

2015

TONGA Global AIDS Response  
Progress Report: 2014



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# KINGDOM OF TONGA



## Global AIDS Response Progress Report 2015

Reporting Period January – December, 2014



Ministry of Health



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## 1.2 Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
AusAID	Australian Agency for International Development (now known as Australian Department of Foreign Affairs and Trade (DFAT))
C&T	Counseling and Testing
CCM	Country Coordinating Mechanism (for HIV/STIs Control)
CDOP	Communicable Diseases Outpatient
CD4 count	Result of a blood test to measure the state of the immune system (A CD4 count measures the number of T cells expressing CD4)
ETR	End Term Review
GAPR	Global AIDS Progress Report (annual report prepared by UNAIDS)
GFATM	Global Fund to Fight AIDS Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
KAP	Key Affected Populations or Key Populations at Higher Risk (formerly known as MARPs)
M&E	Monitoring and Evaluation
M&EF	Monitoring and Evaluation Framework
MDG	Millennium Development Goal
MoH	Tonga Ministry of Health
MSM	Men who have Sex with Men
NCCM	National Country Coordinating Mechanism
NGOs	Non-Governmental Organizations
NSP	National Strategic Plan
NZAID	New Zealand Agency for International Development
PICTs	Pacific Island Countries and Territories
PLHIV	Person/People Living with HIV and AIDS
PPTCT	Prevention of Parent (or Mother) to Child Transmission
PRISP II	Pacific Regional Strategy on HIV and other STIs Implementation Plan (2009-2013)
RDP	Regional Development Partners (sometimes also referred to as International NGOs)
RH	Reproductive Health
SGS	Second Generation Surveillance
SPC	Secretariat of the Pacific Community
STIs	Sexually Transmitted Infections (sometimes also called Sexually Transmitted Diseases)
TB	Tuberculosis
TCCM	Tonga Country Coordinating Mechanism
TFHA	Tonga Family Health Association
TLA	Tonga Leiti Association
TNISRHSP	Tonga National integrated Sexual and Reproductive Health Plan
UNAIDS	Joint United Nations Program on HIV/AIDS
VCCT	Voluntary Confidential Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization

### 1.3 Introduction

The Kingdom of Tonga is a Polynesian sovereign archipelago of 176 islands with 36 islands being inhabited. These islands spread over 700,000 square kilometers in the South Pacific Ocean. Tonga is a Constitutional Monarchy and has a population of about 103,036 (2011 est.), and is divided into four main Island groups which are: Tongatapu, 'Eua, Vava'u, Ha'apai, and the Niuas.

With the wide ocean spread of Tonga Islands and inhabitants shown in Figure 1 and outlined in Table 1, geographic and demographic<sup>1</sup> factors of importance that challenges universal access to Health Services that needs to be addressed in national planning and response are: A broad based pyramidal population with 39% younger than 15 years of age; high fertility rate but high emigration rate; rural to urban population drift; a tropical climate with occasional hurricanes; and relative lack of nation-wide access to infrastructure (water and sanitation); and inadequate shipping in outer islands. The economy is reliant on few agricultural exports, tourism, remittances and foreign grants, and is both economically and environmentally vulnerable. Tonga has been classified by the United Nations to be in the medium human development category with Tonga Human Development Index (HDI) with the UN composite measure of health, education and income at 0.710, giving Tonga a ranking of 95 out of 186 countries with comparable data.<sup>2</sup>



Furthermore, Tonga by tradition is a Christian nation. Therefore, “The Christian Church plays a significant role in every facet of Tongan life, influencing culture and society and also impacting on attitudes to sexuality and sexual practices, producing a cautious and considered approach. A possible positive religious impact on sexuality and sexual practices was shown from the DHS 2012 where aged-specific fertility for adolescent-female 15 to 19 years was low, and in fact it is the lowest in the Pacific (UNFA, 2013).

Island Division	Household			Population		
	Private House	Institution	Total Households	Male	Female	Total Persons
<b>TONGA</b>	<b>18,053</b>	<b>68</b>	<b>18,162</b>	<b>52,001</b>	<b>51,035</b>	<b>103,036</b>
Tongatapu	12,829	47	12,917	37,816	37,342	75,158
Vava'u	2,817	11	2,828	7,594	7,342	14,936
Ha'apai	1,260	8	1,268	3,426	3,224	6,650
'Eua	865	2	867	2,500	2,511	5,011
The Niuas (remote group)	282	0	282	665	616	1,281

Source: Statistics Department of Tonga, 2011

<sup>1</sup> 2012 Tonga Demographic and Health Surveys: Key Tonga DHS Indicators. Secretariat of the Pacific Community

<sup>2</sup> Tonga Ministry of Finance and Planning 2012

## 2.0 Overview AIDS Epidemic

### 2.1 Inclusiveness of the stakeholders in the report writing process

This report is follow-on from the 2013 GAPR Report which covers progress made by the Tonga national HIV/AIDS response during 2014 against the global targets and eliminations commitment to the 2011 Political Declaration on HIV/AIDS<sup>3</sup>. The report has been formulated through a multi-participatory process involving key Stakeholders who are proactive in various areas of care for PLWHIV in Tonga. Inclusion of Government and Non-Government Organization assisting the GAPR Focal Point in collating information to document this report.

The write up process includes an online training provide by UNAIDS technical team to assist focal points with data processing and report writing. Data validation was done through consulting various key figures including members of the Treatment Core Team and their inputs and feedback enables the writer to draft this report and refine the final version of the GAPR Report 2015 for Tonga.

### 2.2 Status of the Epidemic

The 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 (except Papua New Guinea) remains low with only 19 people (M=12:F=7) ever having been diagnosed with HIV as of December 2014. The predominant known mode of transmission of HIV in Tonga remains heterosexual contact. Of the 19 reported HIV cases, 11 had died, 5 had returned to their countries of origin, 1 migrated overseas, and 2 remained in Tonga (GARPR, 2014)<sup>4</sup>. Tongans are highly mobile both within the country, as well as internationally including the emigration of a significant proportion of nationals mostly to Australia, New Zealand and the United States. However, the estimated number of Tongans overseas who have HIV (and possible impact on transmission if they return home undisclosed), as well as potential of transmission of infections due to transnational commutes by visitors and transient residents are unknown. An overview of the HIV/AIDS situation is presented in Table 6.

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

<sup>3</sup> Political Declaration on HIV and AIDS 2011: Intensifying Our Efforts to Eliminate HIV and AIDS. Resolution A/65/227, General Assembly, United Nation, 2011

<sup>4</sup> Tonga Global AIDS Response Progress Report: 2014. UNAIDS.

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
Total	12	7		2	2	15		19

Source: Communicable Diseases Unit, Tonga MoH

While HIV prevalence is very low, the prevalence of other STIs, particularly Chlamydia, Gonorrhoea and co-infections are high with the relatively higher rates of diagnosed STIs in the 15-19, and 20-24 years age groups continuing to be a concern. Therefore, given commonalities of predisposing and behavioral factors for HIV and other STIs, Tonga continues to maintain a strong HIV & STIs Control Program with comprehensive Continuum of Care (CoC) support of People Living with HIV/AIDS (PLHIV) as national health priorities.

### 2.3 Policy and Programmatic Response

The National response to HIV/AIDS and other STIs is governed by a National Coordination Authority (the NCCM), 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 (CCM) is the approved body for the national coordination of all responses to HIV/AIDS and other STIs control activities in Tonga 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.

The 2014 national response to HIV/AIDS epidemic and other STIs embodied in the "Tonga National Integrated Sexual Reproductive Health Strategic Plan 2014 – 2018". The Pacific Regional Strategy and Implementation Plan 2009-2013, (PRSIP II) has been the backbone of control initiatives in Pacific Islands Countries and Territories (PICTs) in the last five years to mitigate HIV and other STIs. Over the period, several PRSIP related objectives were carried out nationally in Tonga and cross-nationally by regional partners in PICTs. Majority of these interventions were jointly funded by the Response Fund (2009-2013) and Global Fund Round 7 (2008-2014). Hence, the revision of the old Tonga NSP and development of a new Tonga National Integrated Sexual and Reproductive Health Strategic Plan (TNISRHS, 2014-2018) based on:

- (i) The PRSIP II Objectives 5 & 6<sup>5</sup> specifically aimed at improving informed decision making and effective management of multi-sectoral responses and resources at national and regional levels;
- (ii) The End of Term Review (ETR) of national responses to HIV and STIs challenges in Tonga;

<sup>5</sup> PRSIP Objective 5: "To strengthening planning, monitoring, surveillance, research and informed sharing at the national and regional levels". PRSIP Objective 6: "PICTs have improved capacity to plan, fund, manage, implement and monitor their multi-sectoral response to the HIV epidemic and other STIs, in accordance with the "Three Ones' Principles"



- (iii) Lessons learnt from HIV and STIs control implementations between 2009 and 2013 in Tonga<sup>6</sup> and also in the Pacific Region<sup>7</sup>; and
- (iv) The Tonga RH Policy 2014-2017 (as the key document for integration with Reproductive Health)

This document maps out a framework of key strategic areas and activities to be implemented and identifies mechanisms for improving the effectiveness and efficiency of programmes and services.

The National Monitoring and Evaluation Framework were developed to address surveillance, program evaluation and capacity to undertake monitoring and evaluation. There has been no specific internal evaluation undertaken apart from the mid-term and end-term review of the previous Strategic Plan and the end of Project evaluation conducted in 2013.

## 2.4 Stigma and Discrimination

The attitude of the public to PLHIV and their families in Tonga as in most PICTs continues to be poor acceptance with significant high level of stigma, discrimination and severe adverse social and economic consequences. Based on the DHS 2012 findings, 86% of surveyed women and men still express strong stigma and negative attitude towards PLWHIV. These range from eviction from their homes/community; denial of access to gainful employment with loss of income and productivity; to threats to their children in schools and families in the community.

## 2.5 Gender, Rights and Gender Based Violence

The 1875 Constitution of Tonga Declaration of Rights orders a number of civil and political rights and freedom, with latter amendments and reforms including some key rights for women such as the right to vote. In addition, Tonga has also adopted and ratified global commitments/conventions on rights of the child (CRC), persons with disabilities, and the elimination of all forms racial discrimination (CERC).

However, Tonga along with Palau is one of the only two PICTs (and seven in the world) that is yet to ratify the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) as some aspects of the convention stipulations are deemed to be culturally incompatible with “the Tongan way”. Notwithstanding, Tonga has made progress with advancing the rights of women<sup>8</sup> such as with the recent passage of the Domestic Violence Bill of 2012. Furthermore, in recent moves to further empower women, youths and disabled people; the current Speaker of the Tongan parliament announced the launch of a nationwide public awareness program called ‘Practice Parliament for Women’ to encourage interested women, from age 21 upward to apply for a seat out of the 30 in parliament, and also the setting aside of two seats for youths and people with disabilities (Tonga Daily News, 2014, August 7)<sup>9</sup>.

However, the rate of gender violence is still a concern with one in three and up to three in four women having experienced physical or sexual violence. So, while the proportion of currently married women

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<sup>6</sup> Kupu S. (2013, December) Tonga: The Response Fund End of Project Evaluation. Nuku’alofa. Tonga CCM

<sup>7</sup> Ross, M. & Malefoasi, G. (2014). Response Fund Global End of Project Evaluation

<sup>8</sup> UN Women (2013) Law for women’s protection passes with unanimous support in Tonga [Accessed June 25, 2014 at: <http://www.unwomen.org/en/news/stories/2013/9/family-protection-bill-tonga>]

<sup>9</sup> Tonga Daily News (2014, August 7) Women in Tonga get parliamentary training. Accessed August 7, 2014 at: <http://www.tongadailynews.to/?p=3611>

who participate in household decisions (and by inference, hopefully access to SRH services and products) is encouragingly reported in the 2012 DHS as 74% in Table 12); in the same report, one out of every five men surveyed unfortunately agreed that abuse against a female partner is justified on domestic grounds. This unwarranted stance by male perpetrators is substantiated by the recent Tonga GARPR 2014 Report<sup>10</sup> that showed that one in three (33%) ever-married or partnered women in Tonga have experienced one form of partner violence with 19% of partnered women aged 15-49 years reporting physical or sexual violence from a male partner in the past 12 months of the National Study on Domestic Violence against Women carried out in 2009<sup>11</sup>. Therefore, this strategy in line with Tonga MDG's goal of promoting women rights and empowerment sets the engagement of women (and leaders) in parliament as a key intervention in mitigating this situation.

### 3.0 Status at Glance

#### 3.1 Profile of the Kingdom of Tonga

The Kingdom of Tonga is an island sovereign national located in the South Pacific within the Pacific region. It has a total population of 103,036 with a ratio of almost 1:1 male to female and about 73% of the total population resides in the main island of Tongatapu. Tonga has a young population with approximately 39% under the ages of 15 years while only 8% are 60 years and above. Life expectancy at birth is 67 years however life expectancy for Tongans had decreased since 2009. Tongan is the mother tongue and the official language while English is widely spoken and both are being taught and examinable at primary and secondary school levels. Tonga has the highest literacy rate in the region.

Tonga is a constitutional monarchy with governance power vested in the Cabinet of Ministers headed by the Prime Minister. Since 2009, the democracy movement in Tonga has led to Parliamentary reform, with greater representation of commoners in Parliament. The local economy is primarily based on agriculture, fishing and tourism and light industrial manufacturing. Tonga received sizeable external aid and the economy relies heavily on overseas remittances.<sup>12</sup>

#### 3.2 Health System

The Ministry of Health is responsible for the delivery of preventative and curative health services in the country. HIV/AIDS and other STIs are managed under the Public Health Division. MOH is focused on maintaining and improving the delivery of health services through national referral hospital at Vaiola supported by network of island hospitals and community health centers and nursing clinics, to deliver effective curative and preventative health care services to the people of Tonga.

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<sup>10</sup> UNAIDS (2014, March) Tonga Global AIDS Response progress Report: 2014

<sup>11</sup> Jansen, H., Johansson-Fau, S., Hafoka-Blake, B. & 'Ilolahia G. (2012) National Study on Domestic Violence against Women in Tonga, 2009. Nuku'alofa. Ma`a Fafine mo e Famili Inc.

<sup>12</sup> Ministry of Finance and National Planning 2012

Table 3: Tonga Health Facilities

DISTRICT	LOCATION	AVAILABLE HEALTH FACILITY		
		HOSPITAL	HEALTH CENTRE	MCH CLINIC
TONGATAPU	Tofoa	1	0	19
	Kolonga	0	1	0
	Mu'a	0	1	0
	Fua'amotu	0	1	0
	Vaini	0	1	0
	Houma	0	1	0
	Nukunuku	0	1	0
	Kolovai	0	1	0
	Total:	1	7	19
VAVA'U	Neiafu	1	0	5
	Ta'anea	0	1	0
	Falevai	0	1	0
	Tefisi	0	1	0
		Total:	1	3
HA'APAI	Hihifo	1	0	5
	Nomuka	0	1	0
	Ha'afeva	0	1	0
		Total:	1	2
'EUA	Niu'eiki	1	0	3
		Total:	1	0
NUIA'S	Nuiatoputapu	0	1	1
	Nuiafo'ou	0	1	1
		Total:	0	2
TOTAL		4	14	21

### 3.3 National Strategic Response 2014 – 2018

Vision: "Attainment of high standard of health and quality of living through improved sexual and reproductive health care services for all the people of the Kingdom of Tonga at all levels, irrespective of status, sex, age or creed so as to enhance people's capabilities to live free and healthy lives in dignity and unity in a peaceful and prosperous Tonga"

Goals:

Sexual Reproductive Health Goal: "The people of the Kingdom of Tonga will enjoy the highest standard of sexual and reproductive health and quality of life; with focus on optimal maternal and foetal outcomes; and the reduction of the spread and impact of HIV and other STIs"

Reproductive Health Goal: "Making a positive difference for all women, men and adolescents respectful of their beliefs and individual rights by ensuring that they have access to quality RH services and information that is available, acceptable, and affordable and be provided by skilled health personnel who will be accountable for the provision and outcomes of these services"

The TNISRHS vision as stated above encompasses Tonga government adoption of the global Political Declaration on HIV/AIDS<sup>13</sup> of getting to zero based on the "Three zeros" and applicable and expanded to include the elimination of Tuberculosis and the reduction of all other STIs in Tonga. The overarching

<sup>13</sup> United Nations General Assembly High Level Meeting on AIDS, June 2011, New York

Sexual and Reproductive Health Goal of TNISRHSP alongside the Reproductive Health Focus Sub-Goal of this period (20014 - 2018) national responses are set in line with the applicable overarching Tonga Millennium Development Goals<sup>14</sup> (MDG) targets and aspirations.

With respect to the guiding principles that informed and guide the implementation of the Strategic Plan, five TNISRHSP domains Focus Areas (FA) have been agreed upon to be followed in achieving the vision and goals of the 2014 – 2018 national SRH response period. These are:

- Focus Area 1. Prevention
- Focus Area 2. Reproductive Health
- Focus Area 3. Diagnosis, Treatment, care and Support
- Focus Area 4. Rights, Empowerment and Integrated Services for Key Populations
- Focus Area 5. Strategic Information, Management and Coordination

For each FA, Sub Focus Areas (SFA) linked to their operational Strategic Objectives have been defined, and for each strategic objective, the underpinning interventions or Key Activities (KA).

### 3.4 Key Population and High Risk

While there has not been a specific survey in Tonga to affirm key affected populations (KAPs) at higher risk (formerly referred to as Most At Risk Populations/KAP) or vulnerable groups and associated risk factors, heightened attention couple with focused interventions will be maintained for the following KAPs based on regional and global experiences, and local socio-economic and/or cultural determinants.

- Youths (15 – 34 years as defined by the Tonga National Youth Strategy<sup>15</sup>) continues to be a key focus of SRH programming in line with the Tonga government affirmative action on health for youths that:
- Men who have sex with men are known to be usually at higher risk of getting HIV and other STIs than heterosexuals of the same age. With this group focused interventions will also be continued to be maintained for all transgender.
- Fakaleitis who are biological males but raise as females by a few families as a cultural practice are noteworthy. In general, Tonga Leitis have a higher sense of perception of sexual risks and much higher adoption of healthy behaviours compared to other local transgender. As a non-coerced choice, members of the Tonga Leitis Association (TLA) undergo routine periodic tests for HIV and other STIs, and till date, there is no known case of HIV among the Leitis.
- Sex Workers are known to exist but there is neither any data to inform the magnitude of this practice nor any research on the characteristics of sex workers because sex work is illegal in Tonga, and therefore remains informal and underground.
- Mobile groups such as seafarers, uniformed personnel (including the Defence Forces and Police) and overseas travelers, including tourists, extended family and business travelers
- 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.
- People who abuse alcohol and/or people who inject drugs are generally known to be at higher risk of exposure to HIV and other STIs giving the association of this behaviour with unprotected sex coupled with increase in multiple and concurrent partners.

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<sup>14</sup> MFAP (2010) 2<sup>nd</sup> National Millennium Development Goals Tonga

<sup>15</sup> Ministry of Training Employment, Youth and Sports (2006) National Youth Strategy 2007 - 2012

- 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 TN 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.

With the lack of data to affirm and quantify vulnerable groups and risks, the need for population estimation to optimize direction of interventions has been set as an objective in the TNRISHSP.

### 3.5 Monitoring and Evaluation Framework

This is to ensure clarity on criteria for tracking national response and the progress of implementations, as well as to strengthen strategic information as the bedrock of evidence informed decision making. Annual review allows assess progress and to plan for coming year. Monitoring and evaluation of the TNISRHSP are intended to operate in two levels;

- Evaluation Strategies addressing higher level outcomes at national level, addressing achievement of the goal and strategies.
- Monitoring of activity level outputs to ascertain their contribution to the higher order outcomes.

### 3.6 Donors and Regional Development Partners Support

Donors and Regional Development Partners (RDP) continue to play vital roles in the policy, financial, and technical support of the control of STIs including HIV as well as Sexual and Reproductive Health Services (SRH) in Tonga. From 2009 to 2013, Tonga SRH services was supported by numerous donors, noteworthy, (i) The Global Fund to fight AIDS, TB and Malaria [GFTAM] as Tonga is a part of the multi-country recipient of GF Round 7; (ii) The Response Fund [RF] with main donors being Australia and New Zealand as a key fund vehicle for Pacific regional Strategy and Implementation Plan [PRSIP]; (iii) The International Planned Parenthood Federation [IPPF] as key support of the TFHA which is the leading CSO in Tonga involved in SRH services; and (iv) Bilateral donor arrangements targeted at the health sector such as with the governments of Australia and New-Zealand.

## 4.0 Indicator Overview

### Core Indicator for Global AIDS Response Reporting

Targets	Indicators	Value	Measurement	Comments	
<b>Target 1.</b> Reduce sexual transmission of HIV by 50% by 2015.					
A. General population	1.1	Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	18% Women 21% Men	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga; NO new data are available to inform this indicator. Below information as per GAPR 2013. Knowledge of HIV infection prevention was somewhat less widespread but still reasonably high. Yet it was lowest among youth (10% women, 13% men) aged 15 – 19.
	1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Less 1% Women 1% over Men	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga; NO new data are available to inform this indicator. Below information as per GAPR 2013. A small proportion of adolescents aged 15 – 24 had sexual intercourse before the age of 15.
	1.3	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	3% Women 8% Men	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga; NO new data are available to inform this indicator. Below information as per GAPR 2013. More men than women reported having two or more sexual partners in the 12 months preceding to the survey.

	1.4	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	6% Women 13% Men	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga; NO new data are available to inform this indicator. Below information as per GAPR 2013. Clear conclusion cannot be drawn around condom use. Usage seems to be higher among men than women. Overall, this is low rate of condom usage, which is corresponds to the low rate of condom for contraceptive reported elsewhere.
	1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	4% Women 2% Men	Tonga Demographic Health Survey (DHS) 2012  Ministry of Health Surveillance Data 2014 (annual Data)	Indicator is relevant for Tonga; NO new data are available to inform this indicator. Below information as per GAPR 2013. According to the DHS 2012, the number if people ever tested for HIV was low and so as those receiving their results. <a href="#">Ministry of Health Surveillance Data 2014</a> reported a total of 5686 tests carried out with 60.3% women and 39.7% men aged 15 – 49 were tested for HIV. 48.4% of men and women tested for HIV were counseled with provision of results.
	1.6	Percentage of young people aged 15-24 who are living with HIV*	0% Women 0% Men	Tonga Demographic Health Survey (DHS) 2012	Indicator relevant for Tonga, but there was NO known people aged 15 – 24 living with HIV during reporting period. Tonga has 0.002% prevalence rate among people 15 – 49 years old.
B. Size estimation	1.7	Percentage of sex workers		Ministry of Health	Indicator is relevant for Tonga; but NO

for Key Population B1. Sex workers		reached with HIV prevention programmes		Programmatic Report 2014	data available to inform this indicator. Population estimation of sex workers required and is included on the new plan.
	1.8	Percentage of sex workers reporting the use of a condom with their most recent client		Ministry of Health Programmatic Report 2014	Indicator is relevant for Tonga; but NO data available to inform this indicator. Population estimation of sex workers required and is included on the new plan.
	1.9	Percentage of sex workers who have received an HIV test in the past 12 months and know their results		Ministry of Health Programmatic Report 2014	Indicator is relevant for Tonga; but NO data available to inform this indicator. Population estimation of sex workers required and is included on the new plan.
	1.10	Percentage of sex workers who are living with HIV	0% sex workers	Ministry of Health Programmatic Report 2014	Indicator is relevant for Tonga; however there were NO known sex workers living with HIV during reporting period. Population estimation of sex workers required and is included on the new plan.
B2. Men who have sex with men	1.11	Percentage of men who have sex with men reached with HIV prevention programmes	97.8% MSM 15 – 24yrs old 100% MSM 25+yrs old	Tonga MSM Second Generation Survey 2008	Indicator is relevant for Tonga and data that is available to inform this indicator was collected before reporting period (MSM SGS 2008). Information available as per GAPR 2013. Population estimation of sex workers required and is included on the new plan.
	1.12	Percentage of men reporting the	12% MSM 15 – 24yrs	Tonga MSM Second	Indicator is relevant for Tonga and data



		use of a condom the last time they had anal sex with a male partner	old 27% MSM 25+yrs old	Generation Survey 2008	that is available to inform this indicator was collected before reporting period (MSM SGS 2008). Information available as per GAPR 2013. Population estimation of sex workers required and is included on the new plan.
	1.13	Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	2.2% MSM 15 – 24yrs old 1.8% MSM 25+yrs old	Tonga MSM Second Generation Survey 2008	Indicator is relevant for Tonga and data that is available to inform this indicator was collected before reporting period (MSM SGS 2008). Information available as per GAPR 2013. Population estimation of sex workers required and is included on the new plan.
	1.14	Percentage of men who have sex with men who are living with HIV	0% MSM	Ministry of Health Programmatic Report 2014	Indicator is relevant for Tonga however there were NO known MSM living with HIV during reporting period. Population estimation of sex workers required and is included on the new plan.
C. Testing and Counseling	1.15	Number of health facilities that provide HIV testing and counseling services - Tonga – 2014.	14 Accredited Sites 10 VCCT sites – main island 4 VCCT sites – outer island 12 Government Facilities [MOH] 1 STI Clinic 4 Antenatal Clinic 6 Health Centre	Ministry of Health Programmatic Report 2014	Indicator is relevant for Tonga; a total of 14 sites accredited and meet the Pacific Minimum Standard for HIV Counseling & Testing which classify in two categories which are Essential Standard and Desirable Standard. The sites to be accredited as meeting Pacific Essential Standards must score 100% while 70% in Desirable Standards. There are 4 sites in the outer islands

			1 Reproductive Health Clinic 2 NGOs Facilities		while the remain 10 sites are located within the main island as two of these sites are NGO health facilities while the rest are government health facilities
	1.16	HIV Testing and Counseling in women and men – Tonga - 2014	Total HIV tests 2014 = 5686 40.7% Male 50.3% Female 48.4% VCCT	Ministry of Health Programmatic Report 2014	This Indicator is relevant for Tonga; data available from Laboratory surveillance data as well as the VCCT data to inform this Indicator. During the reporting period a total of 5686 HIV testing done with 40.7% male and 60.3% female tested. Of the total number of people tested 48.4% were access to VCCT, meaning counseled, tested and with provision of results. In comparison to the previous reporting period a slight decrease in number of clients receiving VCCT due to "in active" VCCT sites, either because of staff turnover or other factors that may cause this. There were NO children tested for HIV during the reporting period.
	1.16.1	Percentage of health facilities dispensing HIV rapid test kits that experienced a stock-out in the last 12 months.	0%	Ministry of Health Programmatic Report 2014	This Indicator is relevant for Tonga; the Central Laboratory at Vaiola Hospital (main island) is responsible for dispensing HIV test kits to outer islands laboratory. As of 2014, there was NO report of HIV kits stock out although at one time buffer stock was low but the new order did arrived on time. Tonga Ministry of Health is grateful for the assistance through Global Fund;

					laboratory supplies for HIV test are funded by the project and the ongoing monitoring of stock.
1.17 Sexually Transmitted Infections (STIs)	1.17.1	Percentage of women accessing antenatal care (ANC) services who were tested for syphilis - Tonga - 2014.	Total ANC Attendees 2014 = 2451 77.4% Women Tested for Syphilis on first ANC visit.	Ministry of Health Programmatic Report 2014	<p>This Indicator is relevant for Tonga; RPR is currently a routine test for first visit antenatal clients and at the 4 Antenatal Clinics screening data are monitored and reported by the Program.</p> <p>The two main common STIs in Tonga is Chlamydia and Gonorrhoea, although syphilis remains a routine test at first visit, it has low prevalence. During the reporting period, a total of 2451 ANC attendees with 77.4% women accessing ANC services were tested for syphilis at first visit. Data was not clear to inform of the percentage of women accessing ANC services that was tested for syphilis at any ANC visit.</p>
	1.17.2	Percentage of antenatal care attendees who were positive for syphilis - Tonga – 2014.	0.1% ANC attendees tested positive for Syphilis.	Ministry of Health Programmatic Report 2014	<p>This Indicator is relevant for Tonga; thus RPR (non-treponemal) is routine test for ANC clients at first visit. During the reporting period only 1 ANC client tested positive for syphilis between the age of 20 - 24years.</p> <p>Data is collated from 4 laboratories throughout Tonga excluding the two Niua (most northern island groups).</p>
	1.17.3	Percentage of antenatal care attendees positive for	100%	Ministry of Health Programmatic	This Indicator is relevant for Tonga; thus RPR is routine test for ANC clients

	syphilis who received treatment - Tonga – 2014.		Report 2014	at first visit. During the reporting period only 1 ANC client tested positive for syphilis between the age of 20 - 24years and received treatment.
1.17.4	Percentage of sex workers with active syphilis - Tonga – 2014.		Ministry of Health Surveillance Data 2014	This Indicator is relevant for Tonga; as sex workers is identified in the Tonga National Integrated Sexual Reproductive Health Strategic Plan (TNISRHSP) 2014 - 2018 as one of the key population at high risk. However, there is NO data available to inform the magnitude of this practice as it is illegal in Tonga therefore remains informal or underground.
1.17.5	Percentage of men who have sex with men with active syphilis - Tonga – 2014.		Ministry of Health Surveillance Data 2014	This Indicator is relevant to Tonga since MSM is identified on the TNISRHSP 2014 - 2018 as one of the high risk population, however due to illegal status of this practice there is NO data available to inform this indicator. With this group focused interventions will also be continued to be maintained for all transgender.
1.17.6	Number of adults reported with syphilis (primary/secondary and latent/unknown) in the past 12 months - Tonga – 2014.	1 Female Total RPR tests carried out = 5596	Ministry of Health Surveillance Data 2014	This Indicator is relevant for Tonga and data presented are total number of RPR tests done during the reporting period. Positive case was diagnosed as primary syphilis and provision of information follows treatment.
1.17.7	Number of reported		Ministry of Health	This Indicator is relevant for Tonga

	congenital syphilis cases (live births and stillbirths) in the past 12 months - Tonga – 2014.		Surveillance Data 2014	however, there were NO known congenital syphilis reported during reporting period. ANC first visit routine RPR screening is an early intervention to prevent infant exposure to syphilis at birth.
1.17.8	Number of men reported with gonorrhoea in the past 12 months - Tonga - 2014.	87 Reactive Tests Male  [15+ aged]	Ministry of Health Surveillance Data 2014	This Indicator is relevant for Tonga; and data is available to inform this indicator. During the reporting period a total of 201 tests carried out for Gonorrhoea with 43.8% tested positive. At aged 15+ a total of 138 males tested with 87 reactive tests. Most of these clients were attending the STI Clinic presenting with the symptoms and mostly urethral discharge for male. Some of these cases are co-infection with Chlamydia and are treated with provision of information.
1.17.9	Number of men reported with urethral discharge in the past 12 months - Tonga – 2014.	335 Male	Ministry of Health Surveillance Data 2014	This Indicator is relevant for Tonga however data presented are of male attending STIs clinic with complaining of having urethral discharge. A total of 335 male clients presented with symptoms including urethral discharge. Almost all STIs clients are screen for Chlamydia while only male presented with urethral discharge are further investigated for Gonorrhoea. Provision of treatment and counseling are readily available either through syndromic or etiological management.

	1.17.10	Number of adults reported with genital ulcer disease in the past 12 months - Tonga – 2014.		Ministry of Health Surveillance Data 2014	This Indicator is relevant for Tonga however data collated during reporting period were tests done as per STIs management requested from STIs clinics or GP with NO specific data to inform this indicator. Program will improve data collation and include data on genital ulcer.
Diagnosis of HIV and AIDS cases.	1.19	Diagnosis of HIV and AIDS cases - Tonga – 2014.	0 Diagnosis	MOH HIV Care & Support Program Registry 2014 Ministry of Health Programmatic Report 2014	Between 2010 - 2014, there were NO AIDS case reported with 1 HIV+ case diagnosed in early 2012, a female (age 25 -49) and is one of two clients that are currently enrolled in the HIV Care & Support Program.
<b>Target 2.</b> Reduce Transmission of HIV among young people who inject drugs.					
B3. People who inject drugs.	2.1 – 2.5	People who inject drugs: prevention programmes - Tonga – 2014.	Indicator NOT relevant to Tonga	Ministry of Health Programmatic Report 2014	While there has not been a specific survey in Tonga to affirm key affected populations at higher risk or vulnerable groups and associated risk factors, heightened attention couple with focused interventions will be maintained for the following KAPs based on regional and global experiences, and local socio-economic and/or cultural determinants. People who abuse alcohol and/or people who inject drugs are generally known to be at higher risk of exposure to HIV and other STIs giving the association of this behaviour with unprotected sex coupled with increase

					in multiple and concurrent partners. IDUs are known to exist but there is neither any data to inform the magnitude of this practice nor any research on the characteristics of people who inject drugs because it is illegal in Tonga, and therefore remains underground. The Program focus on providing prevention programs to general population and target audience identified in the TNSRHSP 2014 - 2018.
2.6 Opiate Users	2.6a – 2.6b	Estimated number of opiate users (injectors and non-injectors) - Tonga.	Indicator NOT relevant to Tonga	Ministry of Health Programmatic Report 2014	This Indicator is NOT relevant to Tonga and NO data available on the size of the population of people who inject drugs in Tonga and therefore the estimated number of opiate users is unknown. The TNSRHSP 2014 - 2018 does NOT include Injecting Drug Use (IDUs) as a specific target group for HIV prevention programs and therefore this indicator is NOT relevant to Tonga.
2.7 NSP and OST sites	2.7a – 2.7b	Number of needle and syringe programme sites - Tonga.	Indicator NOT relevant to Tonga	Ministry of Health Programmatic Report 2014	Indicator is NOT relevant to Tonga; NO data available to inform this Indicator.
<b>Target 3.</b> Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths.					
	3.1	Prevention of mother-to-child transmission - Tonga.	0% HIV positive pregnant women	Ministry of Health Programmatic Report 2014	This Indicator is relevant for Tonga, however NO known HIV+ pregnant woman during the reporting period and therefore NO data available to inform this indicator.

					PMTCT Program in Tonga focus more on routine screening of first visit antenatal mothers with provision of information through counseling, condom and screening as to ensure that early detection and diagnosis have higher chance of minimizing mother to child transmission. Quest to ensure guidelines are in place to direct work while adopting WHO Guidelines in managing PMTCT if happens.
	3.1a	Prevention of mother-to-child transmission during breastfeeding.	0% HIV+ Pregnant Female	Ministry of Health Programmatic Report 2014	This Indicator is relevant for Tonga however; NO known HIV + childbearing mother during the reporting period and therefore ANY data to inform this indicator.
	3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	0% HIV+ infant	Ministry of Health Programmatic Report 2014	This Indicator is relevant for Tonga however, NO HIV+ infant born to a HIV+ woman during the reporting period therefore NO data to inform this indicator.
	3.3	Mother-to-child transmission of HIV (modeled)	0% Infant born to HIV positive women	Ministry of Health Programmatic Report 2014	Indicator is relevant for Tonga but there were NO known HIV positive pregnant women during reporting period. The estimation projected by SPC in 2013, estimated that number of HIV positive in Tonga is 2 with new HIV infection in infants and children as 0.0084.
	3.4	Percentage of pregnant		Ministry of Health	This Indicator is relevant for Tonga



		women who know their HIV status (tested for HIV and received their results-during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status.		Surveillance Data 2014	however NO known HIV+ pregnant woman during reporting period and therefore NO data available to inform this indicator. As per MOH Surveillance Data for Antenatal Clinic 2014: Total ANC attendees receiving HIV Testing (total test) = 1814 Total ANC attendees went through VCCT with provision of results = 1735 Percentage of ANC attendees tested for HIV with provision of results = 95.6% It is ROUTINE for antenatal mothers to receive per-counseling with HIV testing on first visit with provision of results..
	3.5	Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months.		Ministry of Health Surveillance Data 2014	This Indicator is relevant for Tonga however, NO data available to inform this indicator. Partners are involved with testing should the moms are positive for other STIs therefore both are treated. HIV screening is voluntary should the partner request yet general counseling with provision of information and condom is made available.
	3.6 – 3.10	Percentage of HIV infected pregnant women & infant eligibility for ART.		Ministry of Health Surveillance Data 2014	These Indicators are relevant for Tonga however NO known HIV infected pregnant woman and infant during the reporting period therefore NO data available to inform these indicators.
	3.11	Number of pregnant women	2451 ANC attendees	Ministry of Health	This Indicator is relevant to Tonga; and

		attending ANC at least once during the reporting period.		Surveillance Data 2014 ANC Registry	total ANC attendees during the reporting period for the whole Kingdom were 2451 (aged range from 14 to 50). The Reproductive Health Nurses of the Public Health Division are tasked to reach communities thus encouraged expected mothers to go for early booking at ANC. However, there are still few unbooking cases but HIV, Chlamydia and RPR are routine tests at first visit for all pregnant women attending ANC.
	3.12	ANC and EID Facilities	6 Accredited ANC sites MOH facilities – 6 ANCs including outer islands  NGO facilities – 2 ANCs	Ministry of Health Programmatic Report 2014	This Indicator is relevant for Tonga however NO known antenatal client tested positive for HIV or infant born to HIV+ mother therefore NOT sufficient data to inform this indicator. As per National Program records of lists of facilities there are 6 antenatal clinics throughout Tonga that are fully accredited to provide HTC (VCCT). Four of these ANCs are MOH facilities, 1 at main island and 3 at outer islands and 2 are NGO based clinics 1 at main island and 1 outer island. Dispensing of ARV is available from Vaiola Hospital at the main island which oversight by the Treatment Core Team pharmacist and the virological testing (PCR) are not done in-country but send abroad.
<p>Target 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015</p>					

	4.1	Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	100% Adult	Ministry of Health – ART Patients Registry 2014	Indicator is relevant to Tonga; and of the 19 diagnosed for HIV, only two remains in Tonga, enrolled in the HIV Care & Support Program, eligible for ART and on treatment. Estimation projection will be available after report submission.
	4.2a	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	50% adult on HIV treatment 12 months after initiation of ART.	Ministry of Health – ART Patients Registry 2014	This Indicator is relevant for Tonga as both HIV+ clients enrolled on the Care & Support Program and are eligible for antiretroviral therapy during the reporting period. Both eligible adult commence ART (first-line ART Regimen - WHO ART Treatment Guidelines & Regional approved treatment protocol) in July 2012 (male) and January 2014 (female), however both clients by the end of the reporting period decide to discontinue with the treatment due to personal reasons. The male clients did comply with the treatment after 12 months of initiation of antiretroviral therapy until end of last year.
	4.2b – 4.2c	Percentage of adults and children with HIV known to be on treatment 2 months after initiation of antiretroviral therapy.		Ministry of Health – ART Patients Registry 2014	This Indicator is relevant for Tonga as both HIV+ clients enrolled on the Care & Support Program are eligible for antiretroviral therapy during the reporting period. However both HIV clients default in treatment after 12months of initiation for one while less than 12months for

				the other.
4.3a	Number of health facilities that offer antiretroviral therapy (ART).	1 Site	Ministry of Health Programmatic Report 2014	This Indicator is relevant to Tonga and currently ARV is available at Vaiola Hospital (main island) and is being monitored by the Treatment Core Team which includes a pharmacist who is responsible for stock taking..
4.3b	Number of health facilities that offer pediatric antiretroviral therapy		Ministry of Health Programmatic Report 2014	This Indicator is relevant to Tonga and currently ARV is available at Vaiola Hospital (main island). However, there were NO known infants born to HIV positive women during the reporting period yet the HIV Treatment Core Team has a Pediatrician and Obstetrician on board and will work closely with the medical officer in-charge Communicable Disease Section in ensuring that WHO guidelines for PMTCT is followed any cases in future.
4.4	Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months		Ministry of Health ART Registry & Programmatic Report 2014	This Indicator is relevant to Tonga however there were NO records of ARV stock out during the reporting period. The ARV stock is stored at Vaiola Hospital (main island) and monitored by the HIV Treatment Core Team to ensure Tonga will never experience ARV stock in future.

4.5	Percentage of HIV positive persons with first CD4 cell count < 200 cells/μL in 2014.		Ministry of Health Patient Cohort Analysis 2014	<p>This Indicator is relevant to Tonga however, both HIV+ cases have regular CD4 count done and results are still above 200 cells/uL during the reporting period.</p> <p>Because both are no longer compliance with the treatment at the end of the reporting period, TGT will continue to have a regular monitoring of the CD4 count and viral load and use the results to convince both clients the important to getting back on treatment.</p>
4.6	HIV Care	<p>2 Clients currently enrolled on HIV Care &amp; Support Program</p> <p>NO new enrolment</p>	Ministry of Health Patient Summary Report HIV/STIs Programmatic Report 2014	<p>This Indicator is relevant to Tonga however both HIV+ clients that are currently part on the Care &amp; Support Program have enrolled in previous reporting period. There was NO new enrolment during reporting period. The 2 PLWHIV were also on ART however, by the end of reporting period admit NOT compliance with treatment. Ongoing monitoring of clients with CD4 and viral load tests send abroad (Lab Plus, NZ) and counseling with provision of information to help both clients to make decision to commence treatment again.</p> <p>Although the Program supports Health Care and well being of both clients there is a need to have funding in order to have some form of support to assist clients at time of need. For example,</p>

					small financial support to ensure transportation is available when attending doctor appointment and so forth.
4.7 Viral Load Suppression	4.7a – 4.7b	Percentage of people on ART tested for viral load (VL) who were virally suppressed in the reporting period		MOH Surveillance Data - Laboratory Patient Summary Report HIV/STIs Programmatic Report 2014	These Indicators are relevant for Tonga as both PLWHIV are on ARV with one client over 12 months while the other initiated treatment early 2014 thus not much difference is yet to observe. Both HIV+ clients were NOT compliance with the treatment thus explain viral load test results remains >1000copies/ml.
<p>Target 5. Reduce tuberculosis deaths in people living with HIV by 50% by 2015.</p>					
	5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV		Ministry of Health – TB Patient Registry 2014	Indicator is relevant for Tonga however; there were NO positive HIV tests for any of the TB patients in 2014. In 2014, a total of 13 clients tested positive for TB and was screened and not detected for HIV.
	5.2 – 5.4	Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease		Ministry of Health Surveillance Data HIV case Registry & TB case Registry	These Indicators are relevant for Tonga however there were NO known positive HIV cases diagnose with TB during the reporting period. Tonga has only two PLWHIV who are currently enrolled in the HIV Care Program provided by the Ministry of Health. Both have been tested negative for TB. However, all new diagnosed TB

					cases are tested for HIV and vice versa and no HIV/TB co-infection has been detected during reporting period.
<p><b>Target 6.</b> Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries</p>					
	6.1	Domestic and international AIDS spending by categories and financing sources	<p>USD\$ 142841.60 2014 AIDS Spending</p> <p>2012 USD\$263603.06</p> <p>2013 USD\$177411.28</p>	Ministry of Health – Programmatic/ Financial Report 2014.	Indicator is relevant for Tonga as it provide details information on Program expenditure during reporting period. Global Fund is the main financial support of the Program plus Government contribution on Human Resources, facilities and services. Some of the NGOs have budget allocation for HIV/STIs activities plus other contribution from other sources which contribute to the Program overall.
<p><b>Target 7.</b> Eliminating gender inequalities</p>					
	7.1	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.	19% ever-partnered Women experience physical and/or sexual violence in the 12 months preceding the interview.	National Study on Domestic Violence against Women in Tonga 2009.	Indicator is relevant for Tonga; NO new data available to inform this indicator. Information below as per GAPR 2013. Prevalence rates for physical partner violence among ever-partnered women in Tonga were 33% experience physical violence in her life time and 13% experienced physical violence in the last 12 months preceding the interview.

Target 8. Eliminating stigma and discrimination					
	8.1	Discriminatory attitudes towards people living with HIV	3% Women expressed overall tolerance and acceptance of PLWHIV. 11% of Men expressed overall tolerance and acceptance of PLWHIV. 86% Both Women & Men still expressed strong stigma and negative attitudes towards PLWHIV	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga but NO new data available to inform this indicator. Information available as per GAPR 2013. The HIV/STIs Program has done a lot of outreach program and uses mass media and drama groups (edutainment) to address issues on "Zero Discrimination". Marking of World AIDS Day and International Candle Light Memorial Day assisting with the "Getting to Zero Discrimination" campaign for Tonga.
Target 10. Strengthening HIV integration					
	10.1	Current school attendance among orphans and non-orphans aged 10–14*	44.4% school attendance among orphans 99.5% school attendance among non-orphans	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga and NO new data is available to inform this indicator. Information available as per GAPR 2013. DHS 2012 presents that total number of children whose parents are both diseased (8) is very low while 99% of children with both parents alive attend school.
	10.2	Proportion of the poorest households who received		Tonga Census Report 2011	Indicator is relevant for Tonga and new NO data to inform this indicator.



		external economic support in the last 3 months			Information available as per GAPR 2013. Remittance has been the most economic support either within (23%) or outside (55%) of Tonga. The social benefit scheme for elderly launched in 2012 have assisted elderly especially those at the lowest wealth quintile.
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## 5.0 Best Practices

One of Tonga's milestone achievements in 2014 was finalizing the new strategic plan "TNISRHSP 2014 – 2018", a shift towards integration of Programs thus strengthen collaboration, minimize duplication of activities and cut costs. TNISRHSP is an amalgamation of the RH Policy and Strategy (2014-2017)<sup>16</sup> with the Integrated HIV & STIs Control National Strategic Plan. Tonga CCM is to lead on mobilizing funds to ensure effective implementation of the plan. The Global Fund New Funding Model contributed to a portion of the overall costing of the SP.

The Program through its close collaboration with Key Stakeholders continue to implement national events such as marking World AIDS Day (1<sup>st</sup> Dec) and the International Candle Light Memorial Day (20<sup>th</sup> May). Marking of these events allow public awareness thus it mobilize Stakeholders to work together in reaching the public especially key affected populations. Activities include community outreach, HIV tests drive and national marking of WAD. The NCCM take the lead in supporting these events which is a platform to allow advocacy to Leaders in Government, churches and communities.

It is worth noted the involvement of Key Affected Population in implementing of activities such as the Condom Distribution Project leads by Tonga Leiti's Association. TLA is a transgender group committed to support the Program in ensuring that condom is readily accessible to the most at risk and vulnerable groups as well as young people. Since the inauguration of the TLA Drop In-Center, Members have been actively involved in distributing condoms to bars and night clubs with provision of information to staffs of various sites. TLA is also the avenue to reach most at risk groups such as MSM and sex workers.

Ongoing utilization of mass media especially radio and television to reached the public has been successful shown through the effective "HIV/AIDS Radio Awareness Program" implemented by BroadCom Radio 89.5 FM. The station committed half an hour during morning program to provide information on HIV and other STIs live on air. According to the feedback from audience, the radio program have helped to enhance both knowledge and awareness as well as providing information on services that are available to the public. Thus the impact of this Program shows in the increase access of STI clients to the clinics and slowly but progressively sensitizing the public on information regarding HIV and other STIs.



<sup>16</sup> The Tonga Reproductive Health Policy and Strategy, 2014-2017 was technically supported by the UNFPA (Credits: Dr Wame Baravilala UNFPA and Tonga RH Team)

## 6.0 Challenges and the role of Policy Direction and Support

Tonga continues to face some challenges and constraints that impede the delivery of consistently high quality reproductive health services at all levels of the health care system (especially on outlying islands). These may be related to staffing and workforce shortages or movements, inadequately equipped facilities and inadequate coordination and management of programmes and services. Lack of consistent on-going reviews and assessments related to reproductive health can contribute to inadequate evidence-based programming and poorly-informed policy formulation.

Fortunately for Tonga the recent DHS has identified or pointed towards some of the issues that need to be addressed so these have informed the current round of discussions leading to this development of the new strategy document. This policy document calls for action to address these challenges and constraints. Two main action areas for policy direction to support the implementation and delivery of RH programmes and services are:

- (i) Provision of adequate resources, and;
- (ii) Reinforcement and continual improvement of effective management, coordination and supervisory systems.

## 7.0 Conclusion

Since the commitment made by Tonga to the 2011 Political Declaration on HIV/AIDS, Ministry of Health together with affiliated Stakeholders has worked collaborate towards the "Getting to Zero" targets. Tonga managed to maintain a 0.02 prevalence rate for HIV with last HIV diagnosis in 2012 and only two PLWHIV enrolled on the HIV Care & Support Program. However, concerned focus on the continuing increase of STIs prevalence especially among young people.

Quality of services have improved over the years with increase professional development of Health Care Workers, slow but ongoing improvement of health facilities and the availability of funding to support effective implementation of the Program. The Government through the Ministry of Health commits to support integration of Programs thus it promotes effective collaboration with high expected program outcome and national impact. Although funding from donor agencies have depleted immensely over the past 5 years the Program still commit to ensure that Tonga meets most of the 10 Targets of the Political Declaration for HIV/AIDS.

The national HIV/STIs Program will continue to monitor the progress of the Program annually through collation of surveillance data and information to enable informing Indicators that are relevant for Tonga. Commitment to improve the health information system as well as strengthening referral system and maintaining collation of quality data, improving services and enforcing of prevention strategy can guarantee Tonga to retain low HIV disease burden in future. As per quoted on the TNISRHSP;

"E 'ikai fa'a malava ke 'ausia e taumu'a he fononga tokotaha; ka 'e lava ke ikuna'i ia he fononga fakataha"

"When we walk alone we never reach our goal, but when walk together we surely reached our target" Lord Tu'i'afitu, The Honorable Minister of Health and CCM Chairman - June 2014.