Tonga 2016

GLOBAL AIDS MONITORING 2017

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Ministry of Health

KINGDOM OF TONGA

Global AIDS Monitoring

2017

Reporting Period January – December, 2016

Ministry of Health

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

UNAIDS

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1.0 Acknowledgement

The 2017 GAM report developed by the National HIV Program and the Communicable Disease Section team of the Public Health Section, Ministry of Health. Technical support to enable compilation of this report was provided from the UNAIDS Pacific regional office in Suva, Fiji.

This report was coordinated by the national team of HIV/AIDS Program Manager, Medical Officers, Program Coordinators, Medical Scientist, and Pharmacistas well as Representative from key Stakeholders as partner in implementation of the National HIV Response during 2016.

Our gratitude goes out to the following individuals and Organization whose contribution enables the team to complete the 2017 GAM Report:

- Tonga Country Coordinating Mechanism Committee (CCM)
- Dr Reynold ‘Ofanoa, Chief Medical Officer Public Health
- HIV Treatment Core Team
- Ministry of Health
    - *Dr Louise Fonua & Communicable Disease Section Team*
    - *Dr Eka Buadromo & Laboratory Team*
    - *Ms Levaitai ‘Asaeli & Pharmacy Team*
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    - *Health Information Section*
- Tonga Family Health Association
- Tonga Leitis Association
- Women & Children Crisis Centre
- Tonga National Centre for Women & Children
- Members of the Stakeholders

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Malo ‘Aupito

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1.2 Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
CDOP	Communicable Diseases Outpatient
CD4 count	Result of a blood test to measure the state of the immune system
FSW	Female Sex Worker
GDP	Gross Domestic Product
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MoH	Tonga Ministry of Health
MSM	Men who have Sex with Men
NGOs	Non-Governmental Organizations
PLHIV	Person/People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive Health
SDG	Sustainable Development Goal
SGS	Second Generation Surveillance
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TFHA	Tonga Family Health Association
TG	Transgender
TLA	Tonga Leitis Association
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
VCCT	Voluntary Confidential Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization

1.3 Foreword

This report highlights Tonga's commitment to the 2016 United Nations Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030. This Political Declaration was built on three previous political declarations and Tonga has been reporting since adopting the 2011 Political Declaration on HIV and AIDS.

The 2017 Global AIDS Monitoring report provides insight to our national efforts to alleviate HIV/AIDS through collective Prevention initiatives, programs on Treatment, Support and Continuum of Care, Enabling Environment and Governance.

Since 1987, when the first case of HIV was confirmed in Tonga, the National HIV Response has gradually grown to include a number of interventions. The national programme focused mostly on prevention and later on HIV counseling and testing as well as treatment of other Sexually Transmitted Infections (STIs). Prevention of vertical transmission or mother to child transmission (PMTCT) is a vital part of the prevention program to antenatal mothers throughout Tonga. After 2011, the antiretroviral medicines (ARVs) became available in Tonga. To date, more than 25 health facilities are providing HIV prevention programme with HIV testing available at the four main hospital laboratory facilities.

Ministry of Health has pledged to improve access and quality of services through upgrading infrastructure as well as staff capacity. Partners with other key stakeholders either Government or Non-Government Organizations are commendable. The collaborative effort and tremendous work done by Non-Government and Faith Based Organizations as well as Private Sectors complementing the Government's efforts in striving to achieve the Sustainable Development Goals 3; *"Good health and well-being for all at all age."*

Although Tonga likes most Pacific countries has low prevalence of HIV yet Ministry of Health and Stakeholders intention is to ensure that Tonga's national response to HIV/AIDS is robust. This will guarantee that Tonga continues to join the world to make zero new HIV infections, zero discrimination and zero AIDS-related deaths a global reality.

I therefore wish to express my gratitude to the government agencies, civil societies and regional and international partners for their assistance in producing this comprehensive report.

Malo ‘Aupito

Dr. Siale ‘Akauola
Chief Executive Officer (CEO)
Ministry of Health
Member Tonga Country Coordinating Mechanism

1.4 Introduction

The 2017 Global AIDS Monitoring is the first report after the transition from the Millennium Development Goals to the Sustainable Development Goals. The indicators Tonga reported against were designed to help assessing the state of the HIV national response and progress in achieving the national HIV targets as well as targets sets in the 2016 Political Declaration and Sustainable Develop Goals.

This would be the sixth progress report Tonga submitted with technical assistance from UNAIDS. Tonga Ministry of Health continues to leads implementation of activities contributing to the achievement of Targets in collaboration with key Stakeholders through implementing the strategies and program under the current National Strategic Plan to Respond to HIV/AIDS and other STIs.

Country Profile

Kingdom of Tonga is a Polynesian sovereign state located in the southern Pacific Ocean, comprising of over 170 islands which 36 are inhabited. Tonga consists of four main island groups, including Tongatapu, Vava'u, Hapa'ai and the more remote islands in the Niuas. Tonga is largely homogenous with 98 percent of the population are Tongans. It is predominantly Christian and there is freedom of religion and speech guaranteed by the Constitution.

The population of Tonga is 103,252[1], with the majority living at the main island Tongatapu (75,416), where the capital Nuku'alofa is located. The national government and the seat of monarchy are located in Nuku'alofa, along with the majority of the commercial and transport infrastructure.

Tonga is a low middle-income country with a GNI per capita of $3260 – about 20 percent below Fiji. About 23 percent of the population was classified as living below the national poverty line in 2009, an increase from 16 percent in 2001. Tonga migrants living abroad play a very large role in the economy, accounting for 42.5 percent of GDP.[2] While the economy is dependent on a narrow base of primary level activities and tourism, remittances from overseas have helped to relieve economic hardship.

[1] Tonga Department of Statistics, 2016
[2] Population and Development Profiles: Pacific Island Countries – UNFPA 2012

2.0 Indicator Overview

Commitments	Indicator	Relevancy	Value Measurement	Comments
Commitment 1: *Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020.*				
	1.1*People living with HIV who know their HIV status.*	**YES**	**All – 25%** **Male – 10%** **Female 15%**	*Indicator is relevant to Tonga but NO disaggregation data available. Of the 5 reported alive PLHIV only THREE who are currently in-country and are enrolled in the Treatment Care Support Program offered by MoH. The other two have migrated abroad.*
	1.2*People living with HIV on antiretroviral therapy.*	**YES**	**0**	*Indicator is relevant to Tonga but NONE of the 3 PLHIV that are currently enrolled in the Treatment Care Support Program offered by the Ministry of Health is receiving ARV treatment. Although there are ongoing efforts aimed at getting the two that have defaulted on treatment to resume and third person is the newly diagnose case during the reporting period and is on preparatory stage to start ARV Treatment.*
	1.3*Retention on antiretroviral therapy at 12 months.*	**NO**		*Indicator is NOT relevant to Tonga as NONE of the three people living with HIV is currently receiving ARV treatment although there are ongoing efforts aimed at getting the two who was previously on ART to resume and preparing the third person to start ARV treatment.*
	1.4*People living with HIV who have suppressed viral loads.*	**YES**	**0**	*Indicator is relevant to Tonga, viral load of the three people living with HIV are being monitored and neither of them are receiving ARV treatment. Ongoing effort aimed at getting the two previously on treatment to resume ART and preparation of the last diagnosis PLHIV (2016) to start ARV treatment soon.*
	1.5*Late HIV diagnosis*.	**NO**		*Indicator NOT relevant to Tonga as initial CD4 count for the newly diagnose case during the reporting period were not available. However, arrangement has made to refer specimen to Lab Plus (Auck) for CD4 count while viral load testing is done locally on the GeneXpert machine.*
	1.6*Antiretroviral medicine stock outs.*	**YES**	**0**	*Indicator is relevant to Tonga, NO stock out reported. Of the 20 confirmed HIV cases, 3 are retained in care, the rest have died or return to country of origin.*
	1.7*AIDS mortality.*	**YES**	**0**	*Indicator is relevant to Tonga however NO PLHIV died during the reporting period. Of the 20 diagnosed HIV cases, 5 known to be alive and three are currently enrolled in the Treatment Care Support Program offered by the Ministry of Health in Tonga. The other two PLHIV have migrated abroad. The rest have died or have lost track since they have return to country of origin.*

Commitments	Indicator	Relevancy	Value Measurement	Comments
Commitment 2: *Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018.*				
	2.1 *Early infant diagnosis*.	**NO**	**0**	*Indicator NOT relevant to Tonga as NO infant born to a HIV positive mother during the reporting period.*
	2.2 *Mother-to-child transmission of HIV.*	**NO**	**0**	*Indicator is NOT relevant to Tonga as NO children newly infected with HIV from MTCT. HIV testing is a routine test during first antenatal visit for pregnant women. During the reporting period NONE of the mothers were tested positive for HIV. Therefore, less likely for MTCT to occurred.*
	2.3 *Preventing the mother-to-child transmission of HIV.*	**NO**	**0**	*Indicator NOT relevant to Tonga as during reporting period NO pregnant women were diagnose HIV+ and receiving ARV treatment.*
	2.4 *Syphilis among pregnant women.*	**YES**	**Any Visit - 95.7%**	*Indicator is relevant to Tonga as syphilis testing is routine for first antenatal visit. 95.7% of all pregnant women attending antenatal clinic were tested for syphilis.* *Syphilis has very low prevalence among pregnant women in Tonga in compared to 22% prevalence of Chlamydia.*
	2.5 *Congenital syphilis rate (live births and stillbirth).*	**YES**	**0**	*Indicator is relevant to Tonga and NO reported congenital syphilis during reporting period.*
Commitment 3: *Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations – gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.*				
	3.1 *HIV incidence.*	**YES**	**0.0097**	*Indicator is relevant to Tonga. Since 1987 the latest HIV diagnosis was during the reporting period, bring the total number of HIV positive cases to 20 with 13 male and 7 female. HIV incidence 0.0097.*
	3.2 *Estimates of the size of key population.*	**YES**	**FSWs – 1000** **MSM/TGs - 400**	*Indicator is relevant to Tonga and during reporting period, size estimation of key population [FSWs& MSM/TGs] was done.*
	3.3*HIV prevalence among key populations:*			
	3.3A *HIV prevalence among sex workers.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO data available. Although informal and formal sex work among women has been documented, restrictive legislation, stigma and cultural attitudes towards sex work have hindered official monitoring of the health of sex workers.*
	3.3B *HIV prevalence among men who have sex with men.*	**YES**	**25+yrs old – 2%**	*Indicator is relevant to Tonga and during the reporting period a total of 50 TGs/MSM were tested for HIV. 2% of those tested are living with HIV.*

Commitments	Indicator	Relevancy	Value Measurement	Comments
	3.3C*HIV prevalence among people who inject drugs.*	**NO**		*Indicator is NOT relevant to Tonga as no reported injected drug user. However the National Program continues to address IUD through awareness program.*
	3.3D*HIV prevalence among transgender people*.	**YES**	**All – 1.7%**	*Indicator is relevant to Tonga and during the reporting period a total of 50 TGs/MSM were tested for HIV.* *2% of Transman were tested positive for HIV and of the 58 MSM/TGs tested 1.7% is living with HIV. [Linked to Indicator 3.3B]*
	3.3E*HIV prevalence among prisoners*.	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO data available to inform this indicator.*
	3.4*Knowledge of HIV status among key populations:*			
	3.4A*Knowledge of HIV status among sex workers.*	**YES**	**All – 11%**	*Indicator is relevant to Tonga and data available from a Behavioural Study conducted during reporting period. 11% of women had an HIV test in the previous 12 months.* *Twelve women reported having had an HIV test, among whom nine had an HIV test in the 12 months prior to the survey. These nine women reported that their test was carried out through an NGO clinic or the hospital/government health service. Eleven of the 12 women who had ever had a test confirmed that they had received their test results. Based on these results, all 11 women reported being HIV-negative.*
	3.4B*Knowledge of HIV status among men who have sex with men.*	**YES**	**All – 25%**	*Indicator is relevant to Tonga and 25% MSM clients participated in the survey reported to have had an HIV test in the past twelve months and know their HIV status.* *Twenty four MSM participants reported having had an HIV test in the last 12 months prior to the survey. Of these 24, 6 know their HIV status and 20% of those were less than 25 years of age.*
	3.4C*Knowledge of HIV status among people who inject drugs.*	**NO**	**No Data Available**	*Indicator NOT relevant to Tonga as NO data available to inform this indicator.*
	3.4D*Knowledge of HIV status among transgender people.*	**YES**	**All – 61.2%**	*Indicator is relevant to Tonga, 61.2% of the transgender participated in the survey reported to have an HIV test in the last 24 months and know their results.*
	3.5*Antiretroviral therapy coverage among people living with HIV in key populations:*			
	3.5A*Antiretroviral therapy coverage among sex workers living with HIV.*	**NO**		*Indicator NOT relevant to Tonga as NO SWs living with HIV and receiving ARV treatment during reporting period.*

Commitments	Indicator	Relevancy	Value Measurement	Comments
	3.5B *Antiretroviral therapy coverage among men who have sex with men living with HIV.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO data available to inform this indicator.*
	3.5C*Antiretroviral therapy coverage among people who inject drugs living with HIV.*	**NO**		*Indicator NOT relevant to Tonga.*
	3.5D *Antiretroviral therapy coverage among transgender people living with HIV.*	**YES**	**No Data Available**	*Indicator is relevant for Tonga but NO data available as client is in preparation to start ART during reporting period.*
	3.5E *Antiretroviral therapy coverage among prisoners living with HIV.*	**NO**		*Indicator NOT relevant to Tonga as NO specific programme for inmates implemented during reporting period.*
	3.6 *Condom use among key populations:*			
	3.6A*Condom use among sex workers.*	**YES**	**All – 15.9%**	*Indicator is relevant to Tonga and of the latest study indicates that 15.9% of female sex workers reported use of a condom with their most recent client.* *Fifty-six (68.3%) of the 82 women had ever heard of a condom. Among these 56 women, 43 had ever used a condom. These responses indicate that women are heavily reliant on other people to provide condoms, which is clearly not an ideal situation.*
	3.6B *Condom use among men who have sex with men.*	**YES**	**All – 62.5%**	*Indicator is relevant to Tonga as 62.5% of men reporting to use of a condom the last they had anal sex with a male partner.* *Almost 60% of participants who had anal intercourse with a regular male partner used condoms on the last occasion.*
	3.6C*Condom use among people who inject drugs.*	**NO**		*Indicator not relevant to Tonga.*
	3.6D*Condom use among transgender people.*	**YES**	**All – 77.6%**	*Indicator is relevant to Tonga as 77.6% TGs people reporting using a condom during their most recent sexual intercourse or anal sex.* *Condom use with regular partners was understandably low, though there were very few who 'never' used condoms with their regular male partners.*
	3.7 *Coverage of HIV prevention programmes among key populations:*			
	3.7A*Coverage of HIV prevention programmes among sex workers.*	**YES**	**All – 25.6%**	*Indicator is relevant to Tonga as 25.6% of the survey respondents reported to have been given condom and lubricant through a prevention intervention.*
	3.7B *Coverage of HIV prevention programmes among men who have sex with men.*	**YES**	**All – 41.7%**	*Indicator is relevant to Tonga as 41.7% of the respondents reported to have been given condoms in the past 12 months.*

Commitments	Indicator	Relevancy	Value Measurement	Comments
	3.7C *Coverage of HIV prevention programmes among people who inject drugs.*	**NO**		*Indicator NOT relevant to Tonga as IDUs is illegal in Tonga.*
	3.7D *Coverage of HIV prevention programmes among transgender people.*	**YES**	**All – 63.3%**	*Indicator is relevant to Tonga as 63.3% of the respondents reported to have been given condoms in the past 12 months. Tonga Leitis Association is the only organization established in Tonga that address transgender and MSM issues and is working closely with the National Program in implementing intervention to this high risk population.*
	3.8*Safe injecting practices among people who inject drugs.*	**NO**		*Indicator is NOT relevant to Tonga; however the National Program continues to address IUD through awareness program.*
	3.9 *Needles and syringes distributed per person who inject drugs.*	**NO**		*Indicator is NOT relevant to Tonga; however the National Program continues to address IUD through awareness program.*
	3.10*Coverage of opioid substitution therapy.*	**NO**		*Indicator is NOT relevant to Tonga; however the National Program continues to address IUD through awareness program.*
	3.11 *Active syphilis among sex workers.*	**YES**	**No Data Available**	*Indicator is relevant but NO specific data [on SWs] available to inform this indicator. However, during reporting period a total 4658 RPR tests carried out with NON reactive results.*
	3.12 *Active syphilis among men who have sex with men.*	**YES**	**No Data Available**	*Indicator is relevant but NO specific data [on MSM] available to inform this indicator. However, during reporting period a total 4658 RPR tests carried out with NON reactive results.*
	3.13 *HIV prevention programmes in prisons.*	**NO**		*Indicator NOT relevant to Tonga as NO HIV Prevention Program implemented at Prions during reporting. However, the National Program will resume with this initiative in 2017.*
	3.14*Viral hepatitis among key populations.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO data available from a recent study or the National Programme surveillance to inform this Indicator.*
	3.15*People receiving pre-exposure prophylaxis.*	**NO**	**0**	*Indicator is NOT relevant to Tonga as PrEP is not available in country.*
	3.18 *Condom use at last high-risk sex.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO new data to inform this indicator as the last study conducted was the DHS in 2012.*
Commitment 4: ***Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.***				
	4.1 *Discriminatory attitudes towards people living with HIV.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga however NO new data available to inform this indicator.*
	4.2 Avoidance of HIV services because of stigma and discrimination among key populations.			

Commitments	Indicator	Relevancy	Value Measurement	Comments
	4.2A *Avoidance of HIV services because of stigma and discrimination by sex workers.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO data available to inform this indicator.*
	4.2B *Avoidance of HIV services because of stigma and discrimination by men who have sex with men.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO data available to inform this indicator.*
	4.2C *Avoidance of HIV services because of stigma and discrimination by people who inject drugs.*	**NO**		*Indicator NOT relevant to Tonga.*
	4.2D *Avoidance of HIV services because of stigma and discrimination by transgender people.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO data available to inform this indicator.*
	4.3 *Prevalence of recent inmate partner violence.*			*Indicator is relevant to Tonga but NO new data available to inform this indicator.*
Commitment 5: ***Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.***				
	5.1 *Young people: Knowledge about HIV prevention.*	**YES**	**No Data Available**	*Indicator is relevant to Tonga but NO new data is available to inform this indicator. For there has yet to be a latest study on HIV knowledge and behavioral changes among young people of Tonga.*
	5.2 *Demand for family planning satisfied by modern methods.*	**YES**	**25.2%**	*Indicator is relevant to Tonga as the DHS 2012 highlighted that not everyone's family planning needs are being met. Overall, 25% of married Tongan women have an unmet need for family planning, with slightly more women in urban area (29%) reporting an unmet need compared to women in rural areas (25%). Fifty eight percent of the total demand for family planning was met.*
Commitment 6: ***Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.***				
	National Commitments and Policy Instrument (NCPI)	**YES**		***Complete Online Questionnaire***
Commitment 7***: Ensure that at least 30% of all service delivery is community-led by 2020.***				
	National Commitments and Policy Instrument (NCPI)	**YES**		***Complete Online Questionnaire***

Commitments	Indicator	Relevancy	Value Measurement	Comments
Commitment 8: ***Ensure that HIV investments increase to US$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers.***				
	8.1 *Total HIV expenditure*	**YES**	**US$725934.98**	*This includes all expenditure both domestic and international through donor agencies. Ministry of Health is the Sub-Recipient for Tonga's Global Fund Grant however budget for human resources, facilities and other costing not covered by the grant is included on MOH budget. NGOs received funding from regional or international donor agencies and have tremendously contributed to the success of the implementation of the National HIV Response.*
	8.1A *Expenditure on HIV testing and counseling.*	**YES**	**US$129915.01**	*MoH administered*
	8.1B *Expenditure on antiretroviral therapy.*	**YES**	**US$50683.48**	*MoH administered*
	8.1C *Expenditure on HIV-specific laboratory monitoring.*	**YES**	**As per 8.1A**	*MoH administered*
	8.1D *Expenditure on TB and HIV.*	**YES**	**As per 8.1B**	*Inclusive allocation on Prevention Program for 2016 –* ***US$134408.13*** *MoH administered*
	8.1E *Expenditure on the five pillars of combination prevention.*	**YES**	**US$51910.80**	*Intervention to adolescent and young people Both MoH + Key Stakeholders administered*
	8.1F *Expenditure on preventing the mother-to-child transmission of HIV.*	**YES**	**US$126153.43**	*MoH administered*
	8.1G *Expenditure on social enablers.*	**YES**	**US$69758.60**	*Inclusive allocation on Gender Program for 2016 –* ***US$90843.90*** *Both MoH + Key Stakeholders administered*
	8.1H *Expenditure on cash transfers for young women and girls.*	**NO**		*Indicator not relevant to Tonga however various interventions are accessible to young girls and women and mainly implemented by NGOs. Ministry of Health ensures SRH services are readily available to this target population.*
Commitment 9: ***Empower people living with, at risk of and affected by HIV to know their rights and access justice and legal services to prevent and challenge violation of human rights.***				
	National Commitments and Policy Instrument (NCPI)	**YES**		***Complete Online Questionnaire***
Commitment 10: Commit to taking AIDS out of isolation through people-centered systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.				
	10.1 *Co-managing TB and HIV treatment.*	**YES**	**0**	*Indicator is relevant but NO TB/HIV co-infection patient during reporting period.*
	10.2 *Proportion of people living with HIV newly enrolled in HIV care with active TB disease.*	**YES**	**0**	*Indicator is relevant to Tonga however NO active TB/HIV co-infection during reporting period.*

Commitments	Indicator	Relevancy	Value Measurement	Comments
	10.3 *Proportion of people living with HIV newly enrolled in HIV care started on TB preventative therapy.*	**YES**	**0**	*Indicator is relevant to Tonga however NO latent TB ever reported or TB/HIV co infection during reporting period.*
	10.4 *Men with urethral discharge.*	**YES**	**1%**	*Male clients presented with urethral discharge are further investigated for Gonorrhea. Provision of treatment and counseling are readily available either through syndromic or etiological management.* *Data may still be under reporting as private clinics do not report to the Ministry however, data is still representative of the country as majority of the STIs clients will seeking assistance from MOH facilities. Majority of the 1% male per 1000 population presented with urethral discharge were from the main island.*
	10.5 *Gonorrhoea among men.*	**YES**	**0.2%**	*Indicator is relevant to Tonga and 0.2% of male age 15 or more were tested positive for Gonorrhoea during the reporting period.*
	10.6 *Hepatitis B testing.*	**NO**		*Indicator is not relevant for Tonga as NO new client starting ART during the reporting period.*
	10.7 *Proportion of people coinfected with HIV and HBV receiving combined treatment.*	**NO**		*Indicator is not relevant to Tonga as NO co-infection of HIV and HBV and on combined treatment during reporting period.*
	10.8 *Hepatitis C testing.*	**NO**		*Indicator is not relevant to Tonga as NO PLHIV starting ART during the reporting period.*
	10.9 *Proportion of people coinfected with HIV and HCV starting HCV treatment.*	**YES**	**0**	*Indicator is relevant to Tonga however NO HIV/HCV co-infection during reporting period.*
	10.10 *Cervical cancer screening among women living with HIV.*	**YES**	**0**	*Indicator is relevant to Tonga however the one female PLHIV under the care of the Treatment Care Support Team did NOT have a pap smear during the reporting period.*

3.0 Status at a glance

3.1 Inclusiveness of the Stakeholders in the report writing process

This Global AIDS Monitoring Report is a continuation from the Global AIDS Response Progress Report submitted last year. The report has been formulated through a multi-participatory process involving key Stakeholders who are proactive in various areas of care for PLHIV in Tonga. Inclusion of Government and Non-Government Organization assisting the GARPR Focal Point in collating information to document this report.

This report has gathered data and information from all sources during the short period for compiling the report, to ensure that the analysis is sufficiently done and supported by the data available. Data validation was done through consulting various key figures including members of the Treatment Core Team. Their inputs and feedback enables the writer to draft this report and refine the final version of the 2017 GAM Report (reporting period, 2016) for Tonga.

3.2 Status of the Epidemic

First case of HIV in Tonga was diagnosed in 1987. Since then, the number of HIV cases in Tonga as in the rest of the Pacific remains low with only 20 people ever having been diagnosed with HIV as of December 2016. The predominant known mode of transmission of HIV in Tonga remains heterosexual contact.An overview of the HIV/AIDS situation is presented in *Table 1*.

Table 1: HIV Incidence in Tonga, 1987 – 2016

Year	Sex		Age Group					Total
	Male	Female	<15	15-19	20-24	25-49	50	
1987	**1**	0				1		1
1989	2	0		1		1		2
1992	1	0				1		1
1996	2	1				3		3
1998	0	2			1	1		2
1999	1	1				2		2
2000	1	0				1		1
2002	1	0				1		1
2005	0	1		1				1
2007	1	0			1			1
2008	1	1				2		2
2009	1	0				1		1
2012	0	1				1		1
2016	**1**	0				1		1
Total	**13**	**7**		**2**	**2**	**16**		**20**

Source: Communicable Diseases Section, Tonga MoH

3.3 Policy and Programmatic Response

The National response to HIV/AIDS and other STIs is led by the Ministry of Health and governed by a National Coordination Authority[3] with multi-sectoral and multi-disciplinary membership, guided by a Strategic Plan (Tonga National Integrated Sexual Reproductive Health SP 2014 – 2018), and monitored with the Monitoring and Evaluation Framework.

The Country Coordination Mechanism is the approved body for the national coordination of all responses to HIV/AIDS and other STIs control activities in Tonga. This is in line with the global adoption of the principles of '*Three Ones'* that stands for *One agreed HIV/AIDS Action Framework, One National AIDS Coordinating Authority and one agreed country level M&E System.* Therefore, the CCM is responsible for overall monitoring and evaluation of implementations, engaging all sectors and mobilizing financial support and resources.

4.0 Overview of AIDS epidemic

4.1 Health System

The Ministry of Health has experienced tremendous change in the last five years. It went through a series of reviews such as Hospital Efficiency, Public Finance, Health System and Corporate Plan Review which were complemented by a series of scientific research and data collections such as Demographic Health Survey to better understand the health problems, causation and the areas that require improvement in terms of service delivery.

Tonga has four main hospitals, Vaiola Hospital in Nuku'alofa, and three district hospitals: Prince Wellington Ngu Hospital in Vava'u, Niu'ui Hospital in Ha'apai and Niu'eki Hospital in 'Eua. There is no hospital in the Niuas.

The hospitals are supported by an additional 14 health centres and 34 MCH/ reproductive health clinics which are located throughout the island groups (Table 2). There is limited number of private medical clinics, mainly run by doctors from the public system operating in dual practice or by the churches or NGOs and majority of which are based in Nuku'alofa. Traditional healers are widely dispersed throughout the islands.

[3] Country Coordinating Mechanism

Table 2: Distribution of Health Facilities by District			
District	Number of health facilities		
	Hospital	Health Centre	MCH Clinic (RH)
Tongatapu	1	7	19
Vava'u	1	2	5
Ha'apai	1	3	5
'Eua	1	0	3
Niuas	0	2	2
Total	4	14	34

HIV/AIDS and other STIs are managed at the Public Health Division by the Communicable Disease Section. MoH is focused on maintaining and improving the delivery of health services through national referral hospital at Vaiola supported by network of island hospitals, community health centers and nursing clinics, to deliver effective curative and preventative health care services to the people of Tonga.

4.2 Key Population at High Risk

With the lack of quality data to affirm vulnerable groups at high risks, Tonga through the support from Global Fund was able to conduct population estimation for transgender and men sex men population as well as female sex works (FSWs) during the reporting period.The hybrid method of estimating the population size of key affected communities in small countries involves asking a group of stakeholders and key informants about population numbers, requiring knowledge about the whereabouts and numbers of people in different locations. Participants in the population estimate process were representatives of organizations who provide services to key affected populations, in addition to members of the target populations themselves (MSM/TG).

The participants at the roundtable meeting concluded that they knew of approximately 400 different people in Tonga who are TG or MSM (Table 3). This number was based in part on the number of MSM/TG who is reached in programs provided by the organizations present. It was, however, noted that while it was estimated that approximately 400 people could be identified as TG/MSM, it is likely that the number of 'hidden' straight-identifying MSM is much higher.The group was unable to reach consensus about the number of FSW in Tonga but a rough estimate, the group believed that there were over 1,000 FSW in Tonga(Table 3).

Table 3: Population size estimation			
Informants	**Location**	**MSM/TG**	**Sex Works**
		n	**n**
	Tongatapu	300	
	Vava'u	50	
	Ha'apai	50	
	Tonga		1000
Total		**400**	**1000**

Source: ***Pacific Multi-Country Mapping and Behavioural Study:HIV and STI Risk Vulnerability among Key Populations – Tonga***

i. Men who have sex with men and transgender [MSM & TGs]

The terms *fakaleiti* and *leiti* are commonly used to refer to people who are born male but, in terms of gender, behave 'in the manner or fashion of women'. However, this definition does not capture the complex and dynamic gender and sexual identity of *leitis*. For instance, some *leitis* may perceive themselves as women, dress as women, and be sexually attracted to heterosexual men, while others may be effeminate but view themselves as men and be sexually attracted to men and/or women[4] .

Leitis are both integrated and marginalised in Tongan society. On the one hand, they may bevalued for their role in the household and in the community. They may also be found in professional employment or feature in performances with royal patronage. But, on the other hand, they may face marginalisation and abuse because they are now associated with male-to-male sex, which is generally deplored and illegal in Tonga.

There have been very few studies of the sexual health attitudes, understandings and needs of MSM and *leitis* in Tonga. Like other MSM and TG groups in the Pacific, *leitis* engage in high risk sexual behaviour, putting them at risk of contracting HIV or other STIs.

ii. Sex Workers

There are no official reports, statistics or interview data for sex workers in Tonga. Although informal and formal sex work among women has been documented, restrictive legislation, stigma and cultural attitudes towards sex work have hindered official monitoring of the health of sex workers. Many Tongan women are unlikely to identify as sex workers, and this may also complicate attempts to identify their health needs.

[4] James 1994;Farren 2010

The only available data on sex workers is gleaned from SGS surveys of antenatal women. In 2005, 1.7% of antenatal women had engaged in commercial sex in the previous 12 months. In 2008, four women (1.1% of women surveyed) and four youth (0.7%) had received cash or goods in return for sex[5]. The number of women sampled in these surveys was small;therefore the actual number of women engaging in sex work in Tonga may be higher.

Although there is no specific law prohibiting the exchange of sex for money (in private), it is an offence to keep a brothel, to solicit, or to live on the earning of sex workers[6]. In the absence of detailed data, sex workers are deemed to be at higher risk of exposure based on Pacific, regional and global experiences, as well as known socio-economic and cultural determinants[7] These determinants in Pacific countries include poverty, unemployment and gender inequality, and key risks including low condom use, and multiple partners among selected populations.

iii. Youths (15 – 34 years as defined by the Tonga National Youth Strategy[8])

Young people continue to be a key focus of SRH programming in line with the Tonga government affirmative action on health for young people in Tonga.

iv. Mobile groups

Such as season workers, seafarers, uniformed personnel (including the Defense Forces and Police) and overseas travelers, including tourists, extended family and business travelers

v. People with disabilities and/or

Mentally handicapped are known to sometimes be taken advantage of, and abuse sexually due to their dependency on others if severely disabled or diminished sense of judgment due to a mental disorder.

vi. TB and HIV co-infection would

Remain on the watch list of focused interventions based on the first (and only) case of co-infection of TB and HIV reported in 2005. As a standard practice, MOH will continue to screen all cases of TB for HIV, and all HIVs will be screened for TB.

[5] WHO 2006; Ministry of Health Tonga & SPC 2008
[6] Godwin 2012
[7] Tonga Ministry of Health 2014
[8] Ministry of Training Employment, Youth and Sports (2006) *National Youth Strategy 2007 - 2012*

4.3 Stigma and Discrimination

The negative attitudes towards PLHIV have been observed in various surveys and reports and likely to stem from irrational fear of HIV and AIDS. The social stigmatization and discrimination continues to be a barrier to the treatment and care of the PLHIV currently in country.

At the community level, the risk is real because negative attitudes towards HIV and other STIs will not encourage those at risk to seek health care, testing and treatment. Improving knowledge and reassurance will not only improve acceptance, it will also encourage people to come forth for testing. The impact would be an increase in the level of prevention and treatment but at the same time, it will reduce potential level of transmissibility. If stigmatization could be reduced and confidentiality assured, it will encourage accessing to services.

4.3 Gender, Rights and Gender Base Violence

For many years considerable work on domestic violence has been carried out by several activists and NGOs in Tonga. Nevertheless, the existence of domestic violence was not officially accepted until about 2005. The situation has changed in recent years and presently the police have a Domestic Violence Unit in each island of the Kingdom.

Traditional and societal values, attitudes and practices that discriminate women and promote violence against women, however, should be challenged. The survey conducted in 2009 on Domestic Violence in Tonga[9] suggested that creating more gender equitable attitudes and empowerment of women are vital to reducing violence against women. Strategies should focus on education of boys, along with girls, and on changing social norms and notions of masculinity associated with power and dominance. Challenging impunity for perpetrators of domestic violence is also important.

[9] National Study on Domestic Violence Against Women in Tonga 2009, June 2012, Tonga

5.0 National Response to the AIDS Epidemic

5.1 Prevention Program

Ministry of Health in conjunction with partners such as Tonga Family Health Association (TFHA) is working hand in hand to deliver awareness programs to the community. While maintaining low prevalence of HIV the focus is on other STIs that are on the rise.

Over the years, the community outreach and awareness programs on HIV/AIDS and other STIs prevention, through partnership with NGOs and stakeholders, had been strong. TFHA together with other youth mandate organization such as Tonga National Youth Congress and Talitha Project continues to provide awareness program to young people through peer education activities, informal training and engaging young people in various national activities which expose them to information on livelihood including sexual reproductive health issues. Tonga Leitis Association (TLA) on the other hand reached the most at risk and vulnerable population through awareness programs to transgender, MSM and sex workers. TLA takes the lead in condom distribution and promoting safe sex and safer sexual behaviour. Reproductive Health Nurses and Antenatal Clinics promote HIV/STIs prevention through health talk to pregnant women and their partners.

Using entertainment through drama as TFHA Fili Tonu (Right Choice) drama group, reaches both young and old with HIV/STIs prevention messages. Effective use of media have also contributed to increase public awareness which was highlighted with the World AIDS Day message delivered by the Minister of Health to marked 2016 WAD.

5.2 Diagnosis, Treatment, Care and Support

The 2016 AIDS spending for Tonga utilizes 25% of allocation on diagnosis, treatment, care and support. This includes both domestic and international funding towards the national program.

HIV andother STIs Testing

Testing for HIV is available in all the hospital in Tonga and through TFHA clinics in Tongatapu and outer islands. HIV surveillance for Tonga does not include the Niuas as laboratory service is not available. The last HIV positive case was diagnosed in 2016 bringing the total cumulative HIV cases to 20.

Routine testing is conducted for antenatal women, blood donors, new employees, immigration requirements and clients' presented at the clinic with other STIs symptoms. The Global Fund since 2008 has assisted Tonga through the Multi-Country GF Grant in procuring test kits to resource laboratories at all 4 hospitals throughout Tonga.

In 2016, a total of 5116 HIV tests was carried out at the laboratories presented in Table 4. Routine testing for pregnant women at first antenatal visit contribute to more female tested during the year. The laboratory during the year never experience stock out and stock control is done at the central laboratory at Vaiola Hospital.

Table 4: Total Number of People tested for HIV & Syphilis in 2016.

Test	All	>25yrs	25+yrs	Positive
HIV	**5116**	1684	3432	**1**
Syphilis (RPR)	**4658**	1642	3016	0

Source: Laboratory Registry 2016, Ministry of Health

The laboratory also carried out other STIs tests including syphilis which is also a routine test for antenatal mothers. Similar to HIV, syphilis have low prevalence in Tonga.

In order to avoid vertical transmission from mother to child (PMTCT), Ministry of Health through the Reproductive Health Program as well as Antenatal services continue to uphold wellbeing of mother and child by testing all pregnant women attending antenatal clinics for HIV and other STIs. (Table 5)

Table 5: Total Number of ANC attendees tested for HIV & Syphilis by Age in 2016.

Test	ALL	>25 years	25+ years
HIV	**2401**	767	1643
Syphilis (RPR)	**2402**	768	1634

Source: Laboratory Registry 2016, Ministry of Health

The national program commit to assist MoH to ensure screening program is ongoing and strengthen laboratory and service delivery points' surveillance system in order to improve quality of data available for analysis, reporting and policy making.

Treatment, Care and Support

Ministry of Health leads in providing comprehensive case management to people living with HIV and other STIs clients through the Treatment Core Team and CDOP. Effective implementation of the comprehensive STI case management ensures successful treatment rate and prevention.

Tonga Treatment Core Team (TCT)coordinates the HIV Treatment, Care and Support Program. Of the 20 cumulative HIV cases; 3 remains under the care of the Program. The rest, some have died and some have return to country of origin or migrated abroad. GF grant support MOH through replenishing both ARV and STI medicines. MOH central pharmacy at Vaiola Hospital is responsible for dispensing ARV and STIs drugs to service delivery points. The pharmacy never experience stock out in 2016.

All three PLHIV are not on treatment as earlier reported, two have choose to stopped treatment for personal reasons. However, with the treat all regardless of CD4 count recommendation of the WHO Consolidated Guidelines, the third PLHIV is preparing to start on ARV soon. TCT continues to monitor the others with ongoing counselling to prepare them to re-start ARV Treatment.

6.0 Best Practices

Tonga through effective implementation of the National Response were able to maintain low prevalence of HIV although last HIV diagnosis was in 2016. Ministry of Health with support from UNDP Global Fund ensures that National Program effectively implement interventions leading towards the 90-92-90 targets for 2020.

There was a lot carried out in 2016 but in term of interventions more similar to activities checking against 215 GARPR.

i. *Political Leadership and Oversight of the National HIV Response through commitment from the Minister of Health as Chairman of CCM and its Members as well as Ministry of Health at large.*
   - *Supporting and involvement in Marking World AIDS Day.*

ii. *Scientific studies implemented*
   - *Population estimation of key affected population including MSM/TGs and FSWs*
   - *Mapping and Behavioural Studies on HIV and STIs risk vulnerability among Key Population.*

iii. *Capacity Development of Health Care Workers*
   - National Training on TB/HIV including outer islands staff, as 35 health care workers directly or indirectly involved in the National Response for HIV and TB were trained.
   - Ongoing in-service for staff at the laboratory and communicable disease section
   - Laboratory staff training on new diagnosis technology – GeneXpert machine.

iv. *Infrastructure Development*
   - Installation on advance diagnosis technology at the laboratory to assist with TB screening but enable viral load to be done locally.
   - Introducing of Condom Dispenser with supplies of condom & lubricant to assisting with the condom distribution campaign.

7.0 Major Challenges and Remedial Action

- *Tonga does not have HIV legislation. However, HIV is considered under the Public Health Act as a notifiable disease. Legislation can become the instrument for creating an enabling environment for greater protection and preventing stigma and discrimination on the basis of HIV status.*
  - *Ongoing dialogue among Key Stakeholders.*

- *To be effective in implementing the Treatment Care Support Program through Adherence Program since both PLHIV reported in 2015 are not on ART.*
  - *Reviving of the Treatment Core Team with support from the grant budget and engaging of the clients through ongoing counseling and planned peer navigation program to implement in 2017.*

- *Progress made on key challenges stated on the 2015 country progress report:*
  - Increase of other STIs is still a challenge in the background of the national HIV/AIDS intervention:
    - Halt on Chlamydia screening impacted most asymptomatic pregnant women
      - *National Programme seeking fund to resource this program.*

- *Low coverage of intervention to high risk population due to lack of information to develop effective approach to these groups.*
  - Population Estimation & Behavioural Studies conducted.

- *Global Fund grants are the main source of funding that resource the HIV/AIDS National Response.*
    - Grant cycle delay resulting in delaying of implementation and may affect country performance hence the need to reached 80% burn rate.
      - National Programme through collaborative effort commits to reach target to avoid further delay in process.

8.0 Annex

Visual Presentation from Activities Implemented in 2016:

Sub-national Key Implementers:

Niu'ui Hospital Team Ha'apai

Prince Ngu Hospital Team Vava'u

Niu'eiki Hospital Team 'Eua

Capacity Building:

Treatment Core Team

Community Training

National Training

Prevention Intervention:

Condom Distribution

Marking WAD 2016

Community Based HIV Testing