

GLOBAL AIDS MONITORING REPORT FOR VANUATU



GOVERNMENT
OF THE
REPUBLIC OF VANUATU

MINISTRY OF HEALTH

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As a nation, we are firmly committed to turning the tide on the 30-year-old fight against AIDS. To be clear, our country still faces enormous challenges. Far too many people are afraid of stigma and discrimination and thus are afraid to benefit of services of treatment, care and support.

We need to reach more people with both prevention and treatment services. But today, thanks to remarkable scientific discoveries and the work of countless individuals, organizations and governments, an AIDS-free generation is not just a rallying cry—it is a goal that is within our reach.

But creating an AIDS-free generation is too big a task for one government or one country. It requires the world to share in the responsibility. We call on partner countries, other donor nations, civil society, faithbased organizations, the private sector, foundations, multilateral institutions and people living with HIV to join us as we each do our part. Together, we can deliver a better future to millions across the globe.

A future where children are not born with HIV... where teenagers and adults are at far lower risk of contracting the virus... where those who do have the virus get lifesaving treatment. A future where every child has the chance to live up to his or her God-given potential.

On behalf of the Republic of Vanuatu, I am pleased to present the January – December 2016 Global AIDS Response Progress Reporting for Vanuatu.



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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-retroviral therapy
ARV	Anti-retroviral drugs
AusAID	Australian International Development Agency
BCC	Behaviour change communication
CBO	Community-based organization
CD4	Measure of HIV-caused reduction in immunity based on T-cell surface glycoprotein
CMS	Central Medical Supplies
CRIS	Country Response Information System
CSM	Corporate Social Marketing
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Short-course
FBO	Faith-based organization
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting
IEC	Information, Education and Communication
ILO	International Labour Organisation

KPH	Wan Smol Bag clinic, Luganville
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MSM	Men who have sex with men
NAC	National AIDS Committee
NCM	National Coordinating Mechanism
NDH	Northern Districts Hospital
NGO	Non Government Organisation
NRL	National Serology Testing Laboratory, Melbourne, Australia
NSP	National Strategic Plan for HIV and Sexually Transmitted Infections
OI	Opportunistic Infections
OPD	Out-patients Department
OSSHMM	Oceania Society for Sexual Health and HIV Medicine
PAC	Provincial AIDS Committee
PCR	Polymerase chain reaction test (for HIV DNA)
PEP	Post-exposure Prophylaxis
PHC	Primary Health Care
PHD	Public Health Division
PIAF	Pacific Islands AIDS Foundation
PICAS	Pacific Islands Counselling and Social Services

PICTs	Pacific Islands Countries and Territories
PMTCT	Prevention of Mother To Child Transmission (of HIV)
PNG	Papua New Guinea
PRFC	Pacific Response Fund Committee
PRSIP	Pacific Islands Regional Strategy and Implementation Plan for HIV and STIs, 2009 – 2013
	<small>Drug</small>
PWID	People Who Inject –
RF	Response Fund
RH	Reproductive Health
RRRT	Regional Rights Resource Team
SHC	Strategic Health Communication
SGS	Second Generation Surveillance Survey
SPC	Secretariat of the Pacific Community
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on AIDS
UNICEF	United Nations Children s Fund
UP	Universal Precautions – 3
USD	US Dollar
VCCT	Voluntary Confidential Counselling and Testing

VFHA	Vanuatu Family Health Association
VNSO	Vanuatu National Statistics Office
VNTC	Vanuatu National Training Centre
VSO	Volunteer Service Overseas
WAD	World AIDS Day
WHO	World Health Organisation
WSB	Wan Smol Bag
SCA	save the Children Australia
VMC	Vatu Mauri Consortium
VP	Vpride Foundation

VANUATU

Vanuatu consists of a Y-shaped chain of four main islands and 80 smaller islands, spanning a Distance of 1,100 kilo meters. Vanuatu has a highly structured Hierarchical Village based social organization. The total population of Vanuatu is estimated to be more than 280,000 people. About 95% of the population is indigenous known as “Ni-Vanuatu”. The other segment of the population includes people of different nationalities, such as Australians, New Zealanders, Europeans, Asians and other Pacific Islanders. Over 20% live in the two large cities of Port Vila and Luganville. More than 40,000 people live in the capital city of Port Vila. The Republic of Vanuatu is an independent parliamentary democracy, with 52 members of Parliament, for which general elections are held every 4 years. The most recent national election was held in July 2004.



The head of state is the President of the Republic, who is elected for a period of five years by an electoral college consisting of Members of Parliament and the Presidents of the Provincial Councils. The current President of the Republic of Vanuatu was elected in August 2004.

The Prime Minister and the 12 co-members of the council of ministers oversee the administration of Vanuatu’s 13 government ministries.

The Constitution provides for executive and legislative arms of government, and the judiciary. The President is Vanuatu’s Head of State.

The judiciary consists of the Supreme Court with a Chief Justice and a Magistrates Court. The highest court is the Court of Appeal.

Vanuatu is a full member of the British Commonwealth, the French League of Nations, the United Nations, Agence de Co-operation Culturelle et Technique, the South Pacific Bureau for Economic Co-operation (SPEC), the Secretariat of the Pacific Community, the World Bank and the Asian Development Bank.

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I. Status at a glance

Vanuatu has been Part of the Global Aids Report every year, most indicators that are in the GAM are not relevant to the country and few are relevant but no new data for the country. The first HIV case in Vanuatu was found in 2002. To date, the cumulative number of HIV cases is 10, with four of these detected in 2012 alone. Six people are still alive today, while FOUR have died. However, the number of officially reported HIV cases is based on passive testing through VCT centres, and actual HIV numbers are expected to be much higher. HIV testing is still very limited but the National program is putting allot of effort to increase testing sites throughout the country. In 2016, only we have tested 2473 mothers out of 5,699 whom attending ANC mothers. Currently we have 5 patients on ARV. Although the mode of transmission for these cases has not been reported, data from the wider Pacific region show that most transmission is through heterosexual contact. Important HIV-risk factors include high STI rates, early sexual debut and high teen-pregnancy rate, and a low condom-use rate.

We ensure that all patients in Vanuatu are all on ARV Treatment - Currently we have 6 patients whom are diagnose with HIV and only 5 on ARV and 1 is still on denial. The Program Goal is now to make sure the last patient is on ARV. The Goal of the program is in line with the Global Goal which we have to make sure be part of the 30 million people living with HIV have access to treatment meeting the 90 - 90 - 90 targets

Syphilis testing among Ante Natal Mothers

Syphilis Testing among ANC mothers in Vanuatu is still low compared to the Population of Pregnant Mothers in country. For the past 12 months, the program has recorded a total 5699 mothers altogether attending ANC clinics. We have managed to test 82% of them upon records. Also the Program has recorded a total of 64% tested during the prenatal visit (13 weeks)

Sex work and transactional sex – While there appears to be no established commercial sex industry in Vanuatu and there are no known full-time brothels in Port Vila, transactional sex – the exchange of sex for money and/or goods – is common. Sex work is commonplace in urban *nakamals* (*kava* bars) and nightclubs and is primarily driven by a desire to have disposable cash to participate in Port Vila’s nightlife and purchase consumer goods, while few women rely on sex work for daily food or shelter. A behavioural survey among sex workers in Vanuatu in 2016 reported that sex work in Vanuatu was largely informal, and another study among sex workers in Port Vila found that few women self-identified as sex

workers, despite regularly exchanging sex for money. The 2016 survey found low HIV-test rates and many HIV/STI risk behavior's, including inconsistent condom use. Inconsistent condom use was associated with pressure and extra payment for unsafe sex by transactional sex partners. Sex workers were also less likely to carry condoms due to fear of arrest or harassment from police. In addition, sex workers were less likely to regularly test for HIV because of stigma, fear of confidentiality breaches, lack of transport and inconvenient clinic hours. The 2016 Survey confirms that we have roughly and estimated total number of 2,000 female Sex workers in country compared to a behavioural study done in 2011 which shows a total of 1,300 sex workers

Another common type of transactional sex occurs among **bus and taxi drivers**, who often offer free transport to young women and girls who do not have money to pay for the ride in return for sex. Few of them use condoms.

LIST OF REPORTED INDICATORS

Indicators for Commitment 6 and 7 will be reported starting with 2018

Indicator	Value 2017	Source	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 Percentage of people living with HIV who know their HIV status at the end of the reporting period	0	0	We do not have any new data for 2016.
1.2 Percentage and number of adults and children on antiretroviral therapy among all adults and children living with HIV at the end of the reporting period	0	0	We do not have new Data for 2016
1.3 Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting	0	0	We do not have any new Data
1.4 Percentage of people living with HIV who have suppressed viral loads at the end of the reporting period	22%	Program Data	Only 2 patients that have been tested for Viral Load
1.5 Percentages of people living with HIV with the initial CD4 cell count <200 cells/mm3 and <350 cells/mm3 during the reporting period	0	0	We do not have Data
1.6 Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period	0	0	No stock out during last period
1.7 Total number of people who have died from AIDS-related causes per 100 000 population	0	0	No Data
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 Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth	0	0	No Data during the last reporting Period
2.2 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	0	0	No Data during the last reporting Priod
2.3 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV	0	0	No Data during the last reporting period
2.4 Percentage of women accessing antenatal care services who were tested for syphilis, tested positive and treated	82%	Program Data	
2.5 Percentage of reported congenital syphilis cases (live births and stillbirth)	0	0	No Data During last

			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 Number of people newly infected with HIV in the reporting period per 1000 uninfected population	0	0	No new Data during last reporting period
3.2 Size estimations for key populations	2600	Behavioural survey	
3.3a Percentage of sex workers living with HIV	0	0	No new Data during the last reporting period
3.3b Percentage of men who have sex with men who are living with HIV	0	0	No new Data during the last reporting period
3.3d HIV prevalence among transgender people	0	0	No new Data during the last reporting period
3.3e Percentage of prisoners/inmates/detainees who are living with HIV	0	0	No new Data during the last reporting period
3.4a Percentage of sex workers who know their HIV status	0	0	No new Data during the last reporting period
3.4b Percentage of men who have sex with men who know their HIV status	0	0	No new Data during the last reporting period
3.4d Percentage of transgender people who know their HIV status	0	0	No new Data during the last reporting period
3.5a Percentage of sex workers living with HIV receiving antiretroviral therapy in the past 12 months	0	0	No new Data during the last reporting

			period
3.5b Percentage of men who have sex with men living with HIV receiving antiretroviral therapy in the past 12 months	0	0	No new Data during the last reporting period
3.5d Percentage of transgender people living with HIV receiving antiretroviral therapy in the past 12 months	0	0	No new Data during the last reporting period
3.5e Percentage of prisoners living with HIV receiving antiretroviral therapy in the past 12 months	0	0	No new Data during the last reporting period
3.6a Percentage of sex workers reporting using a condom with their most recent client	0	0	No new Data during the last reporting period
3.6b Percentage of men reporting using a condom the last time they had anal sex with a male partner	43.6	Behavioural survey	
3.6d Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex	43.6	Behavioural survey	
3.7a Percentage of sex workers reporting having received a combined set of HIV prevention interventions	23.9	Behavioural survey	
3.7b Percentage of men who have sex with men reporting having received a combined set of HIV prevention interventions	43.6	Behavioural survey	
3.11 Percentage of sex workers with active syphilis	0	0	No Data available
3.12 Percentage of men who have sex with men with active syphilis	0	0	No Data Available
3.13 HIV prevention and treatment programmes offered to prisoners while detained	0	0	No Data available
3.14 Prevalence of hepatitis and coinfection with HIV among key populations	0	0	No Data available
3.15 Number of people who received PrEP for the first time during the calendar year	0	0	No Data Available
3.16 Percentage of men 15-49 that are circumcised	0	0	No Data available
3.17 Annual number of males voluntarily circumcised	0	0	No Data available
3.18 The percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months.	32.4	Behavioural survey	
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 Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV	0	0	No new Data available
4.2a Percentage of sex workers who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest	0	0	No new Data available
4.2b Percentage of men who have sex with men who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest	0	0	No new Data available
4.2d Percentage of transgender people who avoided seeking HIV testing because of fear of stigma, fear or experienced violence, and/or fear or experienced police harassment or arrest	0	0	No new Data available
4.3 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	0	0	No new Data available
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 Percentage of women and men 15-24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	0	0	No new Data available
5.2 Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods	0	0	No new Data available
COMMITMENT 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enable			
8.1 HIV expenditure - Annex			
COMMITMENT 9: Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights			
9. National Commitments and Policy Instrument – Annex			
COMMITMENT 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C			
10.1 Percentage of estimated HIV-positive incident tuberculosis (TB) cases that received treatment for both TB and HIV	0	0	No Data available
10.2 Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care	0	0	No new Data available
10.3 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 reporting period	0	0	No Data

10.4 Number of men reporting urethral discharge in the past 12 months	0	0	No Data available
10.5 Rate of laboratory-diagnosed gonorrhoea among men in countries with laboratory capacity for diagnosis			
10.6 Proportion of people starting antiretroviral therapy who were tested for hepatitis B	7.1	National Program Data	
10.7 Proportion of people coinfectd with HIV and HBV receiving combined treatment	0	0	No Data available
10.8 Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)	0	0	No new Data
10.9 Proportion of people coinfectd with HIV and HCV starting HCV treatment	0	0	No data
10.10 Proportion of women living with HIV 30–49 years old who report being screened for cervical cancer using any of the following methods: visual inspection with acetic acid or vinegar (VIA), Pap smear or human papillomavirus (HPV) test	0	0	No new Data

II. Overview of the AIDS epidemic

The first HIV case in Vanuatu was found in 2002. To date, the cumulative number of HIV cases is 10, with four of these detected in 2012 alone. Six people are still alive today, while FOUR have died. However, the number of officially reported HIV cases is based on passive testing through VCT centres, and actual HIV numbers are expected to be much higher. HIV testing is still very limited but the National program is putting allot of effort to increase testing sites throughout the country. In 2016, only we have tested 2473 mothers out of 5,699 whom attending ANC mothers. Currently we have 5 patients on ARV. Although the mode of transmission for these cases has not been reported, data from the wider Pacific region show that most transmission is through heterosexual contact. Important HIV-risk factors include high STI rates, early sexual debut and high teen-pregnancy rate, and a low condom-use rate.

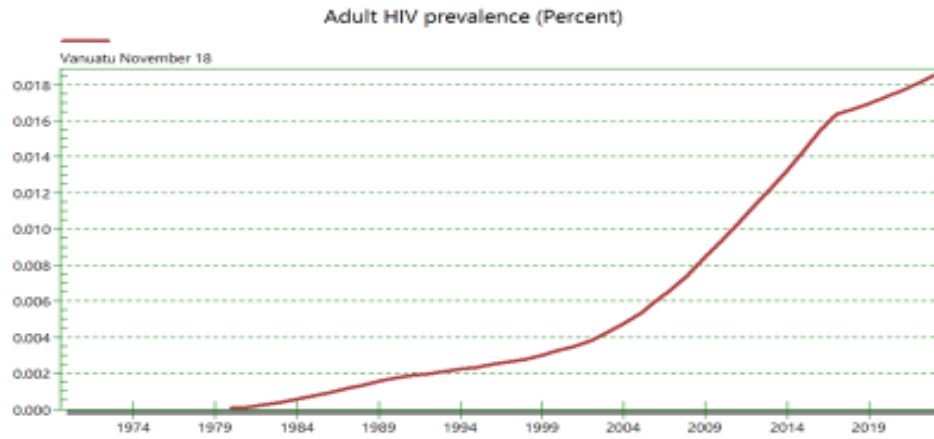
We ensure that all patients in Vanuatu are all on ARV Treatment - Currently we have 6 patients whom are diagnose with HIV and only 5 on ARV and 1 is still on denial. The Program Goal is now to make sure the last patient is on ARV. The Goal of the program is in line with the Global Goal which we have to make sure be part of the 30 million people living with HIV have access to treatment meeting the 90 - 90 - 90 targets.

During the last reporting Period, there are no new cases and there were no deaths recorded. Currently in country the stages of HIV TB Coinfection has zero data during this reporting period. There are about 40% of of TB patients of been tested for HIV during the last reporting period

Estimations and Projections

Reported dHIV cases		
	Vanuatu November 18	
2005	0	
2006	0	
2007	0	
2008	0	
2009	0	
2010	0	
2011	0	
2012	2	
2013	0	
2014	0	
2015	1	
2016	0	
2017	0	

Estimated ADULT HIV PREVALENCE

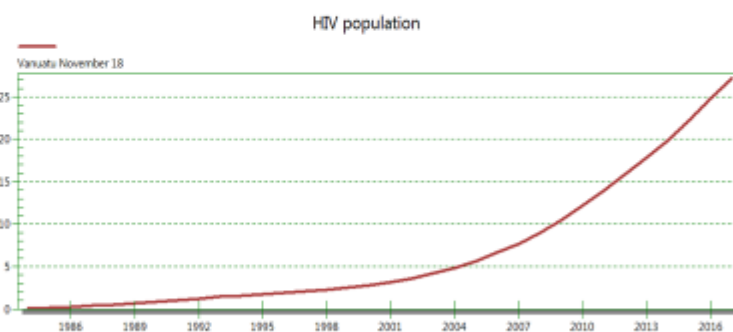


Estimated HIV population

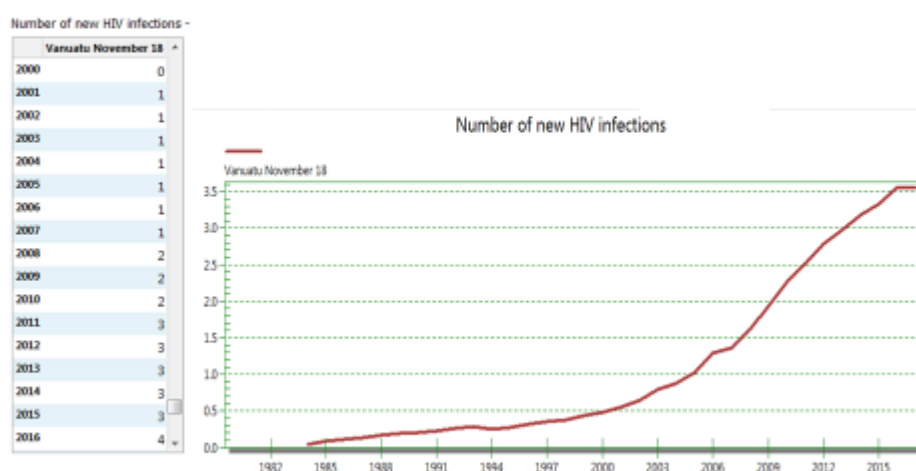
HIV population - (Total) (Male+Female)

Vanuatu November 18

2000	3
2001	3
2002	4
2003	4
2004	5
2005	6
2006	7
2007	8
2008	9
2009	10
2010	12
2011	14
2012	16
2013	18
2014	20
2015	22
2016	25



Estimated Number of New HIV infections



III. National response to the AIDS epidemic

Vanuatu's national response to HIV and STI has always been guided by its National Strategic Plans. It started in 2001 when the country's first national strategic plan was developed covering 2001-2002. This was followed by a four year plan spanning 2003-2007 and was known as the Vanuatu Policy and Strategic Plan for HIV/AIDS and Sexually Transmitted Infections.

In 2007, Vanuatu's National Strategic Plan (NSP) for HIV and STIs was developed under the leadership of the country's National AIDS Committee (NAC). This NSP covered the periods of 2008-2012, with support from the Ministry of Health, WHO, and NGOs, and funding from Aus AID through the Response Fund. This HIV and STI NSP is consistent with both the broad objectives of the Priorities and Actions Agenda of Vanuatu (2006-2015) and the Health Sector Strategy 2010-2016.

FIGURE 1. REPORTED CUMULATIVE HIV CASES BY PROVINCE, VANUATU 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

IV. COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

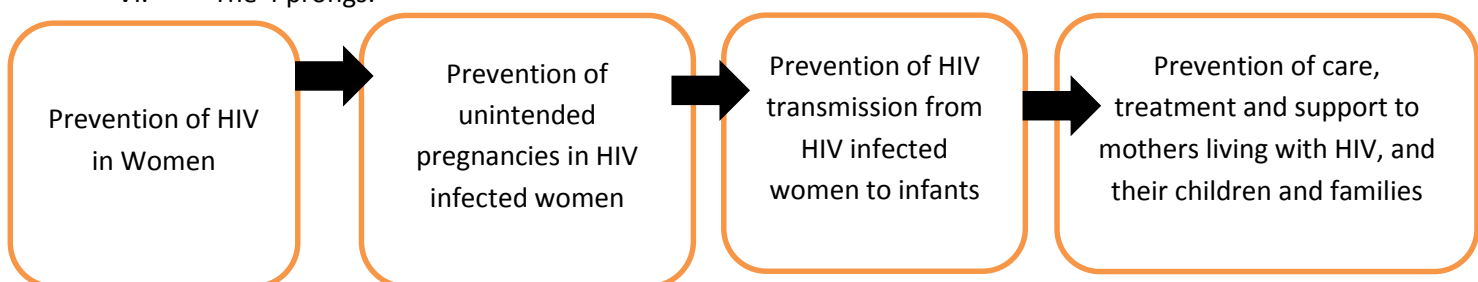
Ensure that all patients in Vanuatu are all on ARV Treatment - Currently we have 6 patients whom are diagnose with HIV and only 5 on ARV and 1 is still on denial. Our 5 patients are all female. The Program Goal is now to make sure the last patient is on ARV. The Goal of the program is in line with the Global Goal which we have to make sure be part of the 30 million people living with HIV have access to treatment meeting the 90 - 90 - 90 targets. Out of all this patients only 22 % have come up to do viral load suppression. Based on the WHO way forward, Test and Treat is the programs approach.

V. COMMITMENT 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

The development of the PPTCT Guideline is oportune in our efforts to eliminate Mother-to-child HIV transmission which can occur in utero, peri partum, and postnatally via breastfeeding. Globally and nationally we have seen PPTCT services reduce HIV infections in children and has huge potential to improve both maternal and child health.

The prevention of parent to child transmission of HIV is typically a four pronged approach

VI. The 4 prongs:



Screening of HIV, Syphilis and Hepatitis B are included in the ANC package. However, uptake of HIV testing is lower compared to Syphilis and Hepatitis B. Reason from the pregnant women side include stigma in undergoing HIV test, while from the service provider side the perceived lack of counsellor in some ANC sites to do the pre-test.

X. 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

The Program ensures access to Combination prevention options, which includes Pre exposure Prophylaxis, Voluntary male circumcision, harm reductions and condoms. Especially to the Key population at risk. Currently the Program is involving the MSM group to jointly implement activities

Voluntary male circumcision is still paramount with the countries context. Condom distribution is distributed at large including NGO whom part of the distribution Plan.

XI. 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

The National strategic Plan recognize that different populations may require different sets of interventions and different types of services. Comprehensive approaches should include, men, women, girls, boys, as well as, key populations at higher risk such as MSM, transgender people and sex workers

XII. 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

Vanuatu ensures that the Younger population have the skills and Knowledge and capacity to protect themselves from HIV and have access to Services. In country the program is specifically working with Civil Societies to implemented activities that Ministry of Health don't have the capacity to implement

XIII. COMMITMENT 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enable

XIV. Financial Expenses for HIV in 2016

<u>Activities</u>	<u>Global Fund Expenses</u>	<u>Other Funding Agency</u>	<u>Total</u>
Prevention of sex workers	101,635 VUV		
World Aids Day		3,000,000 VUV	
PPTCT Training	99,000 VUV	2,000,000 VUV	
Core meetings/HIV care	99,000 VUV		
Advocacy and preventions	199,000 VUV	3,000,000 VUV	
Condom Distribution	259000 VUV		
National PPTCT	1,495,000 VUV		
Training	259,000 VUV		
Total	2511635 VUV	8,000,000	10,511,635VUV

See above the detailed status of the expenditures for the HIV Program in Vanuatu. However the Major funding Agency for the HIV program is the Global fund, however we were very fortunate to have few funding from other agency such as UNICEF Suva and World Health Organization.

In 2016 more budget expenses were given to the training for Prevention parent to Child transmission and capacity building of our health officers in the country.

However 2016 budget was decreased compared to other previous years.

XV. COMMITMENT 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Vanuatu is now committed to taking Aids out of Isolation, Currently the National TB program and HIV National Program working together ensuring to improve Universal Health Coverage for all TB and HIV Patients. Base on the National HIV/STI National Strategic Plan all patients positive with TB or HIV are to be tested for both. The Program is also moving forward into adapting WHO Guideline on implementing Hep Treatment.

XVI. The situation with human rights in relation to HIV

The purpose of the present law is to provide an effective framework of legal relations regarding HIV/AIDS infection aimed at decreasing vulnerability to infection, by stopping the exponential growth of HIV/AIDS and reducing its impact by ensuring with medical, social, psychological care people living with HIV and their family members; by guaranteeing respecting their rights; as well as sustaining prevention and control efforts over this infection.

XVII. Best practices

The Program lacks political support since the disease burden is very low yet compared to other Diseases. The emphasis brought about is mainly focused on prevention scale up activities. We believe testing is a vital part of Prevention, thus the country has put a lot of effort for the past months to increasing testing sites in country. To date the program also has put emphasis on strengthening Monitoring and evaluation system.

XVIII. Major challenges and remedial actions

The major challenge faced during in 2016 are

1. Geographical location of the country
2. Limited Human resource
3. Limited Funding
4. Lack of consistent technical support
5. Complicated and Prolong processes of accessing Funds from Global Fund.

XIX. Support from the country's development partners (if applicable)

During the last report period our major support comes from Global Fund, UNICEF and WHO. Despite a lot of challenges the country has taken those challenges as way forward for the program.

XX. Monitoring and evaluation environment

The current guidelines will ensure that the surveillance system is consistent over time, regardless of changes in personnel. The document helps to clarify the aims of the system and how it is integrated into the National Strategic Plan. The present guideline is a key element in the coordination of surveillance activities among the various players. It will serve as a history of the surveillance system's evolution for future use (helping to generate consistency over time). And, finally, it will serve as a quality-assurance mechanism; taking into account the high turnover of some NAP personnel, while guaranteeing consistency in the survey procedures.

One of the main goals of second-generation surveillance is to try to link data on behaviour to HIV Zero prevalence data. This link will allow addressing the questions of whether any changes in HIV prevalence among young people can be attributed to changes in sexual behaviour, and whether any changes in sexual behaviour may be attributed to interventions. However, the parallel observations of a decline in prevalence and change in behaviour may be insufficient to explain direct causal effects. In order to do this and better explain changes in prevalence, other possible factors, such as increasing mortality, migration and change of populations, have also to be investigated

Instructions: This section should provide (a) an overview of the current monitoring and evaluation (M&E) system; (b) challenges faced in the implementation of a comprehensive M&E system; and (c) remedial actions planned to overcome the challenges, and (d) highlight, where relevant, the need for M&E technical assistance and capacity-building.

ANNEXES

BIBLIOGRAPHY (SOURCES)