Global AIDS Response Progress Report 2012

Republic of Vanuatu

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Contents

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1. Status at a Glance

1.1 GARP reporting 2010 - 2011

The 2012 Country Progress Report for the Republic of Vanuatu on Global AIDS Response Progress (GARP) covers the period **January 2010 to December 2011.** It is the third time Vanuatu has submitted a Country Progress Report[1].

This Country Report was prepared in a participatory manner and engaged a range of stakeholders, including government agencies, civil society, development partners and people living with HIV. Stakeholders attended meetings, filled in the National Commitments and Policy Instrument (NCPI) and attended a data validation workshop in Port Villa on 21 March 2012. A list of participants consulted in preparing this report is appended.

1.2 Status of the epidemic

Vanuatu has low prevalence of HIV infection with **six** people (**four** females and **two** males; **five** adults and **one** child) having been diagnosed with HIV since 2002. The last diagnosis was in 2011.

The key mode of transmission is through unprotected sexual intercourse. There has been **one** reported case of mother to child transmission of HIV.

1.3 Policy and programmatic response

Vanuatu has a National AIDS Committee (NAC), which has responsibility for the strategic oversight and implementation of the response to HIV and Sexually Transmitted Infections (STIs).

Vanuatu's National Strategic Plan for HIV and STIs covers the period 2008-2012. The Ministry of Health is undertaking preparatory work for a new National Strategic Plan.

Funding for Vanuatu's HIV response is largely from international sources. Domestic contribution was **1.6%** of total spending over the reporting period.

1.4 Indicator data

Of the **30** GARP indicators, **25** are relevant to Vanuatu, and there is data available for **21** of these indicators. Vanuatu's progress against these global indicators is detailed in Table 1.

[1] The first Progress Report covered the period 2004-2005. The second Progress Report covered the period 2008-2009.

Table 1: Global AIDS Response Progress indicator data

Indicator		Indicator relevance	Indicator data
TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015			
Indicators for the general population			
1.1	Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Indicator relevant, data available	**24%** of young people aged 15-24 (**29%** of young males and **20%** of young females) both correctly identified ways to prevent HIV infection and rejected misconceptions about HIV transmission. ▪ **63%** correctly answered can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners? ▪ **70%** correctly answered can a person reduce the risk of getting HIV by using a condom every time they have sex? ▪ **63%** correctly answered can a healthy-looking person have HIV? ▪ **60%** correctly answered can a person get HIV from mosquito bites? ▪ **79%** correctly answered can a person get HIV by sharing food with someone who is infected? *Note: Purposeful sample of young people across selected locations (i.e. not generalizable to the youth population)* *(Source: I No Bin Gat Protection, UNICEF Pacific Office and Government of Vanuatu, 2010)*
1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Indicator relevant, data available	**11.4%** of young people aged 15-24 (**14.2%** of young males and **8.9%** of young females) had first sex before the age of 15. *Note: Purposeful sample of young people across selected locations (i.e. not generalizable to the youth population)* *(Source: I No Bin Gat Protection, UNICEF Pacific Office and Government of Vanuatu, 2010)*
1.3	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Indicator relevant, data available	Data collected before the reporting period found that **40.5%** of young people aged 15-24 (**52.9%** of males: and **27.4%** of females) have had sexual intercourse with more than one partner in the last 12 months. There is no data available for people aged 25-49. *(Source: Second Generation Surveillance Survey of Youth, 2008)*
1.4	Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse	Indicator relevant, data available	**41.7%** of young people aged 15-24 (**49.5%** of young males and **34.6%** of young females) reported condom use at last high risk sex i.e. with a non-regular partner. There is no data available for people aged 25-49. *Note: Purposeful sample of young people across selected locations (i.e. not generalizable to the youth population)* *(Source: I No Bin Gat Protection, UNICEF Pacific Office and Government of Vanuatu, 2010)*
1.5	Percentage of women and men aged 15-49 who received an HIV	Indicator relevant,	**10%** of young people aged 15-24 have been tested for HIV and know their results. *Note: Purposeful sample of young people across selected locations (i.e. not generalizable to the*

Indicator		Indicator relevance	Indicator data
	test in the past 12 months and know their results	data available	*youth population)* *(Source: I No Bin Gat Protection, UNICEF Pacific Office and Government of Vanuatu, 2010)* **2.3%** of the total population received an HIV test in the past 12 months and know their results. *Notes:1) The data has not been reported in a way that allows disaggregation by age or gender* *2) The data is for total tests undertaken irrespective of whether people know their results.* *(Source: Ministry of Health surveillance data)*
1.6	Percentage of young people aged 15-24 who are living with HIV	Indicator relevant, data available	There were **no** known people aged 15-24 living with HIV in the reporting period. *(Source: Ministry of Health surveillance data)*
Indicators for sex workers			
1.7	Percentage of sex workers reached with HIV prevention programmes	Indicator relevant, data not available	There is **no** data available to inform this indicator. Wan Smolbag has dedicated programmes for sex workers.
1.8	Percentage of sex workers reporting the use of a condom with their most recent client	Indicator relevant, data available	**39.1%** of young people (**34.5%** of males and **43.5%** of females) who engaged in commercial and/or transactional sex reported using a condom the last time they had sex. *Note: Purposeful sample of young people across selected locations (i.e. not a sex worker survey or generalizable to the sex worker population)* *(Source: I No Bin Gat Protection, UNICEF Pacific Office and Government of Vanuatu, 2010)*
1.9	Percentage of sex workers who received an HIV test in the past 12 months and know their results	Indicator relevant, data available	Data collected before the reporting period found that **11.9%** of females who participated in commercial and/or transactional sex have at some time received an HIV test and know their results. *(Source: Second Generation Surveillance of sex workers, 2008)*
1.10	Percentage of sex workers living with HIV	Indicator relevant, data available	There were **no** known sex workers living with HIV in the reporting period. *(Source: Ministry of Health surveillance data)*
Indicators for men who have sex with men			
1.11	Percentage of men who have sex with men reached with HIV prevention programmes	Indicator relevant, data not available	There is **no** data available to inform this indicator. Wan Smolbag has dedicated programmes for men who have sex with men (MSM).
1.12	Percentage of men reporting the	Indicator	**10** out of **14** MSM reported using or the other male partner using a condom at last sex.

Indicator		Indicator relevance	Indicator data
	use of a condom the last time they had anal sex with a male partner	relevant, data available	*Notes: 1) Purposeful sample of young people across selected locations (i.e. not a MSM survey or generalizable to the MSM population). 2) Small base size.* *Source: I No Bin Gat Protection, UNICEF Pacific Office and Government of Vanuatu, 2010)*
1.13	Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	Indicator relevant, data not available	There is **no** data available to inform this indicator
1.14	Percentage of men who have sex with men risk who are living with HIV	Indicator relevant, data available	There were **no** known MSM living with HIV during the reporting period. *(Source: Ministry of Health surveillance data)*
TARGET 2: REDUCE TRANSMISSION OF HIV AMONG PEOPLE WHO INJECT DRUGS BY 50% BY 2015			
2.1	Number of syringes distributed per person who injects drugs per year by needle and Syringe Programmes	Indicator not relevant	The National Strategic Plan 2008-2012 does **not** include Injecting Drug Use (IDU) as a specific target group for HIV prevention and therefore this indicator (and indicators 2.2, 2.3, 2.4 and 2.5) are not relevant to Vanuatu.
2.2	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse	Indicator not relevant	
2.3	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Indicator not relevant	
2.4	Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results	Indicator not relevant	
2.5	Percentage of people who inject drugs who are living with HIV	Indicator not relevant	
TARGET 3: ELIMINATE MOTHER TO CHILD TRANSMISSION OF HIV BY 2015 AND SUBSTANTIALLY REDUCE AIDS-RELATED MATERNAL DEATHS			
3.1	Percentage of HIV positive pregnant women who received antiretrovirals to reduce the risk of	Indicator relevant, data	**100%** of pregnant women (one pregnant woman) known to be HIV positive received antiretroviral therapy to reduce the risk of mother to child transmission during the reporting period. *(Source: Ministry of Health Surveillance data)*

Indicator		Indicator relevance	Indicator data
	mother to child transmission	available	
3.2	Percentage of infants born to HIV positive women receiving a virological test for HIV within 2 months of birth	Indicator relevant, data available	There were **no** children born to HIV positive women recorded during the reporting period. *(Source: Ministry of Health Surveillance data)*
3.3	Estimated percentage of child HIV infections from HIV positive women delivering in the past 12 months	Indicator relevant, data available	There were **no** children born to HIV positive women recorded during the reporting period. *(Source: Ministry of Health Surveillance data)*
TARGET 4: HAVE 15 MILLION PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL TREATMENT BY 2015			
4.1	Percentage of eligible adults and children currently receiving antiretroviral therapy	Indicator relevant, data available	**100%** of eligible adults and children (two female adults and one female child) were receiving antiretroviral therapy. *(Source: Ministry of Health Surveillance data)*
4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiations	Indicator relevant, data available	**100%** of adults and children (two female adults and one female child) with HIV were on treatment 12 months after initiations. *(Source: Ministry of Health Surveillance data)*
TARGET 5: REDUCE TUBERCULOSIS DEATHS IN PEOPLE LIVING WITH HIV BY 50% BY 2015			
5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	Indicator relevant, data available	There were **no** HIV positive incident TB cases during the reporting period. *(Source: Ministry of Health Surveillance data)*
TARGET 6: REACH A SIGNIFICANT LEVEL OF ANNUAL GLOBAL EXPENDITURE (BETWEEN $22 AND $24 BILLION) IN LOW AND MIDDLE INCOME COUNTTRIES			
6.1	Domestic and international AIDS spending by categories and financing sources	Indicator relevant, data available	During the reporting period a total of **320,934,657 VUV (3,596,089 USD)** was spent on HIV/AIDS in Vanuatu. *(Source: Ministry of Health and civil society work plans)*
TARGET 7: CRITICAL ENABLERS AND SYNERGIES WITH DEVELOPMENT SECTOR			
7.1	National Commitments and Policy Instrument	Indicator relevant, data available	Refer Annex 3
7.2	Proportion of ever-married or	Indicator	**60%** of ever-married or partnered women aged 15-49 experienced physical or sexual violence from a

Indicator		Indicator relevance	Indicator data
	partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	relevant, data available	male partner in the past 12 months. *(Source: Vanuatu National Survey on Women's Lives and Family Relationships 2011)*
7.3	Current school attendance among orphans and non-orphans (10-14 years)	Indicator relevant, data available	Data collected before the reporting period found that **73.6%** of children whose mother and father have died attended school. **79.6%** of children with both parents alive and are living with one parent attended school. *(Source: Monitoring the Situation of Children and Women Vanuatu Multiple Cluster Survey 2007)*
7.4	Proportion of the poorest households who received external economic support in the last 3 months	Indicator relevant, data not available	There is no government social security system in Vanuatu. Poor people might have received external economic support from family members, non-government organisations, faith-based organisations or remittances from family living overseas.

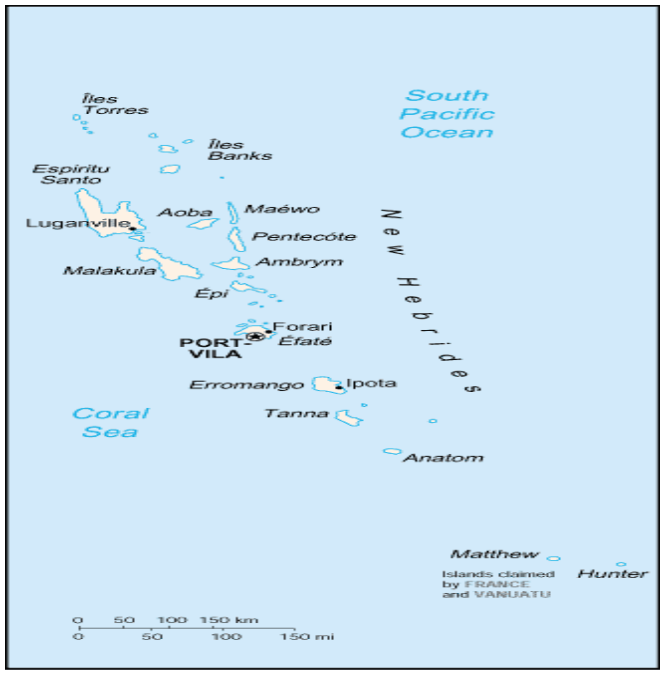
2. Overview of AIDS epidemic

2.1 Country information

The Republic of Vanuatu is a Y-shaped collection of 80 islands, 65 of these being inhabited. The country spans a distance of 1,100 km from the Torres Islands in the far north to the barren Matthew and Hunter Islands in the south. The island republic is divided into six provinces:

1. Torba
2. Penama
3. Sanma
4. Malampa
5. Shefa
6. Tafea

Figure 1: Map of Vanuatu



The Republic of Vanuatu was formed in 1980 and is a parliamentary democracy with an elected President, Prime Minister, members of Parliament and the Presidents of Regional Councils.

The four mainstays of the economy are agriculture, tourism, offshore financial services, and cattle production. Exports include copra, kava, beef, cocoa, and timber, and imports include machinery and equipment, foodstuffs, and fuel. Vanuatu relies heavily on development aid.

2.2 Population of Vanuatu

The 2009 Census[2] recorded Vanuatu's population at **234,023**, with an average annual population growth rate of **2.3%**. The Census is carried out every ten years. Vanuatu has a young population (**58.3%** of the population is under 25 years) and most are living in rural areas (**75.6%**). The average household size is **4.8**.

Vanuatu's population disaggregated by gender, age and province is detailed in the following tables:

Table 2: Population by gender

Sex	Total number	Percentage
Males	119,090	50.9
Females	114,933	49.1

Table 3: Population by age

Age	Total number	Percentage
0-14 years	90, 973	38.9
15-24 years	45,423	19.4
25-59 years	83,821	35.8
60 years and over	13,806	5.9

Table 4: Population by province

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

2.3 Health system

The Health Sector Strategy 2010-2016[3] defines the vision, objectives and implementation activities for the health sector in Vanuatu. The vision for the health sector is to have an integrated and decentralised health system that promotes effective, efficient and equitable health services for the health and well-being of all people in Vanuatu.

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2 Republic of Vanuatu 2009 National Census of Population and Housing.

3 Republic of Vanuatu Health Sector Strategy 2010-2016.

The broad objectives of the Health Sector Strategy are to:

- Improve the health status of the population
- Ensure equitable access to health services are at all levels of service
- Improve the quality of services delivered at all levels
- Promote good management and the effective and efficient use of resources.

These objectives will be achieved through organisational restructuring and strengthening, better coordination between the Ministry of Health and national partners, and the development of operational and strategic planning processes.

Public health system

As at 31 December 2011, Vanuatu had **378** healthcare facilities as shown in the following table:

Table 5: Health facilities by Province

Province	Hospital	Health Centres	Dispensaries	AID Posts
Shefa	1	4	18	38
Tafea	1	1	13	46
Sanma	1	6	21	61
Malampa	1	9	18	44
Penama	1	6	22	38
Torba	1	2	6	19
Total	**6**	**28**	**98**	**246**

Sexual and reproductive health services are provided at all hospitals, health centres and dispensaries.

The Vanuatu Ministry of Health has **2,282** positions approved by the Public Service Commission in their new structure. There are currently **1,216** positions as in Table 6 below.

Table 6: Current health positions

Speciality	Numbers
Doctor	160
Nurse	691
Laboratory	81
Dental	68
Imaging	42
Rehabilitation	88
Ear, Nose and Throat	44
Eye health	42
Total	**1,216**

Non-government health system

Wan Smolbag has health clinics in Port Vila and Luganville and also has a mobile clinic in Haulua Centre in Pentecost which is visited once a month. Wan Smolbag employs four registered nurses.

Vanuatu Family Health Association has health clinics in Port Vila and Luganville, and also runs a free 6.00am to 6.00pm health hotline which provides information on sexual and reproductive health, STIs, HIV, family planning and general relationship issues.

Save the Children operates two youth friendly spaces attached to government sexual and reproductive health clinics in Lamap (Malekula) and Nduindui (Ambae). The youth friendly spaces are designed to engage young people in awareness activities, and to facilitate fast, anonymous, supported referral to sexual and reproductive health services.

2.4 HIV response

Vanuatu's response to HIV and STI's is linked to the Pacific Regional Strategy on HIV and other STIs 2009-2013.

National AIDS Committee

In 2006, the Minister of Health established the NAC[4] to provide continuing leadership in the national response to the burden of HIV and STIs. NAC has three overall objectives:

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

NAC has 15 members and is representative of organisations and individuals working at the forefront of the national response to HIV and STIs. The NAC includes three government ministries/departments, two development partners, two medical representatives, six civil society representatives, one person living with HIV, and one legal representative. NAC renewed its membership in 2010. While NAC hasn't formally met since 2010, there are active movements to revive the committee and the NAC grants are still functional.

Each of Vanuatu's provinces also has a Provincial AIDS Committee, to oversee the HIV response at a provincial level.

[4] Republic of Vanuatu, Terms of Reference for National AIDS Committee.

National Strategic Plan

Vanuatu's National Strategic Plan for HIV and STIs 2008-2012[5] provides for a multi-sectorial approach to HIV prevention, treatment, care and support for people living with HIV in Vanuatu. The Plan identified four priority areas:

1. Reducing community vulnerability to HIV and STIs.
2. Implementing a comprehensive programme of treatment, care and support for people infected and affected by HIV.
3. Creating a policy and social environment in which an effective HIV can flourish.
4. Managing the National Strategic Plan efficiently and effectively.

The Ministry of Health is currently undertaking preparatory work for a new National Strategic Plan for HIV and AIDS to be implemented in 2013.

HIV Policy

Vanuatu is in the process of developing HIV legislation. In August 2011, the Ministry of Health developed a policy paper[6] for proposed legislation on the management and monitoring of HIV and STIs, HIV prevention, care, treatment and support and to address stigma and discrimination. Due to the Ministry of Health's competing priorities, this policy paper and associated Minister briefing papers have not been finalised in order for the Minister of Health to present the paper to the Council of Ministers. The Ministry of Health intend to finalise the policy and briefing papers in 2012.

HIV and STI funding

During the reporting period a total of **320,934,657 VUV (3,596,089 USD)** was spent on HIV/AIDS in Vanuatu[7]. Domestic contribution was **1.6%** of total spending over the reporting period.

This represents a **63%** increase in funding from the previous reporting period (2008-2009) of **203,055,609 VUV (2,207,126 USD).**

The following table provides a breakdown of domestic and international AIDS spending by category and funding source for the last two years[8].

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5 Republic of Vanuatu, National Strategic Plan for HIV and STIs 2008-2012.

6 Vanuatu HIV/AIDS Policy Paper-Draft output documentation from HIV/AIDS Workshop on Policy Development, 18 August 2011.

7 Sourced from Ministry of Health and civil society work plans.

8: There is no central accounting code for the national response to HIV and STIs. Therefore there may be other sources of funding for HIV/AIDS that have not been included.

Table 7: HIV/AIDS spending by category and funding source 2010-2011

	2010 Total VATU 149,537,062 (USD 1,675,570)						2011 Total: VATU 171,397,595 (USD 1,920,519)					
Category	**Domestic**	**AusAID**	**Response Fund**	**Global Fund**	**UNICEF**	**IPPF**	**Domestic**	**AusAID**	**Response Fund**	**Global Fund**	**UNICEF**	**IPPF**
Prevention		42,777,467		700,000		300, 000		20,650,000		600,533	928,491	300,000
Treatment and care		24,553,103 *		15,249,001				24,903,541 *	2,413,500	29,283,243		
Orphans and vulnerable children												
Programme management and administration	2,565,905	13,215,490			876,507		3,319,877	11,480,000			705,000	
Human Resource	720,000	43,096,705				1,118,856		28,000,000				1,118,856
Social protection and Social Service												
Enabling environment					2,623,376	1,740,652			1,752,500		984,500	1,400,000
Non-operational research								42,127,304 *	1,430,250			
TOTAL	**3,285,905**	**123,642,765**		**15,949,001**	**3,499,883**	**3,159,508**	**3,319,877**	**127,160,845**	**5,596,250**	**29,883,776**	**2,617,991**	**2,818,856**

** Calculated from Australian dollars into Vatu, using 29/03/12 exchange rates*

2.5 Confirmed cases of HIV in Vanuatu

Vanuatu has low prevalence of HIV infection with **six** people (**four** females and **two** males; **five** adults and **one** child) having been diagnosed with HIV since 2002. The last diagnosis was in 2011.

Three people (all female; two adults and one child) are on Antiretroviral Therapy (ART). **One** adult female is not on ART.

Two people (both adult males) died from AIDS-related complications in 2006 and 2007. They were not receiving ART as they were in the late stage of the illness.

The key mode of transmission is through unprotected sexual intercourse. There has been **one** reported case of mother to child transmission of HIV.

Table 8: Confirmed cases of HIV in Vanuatu

Case number	Date of HIV diagnosis	Gender	Age at diagnosis	Mode of transmission	Current status
1	2002	Female	26-49 years	Sexually transmitted	Alive on ART
2	2003	Female	0-14 years	Mother to child transmission	Alive on ART
3	2006	Male	26-49 years	Sexually transmitted	Died Vanuatu 2006
4	2007	Male	26-49 years	Sexually transmitted	Died Vanuatu 2007
5	2009	Female	26-49 years	Sexually transmitted	Alive on ART
6	2011	Female	26-49 years	Currently unknown	Alive not on ART

3. National Response to the AIDS Epidemic

3.1 Prevention of HIV

1. Young people

The 2009 Census[9] recorded **58.3%** of the population are under 25 years (**38.9%** are aged 0-14 and **19.4%** aged 15-24). A recent non-randomised survey of young people[10] found that **50.1**% of the sample were either most-at-risk adolescents (MARA), most-at-risk young people (MARYP), especially vulnerable adolescents (EVA), especially vulnerable young people (EVYP) or have more vulnerability than mainstream youth. In 2011, **14%** of women giving birth at Central Vila Hospital were teenagers.

In May 2010, Vanuatu implemented its national peer educators training manual. Vanuatu has also developed youth friendly guidelines for working with young people. The Ministry of Education is in the process of reviewing the curriculum on Family Life Education which will now include HIV and STIs in schools from 2013.

Wan Smolbag has **19** trained peer educators for youth (**nine** in Efate, **six** in Santo and **four** in Pentacost). Vanuatu Family Health has **16** peer educators that have been accredited by the National Education Council. Save the Children has **78** trained peer educators (comprising **43** between the ages of 10-16, and **35** above 16 years). These are supported by Save the Children staff to deliver targeted community awareness, and the distribution of Score condoms through a social marketing initiative comprising **35** trained community-based condom distributors. Total reach for Save the Children's HIV and STI prevention programmes for 2011 was **8,581** direct and **11,150** indirect beneficiaries[11].

The same youth survey reported on above found that about half **(51.3%)** of most at risk youth (**60.7%** of males and **42.1%** of females) report having attended an HIV/AIDS prevention workshop.

Seven youth friendly health services, including voluntary counselling and confidential testing (VCCT) and provider initiated testing and counselling (PITC) are provided by Wan Smolbag (Port Vila and Lugainville), Vanuatu Family Health Association (Port Vila and Lugainville), Save the Children (Ambae and Malekula) and the Ministry of Health (Paungangisu in North Efate).

2. At-risk populations – sex workers, MSM and injecting drug users

The same youth survey commented on above found that **12.9%** of young people (**9%** of males and **16.5%** of females) participated in commercial sex work. It also found that **5.7%** of males (**8%** of sexually active males) reported having had sex with men. However it is probable that the actual numbers were higher due to the fear of stigma, discrimination and

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9 Republic of Vanuatu 2009 National Census of Population and Housing.

10 I No Bin Gat Protection, UNICEF Pacific Office and Government.

11 Save the Children M&E data (not independently validated in this reporting process).

embarrassment. Wan Smolbag is currently in the data collection phase of research with sex workers and MSM populations.

The youth survey also found that no young person mentioned injecting drugs. However, substance use is a concern in relation to reducing HIV and AIDS vulnerability in Vanuatu with **43.1%** reporting using alcohol, **34.3%** reporting using kava and **18.4%** reporting using home brew.

Wan Smolbag provide programmes targeting sex workers and MSM (peer education, VCCT, and workshops) in Port Villa. Wan Smolbag has **seven** peer educators (**four** women and **three** men) working in these programmes (in addition to those counted above).

3. Sexually Transmitted Infections

Vanuatu developed guidelines for the management of STIs in December 2007. Screening and treatment for syphilis during pregnancy has been mandated for some years now, however is practiced only in areas where laboratory services are available. Vanuatu started presumptive treatment for chlamydia in November 2011.

Table 9 provides a breakdown of total number of people tested for specific STIs, along with the total number of people tested positive and the percentage of positive results. The increase in the number tested between 2010 and 2011 is mainly due to the increase in testing sites and the more systematic recording of results.

In 2011, tests were also introduced for Hepatitis C and Trichomonas. Data for Trichomonas was not available at the time of reporting.

STI data has not been reported in a way that it can be disaggregated by gender or age.

Table 9: Number and percentage tested positive for STIs

STI	2010			2011		
	Total tested	Total positive	% positive	Total tested	Total positive	% positive
Chlamydia	2966	617	20.8	5243	1341	25.6%
Hepatitis B	1447	190	13.1	2480	408	16.5%
Gonorrhoea	2966	239	8.1%	5243	571	10.9%
Syphilis	1473	98	6.7%	6815	286	4.2%
Hepatitis C	-	-	-	659	50	7.6%

The free hotline service offered by Vanuatu Family Health Association received 41 calls between 1 August and 10 September 2011 from people wanting information on STIs, HIV and other sexual and reproductive matters.

4. HIV Counselling and Testing

HIV counselling and testing services started in Vanuatu in 2003. At the end of the reporting period (December 2011), there were **17** operational VCCT Centres across Vanuatu's six provinces (13 public Centres and four NGO Centres). **Ten** of these VCCT centres have received accreditation from Pacific Counselling and Social Services (PICAS). There are **25** trained counsellors across the 17 sites. NGO facilities have full time counsellors while

government facilities have counsellors that also do other duties (e.g. nursing). There are plans in 2012 to roll out rapid testing for HIV to all government and NGO health centres.

The Operational Guideline for VCCT Centres in Vanuatu (2012-2016) was developed in 2011 to ensure a high standard of counselling and testing that is uniformly implemented across the country. The policy includes VCCT and PITC. The HIV testing algorithm was implemented in Vanuatu in 2010.

During the reporting period **6,799** people were tested for HIV (**1,545** in 2010 and **5,254** in 2011). Data has not been collected in a way to allow disaggregation by age and sex. The increase in the number tested between years is mainly due to the increase in testing sites and the more systematic recording of results.

5. Prevention of Mother to Child Transmission of HIV

The antenatal period is an effective entry point for HIV prevention and care, in particular for the prevention of mother to child transmission of HIV (PMTCT). Vanuatu established a taskforce for PMTCT in 2008.

Vanuatu has a maternal health working group, which has met regularly since May 2011. The country also has a Reproductive Health Policy 2008 and a Reproductive Health Strategy for 2008-2010.

In January 2009, Vanuatu launched the Prevention of Mother to Child Transmission of HIV Policy and Guidelines to optimise maternal and child health and survival by preventing HIV infection in infants and managing HIV positive women.

There are approximately **6,000** live births a year in Vanuatu. All hospitals, health centres and dispensaries provide antenatal care.

Antenatal care coverage is relatively high. In 2007, **84%** of pregnant women had received antenatal care from a skilled provider (a doctor, nurse or midwife), and **68.9%** had a blood sample taken, **69.3%** had a urine sample taken, **80%** had their blood pressure measured and **85%** had their weight measured. Coverage varied across Provinces and urban and rural settings[12].

All **six** hospitals provide HIV testing and counselling services for pregnant women. In 2011, **1,553** pregnant women were tested for HIV. During the reporting period, **one** pregnant woman was diagnosed with HIV. She was provided with ART prophylaxis, and delivered outside the reporting period (January 2012). There are no reported cases of vertical transmission of HIV inside the reporting period.

[12] Monitoring the Situation of Children and Women Vanuatu Multiple Indicator Cluster Survey, 2007.

3.2 ART treatment, care and support

Vanuatu uses World Health Organisation (WHO) guidelines for ART eligibility.

There are two public ART sites in Vanuatu, one in Port Villa and one in Luganville.

Three people were on ART at the end of the reporting period. Table 10 provides a breakdown of people on ART during the reporting period by age and gender:

Table 10: People on ART at 31 December 2011, disaggregated by age and gender

Age	Female	Male
0-14 years	1	-
15-49 years	2	-
50 years and over	-	-
TOTAL	3	-

Vanuatu has a Tuberculosis (TB)/HIV co-infection policy, which was implemented in November 2011. There are also plans to test people living with HIV for TB.

Global Fund funds and supplies ART.

3.3 Knowledge and behavioural change

There is **no** evidence in a positive change in knowledge and behavioural change between the reporting periods.

Data from the current reporting shows[13]:

- **24%** of young people (**29%** of young males and **20%** of young females) both correctly identified ways to prevent HIV infection and rejected misconceptions about HIV transmission.
- **70%** were aware that correct condom use and **63%** were aware that having sex with only one partner who has no other partner were effective ways to prevent the transmission of HIV.
- **41.7%** of young people (**49.5%** of males and **34.6%** of females) reported condom use at last high risk sex i.e. with a non-regular partner. Furthermore **39.1%** of people who engage in commercial sex (**34.5%** of males and **43.5%** of females) reported using a condom the last time they had sex. While the sample size of MSM is small, most (**10 out of the 14**) reported condom use at last sex.

[13] I No Bin Gat Protection, UNICEF Pacific Office and Government

Data from the previous reporting period showed[14]:

- **83%** of young people (15-24 years) were aware that correct condom use and **76%** were aware that having sex with only one partner who has no other partner were effective ways to prevent the transmission of HIV
- **67%** of female sex workers used a condom the last time they had sex.

3.4 Impact alleviation

It is too soon to report on the extent to which the national programme has succeeded in reducing rates of HIV infection and its associated mortality.

Due to the low levels of screening it is likely that there are other cases of HIV that have not been identified. The population of Vanuatu remains highly vulnerable to HIV infection.

[14] Second Generation Surveillance of Youth, 2008.

4. Best Practice

National partners provided the following stories of best practice in the response to HIV in Vanuatu.

4.1 Development of VCCT Guidelines

Author: Dr Falguni Basu, Ministry of Health

Introduction:

In Vanuatu the first HIV positive case was detected in 2002. Since then a total six cases have been detected. Five were adults (two males and three females) and one was a child. AIDS related death in Vanuatu is two and four are living with the virus.

HIV counselling and testing services were started in Vanuatu in 2003. There are now 26 VCCTs and two are being established (five of them are operated by NGOs and 21 are government run). Currently, there is no standard guideline to provide VCCT services throughout the country. All health workers are conducting testing in a different manner and reporting with different templates. Therefore, the HIV Unit decided that there should be one standard guideline for all health workers to follow.

Process of development:

The process to develop the guidelines included a desk review, in which the following documents were consulted:

- HIV Voluntary Counselling and Testing: a gateway to prevention and care. UNAIDS best practice collection.
- Technical Consultation on Voluntary HIV Counselling and testing: Models for implementation and strategies for scaling of VCT services. WHO/UNAIDS.
- Guidelines for counselling about HIV infection and disease. WHO.
- Centres for Disease Control. Updated U.S. public health service guidelines for the management of occupational exposures to HIV and recommendations for post-exposure prophylaxis.
- Tools for the HIV counselling for the Asia-Pacific, jointly developed by WHO, FHI and UNICEF.
- Guidelines for counselling about HIV infection and disease.
- Integrated Counselling and Testing Centre guideline of India.
- VCT guidelines for Pakistan.

After the desk research, initial consultations were conducted with nurses at health facilities to inform the first draft. After developing the first draft, the HIV Unit decided to share it with different groups of stakeholders through workshops. The Unit adopted a two-way approach to develop and roll-out the guideline.

Way forward:

VCCT guideline roll-out training is being implemented in all provinces. With this new guideline the Ministry of Health will have a specific guideline to check the quality of service.

4.2 Addressing stigma and discrimination

Author: Irene Malachi, IZA Foundation

Since finding out that she was HIV positive, Irene Malachi has been working with communities throughout her home country of Vanuatu to educate people about HIV/AIDS.

Irene faced many challenges when her diagnosis was made public, as she was the first person in Vanuatu who was officially diagnosed. The news was met by many communities with fear and discrimination, and it was obvious that most of the population did not have a general understanding of HIV/AIDS. However, Irene took her situation and used it to reach out to Vanuatu's communities, combating the lack of education and lack of outreach concerning AIDS by telling her story wherever she went.

Irene and her daughter Zara (who is also HIV positive), have travelled around Vanuatu's islands, talking with communities, church groups, chiefs, schools and youth organisations about HIV/AIDS, and challenging perceptions which contribute to stigma and discrimination towards people living with HIV.

There have been three DVDs and a book written that tells the story of Irene and her daughter Zara. “Now, when I travel to communities, they treat me like a princess” she says.

Her story has touched the hearts of so many, and has helped the people of Vanuatu to better understand the realities of living with HIV/AIDS. Irene and her daughter are an inspiration to all, and show us that reaching out to communities really can make a difference in HIV/AIDS education.

5. Major Challenges and Gaps

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

- The geography of the country and the relative isolation of its people made it difficult and costly for HIV programmes to reach across all communities.
- The lack of political stability within government and frequent changes of Ministers of Health made it challenging keeping HIV on the political agenda.
- Capacity issues and staff turnover within the Ministry of Health meant a lack of secretariat support to the NAC, and funds have taken time to be dispersed.
- A lack of data on key populations (e.g. sex workers and MSM) and lack of gender and age disaggregated data made it challenging for evidence informed decision making.
- The relatively small number of people living with HIV contributed to a lack of visibility for the lived-experience of HIV.
- Difficulties in universal access to STI commodities.

6. Recommendations

Vanuatu is in the early process of developing a new National Strategic Plan for HIV and STIs which will commence in 2013.

The NAC has not met since 2010. In the absence of a meeting where all stakeholders can agree on recommendations to ensure the achievement of GAPR indicators, it is not possible to include these in this report. However, stakeholders at the data validation workshop confirmed a need for:

- A meeting of the NAC to be scheduled immediately.
- More detailed data on priority populations (e.g. sex workers and MSM) and ensuring monitoring data is disaggregated by sex and age.
- Detailed mapping of partners' HIV activities to ensure strategic programming decision making, which will be essential given the future funding uncertainties.
- Scaling up of VCCT services.
- Continued HIV prevention awareness raising.

7. Support from the Country's Development Partners

7.1 Key support received from development partners

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

- **AusAID:** Funds VSO volunteers at national and provincial levels, funds Wan Smolbag to deliver their HIV and STI programmes, and provides support for World AIDS Day.
- **Global Fund:** Human resources, infrastructure and equipment, communication materials, technical assistance on confirmation of HIV specimens, laboratory consumables, and STI drugs.
- **HIV and STI Response Fund** (through Australia and New Zealand international aid programmes): Financial support to implement the National Strategic Plan for HIV and STIs.
- **IPPF**: Funds and supports the overall operations of Vanuatu Family Health Association.
- **UNICEF:** Funding for sexual and reproductive health, PMTCT Programme, youth friendly health services, peer education programmes, adolescent health and hotline services.
- **PCSS:** Technical assistance on professional counselling on HIV and STIs.
- **UNAIDS:** Technical assistance for preparing Global AIDS Response Progress reporting.
- **SPC:** Technical assistance on prevention, treatment, care and support and M&E.
- **WHO:** Technical support to the National AIDS Committee.

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

The Global Fund and Response Fund, which provide significant financial support, are due to finish in June 2012 and 2013, respectively. Vanuatu (like the rest of the Pacific) will shortly be entering into a period of funding uncertainty and instability.

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

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

8. Monitoring and Evaluation Environment

8.1 Overview of current monitoring and evaluation system

Output 4.4 of The National Strategic Plan calls for 'one national monitoring and evaluation framework designed and implemented'.

National responsibility for M&E sits within the HIV and STI Unit of the Ministry of Health, and there is a budget allocated to M&E activities. However, there is no working group to govern and guide M&E activities, resulting in a lack of strategic oversight and momentum for M&E.

8.2 M&E progress during the reporting period

Government stakeholders rated the M&E system **4 out of 10**, where 0 is very poor and 10 is excellent.

Progress has been made under some of the activities listed in the National Strategic Plan:

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

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

- A draft M&E Plan was developed in November 2008, but was not formally reviewed, finalised or launched. Consequently it has not been adopted by national stakeholders to guide their M&E activities and ensure harmonisation in data collection and reporting across the sector. The quality of data continues to be poor (lack of disaggregation by age and gender) and there is a lack of data on priority populations.
- A draft map of all HIV response activities, incorporating the work of all players was developed, but it was never finalised or kept up-to-date.
- The mid-term review of the National Strategic Plan was not undertaken and there has been no firm agreement on whether there will be an evaluation of the National Strategic Plan at the end of its term.
- There has not been any development activity for a national database for sero and behavioural surveillance, or technical assistance to the M&E Officer for training in Country Response Information System (CRIS).

8.3 Remedial actions for 2012

The HIV and STI Unit have developed VCCT Registers for VCCT Centres to record patient information in a systematic way (including age and gender). With effective training to Centres on how to use the VCCT Registers, the implementation of these VCCT Registers should hopefully improve data collection.

Civil Society (Wan Smolbag) is also undertaking important research on sex workers and MSM populations, which are due for completion in 2012.

There are no confirmed actions in place to remedy the M&E challenges listed, as there is no working group for M&E to govern such decisions.

Annexes

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Refers to all sources used in the writing of this report

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2. Preparation process for the country report

This Country Report for Vanuatu was prepared in a participatory manner and engaged a range of stakeholders, including government agencies, civil society, development partners and people living with HIV.

The Ministry of Health and Wan Smolbag undertook stakeholder meetings to gather data and led the preparation of the NCPI.

A workshop was held with stakeholders at the Ministry of Health on 21 March 2012 to confirm the indicator data. The draft report was circulated to stakeholders for review and comment.

Litmus Ltd provided technical assistance to draft the narrative report.

The report was finalised in March 2012.

Table 11: Stakeholders who participated in GARP

Name	Role	Organisation
Falguni Basu	VCCT Strengthening Advisor	Ministry of Health
Simon Boe	Country Director	World Vision
Siula Bulu	Programme Manager	Wan Smolbag Theatre
Marries Conception	STI/HIV/AIDS Strategic Facilitator	Ministry of Health
Sally Duckworth	Partner	Litmus Ltd
Chris Hagarty	Senior Health Programme Manager	Save the Children
Janet Jack	Acting National HIV/STI Coordinator	Ministry of Health
Mathieu Janssen	Country Director	Volunteer Services Overseas
Tereka Kaltabang	Programme Manager	Peacecorps
Joe Kalo	Adolescent Health Development Coordinator	Ministry of Health
Irene Malachi	Project Manager	IZA Foundation
Sangita Robson	M&E Officer HIV Unit	Ministry of Health
Dunstan Tate	Executive Director	Vanuatu Family Health Association
Apisai Tokon	Reproductive Health Coordinator	Ministry of Health

3. National Composite Policy Instrument (NCPI) 2012

COUNTRY: Vanuatu

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

Name:

Ms. Janet Jack

Acting National STI, HIV/AIDS Coordinator

Postal address:

Ministry of Health
STI and HIV/AIDs Unit
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Vanuatu

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E-mail: jjack@vanuatu.gov.vu

Date of submission: 20th March 2012

NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI)

DATA GATHERING AND VALIDATION PROCESS

Describe the process used for NCPI data gathering and validation:

The process used for NCPI data collection for both government and Civil society comes in sequence;

1. Letters of invitation have been send to the each government representatives and civil society representatives specifically those who have been involved in HIV and AIDS work in Vanuatu and whose contribution has impacted in the lives of PLWH and those who are directly and/or indirectly affected by the disease.
2. An informative email was then sending out to all the participating agencies and individuals with set time frame for the compilation of the NCPI data. Some of which have responded to the email and some of which are away on duty travel and therefore cannot take part in the data collection
3. Focal point from the Ministry of health then visited agencies to collect filled forms and completed templates and compiles them into one template for civil societies and government.
4. A half day meeting was then schedules for all to representatives from NGO partners and development partners and government reps to validate the data before it is being submitted to UNAIDS
5. The data's from the NCPI are then validated and endorsed by the committee and is submitted.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There are a lot of disagreements which arises out from the data collection of the NCPI data.

1. Most of the NGO agencies have country directors are new to the country, therefore their level of knowledge with regards to HIV and AIDS activities in Vanuatu for 2010 and 2011 is limited to the fact that the former country director has more information and has already left the office by the time the data are being collected.
2. A few of the civil society organization implement only a portion of HIV and AIDS activities therefore they were not able to fully answer the questions provided in the NCPI
3. Most of government representatives, who have been given the NCPI template to fill, are so busy and so got up with so many other activities therefore have not given in their views on the government side of things.
4. NAC members are also not active therefore templates administered to them for their inputs was not completed

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

There are some issues with the questions ask in the NCPI both for the Civil Societies and the Government, it seems as though some questions require the same answers therefore there are not filled or rather just said refer to the above

NCPI Respondents

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

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

Organization	Names/Positions	Respondents to Part A [indicate which parts each respondent was queried on]					
		A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Marries Conception						
Ministry of Health	Sangita Robson						
Ministry of Health	Joe Kalo						
Ministry of Health	Apisai Tokon						
Ministry of Health	Falguni Basu						
Ministry of Health	Janet Jack						

Add details for all respondents.

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

Organization	Names/Positions	Respondents to Part B [indicate which parts each respondent was queried on]				
		B.I	B.II	B.III	B.IV	B.V
Wan Smol Bag	Siula Bulu					
Vanuatu Family Health Association	Dunstan Tate					
Volunteer Services Overseas	Mathieu Janssen					
Save the Children	Chris Hagarty					
World Vision	Simon Boe					
Peace Corps	Tereka Kaltabang					
IZA Foundation	Irene Malachi					

Add details for all respondents.

NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI)

PART A

[to be administered to government officials]

I. STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as Agriculture, Finance, Human Resources, Justice, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry)

Yes	No

IF YES, what was the period covered *[write in]*:

2008 - 2012

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.

The current NSP was developed with wide consultations and include involvement of Ministry of Health partners and all stakeholder partners who are currently implementing HIV or related programs in Vanuatu.

Vanuatu's current National Strategic Plan for STI, HIV and AIDS lacks the consistency in terms of maintaining its priority areas to policy strategy. The National Strategic Plan for HIV in Vanuatu however, has four main priority areas therefore it should maintain its priorities with the indicated number of policy strategy outlined in it, which is composed of six strategies;

1. M&E framework which has too many expected outputs
2. M&E plan and costed M&E plan are not aligned
3. Indicator matrix was not well crossed referenced with the NSP priority areas
4. M&E plan remains in draft, has not been endorsed and recommendations has not been implemented
5. Annex 1 of M&E plan is essentially an M&E framework

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

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

Name of government ministries or agencies *[write in]*:

Ministry of Health, Vanuatu

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

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

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?
As for Labor, the UNFPA funded programs for Men as Partners in reproductive Health which include awareness and trainings in HIV

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS		
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Sex workers	Yes	No

Transgendered people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable subpopulations[15]	Yes	No
SETTINGS		
Prisons	Yes	No
Schools	Yes	No
Workplace	Yes	No
CROSS-CUTTING ISSUES		
Addressing stigma and discrimination	Yes	No
Gender empowerment and/or gender equality	Yes	No
HIV and poverty	Yes	No
Human rights protection	Yes	No
Involvement of people living with HIV	Yes	No

IF NO, **explain how key populations were identified?**

[15] Other specific vulnerable populations other than those listed above, that have been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order) bisexual people, clients of sex workers, indigenous people, internally displaced people, prisoners and refugees)

1.5. ***What are the identified key populations and vulnerable groups for HIV programmes in the country*** *[write in]**?***

KEY POPULATIONS
1. General Population/Community 2. Young People 3. Sea farers 4. Mobile populations 5. School drop outs 6. Adolescents (15-19 & 20-24) 7. Antenatal woman and their partners 8. STI Clients 9. MSM and sex workers 10. Peer educators 11. Church leaders 12. Parliamentarians 13. Chiefs and community leaders 14. Woman and men 15. PLWH

1.6. ***Does the multisectoral strategy include an operational plan? NSP***

Yes	No

1.7. ***Does the multisectoral strategy or operational plan include:***

A monitoring and evaluation framework? goals?	Yes	No
An indication of funding sources to support programme implementation?	Yes	No
Clear targets or milestones?	Yes	No
Detailed costs for each programmatic area?	Yes	No
Formal programme	Yes	No

1.8.	***Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?***	Active involvement	Moderate involvement	No involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

From the Development of the NSP to the implementation, activities initiatives identified or included in the NSP were carried out by the stakeholders who are responsible for various sectors and levels in the society. Also funding was sourced out to various implementers identified in the NSP. Trainings and capacity building for the Civil Society organizations were conducted to enable the participation and involvement in implementing the NSP

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:

1.9.	***Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?***	Yes	No	N/A

1.10.	***Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?***	Yes, all partners	Yes, some partners	No	N/A

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

The finalized NSP has not been properly disseminated to the partners especially to the provincial level so most people knew basically what the NSP was but did not fully know its purpose and what it means at the program level

2.	***Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?***	Yes	No	N/A

* Civil society includes among others: networks and organisations of people living with HIV,women, young people, key affected groups (including men who have sex with men, transgendered people, sex workers, people who inject drugs, migrants, refugees/displaced populations, prisoners); faith-based organizations; AIDS service organizations; community-based organizations; ; workers organizations, human rights organizations; etc. Note: The private sector is considered separately.

2.1. ***IF YES, is support for HIV integrated in the following specific development plans?***

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

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

HIV-RELATED AREA INCLUDED IN PLAN(S)		
HIV impact alleviation	Yes	No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes	No
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support	Yes	No
Reduction of stigma and discrimination	Yes	No
Treatment, care, and support (including social security or other schemes)	Yes	No
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes	No
Other[write in below]:	Yes	No

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

Yes	No	N/A

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

LOW					HIGH
0	1	2	3	4	5

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

Yes	No

5. ***Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2011?***

Yes	No

5.1. ***Have the national strategy and national HIV budget been revised accordingly?***

Yes	No

5.2. ***Have the estimates of the size of the main key populations been updated?***

Yes	No

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

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

5.4. ***Is HIV programme coverage being monitored?***

Yes	No

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

Yes	No

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

Yes	No

***IF YES,* for which population groups?**
1. Antenatal woman and their partners 2. PLWH 3. Adolsecents 4. Youths 5. Woman and Men 6. STI Clients
Briefly explain how this information is used:
This has helped in identifying planning needs to appropriately implement and manage interventions on HIV activities and improved on areas which are lacking

(c) Is coverage monitored by geographical area?

Yes	No

***IF YES,* at which geographical levels (provincial, district, other)?**
Coverage has been monitored down to the provincial level
Briefly explain how this information is used:
This has helped in identifying planning needs to appropriately implement and manage interventions on HIV activities and improved on areas which are lacking even down to the provincial levels

5.5. Has the country developed a plan to strengthen health systems?

Yes	No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
The current health system is such that, most HIV related activities are integrated into other existing activities, to save cost and maximize delivery of services. But then it boils down to human resource, there are funds available for mobilizing programs into the provinces and even at community level but human resource specially for HIV work is not enough. The program is heavily dependent on donor funding and this demonstrates the lack of sustainable with donor funding stops. The failure of having a strengthened health information system has impacted heavily on the program and the country as whole. There is so much under reporting and recording and so much miscalculations which impacts on figures and statistics for the program

6. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?***

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

Since 2009, **what have been key achievements in this area:**

1. M&E Officer has now been recruited
2. There has been increased in number of VCCT sites offering STI and HIV and AIDS services throughout the country. With the total VCCT sites to day, out of the 29 VCCT sites country wide 17 is operational meaning functional and providing service throughout the country and 10 out of the 17 Sites are accredited as having met the Pacific Minimum standard of VCCT service in the country
3. National VCCT guideline has been developed and launched in WAD 2011
4. Increased number of health workers are trained on STI management
5. HIV testing records have been showing an increase in the number of people coming for HIV test in country
6. HIV testing algorithm has begin in country
7. VCCT is incorporated into Blood Bank service
8. There is good data collection and good reporting which is slowly improving overtime
9. PLWH have become more involved in activities such as community and school outreach programs
10. HIV legislation drafted and finalized for endorsement as a bill in the next parliamentary sitting
11. HIV Focal points for all provinces have all been identified and working well

What challenges remain in this area:

Most significant HIV documents are still in draft;

1. NSP is expired and undergoing a review process at the moment
2. M&E plan is still in draft
3. HIV legislation is still in its finalizing stages
4. HIV guidelines are still in draft
5. There is no ART guideline specific for the country despite the fact there are now a total of 6 people diagnosed of HIV, 2 have died and 4 are living with the disease at the moment.
6. There is still a lot more work to be done in up scaling the other VCCT sites inclusive of the SRH-HIV linkage site
7. No midterm review has been done as yet, due to staff capacities

II. POLITICAL SUPPORT AND LEADERSHIP

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

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

A. Government ministers	Yes	No
B. Other high officials at sub-national level	Yes	No

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

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

Yes	No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
Most parliamentarians show a lot of interest to HIV work in country, most of which are highlighted through the year in trainings and study tours around the country and during WAD events

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

Yes	No

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

2.1. ***IF YES, does the national multisectoral HIV coordination body:***

***IF YES,* does the national multisectoral HIV coordination body:**		
Have terms of reference?	Yes	No

Have active government leadership and participation?	Yes	No
Have an official chair person?	Yes	No
IF YES, *what is his/her name and position title?* *Chief Hendon Singari Kalsakau* *Chief* *Ifira Island*		
Have a defined membership?	Yes	No
IF YES, *how many members? 17*		
Include civil society representatives?	Yes	No
IF YES, *how many? 11*		
Include people living with HIV?	Yes	No
IF YES, *how many? 1*		
Include the private sector?	Yes	No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes	No

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

Yes	No	N/A

IF YES**, briefly describe the main achievements:**
There is ongoing coordination and implementation of HIV related activities, amongst stakeholders and NGO's and religious groups amongst others

What challenges remain in this area:
HIV is still not a priority for the government at the moment, thou there are PLWH in country, there is still more need for awareness rising for government can be able to see that it is a need and will therefore need attention. Coordination of funds is still an issue, more funds are send back to the donors after the implementation period

4. ***What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?*** **60%**

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

Capacity-building	Yes	No
Coordination with other implementing partners	Yes	No
Information on priority needs	Yes	No
Procurement and distribution of medications or other supplies	Yes	No
Technical guidance	Yes	No
Other [write in below]:	Yes	No

6. ***Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?*** Yes | No

6.1. ***IF YES, were policies and laws amended to be consistent with the National HIV Control policies?*** Yes | No

IF YES, **name and describe how the policies / laws were amended**
The Public Health Act, HIV Guideline and the HIV Work Place Policy

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
The Public Health Act does not cover all aspects of the HIV issues, therefore it is not fully reflected in the ACT and therefore HIV needs a separate legislation on its own. The HIV legislation has been amended and finalized

7. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?***

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

Since 2009, what have been key achievements in this area:
Parliamentarians are becoming more and more involved in HIV programme compared to 2009. There has been workshops held with parliamentarians on issues relating to HIV and of which most civil society are head of the programs. There has been political support with regards to HIV activities both at the national and provincial level which boosted morals of people and show tremendous support to the program.
What challenges remain in this area:
There is still a lot of work to be done with regards to political support, also involvement of politicians in HIV programs

III. HUMAN RIGHTS

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

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

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

Yes	No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Management and Monitoring of HIV/AIDs and STI response in Vanuatu

- The NAC shall be accorded appropriate legal status
- The government of Vanuatu shall give mandate to the NAC to manage and monitor the HIV/AIDS and STI respor in the country.
- The HIV Unit of MOH will act as the NAC secretariat.

Prevention and fight against stigma and discrimination

- The government of Vanuatu, guided by human rights principles[16], does not permit any form of stigma a discrimination against PLWH.
- The Government of Vanuatu encourages working with PLWH individuals or structured groups to develop awarene among communities and families, and develop advocacy to reduce stigma and ovoid any form of discrimination.
- PLWH should be supported, and should enjoy their full rights including use of public and social services a facilities.

Gender

- Gender mainstreaming shall be considered in all strategies and activities. All interventions should be gen sensitive and give equal opportunities to both men and women.
- The Government shall encourage advocacy and awareness programs for the public, organizations and governm departments to integrate as much as possible a gender component.
- The Government shall work closely with NGOs, CSOs, FBOs[17], communities, development partners and ot related programs for gender mainstreaming in Vanuatu.

HIV Counselling and Testing

- HIV Counselling and Testing shall be systematically proposed and initiated by health providers (a medical doc nurses, midwifes) to all at risk persons in contact with the health system.
- HIV Counselling and Testing shall be confidential and based on voluntary well informed consent patient decis even in case of diagnostic purpose to support treatment decision.
- A court[18] may order for HIV counselling and testing in sexual assault and defilement cases.
- HIV counselling and testing services shall be provided free.

Prevention of Parent to Child transmission of HIV

- Pregnant women and their partner in Antenatal Clinic shall be provided with enough information and given the opt for HIV Test
- Couples who are planning to have a child shall be encouraged to go to VCCT to know their status in order to prev Parent to child transmission of HIV
- All HIV Positive Pregnant Mothers and Children shall have access to Prophylactic Anti Retroviral Therapy (ART)
- Breast feeding options shall be given to all HIV Positive Mothers

Prevention of HIV/AIDS transmission through sex

Vanuatu being a low prevalent country at the moment, HIV/AIDS policy is primarily and essentially developed

[16] The Constitution and other International Human Rights Conventions ratified by Vanuatu

[17] Faith Based Organizations

[18] Magistrate and Supreme Court

encourage prevention and maintain that state of low prevalence.

- All men, women and young people should have access to appropriate and accurate information on HIV/AIDS a other STI; they should have access to appropriate services and other sexual reproductive services.
- The Government and MOH should work closely with religious, traditional, cultural groups to touch as much possible the most vulnerable groups to produce and disseminate culturally sensitive HIV/AIDS and STI prevent messages and programs.

Prevention of HIV/AIDS and STI transmission through blood

- All blood transfused to patients shall be screened for specific STIs including HIV, syphilis and Hepatitis B, follow the blood bank guidelines
- The capacity of laboratories of the 5 hospitals (Vila Central Hospital, Northern District Hospital, Lenakel, Lolowai a Norsup hospitals) shall be strengthened by training of lab staffs and appropriate laboratory supplies to aid pro screening of all blood before transfusion.

Care and treatment

- People infected and/or affected by HIV/AIDS should have access to quality counselling, care and treatm services, including appropriate Anti Retroviral Therapy.
- The MoH shall provide continuous training of health staff to enhance their skills, and equip the health facilities w appropriate supplies to ensure quality health services provision for people infected and/or affected by HIV/AIDS.

HIV Work Place Policy

- All government institutions shall develop their own HIV Work Place Policy
- All NGOs, CSOs[19] and Private sector shall be encouraged to develop their own HIV Work Place Policy

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

The HIV Legislation has been finalized and awaiting proper channels of communications for implementation.

The Drafted HIV legislation is now awaiting a one page summary and presentations, to be taken up to the Director of Public Health, Director General of Health and Minister of Health. The minister showed brief on issues within the legislation so as to prevent arguments when questions arise in the parliament

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

Finalized but awaiting proper channels of communications before it is being passed at the parliament

[19] Non-Government Organizations and Civil Society Organizations

2. ***Does the country have laws, regulations or policies that present obstacles[20] to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?***

Yes	No

IF YES, for which key populations and vulnerable groups?		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgendered people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable populations[21] [write in below]:	Yes	No

[20] These are not necessarily HIV-specific policies or laws. They include policies, laws or regulations which may deter people from or make it difficult for them to access prevention, treatment, care and support services. Examples cited in country reports in the past have include: "laws that criminalize same sex relationships", "laws that criminalize possession of condoms or drug paraphernalia"; "loitering laws"; "laws that preclude importation of generic medicines"; "policies that preclude distribution or possession of condoms in prisons"; "policies that preclude non-citizens from accessing ART"; "criminalization of HIV transmission and exposure", "inheritance laws/rights for women", "laws that prohibit provision of sexual and reproductive health information and services to young people", etc.

[21] Other specific vulnerable populations other than above, may be defined as having been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order) bisexual people, clients of sex workers, indigenous people , internally displaced people, prisoners, and refugees)

Briefly describe the content of these laws, regulations or policies:
As above
Briefly comment on how they pose barriers:
As Above

IV. PREVENTION

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

Yes	No

***IF YES*, what key messages are explicitly promoted?**		
Abstain from injecting drugs	Yes	No
Avoid commercial sex	Yes	No
Avoid inter-generational sex	Yes	No
Be faithful	Yes	No
Be sexually abstinent	Yes	No
Delay sexual debut	Yes	No
Engage in safe(r) sex	Yes	No
Fight against violence against women	Yes	No
Greater acceptance and involvement of people living with HIV	Yes	No
Greater involvement of men in reproductive health programmes	Yes	No
Know your HIV status	Yes	No
Males to get circumcised under medical supervision	Yes	No

Prevent mother-to-child transmission of HIV	Yes	No
Promote greater equality between men and women	Yes	No
Reduce the number of sexual partners	Yes	No
Use clean needles and syringes	Yes	No
Use condoms consistently	Yes	No
Other [write in below]:	Yes	No

1.2. ***In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?*** Yes | No

2. ***Does the country have a policy or strategy to promote life-skills based HIV education for young people?*** Yes | No

2.1. ***Is HIV education part of the curriculum in:***

Primary schools?	Yes	No
Secondary schools?	Yes	No
Teacher training?	Yes	No

2.2. ***Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?*** Yes | No

2.3. ***Does the country have an HIV education strategy for out-of-school young people?*** Yes | No

3. ***Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?*** Yes | No

Briefly explain what mechanisms are in place to ensure these laws are implemented:
NSP but it was not properly utilized and disseminated

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

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

	IDU[22]	MSM[23]	Sex workers	Customers of Sex Workers	Prison inmates	Other populations[24] *[write in]*
Condom promotion						***General Population***
Drug substitution therapy						
HIV testing and counseling						***General Population***
Needle & syringe exchange						
Reproductive health,						***General Population***

22 IDU = People who inject drugs

23 MSM=men who have sex with men

24 Other vulnerable population other than those listed above, that have been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order)

bisexual people, clients of sex workers, indigenous people , internally displaced people, prisoners, and refugees)

including sexually transmitted infections prevention and treatment						
Stigma and discrimination reduction						***General Population***
Targeted information on risk reduction and HIV education						***General Population***
Vulnerability reduction (e.g. ***income generation)***						

3.2. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?***

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

***Since 2009,* what have been key achievements in this area:**
Individual agencies have their own policies to implement HIV prevention programs in their agencies but the country does not have a specific prevention policy for all
What challenges remain in this area:
There is still need to develop a prevention policy

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

Yes	No

***IF YES,* how were these specific needs determined?**
1. Issues on prevention 2. Treatment care and support 3. Enabling environment 4. Programme management

***IF NO,* how are HIV prevention programmes being scaled-up?**

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to…	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Blood safety	1	2	3	4	5	N/A
Condom promotion	1	2	3	4	5	N/A
Harm reduction for people who inject drugs	1	2	3	4	5	N/A
HIV prevention for out-of-school young people	1	2	3	4	5	N/A
HIV prevention in the workplace	1	2	3	4	5	N/A
HIV testing and counseling	1	2	3	4	5	N/A
IEC[25] on risk reduction	1	2	3	4	5	N/A

25 IEC = information, education, communication

IEC on stigma and discrimination reduction	1	2	3	4	5	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	5	N/A
Prevention for people living with HIV	1	2	3	4	5	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	5	N/A
Risk reduction for intimate partners of any of the above three key populations	1	2	3	4	5	N/A
Risk reduction for men who have sex with men	1	2	3	4	5	N/A
Risk reduction for sex workers	1	2	3	4	5	N/A
School-based HIV education for young people	1	2	3	4	5	N/A
Universal precautions in health care settings	1	2	3	4	5	N/A
Other[write in]:	1	2	3	4	5	N/A

5. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?***

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

***Since 2009,* what have been key achievements in this area:**

There have been a lot of improvements to HIV prevention activities implemented in 2011 compared to 2009. Provincial officers and NGO partners have taken on initiative to apply for funds outside of normal National funding mechanisms to be able to implement their activities.

Specifically areas such as Torba Province were no activities has taken place since 2009, but there has been a lot of scaled up in activities with regards to HIV prevention which has led to positive results in 2011. A lot of condoms has been distributed and there has been scaled up in services related to HIV which is a positive outcome

What challenges remain in this area:

Government still needs to take on activities when the donor funds completed and provincial partners need not to rely on national to provide for funding but look elsewhere to support their programs at the provincial level.

There needs to be capacity building of staff in proper funding coordination and dissemination

V. TREATMENT, CARE AND SUPPORT

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

Yes	No

***If YES,* Briefly identify the elements and what has been prioritized:**

As stated in the previous paragraphs;

1. There has been a lot of scaled up in activities relating to treatment care and support in the country in 2011 compared to 2009. VCCT guideline is one idle example of that, which came out as a result of 10 VCCT sites being accredited as having met the Pacific Minimum standards of a VCCT Sites
2. HIV testing algorithm has implemented in country
3. TB cases have been tested and screened for HIV
4. There is support given to PLWH and their activities

Briefly identify how HIV treatment, care and support services are being scaled-up?
There has been a lot of support given to people living with HIV, in terms of care and treatment and their involvement in HIV prevention activities

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

The majority of people in need have access to…	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Antiretroviral therapy	1	2	3	4	5	N/A
ART for TB patients	1	2	3	4	5	N/A
Cotrimoxazole prophylaxis in people living with HIV	1	2	3	4	5	N/A
Early infant diagnosis	1	2	3	4	5	N/A
HIV care and support in the workplace (including alternative working arrangements)	1	2	3	4	5	N/A
HIV testing and counselling for people with TB	1	2	3	4	5	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	1	2	3	4	5	N/A
Nutritional care	1	2	3	4	5	N/A
Paediatric AIDS treatment	1	2	3	4	5	N/A
Post-delivery ART provision to women	1	2	3	4	5	N/A
Post-exposure prophylaxis for non-	1	2	3	4	5	N/

occupational exposure (e.g., sexual assault)						A
Post-exposure prophylaxis for occupational exposures to HIV	1	2	3	4	5	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	5	N/A
Sexually transmitted infection management	1	2	3	4	5	N/A
TB infection control in HIV treatment and care facilities	1	2	3	4	5	N/A
TB preventive therapy for people living with HIV	1	2	3	4	5	N/A
TB screening for people living with HIV	1	2	3	4	5	N/A
Treatment of common HIV-related infections	1	2	3	4	5	N/A
Other[write in]:	1	2	3	4	5	N/A

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

Yes	No

Please clarify which social and economic support[26] is provided:
Psychological support

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

Yes	No

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

Yes	No

IF YES, **for which commodities?**
1. Condoms 2. ARV 3. Reagents

5. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?***

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

Since 2009, **what have been key achievements in this area:**
As stated in the previous paragraphs; 1. There has been a lot of scaled up in activities relating to treatment care and support in the country in 2011 compared to 2009. VCCT guideline is one idle example of that, which came out as a result of 10 VCCT sites being accredited as having met the Pacific Minimum standards of a VCCT Sites 2. HIV testing algorithm has implemented in country 3. TB cases have been tested and screened for HIV 4. There is support given to PLWH and their activities

26 These can include, for example, non-contributory state pensions/old age grants, Free primary health care and ART for the poor, Free and/or subsidized educational support (primary and secondary school) for the poor, Disability grants, Child grants, Micro-finance/credit, Start-up kits for income generation, and the care and support needs of carers.

What challenges remain in this area:
There has been a lot of support given to people living with HIV, in terms of care and treatment and their involvement in HIV prevention activities

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

Yes	No	N/A

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

Yes	No

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

Yes	No

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes	No

IF YES, what percentage of orphans and vulnerable children is being reached?

%

6. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?***

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

***Since 2009,* what have been key achievements in this area:**
N/A
What challenges remain in this area:
There is still need for the country to pick up on this area, so far there has been no intervention on this regard as children living with HIV are still intact with their parents

VI. MONITORING AND EVALUATION

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

Yes	No	N/A

Briefly describe any challenges in development or implementation:
The country has developed an M&E plan but which is still in draft at the moment, there is still need to get the documents amended again because it was developed in 2008, needs to be reviewed and amended, finalized, endorsed and launched There is still need to develop a database for HIV recording.

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

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

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

Briefly describe what the issues are:
Issues of recording and reporting and channels of statistic collection from the national to the provincial level

2. *Does the national Monitoring and Evaluation plan include?*

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

3. *Is there a budget for implementation of the M&E plan?* | Yes | In Progress | No |

70%

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

4. *Is there a functional national M&E Unit?* | Yes | In Progress | No |

Briefly describe any obstacles:
M&E officer needs to be up skilled in M&E issues Developed M&E database Have the M&E plan finalized and endorsed

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

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

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

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Permanent Staff [Add as many as needed]	***1***		***2010***
	Fulltime	**Part time**	**Since when?**
Temporary Staff [Add as many as needed]			

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

Yes	No

Briefly describe the data-sharing mechanisms:
Health Information System currently has forms but which does not collect all information's that does not fully provide information's on STI and HIV/AIDS. HIV unit collects data but which is specific for the Unit only not subjected to the whole HIS system
What are the major challenges in this area:
Development of the VCCT Guideline has helped the unit to develop standardized forms for reporting forms for STI and HIV statistics which is a bonus to the program, but there is still need for trainings and roll to train health care workers and VCCT service providers on the reporting forms

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

Yes	No

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

Yes	No

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

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

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

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

7.3. ***Is there a functional Health Information System[27]?***

[27] ***Such as regularly reporting data from health facilities which are aggregated at district level and sent to national level; data are analysed and used at different levels)?***

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

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

Yes	No

9. ***How are M&E data used?***

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

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
Update and reporting of STI statistics to MOH and funders for research

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

At national level?	Yes	No
IF YES, what was the number trained:		
At subnational level?	Yes	No
IF YES, what was the number trained		

At service delivery level including civil society?	Yes	No
IF YES, how many?		

Yes	No

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

***IF YES*, describe what types of activities**
Regional M&E Training for National staffs, total of 3 people trained

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?

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

***Since 2009,* what have been key achievements in this area:**
HIV unit has tried its best to comply with the reporting of statistics
What challenges remain in this area:
There is still need for training for the forms developed to have it fully standardized

NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI)

PART B

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

I. CIVIL SOCIETY* INVOLVEMENT

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

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
Some progress has been made in this area. One of the NGO's has been working closely with the parliament to strengthen leaders commitment

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

LOW					HIGH
0	1	2	3	4	5

* Civil society includes among others: networks and organisations of people living with HIV, women, young people, key affected groups (including men who have sex with men, transgendered people, sex workers, people who inject drugs, migrants, refugees/displaced populations, prisoners); faith-based organizations; AIDS service organizations; community-based organizations; ; workers organizations, human rights organizations; etc. Note: The private sector is considered separately.

Comments and examples:
Civil Society members are an integral part of the planning and work that went into the NSP

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

a. The national HIV strategy?

LOW					HIGH
0	1	2	3	4	5

b. The national HIV budget?

LOW					HIGH
0	1	2	3	4	5

c. The national HIV reports?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
Civil society services are all included in the NSP. The majority of funding are sought by NGO's from sources outside the national budget. However, some activities conducted by NGO's are funded through funds from donors channeled through Ministry of Health. Some of the activities are included in the national reports but this could be improved.

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

a. Developing the national M&E plan?

LOW					HIGH
0	1	2	3	4	5

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

LOW					HIGH
0	1	2	3	4	5

c. Participate in using data for decision-making?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
Civil society undertake M&E for their own activities. Involvement in monitoring at the national level is still being worked out. A national M&E plan will be produced after the national M&E training which should guide everyone in the monitoring and evaluation of the NSP

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

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
The only organization representing positive people is very involved in HIV work in Vanuatu. There are no sex worker organizations but sex workers are involved in some of the HIV work that is being carried out by some NGO's. Faith based organizations' are involved although some are more active then others

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

a. Adequate financial support to implement its HIV activities?

LOW					HIGH
0	1	2	3	4	5

b. Adequate technical support to implement its HIV activities?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
Civil societies at this time are able to access funding for their HIV activities. The relationship between all the stakeholders is good at the moment and seeking TA is not much of a problem although the issue of funding can sometimes be a stumbling block

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

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

**ART = Antiretroviral Therapy; OI=Opportunistic infections*

***OVC = Orphans and other vulnerable children*

8. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?***

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

Since 2009, **what have been key achievements in this area:**
National stakeholders meetings were organized in 2008 and 2009 spear headed by NGO. This was a big relation to harmonizing and strengthening the efforts at the national level to coordinate HIV activities in the country
What challenges remain in this area:
The national HIV work is being coordinated by the HIV Unit within the Ministry Of Health. Changes to staffing in this unit during the early part of 2010 resulted in the momentum slowing down. Issues were also faced with regards to funding from regional level which resulted in national level activities being difficult to complete.

II. POLITICAL SUPPORT AND LEADERSHIP

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

Yes	No

IF YES**, describe some examples of when and how this has happened:**
Through the Ministry Of Health, the positive people's organization is part of any policy work or programme implementation

III. HUMAN RIGHTS

1a. ***Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:***

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgendered people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable subpopulations[28] [write in]:	Yes	No

1b. ***Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?***

Yes	No

[28] Other vulnerable population other than those listed above, that have been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order) bisexual people, clients of sex workers, indigenous people , internally displaced people, prisoners, and refugees)

IF YES to Question 1a or 1b, **briefly describe the contents of these laws:**
HIV is not specifically mentioned but the Constitution provides that no-one shall be discriminated against based on health etc.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
Briefly comment on the degree to which they are currently implemented:

2. ***Does the country have laws, regulations or policies that present obstacles[29] to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?***

Yes	No

2.1. ***IF YES, for which sub-populations?***

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrants/mobile populations	Yes	No
Orphans and other vulnerable children	Yes	No
People who inject drugs	Yes	No
People with disabilities	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No

29 These are not necessarily HIV-specific policies or laws. They include policies, laws, or regulations which may deter people from or make it difficult for them to access prevention, treatment, care and support services. Examples cited in country reports in the past have include: "laws that criminalize same sex relationships", "laws that criminalize possession of condoms or drug paraphernalia"; "loitering laws"; "laws that preclude importation of generic medicines"; "policies that preclude distribution or possession of condoms in prisons"; "policies that preclude non-citizens from accessing ART"; "criminalization of HIV transmission and exposure", "inheritance laws/rights for women", "laws that prohibit provision of sexual and reproductive health information and services to young people", etc.

Transgendered people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable populations[30] [write in]:	Yes	No

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

3. ***Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?*** Yes | No

Briefly describe the content of the policy, law or regulation and the populations included.
The Family Protection Bill provides ways for women who suffer domestic violence to deal with their situation and get protection.

4. ***Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?*** Yes | No

[30] Sub-population other than those listed above, that have been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order) bisexual people, clients of sex workers, indigenous people , internally displaced people, lesbians, prisoners, and refugees) ditto above changes if you agree.

***IF YES*, briefly describe how human rights are mentioned in this HIV policy or strategy:**
Yes – it is mentioned in the National Strategic Plan

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

Yes	No

***IF YES*, briefly describe this mechanism:**

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

	Provided free-of-charge to all people in the country		**Provided free-of-charge to some people in the country**		**Provided, but only at a cost**	
Antiretroviral treatment	Yes	No	Yes	No	Yes	No
HIV prevention services[31]	Yes	No	Yes	No	Yes	No
HIV-related care and support interventions	Yes	No	Yes	No	Yes	No

If applicable, which populations have been identified as priority, and for which services?
Anyone is entitled to receive HIV prevention services. ART is being provided to the HIV positive people that need ART, At this time, the plan is to provide anyone who is positive and needs the treatment with free treatment. Due to the small number of HIV positive people, care related activities have been minimal but anyone can have access to care and support interventions if they need them.

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

Yes	No

7.1. ***In particular, does the country have a policy or strategy***

Yes	No

[31] Such as blood safety, condom promotion, harm reduction for people who inject drugs, HIV prevention for out-of-school young people, HIV prevention in the workplace, HIV testing and counseling, IEC[31] on risk reduction, IEC on stigma and discrimination reduction, prevention of mother-to-child transmission of HIV, prevention for people living with HIV, reproductive health services including sexually transmitted infections prevention and treatment, risk reduction for intimate partners of any of the above three key populations, risk reduction for men who have sex with men, risk reduction for sex workers, school-based HIV education for young people, universal precautions in health care settings.

to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

8.	***Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?***	Yes	No

***IF YES*, Briefly describe the content of this policy/strategy and the populations included:**
This is still unsure about the specific policies but the practice is that equal access has to be practiced by service deliverers. Any HIV work, be it at the prevention, treatment & care or support level, must be accessible to anyone who needs and wants it.

8.1.	***IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?***	Yes	No

***IF YES*, briefly explain the different types of approaches to ensure equal access for different populations:**
To a certain extent, the NSP provides for a communication and BCC strategies that will define how to reach these vulnerable sub-populations.

9.	***Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?***	Yes	No

***IF YE,S* briefly describe the content of the policy or law:**

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

a.	***Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work***	Yes	No
b.	***Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts***	Yes	No

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

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

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)[32]?	Yes	No
b. Programmes for members of the judiciary and law enforcement[33] on HIV and human rights issues that may come up in the context of their work?	Yes	No

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

a. Legal aid systems for HIV casework	Yes	No
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV	Yes	No

13. ***Are there programmes in place to reduce HIV-related stigma and discrimination?*** Yes No

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

12. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and***

32 Including, for example, Know-your-rights campaigns – campaigns that empower those affected by HIV to know their rights and the laws in context of the epidemic (see UNAIDS Guidance Note: Addressing HIV-related law at National Level, Working Paper, 30 April 2008)

33 Including, for example, judges, magistrates, prosecutors, police, human rights commissioners and employment tribunal/ labour court judges or commissioners

regulations in place to promote and protect human rights in relation to HIV in 2011?

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

***Since 2009,* what have been key achievements in this area:**
Efforts have been ongoing to put together a HIV law. A policy paper has been written but a lot of work needs to be done to get to the point where a law is passed by Parliament.
What challenges remain in this area:
Lack of dedicated person in country to look into these needs.

13. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?***

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

***Since 2009,* what have been key achievements in this area:**
I believe that stakeholder partners are very aware of human rights related issues and are making an effort to implement them.
What challenges remain in this area:
The challenge is that there have not been many cases where a specific policy or law has been challenged on its application to a HIV situation so it is not really clear whether it works or not.

III. PREVENTION

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

Yes	No

***IF YES*, how were these specific needs determined?**
Stakeholders put together the NSP which details the national HIV prevention program needs.
***IF NO*, how are HIV prevention programmes being scaled-up?**

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access to…					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Blood safety	1	2	3	4	5	N/A
Condom promotion	1	2	3	4	5	N/A
Harm reduction for people who inject drugs	1	2	3	4	5	N/A
HIV prevention for out-of-school young people	1	2	3	4	5	N/A
HIV prevention in the workplace	1	2	3	4	5	N/A
HIV testing and counseling	1	2	3	4	5	N/A

IEC[34] on risk reduction	1	2	3	4	5	N/A
IEC on stigma and discrimination reduction	1	2	3	4	5	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	5	N/A
Prevention for people living with HIV	1	2	3	4	5	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	5	N/A
Risk reduction for intimate partners of any of the above three key populations	1	2	3	4	5	N/A
Risk reduction for men who have sex with men	1	2	3	4	5	N/A
Risk reduction for sex workers	1	2	3	4	5	N/A
School-based HIV education for young people	1	2	3	4	5	N/A
Universal precautions in health care settings	1	2	3	4	5	N/A
Other[write in]:	1	2	3	4	5	N/A

2. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011??***

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

34 IEC = information, education, communication

Since 2009, what have been key achievements in this area:
HIV work has continued to pick up around the country with efforts both by the civil society organizations and the government agencies.
What challenges remain in this area:

IV. TREATMENT, CARE AND SUPPORT

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

Yes	No

IF YES, Briefly identify the elements and what has been prioritized:
Briefly identify how HIV treatment, care and support services are being scaled-up?

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

HIV treatment, care and support service	The majority of people in need have access to…					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Antiretroviral therapy	1	2	3	4	5	N/A
ART for TB patients	1	2	3	4	5	N/A

Cotrimoxazole prophylaxis in people living with HIV	1	2	3	4	5	N/A
Early infant diagnosis	1	2	3	4	5	N/A
HIV care and support in the workplace (including alternative working arrangements)	1	2	3	4	5	N/A
HIV testing and counselling for people with TB	1	2	3	4	5	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	1	2	3	4	5	N/A
Nutritional care	1	2	3	4	5	N/A
Paediatric AIDS treatment	1	2	3	4	5	N/A
Post-delivery ART provision to women	1	2	3	4	5	N/A
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)	1	2	3	4	5	N/A
Post-exposure prophylaxis for occupational exposures to HIV	1	2	3	4	5	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	5	N/A
Sexually transmitted infection management	1	2	3	4	5	N/A
TB infection control in HIV treatment and care facilities	1	2	3	4	5	N/A
TB preventive therapy for people living with HIV	1	2	3	4	5	N/A
TB screening for people living with HIV	1	2	3	4	5	N/A
Treatment of common HIV-related infections	1	2	3	4	5	N/A

Other[write in]:	1	2	3	4	5	N/A

1.2. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011??***

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

***Since 2009,* what have been key achievements in this area:**
Comparing to 2009, there are more VCCT centers operating more than before and most of 4 of the NGO clinics have been accredited.
What challenges remain in this area:
Still many people not having access to services. Despite centers existing, there are still problems with staffing, supplies etc that need to be solved.

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

Yes	No

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

Yes	No

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

Yes	No

2.3 . ***IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?***

Yes	No

	%

2.4. ***IF YES, what percentage of orphans and vulnerable children is being reached?***

3. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011??***

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

Since 2009, **what have been key achievements in this area:**
What challenges remain in this area: