MINISTRY OF HEALTH & MEDICAL SERVICES
Government of Kiribati

Global AIDS Response Progress

Kiribati Country Progress Report 2015

8 April 2016

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Acknowledgements

The Ministry of Health and Medical Services (MHMHS) is very cognizant of the role played not only by itself but also other government organizations and non-government organizations that are proactive in various fields and areas in response to HIV. With limited resources, MHMS continue to engage and receive support in partnership in health as the only way forward to achieve the program goals. Kiribati is indebted to international partners that have been on board for so many years to support and assist Kiribati national response to HIV technically and financially. The Global Fund (GF) has been key donor and is highly acknowledged for its great contribution to Kiribati HIV Response programs. The following international partners are acknowledged UNAIDS, UNICEF, UNFPA, WHO, IPPF, DFAT, NZAID Program, SPC, UNDP, etc.

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Te Mauri Te Raoi Te Tabomoa

“Health, Peace and Prosperity”

GLOBAL AIDS RESPONSE PROGRESS REPORT

Status at a glance

The inclusiveness of stakeholders in the report writing process

The formulation of this report occurred through a multi-participatory process involving Government organization and Civil Societies that have a part in the national HIV response.

The status of the epidemic

Kiribati is considered a low-HIV-prevalence country with 60 (35 males 25 females) cumulative cases since the first reported case in 1991. Of this cumulative number, 28 had died (15 males and 13 females), 1 migrated overseas, 8 (age range: 5-46 years) are currently on ARV treatments. The remaining 23 have been lost to follow-up even with efforts to find them for almost 10 years. To date, it unclear how many of these lost to follow-up cases are still alive and how many have died of AIDS related illnesses. During the reporting period, 3 (2 children and 1 adult) new HIV cases were confirmed.

The key transmission mode in Kiribati is understood to have been heterosexual sex, followed by perinatal transmission.

The policy and programmatic responses

Over the years, Kiribati has put in place a number of policies and programmes to guide the overall response to HIV/AIDS. These policies and programmes are briefly summarized in Table 1 below.

Table 1: Brief summary of policies and programs

Name of Policy	Year covered	HIV Focus	Remarks
Ministry of Health and Medical Services: 2016 to 2019 MINISTRY STRATEGIC PLAN	2016-2019	Strategic objective 3: Improve maternal, newborn and child health: • Coordinate work across the MHMS to prevent parent to mother to child transmission of STIs/HIV. Strategic objective 4: Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks: • Strengthen capacity to diagnose and monitor treatment of TB cases, including drug-resistant TB, TB-HIV and TB-DM	Policy revised in 2015
Reproductive Health (RH) Policy : 2008	2008	Sexually Transmitted Infections and HIV/AIDS Policy Goal: Strengthen and sustain the quality of STIs/HIV prevention programme to reduce the prevalence of STI/HIV in Kiribati.	Policy revision is underway.

Kiribati National HIV and STI Strategic Plan	2013-2016	The NSP focuses on 5 priority areas: prevention, community leadership and enabling environment, diagnosis, treatment and support, quality diagnosis, management and controlled of STIs, and strengthening management and coordination of the national response.	Revision of the National HIV and STI Strategic Plan along with the development of the HIV Policy is set to take effect in 2016.
National Approach to Eliminating Sexual and Gender Based Violence in Kiribati: Policy and National Action Plan	2011-2012	Assisting in prevention of STI such as HIV/AIDS and maintaining of a healthy family.	The 'rau n te mwenga' (Family Peace) Act 2014 assists in prevention of STIs such as HIV/AIDS;
National Policy Guidelines on Prevention of Parent to Child Transmission (PPTCT) of HIV	2010	Promoting HIV-free child survival in Kiribati through an integrated, comprehensive approach to HIV and STI prevention and care for women and men at the reproductive stage of life and their children.	Routine HIV test to pregnant women by informed consent
Kiribati HIV Testing and Counseling Policy Guidelines (Version 2).	2013	Strengthening HIV counselling and testing in Kiribati to promote universal access to prevention, treatment and care for those affected by HIV/AIDS.	All tests require informed consent, with exception of blood donors, seafarers and those who require to travel abroad on work permits;

Overview of the AIDS epidemics

Though Kiribati is considered a low HIV prevalence country, it has one of the highest HIV infection rates per capita in the Pacific, according to the [1]World Health Organization report (2012). In 2015, the Ministry of Health and Medical Services reported from its national surveillance system 3 new HIV infections, thus giving a total of 60 cumulative HIV infections for the period of 1991 to 2015. Of this cumulative number, 35 (58.3%) are males, 25 (41.7%) are females, 8 were children (13.3%), 52 (86.7%) are adults, 28 had died of AIDS-related illnesses, 1 migrated overseas, 8 (2 of them are children) are currently on ARV treatment, and 23 have been lost to follow-up. At first, HIV was confined mainly to seafarers, their wives, and children, but now it has been reported in other groups.

The primary mode of spread is understood to have been heterosexual, followed by perinatal.

There has been no recent study conducted for the general population in the country to determine status of the HIV prevalence but the number of HIV tests performed each year supports the above statement. (Refer to Table 2).

[2] The World Health Organization: http://www.wpro.who.int/health_services/service_delivery_profile_kiribati.pdf

National Response to the AIDS epidemic

The Government through the MHMS is fully committed to strengthening the promotion and implementation of its national response to HIV at all levels, with the Global Funds as the major contributor to the HIV response budgets.

The HIV testing and counseling services

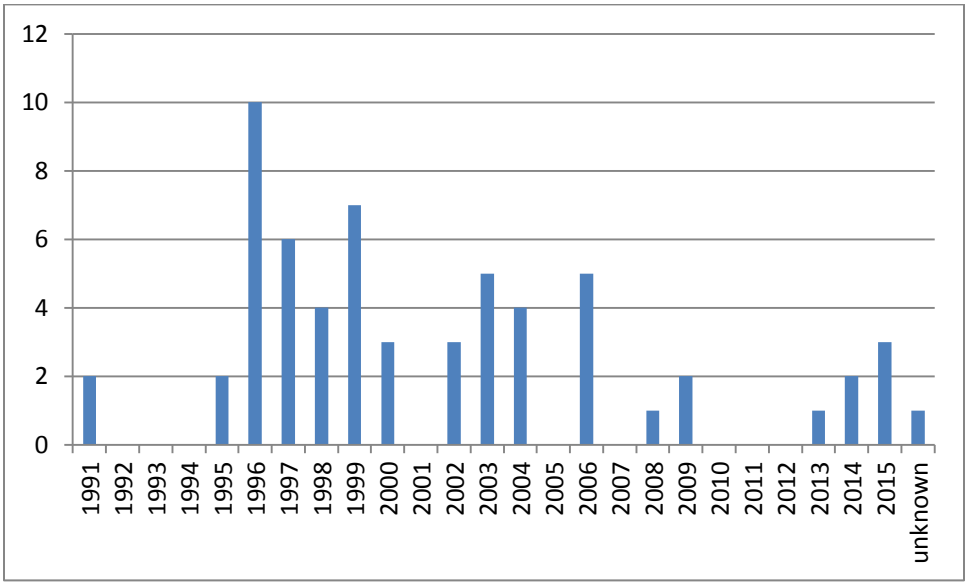
All HIV testing in Kiribati should be voluntary and be preceded by a pre-test counseling that allow a person receiving the test to give informed consent. However, for donors who involve in the transfer of bodily fluids or body parts, a mandatory screening is required. All blood for transfusion are carefully screened and tested for HIV, Hepatitis, and syphilis, and with stronger capacity of staff in the laboratory does makes a difference to donor recruitment. Likewise, training of 12 nurses on counseling by Empower Pacific has ensured a widespread availability and accessibility of quality HIV/STI services on South Tarawa but not in outer islands, including Kiritimati and Tabiteuea due to lack of counselors and testing facilities.

Similarly, seafarers and those who may require traveling abroad, HIV testing is mandatory. Those with positive HIV test result would not be allowed to travel.

As for antenatal care attendees, STI and TB patients who visit health facilities, a provider-initiated-counseling and testing (PICT) policy has been put in place. Health care professionals can only offer or recommend a test but cannot force that person to take the test. HIV testing and counseling for people with TB has been established and all PLWHIV are screened for TB.

A mobile HIV/STI testing site was also utilized on South Tarawa and outer islands to reach MSMs, sex workers and the general population. There were more than three thousand people tested for HIV at the end of the reporting period, of that number three cases of HIV were detected (2 children and 1 adult). See Figure 1 below.

Figure 1: Number of HIV cases by year



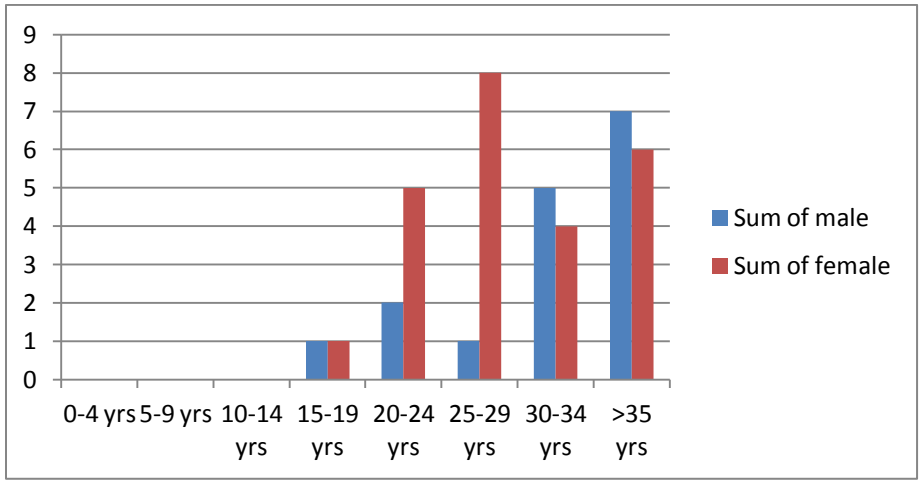
Sexually Transmitted Illnesses (STI)

The data on STI obtained from the MHMS laboratory and Health Information unit show a relatively high level of STI compared to the data of a previous year, particularly, syphilis and gonorrhea among the general population. In Figure 2, it shows that syphilis is not only affecting the young adult population but it is affecting the middle aged population as well. It is likely that the number of STI would be more given the tests are not available in outer islands due to the unavailability of laboratory capacity in primary health care level. Still, the proportion of positive STIs on South Tarawa is a concern as it links with the spread of HIV (See Figure 2 and Table 3).

Table 2: Number of HIV and STI testing in 2015

Syphilis			Gonorrhea			Urethral Discharge			Genital Ulcer			HIV		
Total tests	Detected	%	Total tests	Detected	%	Total tests	Detected	%	Total tests	Detected	%	Total tests	Detected	%
3682	40	1.9	19	3	1.8	35	35	100	1	1	100	3682	3	0.1

Figure 2: Number of people tested positive for syphilis in South Tarawa in 2015



Condoms are increasingly available in many locations such as kava bars, stores, nightclubs, and clinics and are promoted in sessions conducted by peer educators from the Kiribati Family Health Association and HIV Program during outreach programs. Some disagree with the idea of promoting and distributing condoms to youth believing that this would increase adolescent sexual activities, however the consistent distribution networks and improvement in condom accessibility has increased the level of public acceptance of condom use. The problem now remains in outer island so more efforts are required on the part of health workers.

Health promotion and campaigns

Bringing about positive behavior change with respect to sexual practices has been widely implemented as a part of all awareness and education programs and activities. Approaches used with regard to safe sexual practices include, utilization of mass media (radio and newspaper) services, drama by the Kiribati Red Cross Society, peer education by peer educators from the KFHA, condom distribution at hotspot areas and national events, such as World AIDS Day, by trained peer educators from the Kiribati Red Cross Society and Temwaiku community, and integrating HIV and STI programs into related programs

activities, such as Reproductive Health Program and Gender-Based Violence Program. The KFHA continues to be a strong NGO implementer of HIV-related activities apart from the Ministry of Health.

Despite ongoing awareness campaigns, no related studies have ever been conducted to measure the impact of HIV behavioral interventions following the last two studies in 2008 and 2009.

Introduction of Reproductive and Sexual Health into Education Curriculum

For the first time, sexual reproductive health (SRH) and HIV were formally integrated into the primary school curriculum with a plan to work on teacher guides for Grade 3 and 4, followed by a new syllabus for grade 5 and 6 and teachers guide for 5 and 6. However, according to the study funded by UNICEF on *'[2]Status of HIV Prevention, Sexuality and Reproductive Health Education'* (2013) conducted in Kiribati along with other four countries, Kiribati seems furthest behind in terms of the scope of quality and SRH education.

Prevention of Parent to Child Transmission (PPTCT):

Prevention of parent to child transmission is under the overall Reproductive Health Program umbrella, funded by UNICEF with its goal "*to promote HIV-free child survival in Kiribati through an integrated comprehensive approach to HIV and STI prevention and care for women and men at the reproductive stage of life and their children"*. A provider-initiated-counseling and testing (PICT) policy has been successfully established for pregnant women attending antenatal care clinics and health care professionals are complying with this policy – no informed consent, no test.

Sexual and reproductive health (SRH) services and antenatal care are provided at about all health facilities. However, a problem with shortage of HIV counselors in few antenatal clinics following retirement and movement to outer islands still exists. A nurse with counseling training would facilitate the HIV testing in the absence of the HIV counselor looking after the ANC clinic, but this is not always possible.

The PPTCT counseling program is also promoting male involvement in reproductive health as part of its new initiative; however increasing men involvement is still a challenge.

According to the available data, about 100% of pregnant women attending the antenatal clinic were for HIV and syphilis. During the reporting period, about 100% of pregnant women attending antenatal care clinics (ANC) chose to take HIV test, 11 (11.4%) were tested positive for syphilis and none was tested

positive for HIV. Several healthcare centers did not report data on the actual number of pregnant women so under reporting is possible.

The prevention of parent to child transmission services is available only in South Tarawa where the 8 accredited sites are located.

Treatment, care, and support

Presently, there are no centers designated for provision of ARV treatments. The 7 PLWHIV who are on South Tarawa receive their treatments from the pharmacy through the HIV Nurse to prevent breaches of confidentiality, thus ability to adhere accurately to their ARV treatments and to remain engaged with the team. The PLWHIV in outer island receives treatments through the Medical Assistant. Other services provided include, psychosocial support, adherence counseling and support, CD4 monitoring, and referral to hospital. All 8 PLWHIV reported good adherence to ARV treatments.

Creating an enabling environment

The development of an enabling environment that avoids prejudices, stigma, and discrimination is a major challenge towards the Kiribati HIV response. However, much as been achieved that indirectly support the response to HIV as evidenced by:

- The President signing of 'Te Rau n Te Mwenga Act or 'Family Peace Act 2014'; 'Children; Young People and Family Welfare Act 2013 (No. 6 of 2013)' to bring legislation into operation.
- The Ministry of Health and Medical services putting in place policies including, 'Eliminating Sexual and Gender based violence (ESGBV) policy National Action Plan: 2011-2021'; Policy and clinical protocols for minimum standards of treatment of survivors of gender-based violence (2013); Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines

Although there is no law specifically prohibiting discrimination on the basis of sexual orientation or gender identity, instances of persecution in Kiribati or societal discrimination or violence based on sexual orientation or gender identity has never been reported, adding to that, homosexuality is on the rise.

[2]UNICEF Pacific: 'The status of HIV prevention, sexuality, and reproductive health education: Fiji, Kiribati, Solomon Islands, and Vanuatu, 2013

Efforts to address HIV stigma and discrimination are sometimes ignored in the responses, because of a lack of awareness and knowledge on the issue, stigma may be perceived as too culturally specific, politically sensitive and complicated to address.

Best Practices

The HIV Program collaborated primarily with other related Programs within the MHMS, including the Gender-based Violence and Reproductive Health Programs. Key activities include integrated education/outreach, testing, and training. MSMs and youths were also engaged in condom promotion and distribution activities.

At the end of the reporting period, Kiribati has benefited from capacity building of nurses in all VCCT clinics on strengthening their pre and post-test counseling skills and syndromic approach to STI management. The trainings were for nurses who are working in VCCT clinics in health facilities.

Major challenges and remedial actions

The major challenges encountered and recommended remedial actions in respect to the national response to HIV include:

- Improvement of partnership and collaborative relationships with CSOs and FBO, and communities to enhance joint action and to support implementation of activities for the HIV response.
- Establishment of support network for people living with HIV to improve health seeking behavior. Many of these people sought services only when they could no longer hide their symptoms, or tested in late progression of their illness due to stigma and discrimination.
- Effective action against HIV-stigma and discrimination is required
- Screening and testing facilities in outer islands
- Strengthening HIV information systems and capacity of data collection, collation, and coordination between MHMS sections and CSOs involved in the HIV response.
- Strengthening of the HIV Country Coordination Mechanism

Monitoring and Evaluation

Insufficient data to support robust decision making continues to be a challenge in Kiribati. Therefore, supports required in that regard, include, technical assistance for the development of monitoring and evaluation framework/plan and strengthening of monitoring and evaluation (M&E) capacities.

The Kiribati Country Coordination Mechanism (CCM) has become inactive due to lack of funding to support CCM work. The CCM has a key role to play in the coordination and implementation of the HIV response and therefore, the support is highly regarded.

GARP Indicators

GARP indicators show national progress in respect to response to HIV. Table.3 below outlines Kiribati progress for year 2015.

Table.3. – Indicators

Indicator Overview Table					
Indicator #	**Indicator**	**2015**			**Remarks**
		Numerator	**Denominator**	**%**	
1.1	% 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.	N/A	N/A	N/A	No new study to inform n this group
1.2	% of young women and men aged 15-24 who have had sexual intercourse before the age of 15.	N/A	N/A	N/A	No new study in this group
1.3	% of adults aged 15-49 who have had intercourse with more than one partner in the past 12 months.	N/A	N/A	N/A	No new study in this group

1.4	% of adults aged 15-49 who had more than one sexual partner in the last 12 months who report the use of condom during their last sexual intercourse	N/A	N/A	N/A	No new study in this group
1.5	% of people living with HIV who know their status	32	47	68.09	Denominator - the Pacific Region Estimations (2013)
1.6	HIV prevalence among women attending antenatal clinics in the general population	0	585	0	Data is not available to inform this indicator
1.20	Number of new HIV infections in the reporting period per 1000 uninfected population	1000	66082	1.5	Underreporting of number of cases is possible.
2.2	% of sex workers reporting the use of a condom with their most recent client	N/A	N/A	N/A	Data is not available to inform this indicator – population estimation of sex workers is not available.
2.3	% of sex workers who received a HIV test in the past 12 months and know their results	N/A	N/A	N/A	Data is not available to inform this indicator – population estimation is not available
2.4	% of sex workers who are living with HIV	N/A	N/A	N/A	Data is not available to inform this indicator – population

					estimation is not available
2.5	% of men who have sex with men who reported the use of condom the last time they had anal sex with a male partner	N/A	N/A	N/A	No study has been conducted in this group
2.6	% of men who have sex with men who received HIV test in the past 12 months and know their results	N/A	N/A	N/A	No study has been conducted in this group
2.7	% of men who have sex with men who are living with HIV	N/A	N/A	N/A	No study has been conducted in this group
2.8	Number of syringes distributed per person who injects drugs per year by needles and syringe programs	N/A	N/A	N/A	Not relevant for Kiribati
2.9	% of people who inject drugs who report the use of condoms the last time they had sexual intercourse	N/A	N/A	N/A	As above
2.10	% of people who inject drugs who reported the use of sterile injecting equipment the last time they injected	N/A	N/A	N/A	As above
2.11	% of people who inject drugs that have received HIV test in the past 12 months and know their result	N/A	N/A	N/A	As above

2.12	% of people who inject drugs who are living with HIV	N/A	N/A	N/A	As above
2.13	% of people who inject drugs receiving opiod substitution therapy (OST)	N/A	N/A	N/A	As above
2.14	% of inmates/detainees who are living with HIV	N/A	N/A	N/A	No study has been conducted in this group
2.15	% of transgender people who are living with HIV	N/A	N/A	N/A	No study has been conducted in this group
3.1	% of HIV-positive pregnant women who receive antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission	N/A	N/A	N/A	No pregnant women with HIV positive in 2015.
3.2	% of infants born HIV-positive women receiving a virological test for HIV within two months of birth	N/A	N/A	N/A	No infants born to HIV-positive women last year
3.3	Estimated % of child HIV infections from HIV-positive women delivering in the past 12 months	N/A	N/A	N/A	No data available to inform this indicator
3.3a	Registered % of child HIV infections from HIV-positive women delivering in the past 12 months	N/A	N/A	N/A	No data available to inform this indicator
3.4	% of pregnant women with known HIV status	586	2571	22.8	The reported number of ANC attendance of

					586 was from the accredited sites on South Tarawa (capital) only.
3.5	% of women attending antenatal clinics whose partners were tested for HIV during pregnancy	N/A	N/A	N/A	No data available to inform this indicator
3.7	% of HIV-exposed infants who initiated ARV prophylaxis	N/A	N/A	N/A	No data available to inform this indicator
3.9	% of HIV-exposed infants started on CTX prophylaxis within two months of birth	N/A	N/A	N/A	No data available to inform this indicator
4.1	% of adults and children currently receiving antiretroviral therapy among all adults and children	8	32	25	The 23 registered PLWHIV have been lost to follow-up despite efforts to find them.
4.2	% of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	8	8	100	All of the eight PLWHIV comply well with treatment.
4.2a	% of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy in 2013	8	8	100	
4.2b	% of adults and children with HIV known to be on	4	4	100	

	treatment 60 months after initiation of antiretroviral therapy in 2010				
4.3	% of people currently receiving HIV care	8	32	25	Of the 32 registered people living with HIV, only 8 were on ARV therapy in 2015. The whereabouts of the remaining 23 is unknown even with effort to find them for more than 10 years.
4.4	% of facilities with stock outs of antiretroviral medicines	N/A	N/A	N/A	No data available to inform this indicator
4.5	% of HIV positive persons with CD4 cell counts < 200 cells µ*L* in 2015	1	1	100	
4.6	% of adults and children receiving antiretroviral therapy who were virally suppressed in the reporting period – 2015	N/A	N/A	N/A	No data available to inform this indicator
4.7	Total number of who have died of AIDS-related illness in 2015	N/A	N/A	N/A	No AIDS-related death in 2015
6.1	Domestic and international AIDS spending by categories and financing sources				Refer to funding matrix
7.1	Proportion of ever married or partnered women aged 15-49 who experienced	N/A	N/A	N/A	No data available to inform this indicator

	physical or sexual violence from a male intimate partner in the past 12 months.				
8.1	% of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV.	N/A	N/A	N/A	No data available to inform this indicator
10.2	Proportion of the poorest households who received external economic support in the past three months	N/A	N/A	N/A	No data available to inform this indicator
11.1	% of estimated positive HIV incident TB cases that received treatment for both TB and HIV				no data available
11.2	Total number of people living with HIV having TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period	1	3	33.3	
11.3	Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the	1	3	33.3	

	reporting period				
11.4	Proportion of persons in HIV care who were tested for hepatitis B virus (HBV)	3	8	37.5	
11.5	Proportion of HIV-HBV co infected persons currently on combined treatment	N/A	N/A	N/A	No data available to inform this indicator
11.6	Proportion of persons in HIV care who were tested for hepatitis C virus (HCV)	N/A	N/A	N/A	No data available to inform this indicator
11.7	Proportion of persons diagnosed with HIV-HCV infection started on HCV treatment during a specified time frame	N/A	N/A	N/A	No data available to inform this indicator
11.8	Percentage of pregnant women accessing antenatal care services who were tested for syphilis	586	585	100	All pregnant women are tested for HIV and syphilis at first ANC visit as part of a routine ante natal care.
11.9	Percentage of antenatal care attendees who were positive for syphilis	11	586	1.9	
11.10	Percentage of antenatal care attendees positive for syphilis and who received treatment	11	11	100	
11.11	Percentage of reported congenital syphilis cases (live births and stillbirths)	N/A	N/A	N/A	No data available to inform this indicator

11.12	Number of men reporting urethral discharge in the past 12 months	35	33704	0.1	Only patient was reported to have urethral discharge – case from KFHA
11.13	Number of adults reported with genital ulcer disease in the past 12 months	1	70025	0	Reported case from KFHA