structure for management of the national response. The main challenge is how to ensure that this system operates effectively. The status of the HIV and STIs programme within the national administrative framework needs to be clarified, in order to address financial issues, fund transfer mechanisms, and human resource issues, which have affected the efficiency and effectiveness of programme implementation. The commitment of other ministries, in addition to the MOH, needs to be strengthened, to ensure that other sectors, including social, education and economic, are engaged in the HIV and AIDS response. Also, the funding base for the management and implementation of the new programme needs to be secured, and will be aided by development of a strong and focused NSP that includes a comprehensive M&E framework, and a dissemination plan that includes partners at the provincial and national level, as well as the regional level.

Monitoring and evaluation (M&E) has been one of the weakest areas of the response and needs to be strengthened under the new NSP. Despite good progress in several areas, in particular capacity building of staff at the national and provincial level, there were challenges in the implementation of several key activities. A draft M&E Plan was developed in late 2008, but it was not finalized. The mid-term review of the NSP did not take place as planned, and the planned mapping of the national HIV response activities was never finalized. No action has been taken on development national database for sero and behavioural surveillance, or provision of training in the Country Response Information System (CRIS).

The scope of the NSP (2008-2012) was over-ambitious, with activities covering numerous issues and population groups. This made it unlikely that all activities would be implemented, and created major challenges for coordination, which were exacerbated by personnel changes related to the National Coordinator and other positions in the HIV and STIs Unit. It is recommended that the new NSP aim for an increased focus on key affected populations and greater prioritization of activities.

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

1.1 Young People: knowledge about HIV prevention

Indicator 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: Other Behavioral Surveillance Survey
Other measurement tool / source: Other Behavioral Surveillance Survey 2010. "I no bin Gat Protection" UNICEF and Vanuatu Government

From date: 01/01/2009
to date: 12/31/2009

Additional information related to entered data. E.g. reference to primary data source, methodological concerns:
Purposeful sample of young people across selected locations (i.e. not generalize to the youth population)
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:
24% of young people aged 15-24 (29% of Young Males and 20% of Young Females) both correctly identified ways to prevent HIV infection and rejected misconceptions about HIV transmission. - 63% correctly answered can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners? - 70% correctly answered can a person reduce the risk of getting HIV by using a condom every time they have sex? - 63% correctly answered can a healthy-looking person have HIV? - 60% correctly answered can a person get HIV from mosquito bites? - 79% correctly answered can a person get HIV by sharing food with someone who is infected?

Data measurement tool / source: GARPR
Sample size - Number of Survey Respondents: 510

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	24	29			29		
Numerator : Number of respondents aged 15-24 years who gave the correct answer to all five questions							
Denominator : Number of all respondents aged 15-24	510						

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	70				29		

Numerator : Numerator Number of respondents/population who gave correct answer to question 1							
Denominator : Number of all respondents age 15-24	510						

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	63				29		
Numerator : Number of respondents/population who gave correct answer to question 2							
Denominator : Number of all respondents age 15-24	510						

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	63				29		
Numerator : Number of respondents/population who gave correct answer to question 3							
Denominator: Number of all respondents age 15-24	510						

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	60				29		
Numerator : Number of respondents/population who gave correct answer to question 4							
Denominator : Number of all respondents age 15-24	510						

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	79				29		
Numerator : Number of respondents/population who gave correct answer to question 5							
Denominator : Number of all respondents age 15-24	510						

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: Other Behavioral Surveillance Survey
Other measurement tool / source: Secondary Analysis on Second Generation Surveillance of Antenatal Woman, STI Clients and Youths, Vanuatu, 2008

From date: 01/01/2008 **to date**: 12/31/2008

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:
The 2005 SGS only reported the median while in the MARA report indicated the mean age of first sex as 16.5 years. In the 2008 SGS, young women who participated in HIV Surveillance (HSS) amongst clients attending an STI Clinic had higher percentage of sex before the age of 15 when compared to young women who participated in STI Prevalence Survey (SPS) amongst pregnant women and Behavioral Surveillance (BSS) amongst youths. The mean age for sex before the age of 15 years was same for all the three surveys

Data measurement tool / source: GARPR
Sample size - Number of Survey Respondents: 301

	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	16.5						
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	301						

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: Other Behavioral Surveillance Survey
Other measurement tool / source: Second Generation surveillance Survey 2008 is used to provide information to this indicator

From date: 01/01/2008 **to date**: 12/31/2008

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 collected before the reporting period found that 40.5% of young people aged 15-24 (52.9% of males: and 27.4% of females) have had sexual intercourse with more than one partner in the last 12 months. There is no data available for people aged 25-49.

Data measurement tool / source: GARPR
Sample size - Number of Survey Respondents: 301

	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	40.5	52.9				27.4			
Numerator : Number of respondents aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	122	82				40			
Denominator : Number of all respondents aged 15-49	301	155				146			

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: Other Behavioral Surveillance Survey

Other measurement tool / source: Other Behavioral Surveillance Survey 2010. "I no bin Gat Protection" UNICEF and Vanuatu

From date: 01/01/2009

to date: 12/31/2009

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:

41.7% of young people aged 15-24 (49.5% of young males and 34.6% of young females) reported condom use at last high risk sex i.e. with a non-regular partner. There is no data available for people aged 25-49.

Data measurement tool / source: GARPR

Sample size - Number of Survey Respondents: 510

	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	41.8	49.6				34.7			
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	213	253				177			
Denominator : Number of Respondents (15-49) who reported having had more than one sexual partner in the last 12 months	510	510				510			

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: Other Behavioral Surveillance Survey
Other measurement tool / source: Other Behavioral Surveillance Survey 2010. "I no bin Gat Protection" UNICEF and Vanuatu Government

From date: 01/01/2009 **to date**: 12/31/2009

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:
10% of young people aged 15-24 have been tested for HIV and know their results. Note: Purposeful sample of young people across selected locations (i.e. not generalize to the youth population) 2.3% of the total population received an HIV test in the past 12 months and know their results. Notes: 1) The data has not been reported in a way that allows disaggregation by age or gender 2) The data is for total tests undertaken irrespective of whether people know their results

Data measurement tool / source: GARPR
Sample size - Number of Survey Respondents: 510

	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 received an HIV test in the past 12 months and know their results	10								
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.	510								

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: Other (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:

There were no known cases of young people aged 15-24 who are living with HIV in the reporting period

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

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**	**0**	**0**
Numerator : Number of antenatal clinic attendees (aged 15–24) tested whose HIV test results are positive	**0**	**0**	**0**
Denominator : Number of antenatal clinic attendees (aged 15–24) tested for their HIV infection status	**2854**		

1.7 Sex Workers: Prevention Programmes

Indicator 1.7 Percentage of sex workers reached with HIV prevention programmes

Additional information related to entered data:
Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Female Sex Workers in Port Vila, Vanuatu, 2011 was used as a baseline for this, however there is nothing in the report and there are no specific programmes designed for Sex Workers in Vanuatu for which data are centrally collected thus the indicator cannot be reported
Sample size - Number of Survey Respondents: 149

Correct answer to both questions

	All	Males	Females	Transgender(MTF)	<25	25+
Percentage (%): Percentage of sex workers who replied "yes" to both questions						
Numerator : Number sex workers who replied "yes" to both questions						
Denominator : Total number of sex workers surveyed	149					

Correct answer to question 1 "Do you know where you can go if you wish to receive an HIV test?"

	All	Males	Females	Transgender(MTF)	<25	25+
Percentage (%): Percentage of sex workers who replied "yes" to question 1						
Numerator : Number sex workers who replied "yes" to question 1						
Denominator : Total number of sex workers surveyed	149					

Correct answer to question 2 "In the last twelve months, have you been given condoms?"

	All	Males	Females	Transgender(MTF)	<25	25+
Percentage (%): Percentage of sex workers who replied "yes" to question 2						
Numerator : Number sex workers who replied "yes" to question 2						
Denominator : Total number of sex workers surveyed	149					

1.8 Sex Workers: Condom Use

Indicator 1.8 Percentage of sex workers reporting the use of a condom with their most recent client

Additional information related to entered data:
Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Female Sex Workers in Port Vila, Vanuatu, 2011 This is a FSW study there is no study on MSW so the information will only include FSW Please also not that FSW did not respond to the question relating to the denominator

Sample size - Number of Survey Respondents: 149

	All	Males	Females	Transgender(MTF)	<25	25+
Percentage (%) : Percentage of sex workers reporting the use of a condom with their most recent client	7.6		7.6			
Numerator : Number of sex workers who reported that a condom was used with their last client	13		13			
Denominator : Number of sex workers who reported having commercial sex in the last 12 months						

1.9 HIV Testing in Sex Workers

Indicator 1.9 Percentage of sex workers who have received an HIV test in the past 12 months and know their results

Additional information related to entered data:
5.5% of FSW had an HIV Test and who know their results. Out of the 138 FSW only 11 responded yes to the indicator. The low level of testing revealed in this study supports this recommendation. McMillan and Worth's qualitative study of FSW in Vanuatu also found that few FSW had ever tested for HIV, with privacy concerns cited as the main reason for not being tested (20). As noted above, fear may also contribute to the low level of testing. It is paramount that further research is conducted exploring the reasons why FSW and other at risk populations may not have a HIV tests.

Sample size - Number of Survey Respondents: 149

	All	Males	Females	Transgender(MTF)	<25	25+
Percentage (%): Percentage of sex workers who received an HIV test in the past 12 months and know their results	5.4		5.4			
Numerator : Number of sex workers who have been tested for HIV during the last 12 months and who know their results	8		8			
Denominator : Number of sex workers included in the sample	149		149			

1.10 HIV Prevalence in Sex Workers

Indicator 1.10 Percentage of sex workers who are living with HIV

Additional information related to entered data: There were no known cases of Female Sex Workers living with HIV in the reporting period
Sample size - Number of Survey Respondents: 149

	All	Males	Females	Transgender(MTF)	<25	25+
Percentage (%): Percentage of sex workers who are living with HIV	0		0			
Numerator : Number of sex workers who test positive for HIV	0		0			
Denominator : Number of sex workers tested for HIV	11		0			

1.11 Men who have sex with Men: Prevention Programmes

Indicator 1.11 Percentage of men who have sex with men reached with HIV prevention programmes

Additional information related to entered data:
Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Men Who Have Sex with Men and Transgender People, 2011 was used as a baseline for this indicator however there are no specific programmes designed for MSM and TG for which data can be centrally collected
Sample size - Number of Survey Respondents: 52

Correct answer to both questions

	All	<25	25+
Percentage (%) : Percentage of MSM who replied “yes” to both questions			
Numerator : Number MSM who replied “yes” to both questions			
Denominator : Total number of MSM surveyed	52		

Correct answer to question 1 "Do you know where you can go if you wish to receive an HIV test?"

	All	<25	25+
Percentage (%) : Percentage of MSM who replied “yes” to question 1			
Numerator : Number MSM who replied “yes” to question 1			
Denominator : Total number of MSM surveyed	52		

Correct answer to question 2 "In the last twelve months, have you been given condoms?"

	All	<25	25+
Percentage (%) : Percentage of MSM who replied “yes” to question 2			
Numerator : Number MSM who replied “yes” to question 2			
Denominator : Total number of MSM surveyed	52		

1.12 Men who have sex with men: Condom use

Indicator 1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner

Additional information related to entered data:
Seventeen MSM and 12 TG reported having anal sex with a male partner during the previous six months. Among these MSM and TG, the overall percentage that reported using a condom at last sex with a male partner was 34.5%; condom use was higher among MSM (42.2%) compared to TG (25.0%).

Sample size - Number of Survey Respondents: 52

	All	<25	25+
Percentage (%) : Percentage of MSM who reported that a condom was used the last time they had anal sex	34.5		
Numerator : Number of MSM who reported that a condom was used the last time they had anal sex	10		
Denominator : Number of MSM who reported having had anal sex with a male partner in the last six months	29		

1.13 HIV Testing in Men who have sex with Men

Indicator 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

Additional information related to entered data:
The percentage of MSM and TG that had a HIV test in last 12 months and know the result was 20%; the percentage was higher amongst TG (38.1%) compared to MSM (7.1%).

Sample size - Number of Survey Respondents: 52

	All	<25	25+
Percentage (%) : Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	19.2		
Numerator : Number of men who have sex with men who have been tested for HIV during the last 12 months and who know their results	10		
Denominator : Number of men who have sex with men included in the sample	52		

1.14 HIV Prevalence in Men who have sex with men

Indicator 1.14 Percentage of men who have sex with men who are living with HIV

Additional information related to entered data:
Vanuatu Integrated Bio-Behavioral Survey and Population Size Estimation with Men Who Have Sex with Men and Transgender People, 2011 was used as the baseline to inform this indicator, however HIV was not detected in any MSM and TG in the study even during the reporting period there were no known cases of HIV in MSM and TG

Sample size - Number of Survey Respondents: 52

	All	<25	25+
Percentage (%) : Percentage of men who have sex with men risk who are living with HIV	0		
Numerator : Number of MSM who test positive for HIV	0		
Denominator : Number of MSM tested for HIV	10		

TARGET 1 and 2- SIZE ESTIMATIONS FOR KEY POPULATIONS

Rationale:

Programme planning for key populations can be much more efficient if there are accurate estimates of the size of these populations. The figures provide the MOH and UNAIDS with the ability to understand the scope of the potential HIV epidemic as well as the resources that will be needed to adequately meet the prevention needs of the at-risk populations.

1) Have you performed population size estimations for key populations?

Key population	Size estimation performed (yes/no)	If yes, when was the latest estimation performed? (year)	If yes, what was the size estimation?
a) Men who have sex with men	Yes	2011	327
b) People who inject drugs	No	N/A	N/A
c) Sex workers	Yes	2011	1398
d) Other key Populations please specify which key population in the comment box	STI Clients Antenatal Woman	2008	303
e) Comments:			

7. Indicators for Target 3: Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths

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: GARPR

	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

HIV testing and counselling of ANC attendees

Year	Number of ANC attendees	Number of ANC attendees tested for HIV	Number of ANC attendees tested for Syphilis	Percentage of ANC attendees tested for HIV	Percentage of ANC attendees tested for Syphilis	Number of new HIV cases among pregnant women	Percentage of new HIV+ pregnant women among pregnant women who tested for HIV	Percentage of new HIV+ pregnant women among all ANC women
2009	10,769	1,245	10,769	12%	100%	0	0	0
2010	11,368	1,742	11,368	15%	100%	0	0	0
2011	9,780	1,430	9,780	15%	100%	0	0	0
2012	12,375	1,395	12,375	11%	100%	1	0	0
2013	13,611	2,854	13,611	21%	100%	0	0	0
Total	57,903	8,668	57,903	74%	100%	1	0	0

3.1a Prevention of Mother to Child transmission during breast feeding

Indicator 3.1a Percentage of woman living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breast feeding period

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: GARPR

	Data value
Percentage (%) : Percentage of women living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breastfeeding period	100
Numerator : Number of women living with HIV who were breastfeeding who received antiretroviral medicine for herself or her child to reduce the risk of mother-to-child transmission during breastfeeding during the past 12 months	1
Denominator : Estimated number of women living with HIV who were breastfeeding in the past 12 months	1

3.2 Early Infant Diagnosis

Indicator 3.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth

Is indicator/topic relevant? Yes
Is data available? Yes
Data measurement tool / source: Other (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:
There were no Viral loads done in 2013 and no infants born to HIV positive mother in 2013

Data measurement tool / source: GARPR

	Data value
Percentage (%) : Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	0
Numerator: Number of infants who received an HIV test within two months of birth, during the reporting period. Infants tested should only be counted once	0
Test result - Positive	0
Test result - Negative	0
Test result - Indeterminate	0
Test result - Rejected by laboratory	0
Test result - Other	0
Denominator : Number of HIV-positive pregnant women giving birth in the last 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: Cohort analysis
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

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: GARPR

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: 100

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

(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: 1

8. Indicators for Target 4: Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015

4.1 HIV treatment: antiretroviral therapy

Indicator 4.1 Percentage of adults and children currently receiving antiretroviral therapy*

Is indicator/topic relevant? Yes
Is data available? Yes
Data measurement tool / source: Antiretroviral Therapy Patient Registers and ANC estimates
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: Information on ARV are collected on a 6 monthly basis, Ministry of health, Information System is not functional, HIV unit collects information parallel to the HIS to inform indicators given by the donors
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
Total and disaggregated by sex

	Total	Males	Females	Sex Unknown
Percentage (%) : Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	80	0	70	0
Numerator: Number of adults and children currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO standards) at the end of the reporting period.	4	0	4	0
Denominator: Estimated number of adults and children living with HIV National criteria for ART eligibility varies by country. To make this indicator comparable across countries global reports will present the ART coverage for adults and children as a percent of all people living with HIV	6	1	5	0
Denominator : Estimated number of eligible adults and children (using national eligibility criteria)	7	0	0	0
Number : Persons newly initiating antiretroviral therapy during the last reporting year	0	0	0	0

Disaggregated by age group

	<15 (if disaggregated values not available)	15+ (if disaggregated values not available)	< 1	1-4	5-9	10-14	15-19	20-24	15-49	50+	Age unknown
Percentage (%): Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV Percentage is based on Denominator 1.	0	4	0	0	0	1	0	0	3	0	0
Numerator: Number of adults and children currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO standards) at the end of the reporting period.	0	4	0	0	0	1	0	0	3	0	0
Denominator: 1 : Estimated number of adults and children living with HIV	0	6	0	0	0	1	0	0	5	0	0
Denominator: 2: Estimated number of eligible adults and children (using national eligibility criteria) National criteria for ART eligibility varies by	0	0	0	0	0	1	0	0	0	0	0

country. To make this indicator comparable across countries, global reports will present the ART coverage for adults and children as a percent of all people living with HIV.											
Number : Persons newly Initiating antiretroviral therapy during the last reporting year	0	0	0	0	0	0	0	0	0	0	0

Disaggregated by sector

	Public sector	Private sector
Numerator: Number of adults and children currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO standards) at the end of the reporting period.	4	

4.2 Twelve month retention on antiretroviral therapy

Indicator 4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

Is indicator/topic relevant? Yes **Is data available?** Yes
Data measurement tool / source: Antiretroviral Therapy Patient Registers
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

Sample size - Number of Survey Respondents: 9

	Total	Males	Females	<15	15+	Pregnancy at start of therapy	Breast feeding status at start of therapy
Percentage (%): Percentage of adults and children with HIV known to be on treatment 12 months after initiating treatment among patients initiating antiretroviral therapy							
Numerator : Number of adults and children who are still alive and on antiretroviral therapy at 12 months after initiating treatment							
Denominator : Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12-month outcomes within the reporting period including those who have died since starting antiretroviral therapy, those who have stopped antiretroviral therapy, and those recorded as lost to follow-up at month 12							

Additional info: In addition to 'alive and on ART', please report other outcomes at 12 months after initiating treatment
Lost to follow-up: 2 **Stopped Therapy**: 0 **Died**: 1

9. Indicators for Target 5: Reduce tuberculosis deaths in people living with HIV by 50% by 2015

5.1 Co-Management of Tuberculosis and HIV Treatment

Indicator 5.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV

Is indicator/topic relevant? Yes
Is data available? Yes
Data measurement tool / source: Tuberculosis Patient Registers and Estimates from WHO Stop TB database
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: There is routine TB screening for HIV positive patients and vice versa for TB patients
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:
Currently there are no known cases reported positive for either disease during the period

Data measurement tool / source: GARPR

	Total					
Percentage (%) : Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	0					
Numerator : Number of people with HIV infection who received antiretroviral combination therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) and who were started on TB treatment (in accordance with national TB programme guidelines), within the reporting year	0	0	0	0	0	0
Denominator : Estimated number of incident TB cases in people living with HIV Annual estimates of the number of incident TB cases in people living with HIV in high TB burden countries are calculated by WHO and are available at: http://www.who.int/tb/country/en	0					

10. Indicators for 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

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

11. Indicators for Target 7: Eliminating gender inequalities

7.1 Prevalence of recent intimate partner violence

Indicator 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

Is indicator/topic relevant? Yes **Is data available?** Yes
Data measurement tool / source: Other
Other measurement tool / source: Vanuatu National Survey on Woman's Lives and Family relationship 2011

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

Sample size - Number of Survey Respondents: 2061

	Females (all ages)	HIV+ Females	HIV- Females	Females (15-19)	HIV+ Females (15-19)	HIV- Females (15-19)	Females (20-24)	HIV+ Females (20-24)	HIV- Females (20-24)	Females (25-49)	HIV+ Females (25-49)	HIV- Females (25-49)
Percentage (%): 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	60											
Numerator : Women aged 15-49 who currently have or ever had an intimate partner, who report experiencing physical or sexual violence by at least one of these partners in the past 12 months	899											
Denominator: Total Women surveyed aged 15-49 who currently have or had an intimate partner	2061											

12. Indicators for Target 8: Eliminating stigma and discrimination (Will be Report 2014, none in 2011, 12)

8.1 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: Other Behavioural Surveillance Survey
Other measurement tool / source:

From date: 01/01/2008
to date: 12/31/2008
Additional information related to entered data. E.g. reference to primary data source, methodological concerns: A quantitative Survey of Youth in Port Vila, this is not a generalized survey it is specific to Efate only and a purposeful sampling method was applied
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

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: 301
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	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 Respondents (aged 15–49 years) who respond "No" or "It depends" to question 1	301	26.5				32.2			
Numerator : Number of Respondents (aged 15–49 years) who respond "No" or "It depends" to question	301	41				47			
Denominator : Number of all Respondents aged 15–49 years who have heard of HIV	301	153				138			

Answered "No" or "It depends" to question 2 "Do you think children living with HIV should be able to attend school with children who are HIV negative?"

	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 respondents (aged 15–49years) who respond "No" or "It depends" to question 2									
Numerator : Number of respondents (aged 15–49 years) who respond "No" or "It depends" to									

question 2									
Denominator : Number of all Respondents aged 15–49 years who have heard of HIV									

Answered "No" or "It depends" to both questions

	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 Respondents (aged 15–49 years) who respond "No" or "It depends" to both of the two questions									
Numerator : Number of Respondents (aged 15–49 years) who respond "No" or "It depends" to both of the two questions									
Denominator : Number of all Respondents aged 15–49 years who have heard of HIV									

13. 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

14. Indicators for Target 10: Strengthening HIV integration

10.1 Orphans School Attendance

Indicator 10.1 Current school attendance among orphans and non-orphans aged 10–14*

Is indicator/topic relevant? Yes
Is data available? Yes
Data measurement tool / source: Other Behavioural Surveillance Survey
Other measurement tool / source: Monitoring the situation of Children and Woman, Vanuatu Multiple Cluster Survey 2007

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 collected before the reporting period found that 73.6% of children whose mother and father have died attended school. 79.6% of children with both parents alive and are living with one parent attended school.

Data measurement tool / source: GARPR

PART A

	All	Males	Females
Percentage (%) : Current school attendance rate of orphans aged 10-14 primary school age, secondary school age	73.6		
Numerator : Number of children who have lost both parents and who attend school aged 10-14, primary school age, secondary school age			
Denominator : Number of children who have lost both parents			

PART B

	All	Males	Females
Percentage (%) : Current school attendance rate of children aged 10–14 primary school age, secondary school age both of whose parents are alive and who live with at least one parent	79.3		
Numerator : Number of children both of whose parents are alive, who are living with at least one parent and who attend school aged 10-14, primary school age, secondary school age			
Denominator : Number of children both of whose parents are alive who are living with at least one parent			

10.2 External economic support to the poorest household

Indicator 10.2 Proportion of the poorest households who received external economic support in the last 3 months

Is data available? No
Data measurement tool / source:
Other measurement tool / source:

From date: **To date**:
Additional information related to entered data. E.g. reference to primary data source, methodological concerns:
There is no government social security system in Vanuatu. Vanuatu National Census Report bears information on household size and status but not disaggregated to rich and poor household. Thus, Poor people might have received external economic support from family members, non-government organizations, faith-based organizations or remittances from family living overseas.
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 (%) : Proportion of the poorest households who received external economic support in the last 3 months	
Numerator : Number of the poorest households that received any form of external economic support in the last 3 months External economic support is defined as free economic help (cash grants, assistance for school fees, material support for education, income generation support in cash or kind, food assistance provided at the household level, or material or financial support for shelter) that comes from a source other than friends, family or neighbors unless they are working for a community-based group or organization. This source is most likely to be the national government or a civil society organization	
Denominator: Total number of poorest household's Poorest households is defined as a household in the bottom wealth quintile. Countries should use the exact indicator definition and method of measurement for standardized progress monitoring and reporting at national and global levels. This will allow monitoring of changes over time and comparisons across different countries. However, countries can add or exclude other categories locally (for example, other wealth quintiles) depending on the country needs with respect to national programme planning and implementation	

Indicator P.1 National Commitments and Policy Instruments (NCPI)

Annex

15. Best practices

Ministry of Health partner organisations provided the following best practice stories in response to HIV in Vanuatu

15. 1 Success Story1: MSM Project, Wan Smol Bag Theatre, Vanuatu

Author: Siula Bulu

Scale up of effective Prevention Programmes

Project Objectives: Improved knowledge, skills, attitudes and behaviour of target audiences on priority sexual & reproductive health issues, including HIV/STI prevention
Project Outcomes: Increased accurate knowledge of members of the target groups on issues like STI's, HIV/AIDS

Impact

Significant capacity building has been undertaken with the peer educators employed within the program. Members of the two groups involved in this project have all received on the job training through regular capacity building sessions and meetings. Senior peer educators conducted two hour capacity building sessions once a week with the younger peer educators, with topics selected by the peer educators themselves and relevant to their work with the target groups. There are indications that this approach by WSB was an effective way to build the confidence of the peer educators in conducting workshops and talking to peers. Weekly staff meetings also provided an opportunity for everyone to discuss issues that were encountered during the course of the week and solutions or ways forward discussed and agreed. Participants report learning peer education skills and gaining knowledge of reproductive health issues and other issues affecting young people in Vanuatu.

The MSM project has succeeded in creating a supportive environment for MSM to access programs and services at WSB including KPH. It has also increased peer support through networking in the peer outreach and Solidarity group. It has increased confidence and reduced fears amongst group members and increased visibility of MSM and MSM issues within the Port Vila community. The project has also had significant impact on the individuals involved in the peer education program, increasing confidence and sense of legitimacy and enabled them to overcome fears of being subjected to abuse. *"In my opinion when the MSM come together they are stronger and they change because they support each other which enable them to fight against discrimination."* (MSM peer educator, B)

Evidence

"I learnt a lot of new things, about bad diseases (STI) I like to attend the workshop because I learn a lot of new things after I have come to take family planning and medicine." (Sex worker C)

"… Many of them are unaware that they have an STI until after they have attended the workshop and were given the information. Another good thing is that we hold the workshops here at Wan Smol bag so straight after they can go to the clinic for a checkup. Many of them change their behaviour and thinking after the workshop and start using condoms as well as encouraging their clients as well and come for regular monthly check ups

and have stated as such to us when they give us feedback … After the workshop when they see us on the road they always ask us when we will be having another one.” (SW peer educator)

“At my first time I feel so afraid of AIDS and thinking if I am positive, I will just die like this, after that I kept on going to workshops and I came to the nurse to do the test and told tell her that I will not get my answer now, but when I’m strong enough I will come and get my answer. And one day I came and told the nurse that now I’m ready, you can give me my results, if its positive I fell that I can overcome it because when they give the explanation they say if you get HIV … and you look after yourself properly you can live for a long time” (Sex worker A)

“[MSM peer educators] say they like peer education because it helps to educate them on STIs, helps them to be strong and to be confident to do peer education in public or facing discrimination from people …They say before they have fear but not now when they join the peer education [program].” (Peer education coordinator, Peer education report, Jun 2012)

“It has changed me a lot, before I did not socialise much but now I do. I have also learnt a lot of information about sexual behaviour that has helped me.” (MSM peer educator A)

“It has changed my life. I used to be ashamed to talk to people but now I can talk to people and I am not ashamed any more, I am confident and no longer shy.” (MSM peer educator B)

15.2 Success Story 2: Sex Worker and Peer Education Project, Wan Smol Bag Theatre, Vanuatu

Author: Siula Bulu

Scale up of Effective Prevention Programme

Project Objectives: Increased practice of safe sex by Sex Workers involved in the Sex Worker Peer Education project
Project Outcome: Improved access to high quality and free or affordable condoms by members of the target group

Impact

The program evaluation found evidence of reduced HIV risk behaviour among target audiences (MSM and SWs).

Commonly cited types of self reported risk reduction behaviour among target audiences include:

(I) Self-reported reduction in partners;

(ii) Reported intent to use, or increased use of condoms; and

(iii) Increased accessing of testing and treatment for STI and increased accessing of testing for HIV.

Although the positive outcomes and indicators cannot be attributed exclusively to the SW Project and CDO Program, the key informant interviews referred specifically to the important and highly effective role of the combined project activities carried out in the communities by peer educators, which have been crucial not only for reaching and offering VCCT to increasing numbers of individuals, but these activities have also affected the lives of individuals involved in the program (MSM and SW peer educators) confirming on-going benefits from the program initiatives and outcomes.

Evidence

"I came to WSB and come to the clinic but at my workplace my friends do not come to the clinic but I explain to them why they must come because of HIV we must go and check up. Sometimes the young girls would stay with a man for a very long time but can't get pregnant. I give them small talks [about STIs] and it clicks with them and they keep on asking and I tell them to stop a bus and come to the clinic and they will give you the information you want. I talk with a lot of my friends, I also told them that the small room is only for you and the nurse, when you go inside your secret, only the nurse knows – and everything you talk about stays in that small room" (Sex worker B)

"I tell my friends about TB, cancer, AIDS and also tell them about use of condoms, and if they have boyfriends or girlfriends they must use condom to protect them from catching bad diseases (STI). I have talked to them about coming here to this clinic, but I don't know if they have been here or not yet". (Sex worker C)

One of the sex workers interviewed also spoke of how she had become a distributor of condoms. She accesses the condoms from KPH and then takes them to her home and also to her work environment: "Sometimes I put some in my basket to get to work, for my friends, even a woman who has a good job and you can't tell and even if she looks like a perfect mother, her salary would not be enough or temptation makes her have another partner. I work in town and I see people like that" (Sex worker A).

15.3 Success Story 3: Kam Pusum Health Clinic: Comprehensive Reproductive Health Services

Author: Siula Bulu

Treatment, Care and Support

Project Outcome: Increased uptake of the effective and comprehensive reproductive health services at the KPH by members of the target groups

Impact

Staffs of WSB who have been involved in the SW project name the main achievements of the workshops as facilitating SW coming to clinic and participating in other WSB activities; WSB is now seen as a safe and comfortable environment for SW to come to.

With a project target of 180 members of beneficiary groups accessing HIV and STI services, this was well achieved with a total of 396 sex workers and MSM attending KPH for services during this time period.

Period	Sex Workers	MSM
2010	40	14
2011	219	37
2012	36	50
Total	**295**	**101**

The workshops and IBBS surveys appear to have been drivers in the uptake of KPH services for the study population. In particular, the sex workers interviewed as part of the evaluation report having become engaged with the clinic through the survey, and maintaining their contact and service utilisation post study period.

Clinic access is particularly important for MSM, as the environment in Vanuatu makes it particularly difficult for them to access services or feel safe/comfortable accessing services. Women who sell sex may be able to access other services, as they may not disclose that they undertake sex work. MSM beneficiaries and peer educated interviewed were clear that KPH is the only clinic service any would consider going to, and even then many are initially fearful of going due to discrimination.

"Many go to ask more questions and get more information. But I think many more would come if the clinic was not in such a public place but somewhere more private and hidden away with not so many people around. When they come people tend to stare a lot so that makes them afraid to come. With the MSMs they find it easier to congregate but not to come to the clinic one by one." (MSM peer educator A)

Evidence

"The first sickness I got was gonorrhoea and I lived with it for a long time and when [peer educator] came and did awareness with me, me and my partner came to KPH and got treatment, but otherwise we would not have

known. WSB does an important job and it's true to say that if not for them, I would not know (about STIs)." (Sex worker C)

There are also indications that the outreach program has had an impact on partner reduction and provided broader support for health decision-making:

"Myself I have learn a lot about what [peer educator] had told me, she helps me a lot it gives me direction of what to do as a young girl, … I have slowed down [reduced partners, reduced clients] since 2010 when Aunty [peer educator] started to talk with me. One thing I see it's good that [peer educator] continue to come visit me and help me to look after my body and my health. The good things is when she come visit all the times she gave me wise ideas, and about how to direct my life. She helps me a lot to stay healthy." (Sex worker E, Port Vila)

The program is not without challenges however, with difficulties faced in accessing the increasingly younger women who are undertaking sex work.

"It is good for the sex workers because they gain a lot of information about STIs and come in for check up but it is much easier to talk to the old ones than the new ones; we find out about the new ones from other people who tell us where she lives and it usually takes a lot of time to find her and even then she will not be open to talk so we make small talk until she ready to ask questions only after then will she be open to tell us about her life. Another good thing is that they talk amongst themselves and tell us will be coming around again so sometimes when we go they are ready to talk." (SW peer educator)

An outcome of the study implementation appears to be an increase in attendance at KPH of these populations maintained post study period. This seems to the case particularly for the sex worker population, which may relate to the much greater number who participated in the study, and therefore were exposed to the KPH clinic services.

"The research helped them a lot because they can relate well to the questions asked because it happens in their daily lives. So right after they go to the clinic for a blood test or check up for HIV or other STIs. When we ask them questions you can see that it really makes them think and some of them cry because it makes them think about their lives and the situations they are in. The survey makes them open to us, they want to share with us that they have come for testing and that they care about their health so they ask clients to use condoms." (SW peer educator)

"We have some (sex workers) who visit the clinic regularly for STI services and condoms, but during the survey we have a lot more, coming for STI, family planning etc, it has increased, after the survey they keep coming back, because they get to know the clinic and the peer eds. We noticed that it made a difference [the survey]." (KPH clinic nurse)

This was reinforced by sex workers interviewed as part of the evaluation, who spoke of regular visits to the clinic following their participation in the study: "last year I also take part in the survey that makes me come for checkups, I think I already come here for checkups about 3 times." (Sex worker D)

"I would come to KPH because I know [MSM peer educator] is here and the first time I came here the staff were really kind to me, so if I were to get tested or want services in the future I would just come here because it's just a lovely environment here, and the fact that they're confidential. At the hospital some of the nurses are your relatives, so you don't want to do this there." (MSM beneficiary, Port Vila)

"The peer educators who are MSM, it makes it easier for the other MSM to come; they feel free to come, as they see part of their community around." (KPH nurse)

16. Major challenges and gaps

16.1 Progress made on key challenges reported 2012 Country Progress (UNGASS)Report,

- The geography of the country still remains a challenge for the country though efforts have been made by the program to reach further into some remote areas in the country with STI and HIV messages. However, now with 6 provincial STI and HIV Officers based in all the 6 provinces made work easier for the program to reach further in to isolated areas and strengthen services to not all but some most remote location in the country. For instance up scaling of the VCCT and introducing new VCCT to Torba Province which is one of the provinces far to reach with HIV messages. Currently, there is a functional VCCT service there and people have access to the services provided by the Hospital with mobile testing done and reports send to the National Office

- This year 2013 marks the hardest and most difficult year in the history of Health in Vanuatu with too much changes happening over night, staffs suspended with too much political influence at the Ministry of Health Vanuatu. There is little progress made in this issue but as it is a political arena, little can be done to change or influence what is dictated by those in authority

- National HIV Coordinator finally recruited this year which is a bonus to the program and Donor funds are slowly mainstreaming into the government system

- Survey on Sex Workers and Male Sex Male has been conducted by Wan Smol Bag and which adds a plus to the SW and MSM targets. However, reporting has improved with little still to be done to improve data collection and disaggregation specifically at the laboratory level

- Number of HIV Positive has increased and there is significant work to be done. IZA foundation with Irene as the founder of the organization advocates for less stigma and discrimination and seeks from support and recognition from donors and partner agencies to aid in its activity and support implementation

- STI drugs are now easily accessible except that there needs to be a clear communication and supple plan for the national and service providers to follow

16.2 Major Challenges and Gaps

Stakeholders identified a number of major challenges during the reporting period. In summary these issues related to:

1. Studies and baselines used to inform targets and indicators are outdated, Ministry of Health should allocate budget for research to show progress on HIV over the years, thus information's collected are based on outdated information

2. Ministry of health should address challenges faced by PLWH and provide services available to address those challenges

3. Information used to inform the indicators are not reflective of the country's response to HIV which does not really portray and full picture of the HIV's response in the country

17. Recommendations

Vanuatu has developed and finalized a draft National Strategic Plan for HIV and STIs for 2014 – 2018. National Unit is now working on seeking support from technical partners to complete the Monitoring and Evaluation Framework for the new National Strategic Plan by 1st quarter of 2014

NAC has met on an ad hoc basis since 2011 basically to attend to pressing issues relating to STI and HIV activities. In the absence of a meeting where all stakeholders can agree on recommendations to ensure the achievement of GAPR indicators, it is not possible to include these in this report. However, stakeholders at the data validation workshop confirmed a need for:

- To update baseline data and studies to inform indicators to show trends over the years
- Strengthen program integration with other sectors
- Funds to be more targeted on research for more data collection to inform indicators

18. Support from the country's development partners

18.1 Key support received from development partners

Vanuatu received support from the following development partners during the reporting period.

Ausaid: Funds VSO volunteers at national and provincial levels, funds Wan Smol Bag to deliver their HIV and STI programmes.

Global Fund: Human resources, infrastructure and equipment, communication materials, technical assistance on confirmation of HIV specimens, laboratory consumables, and STI drugs

IPPF: Funds and supports the overall operations of Vanuatu Family Health Association.

UNICEF: Funding for sexual and reproductive health, PMTCT Programme, youth friendly health services, peer education programmes, adolescent health and hotline services.

UNAIDS: Technical assistance for preparing Global AIDS Response Progress reporting

SPC: Technical assistance on prevention, treatment, care and support and M&E

WHO: Technical support to the National AIDS Committee

18.2 Actions that need to be taken by development partners to ensure achievement of targets

The Global Fund and Response Fund, which provide significant financial support, are due to finish in June 2012 and 2013, respectively. Currently, Global Fund has just approved funding for HIV and STI but under new funding model which means a lot of cuts in the budget and a lot of Human Resources will have to be cut off as Government still cannot take on even after Global Fund reduces its funding support. The National Office is now reduced to just 2 officer and 3 Provincial Officers

Given the relatively small domestic contribution towards HIV spending and a lack of capacity in some core areas, Vanuatu will have a reliance on development partners for funding and technical support for the medium-to-long term.

Assistance with second generation surveillance monitoring from development partners would greatly assist Vanuatu to report against targets.

19. Monitoring and evaluation environment

19.1 Overview of the current monitoring and evaluation (M&E) system

The new National Strategic Plan (2014-2018) bears a section for Monitoring and Evaluation of planned activities for 2014 to 2018. An M&E Frame Work will be developed to aid this process and to guide implementation and outcomes of activities planned for in the new National Strategic Plan.

The goals of the Nationals Strategic Plan for HIV and STIs (2014-2018) are to reduce the prevalence of STI and minimise the spread of HIV in the Vanuatu population

A conceptual model is used below to illustrate various components of the Vanuatu M&E System and how they are interrelated.

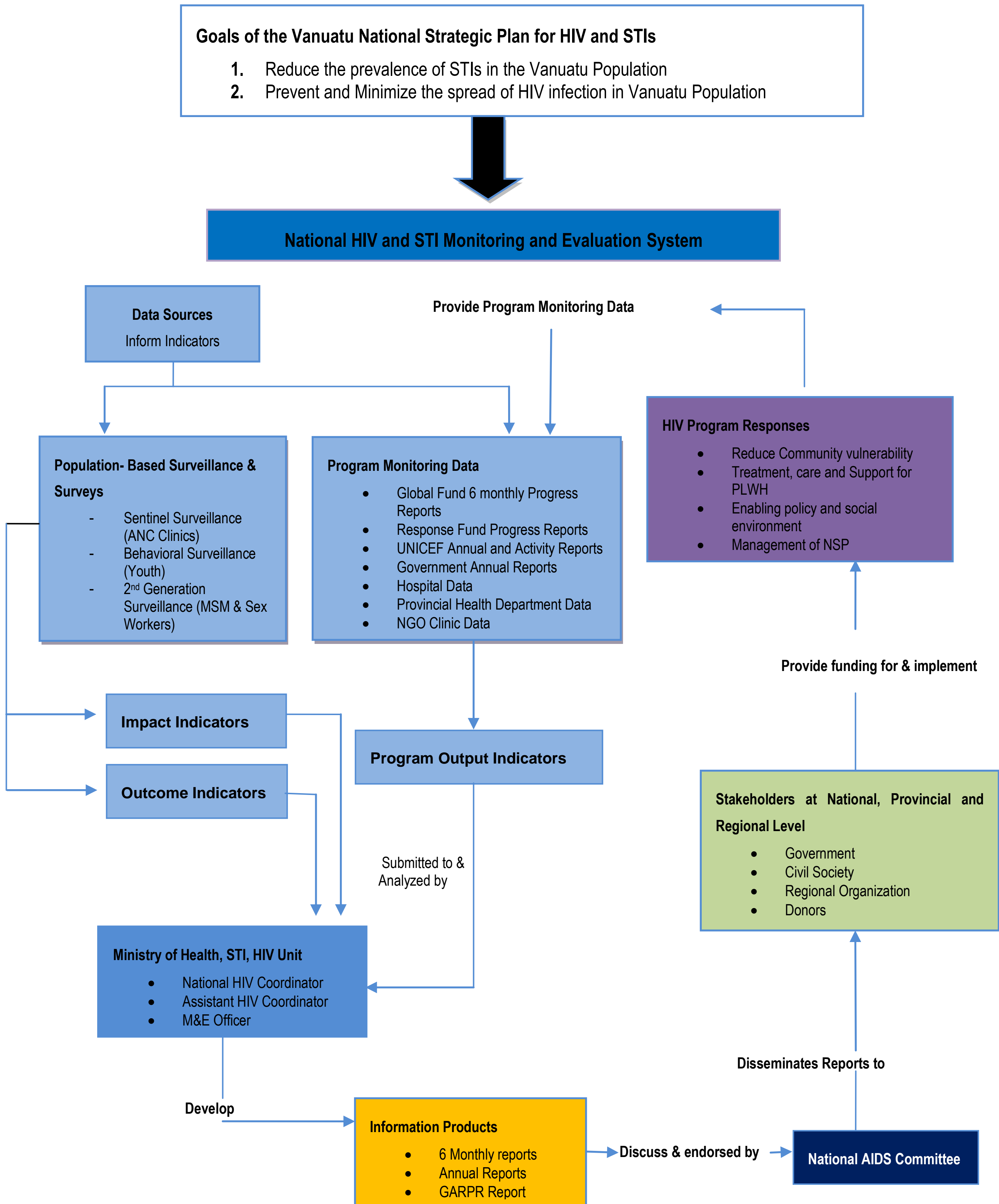
The diagram below illustrates how information is generated from special surveys and program monitoring data. These data inform specific indicators which provide information to all stakeholders including the NAC, Vanuatu Ministry of Health at National and Provincial levels, Civil Society organisations, regional and multilateral organisations and donor agencies. The information can be presented through various publications and reports on a regular basis:

Quarterly reports and 6 monthly reports can be produced for the NAC and MOH to inform their meetings and decision making about aspects of the National HIV & STI response;

Annual reports are send to Ministry of Health planning unit, to aid the development of the overall strategy of the Ministry of Health. These reports are also send back to all stakeholders to will show the state of National HIV response at the end of the calendar year. The annual reports will also inform the development of the annual plan for the following year and form the basis of funding request to donors

Global AIDS Response Progress Reporting are also produced for all local and regional partners and for UNAIDS

Diagram 1: Overview of the National HIV and STI Monitoring and Evaluation System



Source: Draft M&E Plan, Vanuatu 2008

19.1 M&E Process during the reporting period

Government stakeholders rated the M&E system **4 out of 10**, where 0 is very poor and 10 are excellent. Progress has been made under some of the activities listed in the National Strategic Plan:

- In 2010, a person was appointed in the role of M&E Officer following a lack of applications from nationals for the role. While this appointment has increased the capacity of the Unit, the staff was new to the field of M&E and requires further training and support in the discipline.
- In July 2011, three staff from the Ministry of Health attended a regional M&E *'train the trainer'* workshop in Fiji. The National HIV and STI Unit intend to implement the M&E training to the Provinces from April 2012.
- In 2012, there was an in country M&E training which included all stakeholders, government officers and provincial and laboratory and VCCT counterparts to attend the training.

However, progress has been weak in a number of other important areas that were listed as actions in the National Strategic Plan:

- ✓ The M&E officer has completed her contract with the unit, with no funding for extension; this left the program without an M&E officer.
- ✓ The new NSP has been drafted but there is still need to draft M&E Plan for the NSP which is still a pending issue as the old NSO does not have an M&E plan
- ✓ A draft map of all HIV response activities, incorporating the work of all players was developed, but it was never finalized or kept up-to-date.
- ✓ There has not been any development activity for a national database for zero and behavioral surveillance, or technical assistance to the M&E Officer for training in Country Response Information System (CRIS)

19.2 M&E Challenges during the Reporting Period

Other more specific Challenges relating to M&E;

1. There is still no standardized reporting template from the National office to the provincial level which result in poor reporting to the unit on activities implemented
2. Officers at the provincial level and National level have been trained on collecting data but there still needs to be more training on data collection and mentoring is needed for the officers so programs can be implemented with specified indicators and outputs are achieved
3. Monitoring and Evaluation is an integral part of the program however there is still need for more further training to be able to aid the staff to implement effectively
4. There is still no M&E systems within the Ministry of Health and there is no M&E unit to routinely monitor and evaluated programs
5. There is need for trainings and set up of M&E systems for programs and the Ministry of Health as a whole

19.3 Remedial actions planned to overcome the challenges

1. Ministry of Health should develop an M&E unit jointly with the HIS to Monitor and Evaluate all Public Health Program
2. Government should consider owing the program rather relying on donor funds
3. HIS to revised its forms to be able to capture all program needs and be in line with program data
4. There should be action plan in the new NSP to cover areas on in country roll out of M&E trainings so provincial and national officers are always refreshed on aspects relating to M&E and its importance to the program.
5. Program database for the unit

19.4 Highlight, where relevant, the need for M&E technical assistance and capacity-building

There is still a need for M&E technical assistance from international organisations, to support in;

1. Development in the M&E plan in conjunction with the new National Strategic Plan
2. Development of the New National Strategic Plan for the program
3. Assist in midterm reviews and support in capacity building of local counterparts on M&E related issues
4. Support in continued in country M&E training
5. Revised HIV forms, to provide more data with less work
6. Standardized data analysis form
7. Standardized M&E form for quarterly visits around the provinces

20. National Commitments and Policy Instrument (NCPI) (Appendix 2)

ANNEXES

ANNEX 1: Minutes & Attendance Sheet

VANUATU GARPR STAKEHOLDERS CONSULTATION & VALIDATION MEETING

Minutes

Minute Taker: Janet Faith Jack **Meeting Date: 20th March 2014**

Agenda Item	Meeting outcomes
1. Welcome and Introduction	Participants welcome to the meeting by Caleb as chair of the meeting, and thanking organization reps Total Participants attended the meeting was **17** by chronological order 1. Annick Stevens, VCC woman Program Coordinator, VCC 2. Anolyn Lulu, Sport for Development Coordinator, VASANOC 3. Brenda Nabirye, Senior Officer, UNICEF Office 4. Caleb Garae, HIV Coordinator, MOH 5. Dolsie Kalmatak, Administration Officer, SPC-Vanuatu Office 6. Dr Griffith HArrision , Physician, VCH 7. Dr Ros Seyha, Technical Adviser, WHO Office 8. Emily Niras, HIV Focal Officer, UNICEF Office 9. Gibson Ala, STARS Program Manager, SCA 10. Irene Malachi, IZA Director, SCA 11. Jenita Thompson, Program Support Officer, VSO 12. Kalwat Poilapa, Nurse In Charge, Paunagisu Health Center 13. Lesiel Masingiow, Senior Education Officer, Education Department 14. Marina Laklotal, POLHN Coordinator, WHO Office 15. Morris Amos, Family Health Program Analyst, MOH 16. Robson Joe, HIV Focal, Shefa Provincial Health Office 17. Sangita Robson, Former M&E Officer, MOH A copy of sign off attendance sheet is appended
2. Introduce 10 HLM Targets	Writer introduces the 10 HLM targets and explained why it is important for everyone to know about the targets and what is meant for the country. Vanuatu needs to report on what is relevant for the country and use baselines to inform the targets to show country progress on HIV for each targets for year 2013
3. Review Country Progress: 10 Targets: Comments	Participants make few comments to the country progress with regards to the 10 Targets; - Target 1-10: Government needs to take on the program and needs to start considering baselines that are out dated to contact more update baselines to inform the indicators - Several participants concerned that baselines are so old and outdated to inform the indicators which may not reflect to the current situation in the country - Baseline used are not reflective of the whole country as study are done only in some islands and provinces and not country wide - Other more updated baselines such as DHS needs to be looked into to add information to the indicator to show information - Studies plan for each year needs to carry out as it affects information on how program has progress over the years and as it prolongs significance to the program ceases which does not give a lot of weight to reports such as GARPR and the donors - Indicator 1.3 and 1.4 baselines used to inform the indicators do not match the indicator. There is age-group difference in the report against the indicator, suggestion that value should be removed but comments can be added to inform the indicator. Indicators specifies 15-49 but baseline only informs 15-24 age group - Indicator 1.5, program could use Ministry of Health Surveillance data to inform

	this indicator if data is available to show trends over the years - All of target 2: should be data not available instead of indicator not relevant as indicator is relevant but data is not available to inform this indicator - There were a lot of arguments around target 3, information provide is fine but there should be a comment box to inform challenges relating to PLWH and the challenges they are facing. Participants commented that it is not good to show that country is making good progress but challenges are not mention which leaves the country with no progress. PLWH face challenges and program faces challenges on dealing with patients which is not accounted in the report. - Indicator 3.3 value should be N/A not 0%, unit should check with MOH Health Information System for projection estimates - Target 4 should have comments specifying challenges of faced by PLWH - Target 9, unit should follow up with immigration for any protocols prohibiting PLWH for travelling - Target 10 should have further explanation in the narrative report about definition of orphans as they are not generalized in the country setting and might give different meanings for people interpreting the information
4. Review Narrative Report	Narrative Report has a total of 122 pages which will take up a lot of time for participants to read thru. Thus, will be circulated after the meeting for any final comments and feedback before COB Wednesday 26th March 2014
5. Review AIDS Spending Categories	The 8 spending categories for AIDs in 2013 was shared with participants and explanation on what information is expected from the stakeholders and partners Information on expenditures from all stakeholders and donors for HIV in 2013 circulated to all participants for their view. Total expenditure for 2013 was 84,994,001vt with 93% from International partners while only 7% showing government support. Prevention takes 67% of the funds with programme management and enabling environment 12% each and the rest of the categories follows Specific comments made were to change donor to partnership as participant feel that it will demoralize government support as not so much is seen in the expenditure list Other comments include breakdown of big amount of funds to specific more appropriate activities and classify specific donors in programs as we might be double counting
6. Review NCPI Part A & Part B	Participants divided in to 2 groups according to their organization and were given completed NCPI's to look through and make comments Specific comments are for NCPI to have a box at the end to show recommendation or way forward to show how programs will be able to move forward after the comments they have made in the NCPI Other comments include, stakeholders to be well oriented with what is expected in the NCPI so they know what they are suppose to fill in Bilateral partners need to be specified exactly where in the NCPI their part to fill in otherwise they see as no need to fill in the form
7. Specific Challenges	Specific Challenges include; *Program needs to budget and conduct more updated baselines and studies to inform indicators each year*
8. AOB	There was no other business to add so Caleb thank everyone for the meeting and ask Robson Joe to officially close the meeting with a prayer *Participants were served lunch and depart for their respective departments*

Participants Attendance Sheet

Vanuatu GARPR Stakeholders Consultation Meeting # 1

Date: 20th MARCH 2014

#	Name	Designation	Organization	Email	Phone	Signature
1	Leisel Masingiow	SEO	MoE	lmasingiow@vanuatu.gov.vu	5373052	[signature]
2	Seyha Ros		WHO	Ross@wpro.who.int	27683	[signature]
3.	Gibson Ala	STI/HIV Program Manager	SCA	gibson.ala@sca.org.vu	22794	[signature]
4.	Anolyn Lulu	Sport for Dev. Coord	VASANOC	a_flyn617@hotmail.com	7778886	[signature]
5	Annick Stevens	VCC Women Program Coordinator	VCC	vcc.women@vanuatu.com.vu	7107538	[signature]
6-	Kalwat Poilapa	Shefa Health NMRE	Health.	kpoilapa@vanuatu.gov.vu	7757483	[signature]
7	Manis Amos	Family Health Program	MOH	mamos@vanuatu.gov.vu	7743569	[signature]
8	Jenita. Thompson	Programme support officer / Analyst	VSO	Jenita.thompson@vsoint.org	7749124	[signature]
9	Emily Nivis	HIV Focal UNICEF	UNICEF	enivis.unicef@gmail.com	7720211	[signature]
10	Brenda Nabirye	CFO	UNICEF	bnabirye@unicef.org	24655	[signature]
11	Irene Jamui	IZA. Director	IZA	iza@sca.org.vu	5920329	[signature]
12	Robson Joe	Shefa HIV Officer	SPHO	rjoe@vanuatu.gov.vu	5937427	[signature]
13	Marina Laklotal	PDLH Coordinator	WHO/MOH	mlaklotal@yumail.com	7770353	[signature]
14	Doisie. Kalmatak	Admin officer	SPC	SPCVadmin@spc.int	29817	[signature]

Participants Attendance Sheet

Vanuatu GARPR Stakeholders Consultation Meeting # 1

Date:

#	Name	Designation	Organization	Email	Phone	Signature
15	Sangita Robson			Sangeetar850@gmail.com	5699659	[signature]
16	Griffith Hamsen	Physician	VCH	ghamsen@vanuatu.gov.vu	7767648	[signature]
17	Caleb. Garae		MOH	gcaleb@vanuatu.gov.vu		[signature]
18	Janet Jack	Assistant HIV Coor	MOH	jjack@vanuatu.gov.vu	7711144	[signature]

ANNEX 2: National Commitments and Policy Instrument (NCPI)

National Composite Policy Instrument (NCPI) 2013

Country: Vanuatu

Name of National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Name:

Ms. Janet Faith Jack

Assistant HIV Coordinator

Postal Address:

Ministry of Health

STI and HIV/AIDS Unit

PMB 9009

Port Vila Vanuatu

Telephone: 678 22512 Voip 2096

Mobile: 678 7111144

Email: jjack@vanuatu.gov.vu

Date of Submission: 27th March 2014

National Composite Policy Instrument (NCPI) 2013

Data Gathering and Validation Process

Describe the process used for NCPI Data gathering and validation:
First of all a desk review was done followed by a Road Map was developed by Local Consultant and shared amongst stakeholder partners expected to part of the gathering and validation process. Since funds are slow one to one interview was done instead of consultation meeting, which enable the report writer to gather information to input into the report. Stakeholders are also send forms both hard and soft copies of NCPI A and B were send to stakeholders for their inputs, those with difficulties filling the form shared their queries either through email or phone
Describe the process used for resolving disagreements, if any with respect to the responses to specific questions;
Participant were given time to look thru the NCPI's overall none of the questions were argued however other general arguments include 1. Specific comments are for NCPI to have a box at the end to show recommendation or way forward to show how programs will be able to move forward after the comments they have made in the NCPI 2. Other comments include, stakeholders to be well oriented with what is expected in the NCPI so they know what they are suppose to fill in 3. Bilateral partners need to be specified exactly where in the NCPI their part to fill in otherwise they see as no need to fill in the form Writer notes the points and addresses them in the narrative report as recommendation for next year reporting
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions;
1. NCPI for 2012 should be used to compare with 2013 NCPI to see trends and to see progress to avoid repeat comments and no progress made. This is to show impact over 2 year period 2. There should be a comment box at the end of each NCPI for way forward so the country can respond on what the county plans to do next after outlining the progress they have made 3. NCPI Part A question 1.4: 4. NCPI Part B is more specific to Civil Society for their response, Bilateral partners do not see a need to fill in the NCPI as there are no specific sections for their response

NCPI 2013 Respondents

*[Indicate information for **all** whose responses were compiled to fill out (parts of) the NCPI in the below table; add as many rows as needed]*

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A [indicate which parts each respondent was queried on]					
		A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health, HIV Unit	Sangita Robson, HIV M&E Officer						
Ministry of Health, HIV Unit	Caleb Garae, HIV Coordinator						
Ministry of Health	Morris Amos, Family Health						
Ministry of Health, RH Unit	Marie Nickllam, Assistant RH						
Ministry of Health, TB Unit	Markleen Targaro, TB Coordinator						
Ministry of Health, TB Unit	Saen Fanai, TB M&E Officer						
Paunagisu Health Center	Kalwat Poilapa, Nurse in Charge						
Sola Provincial Hospital	Dr Graham Patas, Chief Medical						
Sola Provincial Hospital	Colenso Silas, HIV Focal Person for						
Vanuatu Law Commission	Powrie Vire, Senior Legal						
Vanuatu Law Commission	Nadya Roberts, Legal Researcher						
Vanuatu Law Commission	Bertha Pakoasongi,						
Lenakel Hospital, STI/HIV Unit	Andrew Williams, STI/HIV Focal						
Northern District Hospital, STI,	Jeffery Vutilolo, STI/HIV Focal						
Curriculum Development Unit, Ministry of Education, Port Vila	Lesiel Masingiow, Senior Education Officer						
Shefa Provincial Health Office, Port Vila Vanuatu	Robson Joe, STI, HIV/AIDs Focal Person, Shefa Province						

Add details for all respondents.

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B [indicate which parts each respondent was queried on]			
		B.II	B.III	B.IV	B.V
Wan Smol Bag	Siula Bulu, Health Project Manager				
Save the Children Australia	Chris Hagarty, Senior Health				
Vanuatu Family Health	Danstan Tate Executive Director				
Vanuatu Family Health	Julius Ssenabulya, Advocacy Officer				
Secretariat of the Pacific Community – Vanuatu Office	Dolsie Kalo, Administration Officer				
Volunteer Services Overseas - Vanuatu	Carlos Sisen, Reproductive Health Strengthening Adviser				
VASANOC, Port Vila Vanuatu	Annolyn Lulu, STOP HIV Program Coordinator				
Volunteer Services Overseas	Dawn Holye, Country Director				

Add details for all respondents.

National Composite Policy Instrument (NCPI) 2013

PART A

[To be administered by government officials]

I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes	No

IF YES, What is the period covered (Write in) 2008-2012

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.
Development of new NSP 2014-2017 is at the final stages and will be launching soon. The previous NSP was in complete with no M&E frame for monitoring and evaluation of STI and HIV Activities

Development of standard operational procedures to deal with STI and HIV related issues
Training of Health Care Workers in STI and HIV Syndromic management,
Development of flow charts for STI cases, policies and guidelines

IF NO or **NOT APPLICABLE**, briefly explain why.

IF YES, complete questions 1.1 through 1.10; ***IF NO***, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?

Name of government ministries or agencies *[write in]*: Ministry of Health, Vanuatu

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS	Included in Strategy		Earmarked Budget	
Education	Yes	No	Yes	No
Health	Yes	No	Yes	No
Labour	Yes	No	Yes	No
Military/Police	Yes	No	Yes	No
Social Welfare[1]	Yes	No	Yes	No
Transportation	Yes	No	Yes	No
Women	Yes	No	Yes	No
Young People	Yes	No	Yes	No
Other *[write in]*:	Yes	No	Yes	No
	Yes	No	Yes	No

[1] This sector includes social protection

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV specific activities Funding for the 2008-2012 activities were entirely response Fund (NZAID and Ausaid funding support) Generally, the government of Vanuatu has an interest in fighting HIV, part of which includes Aid donors through financial assistance. Ministry of Finance and each multi sector plans and discussions, what amount of the allocated budget their sectors need for addressing issues related to HIV activities per sector

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS		
Discordant couples	Yes	No
Elderly persons	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children[2]	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable subpopulations[31]	Yes	No
SETTINGS		
Prisons	Yes	No
Schools	Yes	No
Workplace	Yes	No
CROSS-CUTTING ISSUES		
Addressing stigma and discrimination	Yes	No
Gender empowerment and/or gender equality	Yes	No
HIV and poverty	Yes	No
Human rights protection	Yes	No
Involvement of people living with HIV	Yes	No
IF NO, explain how key populations were identified? All these areas have been address either directly or indirectly via multisectoral activities and each sectors have		

[2] Orphans and other vulnerable children include children who have been abused, neglected or exploited, and children in homes/shelters/places of safety

done some activities to at least to target some bits of HIV issues

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific key populations/vulnerable subpopulations *[write in]*:	Yes	No
Seasonal Workers		

1.5 ***Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?***

Yes	No

1.6. Does the multisectoral strategy include an operational plan?

Yes	No

1.7. Does the multisectoral strategy or operational plan include?

a) Formal programme goals?	Yes	No	N/A
b) Clear targets or milestones?	Yes	No	N/A
c) Detailed costs for each programmatic area?	Yes	No	N/A
d) An indication of funding sources to support programme implementation?	Yes	No	N/A
e) A monitoring and evaluation framework?	Yes	No	N/A

1.8. Has the country ensured "full involvement and participation" of civil society[32] in the development of the multisectoral strategy?

Active involvement	Moderate involvement	No involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organized
IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case

Each year MOH, STI and HIV unit organized colourful, Challenging and interesting activities involving multi sector population of Port Vila and throughout the six provinces on 1st December World AIDs Day

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes	No	N/A

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners	Yes, some partners	No	N/A

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/ harmonization and why;

The previous NSP was not widely distributed to all relevant stakeholder partners and development partners, thus, not all partners are aware of the plan and how to implement it

Some International partners have cease from funding World AIDS day activities to support in country commemorations

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS			
Common Country Assessment/UN Development Assistance Framework	Yes	No	N/A
National Development Plan	Yes	No	N/A
Poverty Reduction Strategy	Yes	No	N/A
National Social Protection Strategic Plan	Yes	No	N/A
Sector-wide approach	Yes	No	N/A
Other *[write in]*:	Yes	No	N/A
	Yes	No	N/A

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S)			
HIV impact alleviation (including palliative care for adults and children)	Yes	No	N/A
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes	No	N/A
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support	Yes	No	N/A
Reduction of stigma and discrimination	Yes	No	N/A
Treatment, care, and support (including social protection or other schemes)	Yes	No	N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes	No	N/A

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?

LOW					HIGH
0	1	2	3	4	5

4. Has the country a plan to strengthen health systems?

YES?	**NO**
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children YES, there is a current reform structure in place to improve the current health system and we should experience and improve services in HIV related issues if the reform is successful	

5) Are health facilities providing HIV services integrated with other health services?

Area	**Many**	**Few**	**None**
a) HIV Counselling & Testing with Sexual & Reproductive Health			
b) HIV Counselling & Testing and Tuberculosis			
c) HIV Counselling & Testing and general outpatient care			
d) HIV Counselling & Testing and chronic Non-Communicable Diseases			
e) ART and Tuberculosis			
f) ART and general outpatient care			
g) ART and chronic Non-Communicable Diseases			
h) PMTCT with Antenatal Care/Maternal & Child Health			
I) Other comments on HIV integration: - VCCT Services is provided at all 6 provincial hospitals throughout the country, inclusive of few Health centers and dispensaries also providing VCCT - HIV is not a one man business. It supposed to be everyone's business. Programs concerning health related issues especially that of HIV should be integrated into other health programs and services.			

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area

Since 2011, Response fund has been the main source of funding for NSP with the funding support ending in June 2013. There were no key achievements in 2013 in this area. An appointment of new officers to take over the office and political influence affects program implementation

Some other achievements include;

- HIV counselling and testing with sexual reproductive health services has improved

What challenges remain in this area**:**

- There is a need to complete the NSP and funding to support implementation of HIV work in Vanuatu
- Funding still remain in this area for collection of data but also staffs at the lows level in the province needs to undergo a training in M&E and infect know the importance

II. POLITICAL SUPPORT AND LEADERSHIP

Strong political support includes: government and political leaders who regularly speak out about HIV/AIDS and demonstrate leadership in different ways: allocation of national budgets to support HIV programmes; and, effective use of government and civil society organizations to support HIV programmes.

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers

Yes	No

B. Other high officials at sub-national level

Yes	No

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.)

Yes	No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership

- Sometimes around the early 2013, the Ministry of Health (MOH) under the direction of Director Public Health initiated an idea to review the Public Health Act, part of which to gather for HIV and AIDs
- Participating in WAD celebrations and actually giving official speeches and awareness to the public or communities
- Each year MOH plan and organize WAD activities where other ministries and departments also take part

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?

Yes	No

IF NO, briefly explain why not and how HIV programmes are being managed

- HIV Program is managed by Ministry of health; National AIDs Committee is only a voluntary body to the program.
- There is HIV unit both at National and Provincial Level and although it has other major stakeholder partners which include NGO's there is not functional multisectoral HIV Coordination.

2.1. IF YES:

IF YES, does the national multisectoral HIV coordination body:		
Have terms of reference?	Yes	No
Have active government leadership and participation?	Yes	No
Have an official chair person?	Yes	No

***IF YES**, what is his/her name and position title? Len Tarivonda*		
Have a defined membership?	Yes	No
***IF YES**, how many members?17*		
Include civil society representatives?	Yes	No
***IF YES**, how many?7*		
Include people living with HIV?	Yes	No
***IF YES**, how many?1*		
Include the private sector?	Yes	No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes	No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes	No	N/A

IF YES, briefly describe the main achievements**:**

Establishment of the Provincial AIDS Committee for all the 6 provinces

What challenges remain in this area:

- NAC and PAC have quiet large number of members and sometimes it is difficult to call meetings with all members involvement as some do not turn up for meetings most of the times and meetings may be canceled as there is no quorum for the meeting
- No incentives to drive the quarterly meetings which is one set back and which also contributes to member not attending the meeting
- Members of both committees wear too many hats and cannot be represented in meetings where they feel less important
- Funds to operate the committees is another setback which is also a reason why the committees are not operating

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

50%

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building	Yes	No
Coordination with other implementing partners	Yes	No

Information on priority needs	Yes	No
Procurement and distribution of medications or other supplies	Yes	No
Technical guidance	Yes	No
Other [write in below]:	Yes	No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?

Yes	No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?

Yes	No

IF YES, name and describe how the policies/laws were amended

VIEWS WITH REGARD TO LAW

- The Public Health Act [Cap 234] identified AIDS/HIV zero positive as a Notifiable Diseases under the Notifiable Disease list.
- There is no other detailed provision or clause that deals with HIV in the PHA.
- In 2013 the Vanuatu Law Commission done a review of the law upon the request from the MOH and recommends that the new PHA should or must gather for HIV/AIDS.
- These policies and laws have been discussed by the Health Workers forum, agreed upon each development.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area;

There is nothing really, no achievement really in this area, political influence in 2013 has affected the program in a negative way rather than positive which leave the program in a stagnant state

There were various supports (Financially) in the provinces this is inclusive of other support such as VSO, SCA, and NAC grant via response fund. This makes up a good support regarding implementation of HIV program in the provincial level

- Capacity building services have been improved'
- Coordination with other implementing agency have been improved
- Information on priority needs have been improved
- Procurement and distribution of medication and other supplies
- Technical support have been on going

What challenges remain in this area;

1. HIV Knowledge for Politicians
2. Political Influence with the change and shifting of staffs out of offices and into areas which are not program friendly and which will only live the program to sleep
3. Vanuatu to have a stand alone, detailed legislation for HIV and AIDS.
4. There is need for more support at the provincial level in terms of funding, strengthen good working relationship to

combat HIV.

5. Literacy at the provincial and community level is still a major problem there is need for more focus group discussions so program managers both at the national and provincial can reprogram to suit people's needs
6. Shortage of appropriate candidate to attend capacity building services
7. Shortage trainers for trainings
8. Implementing partners have their own polices about the usage of funds
9. Priority needs are donor driven
10. Lack of government support for medical supplies

III. HUMAN RIGHTS

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Circle yes if the policy specifies any of the following key populations and vulnerable groups:

KEY POPULATIONS and VULNERABLE GROUPS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable subpopulations *[write in]*:	Yes	No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?

Yes	No

IF YES to question 1.1 and 1.2 briefly describe the contend of the laws;

- HR – HIV victim should have the same rights as normal do. A right to live, a right to employment, right to save housing, right to clean water etc…
- HR – No discrimination against disable people.
- HR – Prison inmates have the right to be treated fairly and with respect – CAT... not to be tortured.
- Vanuatu also needs to own up to Children's rights conventions, specifically Children with special needs. Every child has the right to be respected irrespective of nationality (race), color, religious group. Every child has the right to education and despite of disability etc... There are 42 articles in child protection.

Briefly explain what mechanisms are in place to ensure these laws are implemented;

- Set up of respective offices to regulate and ensure laws are implemented.
- National laws enacted to gather for Vanuatu's International obligations.
- There are units created within the police department for child protection, the Vanuatu council of woman (for domestic violence) and NGO organization such as SCA, UNICEF, UN Woman advocating for woman and Children's rights

Briefly comment on the degree to which they are currently implemented;

- Generally, Vanuatu because of its cultural believes and ideas do not recognize Human Rights (HR) very much in the past. There have been a lot of breaches with regard to HR aspects. However, currently the whole system changed. Human Rights are now recognized and up hold by the people. National laws also recognize Human Rights.

- There are laws that governed these convention and these exercises the right of individuals whether children/ adults regarding their right and officers working in this sections implement the coordination policy

2. Does the country have laws, regulations or policies that present obstacles[34] to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?

Yes	No

IF YES, for which key populations and vulnerable groups?		
People living with HIV	Yes	No
Elderly persons	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable populations[35][write in below]:	Yes	No

Briefly describe the content of these laws, regulations and policies;

Human right policy for an individual

Briefly comment on how they posed barriers;
Laws impose human rights, rights for an individual to make inform choices and decisions. For Instance, STI and HIV Clients have human rights govern in the Law, thus a doctor or nurse cannot impose decisions on the client unless the client decides to.

IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?

Yes	No

IF YES, what key messages are explicitly promoted?		
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
Delay sexual debut	Yes	No
Engage in safe(r) sex	Yes	No
Fight against violence against women	Yes	No
Greater acceptance and involvement of people living with HIV	Yes	No
Greater involvement of men in reproductive health programmes	Yes	No
Know your HIV status	Yes	No
Males to get circumcised under medical supervision	Yes	No
Prevent mother-to-child transmission of HIV	Yes	No
Promote greater equality between men and women	Yes	No
Reduce the number of sexual partners	Yes	No
Use clean needles and syringes	Yes	No
Use condoms consistently	Yes	No
Other [write in below]:	Yes	No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes	No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?

Yes	No

2.1.

Is HIV education part of the curriculum in:		
Primary schools?	Yes	No

Secondary schools?	Yes	No
Teacher training?	Yes	No

1.2. Does the strategy include

a) age-appropriate

Yes	No

b) gender-sensitive sexual and reproductive health elements?

Yes	No

2.3. Does the country have an HIV education strategy for out-of-school young people?

Yes	No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?

Yes	No

Briefly describe the content of this policy or strategy:

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

	IDU[36]	MSM[37]	Sex workers	Customers of Sex Workers	Prison inmates	Other populations[38] *[write in]*
Condom promotion						
Drug substitution therapy						
HIV testing and counseling						
Needle & syringe exchange						
Reproductive health, including sexually transmitted infections prevention and treatment						
Stigma and discrimination reduction						
Targeted information on risk reduction and HIV education						
Vulnerability reduction (e.g. income generation)						

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011 what has been the key achievements in this area:

Youth Friendly Health Services are now introduced as part of VCCT program in all the provinces

- There is good networking with other NGO's and Stakeholders to fight STI and HIV in Vanuatu
- HIV Policy is now part of the Public Health Act and looking forward to be cassette by the parliament in the next parliament sitting
- There is greater involvement of men in reproductive health
- Establishment of VCCT sites where clients feel more comfortable to attend
- There are policies developed to guide implementation of HIV activities, it is slow with various reasons adding to the progress
- # of condom distributions have been increased over the last year by MOH and its partners
- HIV testing and counseling sites have been improved
- RH and HIV prevention and treatment services has some improvements as well
- Stigma and discrimination is slowly decreasing but there is still more work to be done
- Trainings of strategic health communication

What challenges remain in this area:

- There is need for more empowerment to make free choices
- Efficacy – taking own responsibility for self and for others
- Continue fight to keep HIV at 0
- Expansion of VCCT Sites to more remote areas
- There is need for improved Coordination and management of the program at the National Level, too much change of staff with little or no knowledge of the programs makes program implementation very slow. As described in the new NSP addressed the no.3 impact result cross cutting 3 which improve efficiency and effectiveness of the program management
- There are still people both man and woman who still have issues with condom use even at the health care setting
- VCCT settings in the remote areas most of the times have no access to supplies for HIV
- There is still stigma and discrimination
- IEC materials is still a problem and government will need to development more IEC materials rather then relying on donor funding

4. Has the country identified specific needs for HIV prevention programmes?

Yes	No

IF YES how these are specific needs determine?

1. VCCT were established so that young people can have access to STI and HIV treatment
2. Awareness on basic HIV information in schools and communities to increase peoples knowledge on HIV prevention and others
3. People in some remote areas throughout the country can now have access to STI and HIV care and counseling support and treatment at the clinics
4. Monthly and annual reports
5. Program Surveillance

6. Case report
7. Clinic report

IF Yes what are these specific needs?

1. High rates of STI specifically Chlamydia and Hepatitis B which should be reduced by 2015
2. Low level of knowledge amongst youth
3. Need for more functional VCCT in very remote areas
4. High rate of unprotected sex
5. HIV cases is slowly increasing, there is need for reassessment
6. Reduce prevalence of HIV/STI as impact result
7. Reduce morbidity and mortality from AIDS
8. Improve efficiency and effectiveness of the program management

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Blood safety	1	2	3	4	N/A
Condom promotion	1	2	3	4	N/A
Economic support e.g. cash transfers	1	2	3	4	N/A
Harm reduction for people who inject drugs	1	2	3	4	N/A
HIV prevention for out-of-school young people	1	2	3	4	N/A
HIV prevention in the workplace	1	2	3	4	N/A
HIV testing and counseling	1	2	3	4	N/A
IEC[39] on risk reduction	1	2	3	4	N/A
IEC on stigma and discrimination reduction	1	2	3	4	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	N/A
Prevention for people living with HIV[3]	1	2	3	4	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	N/A
Risk reduction for intimate partners of key populations	1	2	3	4	N/A
Risk reduction for men who have sex with men	1	2	3	4	N/A
Risk reduction for sex workers	1	2	3	4	N/A
Reduction of Gender based violence	1	2	3	4	N/A

[3] Positive Prevention places PLHIV at the centre of managing their health and wellbeing. It recognises and emphasizes the leadership roles of PLHIV in responding holistically to HIV prevention and treatment needs.

School-based HIV education for young people	1	2	3	4	N/A
Treatment as prevention	1	2	3	4	N/A
Universal precautions in health care settings	1	2	3	4	N/A
Other*[write in]*:	1	2	3	4	N/A

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?

Yes	No

IF YES, *briefly identify elements and what has been prioritized;*

VCCT Sites have been scaled up to provide treatment care and support to PLWH

- All HIV cases are treated with care and confidentiality with proper counseling
- All antenatal mother received HIV test during first visit with a given concern and all its test results

Briefly identify how HIV treatment, care and support services have been scaled up;

The HIV treatment came and support services are being scaled up through the up scaling of VCCT program

- HIV test results turnaround time has slowly improved
- Partner tracing has been introduced and is now being followed
- Mechanisms and policies and laws have been in place to deal with HIV Cases

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Antiretroviral therapy	1	2	3	4	N/A
ART for TB patients	1	2	3	4	N/A
Cotrimoxazole prophylaxis in people living with HIV	1	2	3	4	N/A
Early infant diagnosis	1	2	3	4	N/A
Economic support	1	2	3	4	N/A
Family based care and support	1	2	3	4	N/A
HIV care and support in the workplace (including alternative working arrangements)	1	2	3	4	N/A
HIV testing and counselling for people with TB	1	2	3	4	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	1	2	3	4	N/A
Nutritional care	1	2	3	4	N/A
Paediatric AIDS treatment	1	2	3	4	N/A
Palliative care for children and adults	1	2	3	4	N/A
The majority of people in need have access	Strongly	Disagree	Agree	Strongly	N/A

Post-delivery ART provision to women	1	2	3	4	N/A
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)	1	2	3	4	N/A
Post-exposure prophylaxis for occupational exposures to HIV	1	2	3	4	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	N/A
Sexually transmitted infection management	1	2	3	4	N/A
TB infection control in HIV treatment and care facilities	1	2	3	4	N/A
TB preventive therapy for people living with HIV	1	2	3	4	N/A
TB screening for people living with HIV	1	2	3	4	N/A
Treatment of common HIV-related infections	1	2	3	4	N/A
Other[write in]:	1	2	3	4	N/A

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?

Yes	No

Please identify which social and economic support is provided;

ARV have been available and easy accessible to all patients at VCH and other outlets for HIV patients

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?

Yes	No	N/A

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?

Yes	No	N/A

IF YES, *for which commodities**?***

Condoms, STI Drugs and Antiretroviral drugs

- Regional procurement of STI and HIV drugs
- Supply management and mechanism is in place

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, *What has been key achievements in this area;*

- Most HIV patients are on ARV and support is on going with major donor support from Global Fund.
- Program effort to make sure PLWH go on ARV and that ARV are free to all Positive Patients
- There was no key achievement on this area in 2013, as activities were not effectively implemented
- Post delivery ART provision to woman is provided following WHO guideline
- Post exposure prophylaxis for non occupational exposure provided
- Management of STI and HIV has slowly improved
- Co HIV TB infection and treatment has been improve

What challenges remain in this area:

- VCCT services are still are problem especially in the provinces with frequent shortage of drugs for STI patients and continuum of care for PLWH is still a problem with a need to strengthen
- ART compliance for PLWH
- Majority of youths in less developed areas of the country and even in the urban and rural areas still lack information on HIV, comprehensive knowledge is still low
- VCCT facilities still face up with testing difficulties due to long delay in reagents and drugs to treat clients

5. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?

Yes	No	N/A

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes	No

5.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes	No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, *What has been key achievements in this area;*

What challenges remain in this area:

Vanuatu is still a long way with support for orphans and vulnerable children. Government needs to make it a priority to focus on these issues.

VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?

Yes	In Progress	No

Please describe any challenges in development or implementation;

Development for New M&E Frame Work is in process

1.1. IF YES, years covered *[write in]*:2014-2017

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners	Yes, some partners	No	N/A

Briefly describe what the issues are;

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy	Yes	No
IF YES, does it address:		
Behavioural surveys	Yes	No
Evaluation / research studies	Yes	No
HIV Drug resistance surveillance	Yes	No
HIV surveillance	Yes	No
Routine programme monitoring	Yes	No
A data analysis strategy	Yes	No
A data dissemination and use strategy	Yes	No
A well-defined standardized set of indicators that includes sex and age disaggregation (where appropriate)	Yes	No
Guidelines on tools for data collection	Yes	No

3. Is there a budget for implementation of the M&E plan?

Yes	In Progress	No

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

50%

4. Is there a functional national M&E Unit?

Yes	In Progress	No

Briefly describe any obstacles;

There is no separate M&E unit, HIV Unit has its own M&E officer who does data collection, recording and reporting of STI and HIV data.
The development of the new NSP is yet to put together an M&E plan for M&E for activities costed and plan for in the NSP

4.1. Where is the national M&E Unit based?

In the Ministry of Health?	Yes	No
In the National HIV Commission (or equivalent)?	Yes	No
Elsewhere *[write in]*?	Yes	No

4.2 . How many and what type of professional staff are working in the National M&E Unit

POSITION write in position titles in spaces below	**Full Time**	**Part Time**	**Since when?**
Permanent Staff add as many as needed			
Assistant HIV Coordinator	**1**		**2009-Date**
M&E Officer	**1**		**2011**
Provincial Officers	**6**		**2010**
Temporary Staff add as many as needed			

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes	No

Briefly describe the data sharing mechanisms;

- Quarterly and six monthly reporting
- Data templates are collected from VCCT sites and other identified locations such as Health facilities

- Forms have been developed by the unit and shared to all VCCT sites, HIV Focal persons for monthly data collections; these are then send to the National office for data analysis and send off to donors for program planning and continued financial support

There is currently no M&E unit within the Ministry of Health; however an M&E officer is recruited by Global Fund based at the National HIV unit to focus on data collection, supervision and monitoring and evaluation of HIV activities and program implementation at the national and provincial level.

Six provincial HIV officers are trained to provide monthly data to the M&E officer for data analysis and report to donor and government for program planning. Often there is no top down approach on data collection and officers are left with no report back of how they have progress in the last 6 months which is where the unit should be building its data

What are the major challenges in this area?

Data collection is still a problem, Ministry of Health Information System does not function and data collection thru that system does not provide all that the program needs.

Program has a parallel data collection system but forms need to be reviewed and formatted to suit the data collector's needs

1. There is a need for MOH to have an M&E unit
2. Health information system needs to be strengthen and forms need to be reviewed to meet the country and program specific needs
3. Reporting procedures need to be amended reviewed
4. Reporting template needs to be reviewed to provide the officers with lesser run around but with quality data
5. Need to have a advance and more secured database for future reporting

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes	No

6. Is there a central national database with HIV- related data?

Yes	No

IF YES, briefly describe the national database and who manages it;

Database for HIV sits within the National HIV office, MOH information System does not function well and information's collected does not fully meet the programs requirements

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above	Yes, but only some of the above	No, none of the above

IF YES, but only some of the above which aspect does it include?

6.2. Is there a functional Health Information System[40]?

At national level	Yes	No
At sub national level	Yes	No
IF YES, at what level(s)? *[write in]*		

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of Current and Future Needs	Estimates of Current Needs Only	No

7.2. Is HIV programme coverage being monitored?

Yes	No

(a) IF YES, is coverage monitored by sex (male, female)?

Yes	No

b) IF YES, is coverage monitored by population groups?

Yes	No

IF YES, for which population group?

Briefly explain how this information is used;

(c) Is coverage monitored by geographical area?

Yes	No

IF YES, at which geographical levels (provincial, district or other)?

Briefly explain how this information is used

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?

Yes	No

9. How are M&E data used?

For programme improvement?	Yes	No
In developing / revising the national HIV response?	Yes	No
For resource allocation?	Yes	No
Other *[write in]*:	Yes	No

Briefly provide specific examples of how M&E data are used and the main challenges if any;

It gives a general idea of the disease burden that would determine priority areas for resource or activity allocations

10. in the last year, was training in M&E conducted

At national level?	Yes	No
IF YES, what was the number trained:		
At sub national level?	Yes	No
IF YES, what was the number trained		
At service delivery level including civil society?	Yes	No
IF YES, how many?		

10.1. Were other M&E capacity-building activities conducted other than training?

Yes	No

IF YES, describe what types of activities;

Interactive activities with Ministry of Health, Health Information System unit to improve data collection and reporting mechanism

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area;

- Regular recording and reporting activities
- Up to date information's on the program development and achievements

What Challenges remain in this area;

- Delay in reporting
- Records are unavailable
- Remoteness and communication problems

National Composite Policy Instrument (NCPI) 2013

PART B

[To be administered to representatives from civil society organizations, bilateral agencies, and UN organizations]

I. CIVIL SOCIETY[41] INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

LOW					HIGH
0	1	2	3	4	5

Comments and Examples;

Although the number of NGO's working on HIV at the national level has not increased all that much, due to provision of small financial support, many more community based organizations have been working on HIV issues over the last couple of years.

For Instance, VFHA has been in a group composed of NGOs and Government officials to address issues affecting the lives of people of Vanuatu, example, UNCAP Review, Population Committee, etc.

VFHA has also engaged with members of the Parliamentary Social Welfare committee, the chiefly system, former president, Former Lord Mayor of Port Vila Municipal council church leaders and MoH Officials at different levels HIV effort including Advocacy, consultation discussions on strategy and policy reviews

Save the Children's STARS teams provide ongoing advocacy to provincial governments for the importance of HIV prevention activities at the community level

Civil society like VSO has contributed to the formation of Provincial AIDS committees and has representatives in all provinces who have attended committee meetings and planning activities. Volunteers have been working with an NGO on HIV and AIDS advocacy

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

LOW					HIGH
0	1	2	3	4	5

Comments and examples;

Civil society members were an integral part of the planning and work that went into the draft NSP. Future work on the NSP will continue to involve NGO's that are currently working in HIV.

Save the Children was consulted on the NSP development, but this was a rapid process given very short notice. The NSP development process was not largely consultative, and was not well introduced such that civil society contributors had time to prepare and engage with the process.

Civil Society members were an integral part of the planning and work that went into draft NSP. Future work on the NSP will continue to involve NGO's that are currently working in HIV

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?

LOW					HIGH
0	1	2	3	4	5

b. The national HIV budget?

LOW					HIGH
0	1	2	3	4	5

c. The national HIV reports?

LOW					HIGH
0	1	2	3	4	5

Comments and examples;

Civil society services are all included in the NSP. All HIV related activities by civil society is funded by donor funds, either provided directly to the NGO's or channelled through the MOH. There are no specific funds allocated in the national budget for HIV activities although most MOH staff doing HIV work are nurses who are public servants. National statistics include reports from the NGO service delivery points.

NGOs like Save the Children and other NGOs are very involved in prevention, and provide minimal treatment and care services also.

Budget development is not largely consultative as it is often developed with short notice and against tight deadlines.

When it comes to reporting, however, Save the Children is regularly asked to provide data and expenditure to the Ministry of Health. And again, this is often with short notice

There is rooms for improving the recording and reporting of STI cases throughout the country. Civil Society could coordinate with HIS or HIS should create network with civil society.

When the new NSP is finalized, should be well disseminated to the civil society. M&E could also be conducted to the budget allocations to civil society.

Contributions of Civil societies are recognized in the National Strategic Plan, no implementation support funds are provided to civil societies from government; Reporting is general does not specifically indicate contributions of civil society.

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?

LOW					HIGH
0	1	2	3	4	5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

LOW					HIGH
0	1	2	3	4	5

c. Participate in using data for decision-making?

LOW					HIGH
0	1	2	3	4	5

Comments and Examples;

Civil societies undertake M&E for their own activities. Involvement in monitoring at the national level does not involve civil society at this time. A national M&E plan will be produced after a national training which should guide the involvement of everyone in monitoring and evaluating of the NSP

Civil society involved in planning M&E; providing information for M&E; and selected civil society members are elected on the NAC –TAG committees

The M&E Plan is not widely communicated, and apart from NGO's own M&E of its HIV prevention activities, NGO's are not invited to be part of national HIV response M&E. Where the latter does take place, NGO's have not received reports which communicate the response progress and impact

There is a need to come out with a clearer and doable M&E Plan and this should be initiated by NAC

5. ***To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organizations and networks of people living with HIV, of sex workers, community based organizations , and faith-based organizations)?***

LOW					HIGH
0	1	2	3	4	5

Comments and Examples;

Civil Society organizations are members of NAC and participate in planning of national strategic plans, policies and guidelines

The only organization representing positive people is very involved in HIV work in Vanuatu. There are no sex worker organizations but sex workers are involved in some of the HIV work that is being carried out by some NGO's. Faith based organizations are involved although some are more active than others. There has been an effort lately to involve marginalized groups in the HIV work at the national level. A member of Solidarity, an MSM organization, is now part of the interim group working on revitalizing the VCCM, the governing body for the Global Fund funded activities.

Thus, Civil Society makes up the main HIV response beyond delivery of ARV therapy

6. ***To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access:***

a. Adequate financial support to implement its HIV activities?

LOW					HIGH
0	1	2	3	4	5

b. Adequate technical support to implement its HIV activities?

LOW					HIGH
0	1	2	3	4	5

Comments and Examples;

The handful of NGO's that are running HIV activities at the national level are able to access funding to maintain their activities. And securing TA to support their activities whenever needed is not a problem

The SPC HIV response fund was an excellent means of being able to access funds for HIV programs. With the conclusion of this fund, it is unclear where funds will come from in the future to support HIV programming

However, Limited financial and technical support is received

7. ***What percentage of the following HIV programmes/services is estimated to be provided by civil***

society?

Prevention for key-populations				
People living with HIV	<25%	25-50%	51–75%	>75%
Men who have sex with men	<25%	25-50%	51–75%	>75%
People who inject drugs	<25%	25-50%	51–75%	>75%
Sex workers	<25%	25-50%	51–75%	>75%
Transgender people	<25%	25-50%	51–75%	>75%
Palliative care	< 25%	25-50%	51-75%	> 75%
Testing and Counselling	<25%	25-50%	51–75%	>75%
Reduction of Stigma and Discrimination	<25%	25-50%	51–75%	>75%
Clinical services (ART/OI)*	<25%	25-50%	51–75%	>75%
Home-based care	<25%	25-50%	51–75%	>75%
Programmes for OVC**	<25%	25-50%	51–75%	>75%

**ART = Antiretroviral Therapy; OI=Opportunistic infections **OVC = Orphans and other vulnerable children*

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area;

Civil society participation has not been as good as it has been in the past. For this participation to be improved there has to be good leadership at the national level. That is, the MOH has to take the lead in ensuring that all stakeholders are involved in all aspects of the national response.

NGO's support the Ministry of Health with clinics that provide PMTCT and VCCT Services to people of all ages and functions thru project site coordinators who also advocate for elimination of discrimination against PLWH, by networking with church groups and community leaders

Conduct of awareness during special events like World AIDS Day.

Attendance of civil society in provincial AIDS committee meetings.

What challenges remain in this area;

Civil societies should be supported financially, technically to continue providing services in areas they have better

comparative advantage

The Ministry of Health's HIV Unit has been in such turmoil in 2013, that there have been few opportunities to engage in any programming. They have not been able to lead the national response, nor support civil society.

With the concluding of the SPC HIV Response Fund, there will be few resources available for HIV programming in 2014. The national HIV work is being coordinated by the HIV Unit within the MOH. Although a new coordinator was appointed, issues within the larger MOH set-up resulted in the HIV unit not being able to undertake most of what it normally does.

II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?

Yes	No

IF YES, describe some examples of when and how this has happened;

Through the MOH, the positive people's organization is part of any policy work or programme implementation. And Solidarity, the MSM support group, is now involved in the National HIV Strategic Plan development

II. HUMAN RIGHTS

1.1 Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable subpopulations *[write in]*:	Yes	No

1.2 ***Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?***

IF YES to question 1.1 or 1.2, briefly describe the contents of these laws**;**

HIV is not specifically mentioned but the Constitution provides that no-one shall be discriminated against based on health etc. The MOH is working on an HIV legislation that will ensure non-discrimination on the basis of HIV status.

Briefly explain what mechanisms are in place to ensure that these laws are implemented; Briefly comment on the degree to which they are currently implemented;

2. Does the country have laws, regulations or policies that present obstacles[42] to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?

Yes	No

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable populations[43] *[write in]*:	Yes	No

Briefly describe the contents of this laws, regulations or polices; No specific laws or provision in laws prohibiting this. Briefly comment on how they pose barriers; A provision in the penal code talks about homosexuality but it does not prohibit working with men who have sex with men.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?

Yes	No

Briefly describe the content of the policy, law or regulation and the populations included;

The Family Protection Bill provides ways for women who suffer domestic violence to deal with their situation and get protection.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes	No

IF YES, briefly describe how human rights are mention in this HIV policy or Strategy;

Yes – it is mentioned in the NSP

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?

Yes	No

IF YES, Briefly describe this mechanism;

I am not aware of any mechanism for this although stakeholders are aware of which partners can deal with issues like this.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

	Provided free-of-charge to all people in the country		Provided free-of-charge to some people in the country		Provided, but only at a cost	
Antiretroviral treatment	Yes	No	Yes	No	Yes	No
HIV prevention services[44]	Yes	No	Yes	No	Yes	No
HIV-related care and support interventions	Yes	No	Yes	No	Yes	No

If applicable, which population has been identified as priority, and for which services?

Everyone in Vanuatu is entitled to receive HIV prevention services. ART is being provided to the HIV positive people that need ART, at this time, the plan is to provide anyone who is positive and needs the treatment with free treatment. Due to the small number of HIV positive people, care related activities have been minimal but anyone is entitled to care and support interventions if they need them

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes	No

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes	No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?

Yes	No

IF YES, briefly describe the content of this policy /strategy and the population included;

All of these are included in the National HIV Strategy which promotes equal access for all, regardless of sex, race, age, sexual orientation or any other criteria. Any HIV work, be it at the prevention, treatment & care or support level, must be accessible to anyone who needs and wants it.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?

Yes	No

IF YES, briefly explain the different types of approaches to ensure equal access for different population;

To a certain extent, the NSP provides for strategies that will define how to reach these vulnerable sub-populations.

9. *Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?*

Yes	No

IF YES, briefly describe the content of this policy or laws;

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes	No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes	No

IF YES on any of the above questions describe some examples;
The country subscribes to international conventions like CEDAW, UNGASS, MDG's etc. An Ombudsman exists in Vanuatu and in practice, the authorities are supposed to protect the rights of HIV positive people but to date, no case has been brought up for the authorities to deal with.

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)[45]?

Yes	No

b. Programmes for members of the judiciary and law enforcement[46] on HIV and human rights issues that may come up in the context of their work?

Yes	No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework

Yes	No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes	No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes	No

IF YES, what types of programmes?		
Programmes for health care workers	Yes	No
Programmes for the media	Yes	No
Programmes in the work place	Yes	No
Other *[write in]*:	Yes	No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area;

Efforts have been ongoing to include HIV in the Health legislation.

What challenges remain in this area;

Lack of dedicated person in country to look into these needs. And issues within the MOH, who is the leading agency

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area;

I believe that stakeholder partners are very aware of human rights related issues and are making an effort to implement them. More and more the authorities are taking more care in ensuring that human rights are protected although we have a long way to go in this area.

Drafting of Vanuatu STI/HIV and AIDS Prevention and Control Law

What challenges remain in this area;

The challenge is that there have not been many cases where a specific policy or law has been challenged on its application to a HIV situation so it is not really clear whether it works or not.

Efforts are not organized in raising the draft to the Parliament.

IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes	No

IF YES, how were these specific needs determined?

Stakeholders put together the NSP which details the national HIV prevention program needs

IF YES, what are these specific needs

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Blood safety	1	2	3	4	N/A
Condom promotion	1	2	3	4	N/A
Harm reduction for people who inject drugs	1	2	3	4	N/A
HIV prevention for out-of-school young people	1	2	3	4	N/A
HIV prevention in the workplace	1	2	3	4	N/A
HIV testing and counselling	1	2	3	4	N/A
IEC[47] on risk reduction	1	2	3	4	N/A
IEC on stigma and discrimination reduction	1	2	3	4	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	N/A
HIV prevention component	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Prevention for people living with HIV	1	2	3	4	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	N/A
Risk reduction for intimate partners of key populations	1	2	3	4	N/A
Risk reduction for men who have sex with men	1	2	3	4	N/A

Risk reduction for sex workers	1	2	3	4	N/A
School-based HIV education for young people	1	2	3	4	N/A
Universal precautions in health care settings	1	2	3	4	N/A
Other*[write in]*:	1	2	3	4	N/A

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what has been key achievements in this area;

With the ending of response fund and the uncertainty of Global Fund funding, continuing to fund HIV activities will be a challenge

What challenges remain in this area;

Individual stakeholders have continued to carry out their HIV work effectively although the coordination of these activities has been somewhat poor in 2013. However, activities are being implemented and the population is benefitting from these activities.

There is need for integration of HIV and AIDS intervention to Reproductive Health Services

TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?

Yes	No

IF YES, briefly identify the elements and what has been prioritized**;**

A core team has been established and there is a system in place for dealing with positive cases

Briefly describe how HIV, Treatment, Care and Support have been scaled up?

1.1. To what extent have the following HIV treatment, care and support services been implemented?

HIV treatment, care and support service	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Antiretroviral therapy	1	2	3	4	N/A
ART for TB patients	1	2	3	4	N/A
Cotrimoxazole prophylaxis in people living with HIV	1	2	3	4	N/A
Early infant diagnosis	1	2	3	4	N/A
HIV care and support in the workplace (including alternative working arrangements)	1	2	3	4	N/A
HIV testing and counselling for people with TB	1	2	3	4	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	1	2	3	4	N/A
Nutritional care	1	2	3	4	N/A
Pediatric AIDS treatment	1	2	3	4	N/A
Post-delivery ART provision to women	1	2	3	4	N/A
HIV treatment, care and support service	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)	1	2	3	4	N/A
Post-exposure prophylaxis for occupational exposures to HIV	1	2	3	4	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	N/A

Sexually transmitted infection management	1	2	3	4	N/A
TB infection control in HIV treatment and care facilities	1	2	3	4	N/A
TB preventive therapy for people living with HIV	1	2	3	4	N/A
TB screening for people living with HIV	1	2	3	4	N/A
Treatment of common HIV-related infections	1	2	3	4	N/A
Other*[write in]*:	1	2	3	4	N/A

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area;

More VCCT centres operating

What challenges remain in this area;

Still many people not having access to services. Despite centres existing, there are still problems with staffing, supplies etc that need to be solved.

The number of HIV cases is still very low there is need for more awareness to promote VCCT services

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?

Yes	No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes	No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes	No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area;

VCCT services throughout Vanuatu are now becoming more and more accessible with more VCCT centres set up and accredited. There is more work in the communities addressing issues faced by different groups like young people.

What challenges remain in this area;

The challenge is that people are still not testing and this is probably due to many issues like confidentiality, supplies etc.