UNGASS 2010 COUNTRY PROGRESS REPORT

Federated States of Micronesia

Reporting period: January 2008–December 2009

Prepared by: The Department of Health and Social Affairs

Federated States of Micronesia National Government

Submission date: 31 March 2010

Acronyms and Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CNMI	Commonwealth of the Northern Mariana Islands
COM	College of Micronesia – FSM
CPG	Community Planning Group
CHC	Community Health Center
FSM	Federated States of Micronesia
DHSA	Department of Health and Social Affairs (formerly DHESA)
DLS	Diagnostic Laboratory Services (in Honolulu, Hawaii)
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Use(rs)
MCRS	Micronesian Red Cross Society
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MHRDC	Micronesia Human Resource Development Center
MSIP	Marie Stopes International - Pacific
MSM	Men who have Sex with Men
NAC	National Advisory Committee on HIV/AIDS, STIs and TB
NASA	National AIDS Spending Assessment
NCPI	National Composite Policy Index
NGO	Non-Governmental Organisation
PLWH	People Living With HIV
PMTCT	Prevention of Mother-To-Child Transmission
PRHP	Pacific Regional HIV/AIDS Project
SGS	Second-Generation Surveillance
SPC	Secretariat of the Pacific Community
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund

UNGASS	United Nations General Assembly Special Session on HIV and AIDS
VCCT	Voluntary Confidential Counselling and Testing

Table of Contents

1. Status at a glance

1.1 The inclusiveness of the stakeholders in the report writing process

The process of UNGASS report preparation began in early 2010, with a request from the FSM National HIV/AIDS Coordinator to each of the state level HIV/AIDS/STI program managers to begin collecting relevant information to prepare an update of the 2008 report. The four state managers, assisted by their staff collected the information necessary to be included in the National Composite Policy Index (NCPI), the National AIDS Spending Assessment (NASA), and any other specific information required for the UNGASS report.

All available information from the state level was collected and submitted to the National HIV/AIDS Coordinator either prior to, at, or soon after, the organizational meeting of the FSM's National Advisory Committee (NAC) for HIV, STIs and TB, which was held at the Pohnpei State Hospital conference room 15 -19 March 2010. At this meeting, representatives from each of the four FSM state's Community Planning Groups (CPG), plus a representative of the private sector, participated in the discussion of the content of the 2010 UNGASS report. This discussion followed a presentation/review of the information contained in the 2008 report. Each of the FSM states has a state level CPG which is composed of community members who have shown an interest in addressing the HIV/AIDS situation in their respective states. Membership includes representatives of NGOs (typically women's and faith based organizations) who have responded to open invitations and some representatives from state level health services' offices (typically the state HIV and/or STI programs. CPGs were first created about ten years ago as a requirement of one of the US funded HIV/AIDS programs. The groups have experienced various levels of activity, which have varied from state to state.

This report also draws information from the FSM's National Strategic Plan which was prepared as part of the nation's participation in the funding process for support from the *Pacific Regional Strategy on HIV and other STIs Implementation Plan for 2009-2013*. Other sources of information include reports submitted by the National HIV Program and National STI Program Coordinators following trips to the states for monitoring and evaluation purposes, and 6-month programmatic reports submitted by the Micronesia Human Resource Development Center (MHRDC) to the Global Fund Section at the Secretariat of the Pacific Community (SPC). Although progress has been made in since 2007, many of the findings of previous situational reports remain current and pertinent today.

1.2 The status of the epidemic in the Pacific Region

The regional situation with regard to HIV infections is the same as was described in the last UNGASS report. As of December 2008; cases have been reported in every Pacific country or territory, barring the two smallest jurisdictions: Niue and Tokelau. Although the epidemics are still in their early stages in most places, preventative efforts need to be stepped up.

Over 95% of the 29,631 HIV infections reported across the 22 Pacific island countries and territories by 31 December 2008 were recorded in Papua New Guinea where an AIDS epidemic presently numbers 28,294 cumulative recorded cases. Recorded HIV infection levels are relatively low in the rest of the Pacific region, with the total number of cumulative HIV cases, as reported by SPC exceeding 100 only in four jurisdictions: New Caledonia (331), French Polynesia (302), Fiji (290), and Guam (192). However, this regional information is often based on limited HIV surveillance at the country or territorial level. The high levels of other sexually transmitted infections that have been recorded in some Pacific island countries, including the FSM, show that significant risk behaviours exist along with the potential for the rapid spread of HIV throughout the Pacific island region.

1.3 The status of the epidemic in the Federated States of Micronesia

Since the first case was detected in FSM in 1989, a total 37 cases of HIV and/or AIDS have been reported in the country. The number of confirmed cases of HIV has slowly increased (Figure 1) with the exception of a relatively large jump between 1997 and 200 when sixteen new cases were added. As is the situation in many developing countries, many factors influence the reporting of, and failure to report, HIV/AIDS cases, and thus reported figures may deviate somewhat from actual counts, which may never be determined.

By the end of 2009, of all of the confirmed HIV cases in the FSM, due to death or departure from the country, nine known PLWH resided in the FSM.

1.4 The policy and programmatic response

With the development of state HIV/STI strategic plans and the existence of the FSM National Strategic Plan for HIV and other STIs 2007 – 2011, coupled with the Pacific Response Fund and GFATM workplans to address HIV/AIDS and STIs, there is a much stronger effort underway to address these diseases from several aspects: prevention, surveillance, testing, treatment/care and support for HIV/AIDS patients, and curative services for STI patients.

In 2009, the Pohnpei State Legislature passed the Pohnpei State HIV/AIDS Bill into law, and national deliberations continue concerning the FSM National HIV/AIDS bill in the Congress of the FSM. As a result of these events a stronger policy environment and a wider general public awareness of HIV/AIDS exists within the country than in past years.

HIV/AIDS programs operate in each of the four states of the FSM: Kosrae, Pohnpei, Chuuk, and Yap. Nearly all funds are channelled through the FSM National government Department of Health and Social Affairs (FSM-HSA), where funding applications and proposals are prepared, and responsibilities for national level programmatic and financial reporting lie. From the national level, funds are allotted to the states to support the implementation of activities. The four state programs then report back to the national level concerning program accomplishments and financial outlays.

There are four major source of funding for HIV/AIDS programs in FSM, including:

- the US Federal Government, through the Centers for Disease Control and prevention (CDC) and Health Resources and Services Administration (HRSA),
- the Global Fund to Fight AIDS, TB and Malaria (GFATM),
- the Pacific Islands HIV and STI Response Fund II (PIRSP II),and
- the World Health Organization (WHO).

Each state coordinates and implements its own HIV program implementations activities. Although donor funding has a strong influence on program design and implementation, and thereby acts to standardise the state programs, the different cultures, political systems and geographical settings of the four states exerts a strong local influence on program implementation and outcomes.

Implementation of community education programs that emphasise prevention of HIV infection and counter negative community attitudes/discrimination/stigmatisation of PLWH have been accomplished. These programs are being delivered by the national and state level government HIV/STI programs, and by NGOs such as the Micronesia Red Cross Society and the Adolescent Health Program. Other community groups, including women and youth, have responded through their active participation in these activities.

Core Indicators for the Declaration of Commitment Implementation (UNGASS)

2008 - 2009 reporting

Indicators	Data Available and Reported Yes or No	Method of Data Collection
National Commitment and Action		
Expenditures		
1. Domestic and international AIDS spending by categories and financing sources	Available / Yes	National AIDS Spending Assessment Financial reports
Policy Development and Implementation Status		
2. National Composite Policy Index	Available / Yes	Desk review and key informant interviews collected at the state level
Areas covered: gender, workplace programs, stigma and discrimination, prevention, care and support, human rights, civil society involvement, and monitoring and evaluation		
National Programmes: blood safety, antiretroviral therapy coverage, prevention of mother-to-child transmission, co-management of TB and HIV treatment, HIV testing, prevention programs, services for orphans and vulnerable children, and education.		

3. Percentage of donated blood units screened for HIV in a quality assured manner	Available / Yes	Program monitoring/special survey
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Available / Yes	Program monitoring and estimates
5. Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission	Available / Yes	Program monitoring
6. Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV	Available / Yes	Program monitoring
7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results	Available / Yes	SGS
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	Available / Yes	SGS
9. Percentage of most-at-risk populations reached with HIV/AIDS prevention programs	Available / Yes	SGS
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	Not Applicable (No Orphans)	
11. Percentage of schools that provided life-skills based HIV/AIDS education within the last academic year	Not Available / No	
Knowledge and Behavior		
12. Current school attendance among orphans and among non-orphans aged 10–14*****	Not Applicable (No Orphans)	
13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	Available / Yes	SGS
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Available / Yes	SGS
15. Percentage of young women and men who have had sexual intercourse before the age of 15	Available / Yes	SGS
16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Available / Yes	SGS

17. Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	Available / Yes	SGS
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	Not Available / No	
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Not Available / No	
20. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	Not Available / No	
21. Percentage of injecting drug users who report the use of a condom at last sexual intercourse	Not Available / No	
Impact		
22. Percentage of young women and men aged 15–24 who are HIV infected*	Available / Yes	Program monitoring
23. Percentage of most-at-risk populations who are HIV infected	Applicable, but no data / No	
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Available / Yes	Program monitoring
25. Percentage of infants born to HIV infected mothers who are infected	Applicable, but no data / No	Program monitoring

*Millennium Development Goals indicator

2. The National Setting

2.1 FSM Geography, Demographics, and Economy

The Federated States of Micronesia is a developing island nation comprised of 607 islands spread across more than one million square miles in the Western Pacific Ocean, just north of the equator. While the FSM covers a very large area of the ocean (the east-west dimension is approximately 2,000 miles), the total land area is small, only 271 square miles. There is more than 2,776 square miles of lagoon area. The country is divided into four states, Kosrae, Pohnpei, Chuuk, and Yap with the national government offices located on Pohnpei. States are further politically (and in some areas culturally and linguistically) divided into municipalities and villages. The 2000 population and housing census indicates that 107,008 people inhabit 65 of the islands. The census revealed that 52.7% of the total population is age 19 years or younger, approximately 3.6% over 65, and the population is almost evenly split between male and female (102.6 males per 100 females).

During the last three decades a gradual population shift towards the state centers has occurred. The average population density for the nation is slightly less than 400 persons per square mile, with some islands sparsely populated, and the "urban" state centers ranging up to nearly 5,000 per square mile. Again from the 2000 census, the state populations (and average densities) were 11,241 (244) for Yap, 53,595 (1,094) for Chuuk, 34,486 (261) for Pohnpei, and 7,686 (179) for Kosrae. Estimates compiled by the SPC, placed the national population at 110,899 in mid 2009.

The number of inhabited islands occasionally changes as families on the small outer atolls may move from one islet to another. The average house-hold size is 6.8, with a low of 5 .5 in Yap and 6.3, 7.2, and 7.5 respectively in Pohnpei, Kosrae and Chuuk. Life expectancy is 66.67 for males and 70.62 for females, and has improved dramatically since the end of WWII. In 2000 the crude birth rate was about 28.1, however, in the last decade the actual population growth rate has significantly slowed (3.0% in 1980-89, 1.9% in 1989-94 and 0.3 in 1994-2000), due to out-migration to Guam, the Commonwealth of the Northern Mariana Islands (CNMI), Hawaii, and the United States mainland. FSM citizens have full access to the United States and its territories. Health statistics provided by the FSM HSA indicate that fertility rates are moderately high, with an estimated TFR of 3.16 in 2006. However, the number of children born per woman has considerably declined over recent decades, from 8.2 in 1973, 4.7 in 1997, and 4.4 in 2001. The fertility decline has happened in the absence of economic development seen in other countries with similar declines. The decline is attributed to the high infant mortality rate of 21.8 (2001) per 1 000 live births, emigration, family planning, education of parents, employment of women

A large portion of each state's population is involved in subsistence agriculture and marine activities. For those who have entered the cash economy, the government continues to be the largest employer. The Compact of Free Association between the FSM and the United States has been the main financial support for the nation's economy, and the recently renegotiated compact continues this situation, with somewhat increased external controls over slightly reduced funding, which is more targeted on specific public sectors such as health and education. There is a high level of unemployment (22.3% reported by SPC, 2000) and under-employment, especially for young people. The economy is largely dependent on the fishing industry and licensing fees, migrant labour, and funds from the United States through the Compact of Free Association, and other aid grants from various donors. Just of half of all people in paid jobs are employed in the public sector, which reflects the shortage of paid livelihoods.

2.2 Health infrastructure and services

Each state's health services infrastructure has a hospital, a public/primary health care division which includes various prevention and health promotion programs, and a dispensary network. Due to the wide dispersion of islands and villages, some very geographically isolated with very small populations, the logistics of providing comprehensive and quality health care services to all of the FSM residents are challenging. Shortages of staff and medical supplies are common. Each of the four hospital that can provide primary

and secondary care. Although everyone can receive health care at the hospitals, a nominal fee may be applied.

The private health sector is small, operating a few primary health clinics with their own pharmacies on Pohnpei and Chuuk. There is one private hospital on Pohnpei. Private facility patients are typically those who can afford to pay for services or are enrolled in either national or state government insurance programs.

In the outlying islands, state government health dispensaries are supervised by the island mayors. Staffed by health assistants, these dispensaries mainly diagnose and treat common ailments and more advanced cases are referred to the central hospitals.

With regards to health status, the FSM's populations often suffer from the worst of two worlds. Throughout the country, many of the traditional tropical and developing world infectious diseases and under-nutrition problems continue to burden the population (particularly children). At the same time, many of the lifestyle diseases associated with more developed nations, problems of over-nutrition, inactivity, injury, and substance abuse, are placing a heavy toll on the health of many citizens.

National health statistics indicate that the leading causes of death among infants and young children are respiratory infections, pre-maturity, and under-nutrition. With the addition of diarrheal diseases, these health problems are also the leading causes of child morbidity as measured by outpatient visits and hospitalizations. Among older children, teenagers and young adults, injuries become the predominant cause of death, as they are in most parts of the world. Among unintentional injuries, numbers of water-associated deaths are about equal to motor vehicle-related deaths. Among intentional (violent) injuries, the high suicide rate is particularly notable, and is thought to be due to the burden of cultural and economic dislocation, particularly for young adult males. Suicide rates for young adult males in the Micronesia region are among the highest in the world. Alcohol is often a contributing factor in violent incidents.

Among adults, heart disease and stroke have become the leading causes of death. The very high rates for adults aged 25 to 55, is two to four times the U.S. rate for similar age groups. This high rate of premature cardiovascular mortality suggests that the combination of lifestyle (high fat/sodium/calorie diet, lack of exercise, and tobacco and alcohol use) and genetics has created an unusual burden on the FSM population that otherwise would only show patterns of disease similar to other developing countries in the world. Diabetes is a major underlying contributor to morbidity and mortality. Indeed, the fact that these high rates of non-communicable diseases exist in the FSM in the face of the continued high incidence of tuberculosis, Hansen's disease, rheumatic fever, rheumatic heart disease, etc., indicates that the FSM, in a situation similar to other Pacific island countries, has not completed an epidemiological transition, but rather, is in the unenviable position of being doubly afflicted by disease patterns of both a developing and a developed country.

The major causes of morbidity and mortality In FSM are in the emerging epidemic category of non-communicable diseases such as heart disease, diabetes, hypertension, obe-

sity, chronic lung disease, cancer, prematurity, complications of pregnancy and labour, and malnutrition. However, respiratory diseases, skin diseases, gastrointestinal diseases, otitis-media and other infectious diseases — combined, are the leading causes of the hospital admissions. Skin disease is highly prevalent, reflecting poor environmental conditions, particularly poor water supply. The prevalence rate of leprosy is among the highest in the Pacific (31.16 cases per 10,000 population), and the prevalence of tuberculosis is rising.

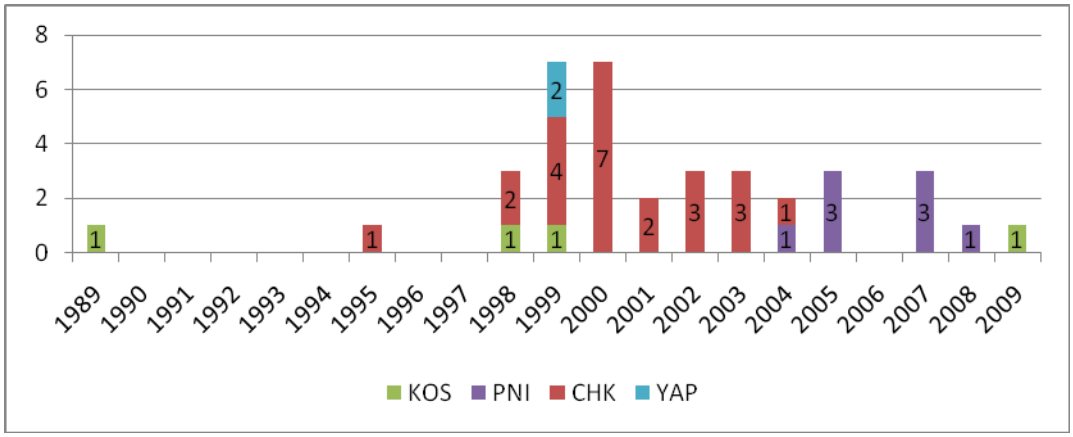
Although health services receive a lot of funding, service delivery nevertheless faces difficulties. Compared to other Pacific island countries, health indicators in FSM are poor. FSM is second only to Kiribati in having the highest infant mortality rate in the region, largely due to preventable causes such as diarrhoea and acute respiratory infections.

3. Description of the AIDS Situation in the FSM

Since the first case was detected in FSM in 1989, a total 37 cases of HIV and/or AIDS have been reported in the country. The number of confirmed cases of HIV has slowly increased (Figure 1). Between 1989 and 1997 only two cases had been reported (one in 1989 in Kosrae, and one in 1995 in Chuuk), then three cases were confirmed in 1998 (two in Chuuk and one in Kosrae). There was a peak incidence of seven new cases in 1999, followed by six new cases in the year 2000. In both 2008 and 2009, 1 new case of HIV was confirmed. The next three years, 2001 to 2004, each saw three new cases, then two in 2004 and then three new cases again in 2005. No cases were reported in 2006, but in 2007 three new cases were again reported. As is the situation in many developing countries, many factors influence the reporting of, and failure to report, HIV/AIDS cases, and thus reported figures may deviate somewhat from actual counts, which may never be determined.

By the end of 2009, of the total of 37 cumulative confirmed HIV cases in the FSM, 28 of these individuals have died from AIDS related illnesses, and three have left the country. There are six known PLWH (all adults) residing in the FSM as of the end of 2009, and 5 of these persons are on treatment, two males and three females.

Figure 1 – FSM HIV/AIDS cases by year and state, 1989 - 2009



Source: National Department of Health and Social Affairs, 2010

The high ratio of deaths from AIDS among the known cases of HIV infection indicates that the prevalence of HIV in the FSM population remains under-reported. For example, of the 22 people ever reported as HIV-positive in Chuuk State, 19 have died. In the past, many tests for HIV were in response to clinical symptoms.

One area of weak surveillance is that information is often not shared between private health care providers and government health services, although there are plans to do so. This "disconnect" results in under-reporting for all diseases, not only HIV/AIDS. Although there are few privately run health clinics in FSM, they do provide HIV testing and some people expect confidentiality to be maintain at a higher level in the private clinics. State HIV/STI programs have trained counsellors to deliver appropriate pre- and post-HIV test counselling and, despite occasional community pressure in these small communities, have placed a strong emphasis on the confidentiality aspects of the testing procedure.

The population of FSM is very mobile. People frequently travel between the FSM, Territory of Guam, the CMNI, Hawaii and the US mainland, further limiting the local capacity to monitor the prevalence of HIV in the resident population. Anti-retroviral treatment became available in FSM in August 2007. Although this is now free, FSM citizens with HIV or AIDS are also eligible for free treatment in Hawaii, where they are also eligible to receive other welfare benefits.

HIV testing is increasing as sites for testing and counselling efforts have increased. Many HIV tests done in the FSM are mandatory, required by law to be conducted during screening of blood donors, pregnant women, students, food handlers, and as part of the pre-marital examination (57.1% of all HIV tests in 2008 and 2009). Screening of blood donors is the next major reason for HIV testing (14.0%),and testing of STI clients and their sexual contacts (11.1%). In 2008 and 2009 voluntary requests accounted for 21.6% of the total tests conducted.

Figure 2 – FSM HIV Testing by reason and gender, 2008 & 2009

	2008		2009*		Two-Year Totals	%'s
Test Reason	**Male**	**Female**	**Male**	**Female**		
Prenatal	n/a	2009	n/a	1731	**3740**	24.4
Post-natal	n/a	78	n/a	7	**85**	0.6
Pre-employment	266	233	49	83	**631**	4.1
Pre-martial	61	57	35	31	**184**	1.2
Student	488	468	372	401	**1729**	11.3
Food Handlers	157	400	178	231	**966**	6.3
STI Clinic	472	807	54	71	**1404**	9.1
STI Contact	37	57	22	33	**149**	1.0
Blood Donor	1118	230	644	165	**2157**	14.0
Blood Recipient	341	241	77	107	**766**	5.0
TB	21	22	131	56	**230**	1.5
Voluntary	560	1316	821	621	**3318**	21.6

Sub-Totals	3521	5918	2383	3537		
Totals	**9439**		**5920**		**15,359**	**100.0**

* 2009 figures for Yap include only six months of data

Source: National Department of Health and Social Affairs, 2010

Figure 3 indicates the reported risk factors associated with transmission of the 37 HIV infection cases in the FSM. Of these reported cases, most (nearly two-thirds) are reported to have occurred through unprotected heterosexual intercourse. The common practice of unprotected sexual intercourse is also apparent from the high incidence of other STIs.

The practice of MSM is not unknown in the FSM. However, in most communities the practice is not looked upon favourably, but is tolerated. With increased external contact, via televisions and motion pictures, a more relaxed attitude has arisen in certain locations. Intravenous Drug Use (IDU) is very rare in the FSM, therefore it is assumed that these two infections were due to exposures occurring overseas.

Figure 3 - Reported risk factors in HIV transmission, FSM all cases all years

Risk Factors	Male	Female	Total
Bi-Sexual	1	0	**1**
Heterosexual	12	11	**23**
IDU	2	0	**2**
MSM	6	n/a	**6**
MCT	3	2	**5**
Totals	**24**	**15**	**37**

Source: National Department of Health and Social Affairs, 2010

4. The National Response to the AIDS Epidemic

4.1 Achievements accomplished over the past two years include:

Management and Coordination Services for HIV and STI programs - During the period, additional administrative support was provided to the State and National HIV/STI Program Managers and Coordinators in the form of a Service Agreement between the SPC and the MHRDC to assist in the coordination of GFATM funded activities. Working in close collaboration, national and state HIV/STI staff, with the support of MHRDC staff, utilized available funding to expand and enhance the scope of activities and services implemented to address the HIV/STI situation and assist PLWH in the country. Description of these activities and services follows. Applications and reports were submitted to external donor and contributing organizations on a timely basis, as well as to local entities

such as the Congress of the FSM. Collaborative efforts also led to the drafting of the GFATM Round 7 Phase 2 application for HIV/AIDS/STI component funding.

Working around the challenges of coordinating across the four states of the FSM with minimal resources, support was made available to conduct Country Coordinating Mechanism (CCM) meetings in Pohnpei, ensuring Pohnpei-based representation from all states could participate. Also sub-group CCM meetings were useful in addressing urgent issues, since conducting a full CCM meeting was not financially feasible until November 2009 when GFATM financial resources were sufficient to conduct a full CCM meeting, to include representation across the FSM from both government and NGOs. Outcomes of the meeting included the development of the TB guidelines, people were identified to represent the nation's NGO community, draft plans were developed to establish state level CCMs; HIV/STI and TB workplans and budgets were reviewed, and the group was updated concerning activities going on in each of the states.

These meetings greatly enhanced the ability of the state and national stakeholders to understand the on-going and proposed activities, and also permitted face-to-face communications among all of the relevant staff, enabling implementation problems to be thoroughly discussed and resolved.

Testing Equipment, Referral of Specimens, and Other Supplies - A Probe-Tec machine for testing Chlamydia and gonorrhoea was installed at Pohnpei State Hospital Medical Laboratory and became operational in May 2009. Regular shipments of urine specimens from Chuuk to be tested for have been established on a weekly basis. Kosrae has sent specimens, but not yet established a regular schedule to be established. Approximately 1200 samples for Chlamydia and gonorrhoea have been tested in the FSM since October of 2008.

Confirmatory HIV testing at Diagnostic Laboratory Services (DLS) in Honolulu has been on-going throughout 2008 and 2009. Approximately 30 tests have been collected and shipped to DLS.

A CD4 counter has also been installed at the same laboratory and after the acquisition of some peripheral equipment is expected to become operational in 2010.

The procurement of office equipment and supplies allowed the MHRDC to provide administrative support to FSM, particularly with regard to financial support provided by the GFATM. Yap was provided a much needed copier and battery backup equipment and Pohnpei received a battery backup for the new laboratory equipment at the State Hospital.

M & E – Interstate and Intrastate visits - Monitoring and Evaluation trips were conducted during 2008 and 2009, on an average of at least two trips each to Yap, Chuuk, and Kosrae per six month period. M & E trips were also conducted to outer islands in Pohnpei, Chuuk, and Yap states.

During the period, an STI/HIV workshop (the second such training since 2001) was conducted and provided much needed capacity building in collecting and processing specimens for Chlamydia and gonorrhoea.

Promotion of Condom use and Condom distribution - The vast majority of the condoms supplied to the FSM are provided by the United Nations Population Fund (UNFPA) and are distributed via the services of the state HIV and STI programs. Global Fund resources have been used to augment and expand the condom distribution and promotion activities. Highlights of the distribution and promotional activities conducted in the nation include: four state level activities on the World Aids Days of 2008 and 2009, distribution of condoms in local hotels and bars, a January 2009 three separate workshops with Chuuk police officers (79 officers) was conducted (promoting the use of condoms and conducting condom demonstrations).

Marie Stopes International - Pacific (MSIP) has initiated a condom social marketing program in the northern Pacific region, including in the FSM, by introducing a new brand of premium condom, The Defender. MSIP has also developed a network of distribution point including local retail outlets and Peer Educators.

Promotion of testing and counselling - Various activities were conducted to promote VCCT during 2008 and 2009. World AIDS Day events were conducted in each state both years, and several other activities including sports tournaments, youth rallies, summer camps for girls, elementary and high school presentations, and community meetings were utilized as venues to promote and conduct testing for HIV and STIs. These events permitted wider availability and use of VCCT, although not all of the utilized locations and arrangements always complied with VCCT standards.

Many of the HIV tests conducted are mandatory under FSM law. These include all physical examinations conducted in government-run health facilities (there are only few privately operated clinics), all people who join the US military forces, and all students going to study in the US. Facilities for VCCT have expanded in all states, designed particularly for young people, but as mentioned not always fully compliant with international standards. The number of voluntary HIV tests conducted is increasing and this reflects the success of the program to encourage testing (Figure 2). During 2008 and 2009, screening tests were provided to more than 15,359 people, including at least 9,544 females and 5,904 males.

Outreach Programs for Community Awareness - In all FSM states, existing entities such as the HIV Community Planning Group, some of the women's groups, and some of the church groups utilize the personnel of the state level HIV/STI programs to facilitate outreach education and awareness campaigns to municipalities on the main island and also on the outer islands. The various programs within Public Health (HIV/AIDS, STIs, Family Planning, Maternal and Child Health) are also responsible for educational and health promotional activities relating to HIV and other STIs. Each conducts education and awareness workshops to students attending elementary and high schools and the four state and national campuses of the College of Micronesia (COM), as well as in the community, generally following a similar format of a lecture/presentation followed by a ques-

tion and answer session. Depending upon the age group, promotion of condom use and encouragement to be tested will be included in the presentations.

During 2008 and 2009 there were several programs in the country utilizing Peer Educators to conduct awareness raising presentations, one-to-one and small groups counselling services, encouragement to be tested, and promotion of condom use. The Micronesia Red Cross Society provided training for two groups of Peer Educators, one on Pohnpei and one on Kosrae. The Adolescent Health Development program and the College of Micronesia also provided Peer Educator training and developed support programs for youth and young adults. The Pacific Regional HIV/AIDS Program also supported training and conducted intervention projects in the FSM.

4.2 Availability of Antiretroviral Treatment

Antiretroviral treatment for PLWH has been available in all the states of FSM since August of 2007, and is free through the public health system in FSM, funded by GFATM. In addition, PLWH who are FSM citizens are also eligible for free treatment and other benefits in the US. There are FSM citizens PLWH who have left the FSM to live in the US. Presently five HIV+ individuals (one per state and two in Chuuk) are on treatment.

4.3 Stronger surveillance

Four SGS behavioural surveys have been conducted in country since 2006. Only a very small number of other surveys which collected *any* information about HIV/AIDS had been conducted previously in the FSM.

In July of 2006, a SGS survey was conducted on Pattiw Islands in Chuuk State, a remote group of islands near the western boundary of that state. A convenience sampling interview type survey involving a total of 297 persons, aged 15 to 49 years was administered to 172 females and 125 males. Blood and urine samples were collected, but for unknown reasons, never analysed.

Between June and December of 2007, a SGS survey was conducted on Pohnpei involving 115 male members of state and municipal polices forces, and 290 youth, 147 females and 143 males. Ages ranged from 21 to 59 years among the police surveyed, and from 15 to 24 for the youth. All information was collected on Pohnpei Island proper using self-administered surveys. Samples were not collected.

During November of 2007, a SGS survey was conducted among 173 youth (15 to 24 years of age) residing on Yap Island. The survey was a convenience sample, interviewer administered, and 82 females and 91 males participated. No blood or urine samples were collected.

Beginning in November 2009, and not completed as of 31 December, a SGS survey was undertaken in Kosrae State. The target is about 300 interviews with both blood and urine samples collected. During November and December 2009 a total 153, more than half of the target number, people participated in the survey. Blood samples are being analysed on Kosrae and urine samples sent to Pohnpei Hospital Laboratory.

5. National Programme Indicators

Indicator 1. National AIDS Spending Assessment

The three major sources of funding for the FSM HIV/AIDS program is US federally funded grants, administered through the Center for Disease Control (CDC) and Health Resources and Services Administration (HRSA), the GFATM, and the Pacific Response Fund. These latter two regional programs are implemented through the Secretariat of the Pacific Community. Other support is provided by the Asian Development Bank, UNFPA and the WHO.

Because of the heavy dependence on external donor support, long-term financial support to the health system is uncertain. The support provided by the United States Government is subject to the Compact of Free Association between the FSM and United States Governments, and it is uncertain what will happen when the current agreement expires. The financial situation is exacerbated by the large proportion of the health budget spent for such things as unnecessary off-island medical referrals and costly health care for the preventable life-style related conditions.

Indicator 2. National Composite Policy Index

[Countries should specifically talk about the relationship between the existing policy, implementation of HIV programmes, proven behaviour change (from a survey) and HIV prevalence.

Countries should also use the National Composite Policy Index (NCPI) data to summarise progress made in policy/strategy development and implementation, and include a trend analysis on the key NCPI data since 2003 if possible. Countries are encouraged to report on additional data to support their analysis and interpretation of the UNGASS data.]

As mentioned above, there is an HIV/AIDS law that was passed in Pohnpei State during the last two years, and this is the only legislations existing in the country which addresses the HIV/AIDS situation. The FSM is a party to the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Indicator 3. Percentage of donated blood units screened for HIV in a quality assured manner

The policy at each of the FSM's state hospitals is that all (100%) donated blood (for any reason) is screened for HIV when the unit is collected. Only very limited storage of blood occurs in-country, as the usual practice is that family members with appropriate blood types are on standby at the health facility when there is a potential need for blood for a relative or other associate, such as neighbor or clan member. A shortage of testing reagents, which rarely occurs, is the only reason that blood could be used for transfusion without screening for transfusion-transmissible infections. As the four FSM state hospitals have good collaborative relationships, shortages at one facility are quickly remedied

by borrowing needed supplies from one of the other hospitals. Daily flights between islands makes this a relatively easy solution.

The Micronesia Red Cross Society is involved with promoting people to know their blood type and is the main organization promoting the establishment of blood banking. This type of blood storage will be increased in some of the hospitals in the near future.

At the FSM NAC meeting (March 2010) all state level HIV/AIDS Program managers stated that universal (100%) screening of donated blood for HIV is the standard operating procedure in each of their state hospital laboratories. Chuuk State reported that 343 out of 343 units of blood collected in 2008 and 311 of 311 units of blood collected in 2009 were screened for HIV. Kosrae State reported the same for 272 units (in 2008) and 348 unite (in 2009). Yap State reported 812 and 862 blood units collected and all were screened for HIV in 2008 and 209 respectively. Pohnpei State reported 868 and 1124 blood collections and all were screened for HIV in 2008 and 209 respectively

FSM hospital labs undergo an external quality assessment on a routine basis by PPTC.

Indicator 4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy

There are six individuals with HIV infection in the FSM, all of whom are under that care of medical teams in the states where they reside. The physicians recommendations for treatment for each patient are followed with regard to ART. As per these recommendations five of the six HIV positive individuals are presently on ART. The sixth individual's infection is not yet at the state warranting ART to be initiated. The percentage for this indicator is thus 100.

Indicator 5. Percentage of HIV-positive pregnant women who receive antiretroviral treatment to reduce the risk of mother-to-child transmission

No information is available at this time.

Indicator 6. Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV

There are no known HIV positive individuals with TB, nor known TB patients who are HIV positive, residing in the country at the present time.

Indicator 7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results

Based on the SGS surveys conducted in Yap, Chuuk, and Pohnpei since 2006, the national average percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results was 47.7. However the range for the three state

percentages was 7.5 to 83.3, indicating that the notification processes varied greatly from state to state.

One very plausible explanation for this wide variance is the nature of the survey locations. The Chuuk survey was completed among a population residing on a remote, isolated group of islands. Screening done in this setting would be completed onsite, and results made known to the participants with relatively short delay. The Pohnpei and Yap screenings, conducted on the main island of the state, would have involved processing completed back at the public health center, where staff would also be involved with other duties. Results would not have been available with the same short delay.

Indicator 8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results

At the time of the submission of this report, most at risk populations in the FSM have not yet been surveyed. Thus no information is available at this time.

Indicator 9. Percentage of most-at-risk populations reached with HIV/AIDS prevention programs

At the time of the submission of this report, most at risk populations in the FSM have not yet been surveyed. Thus no information is available at this time.

Indicator 10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child

This indicator is not applicable in the FSM As a result of island custom and cultural system of the "extended" family, although there are children who have lost one or both of their parents, these "orphans" receive care and support, often to an extent exceeding natural offspring, and thus do not constitute a major social problem in the FSM.

Indicator 11. Percentage of schools that provided life-skills based HIV/AIDS education within the last academic year

No data is available at this time. Although information supplied by the FSM National Department of Education indicates that HIV/AIDS information is included at appropriate grade levels in all elementary school and high school curricula, there is no specific "life-skills based" instruction provided.

Indicator 12. Current school attendance among orphans and among non-orphans aged 10–14*

This indicator is also not applicable in the FSM As a result of island custom and cultural system of the "extended" family, although there are children who have lost one or both of their parents, these "orphans" receive care and support, often to an extent exceeding natu-

ral offspring, and thus would attend school with attendance rates identical to all other children of the 10-14 year old age group.

Indicator 13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*

Based on the SGS surveys conducted in Yap, Chuuk, and Pohnpei since 2006, the national average percentages of women and men aged 15 - 24 who both correctly 1) identify ways of preventing the sexual transmission of HIV and 2) who reject major misconceptions about HIV transmission are 51.7 and 41.7 respectively.

Once again, one is cautioned against making broad conclusion about all FSM 15 – 42 year olds based upon these three surveys. However, all persons involved with prevention efforts in the country will attest to the fact that additional awareness building efforts are much needed as the results agree with the general understanding among such staff that the current public education programs have not yet been effective in transferring useful information about HIV transmission.

Indicator 14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

At the time of the submission of this report, most at risk populations in the FSM have not yet been surveyed. Thus no information is available at this time.

Indicator 15. Percentage of young women and men who have had sexual intercourse before the age of 15

Based on the SGS surveys conducted in Yap, Chuuk, and Pohnpei since 2006, the national average percentages of young women and men who have had sexual intercourse before the age of 15 is 4.9% for females and 34.4% for males.

Indicator 16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months

Based on the SGS surveys conducted in Yap and Chuuk since 2006, the national average percentages of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months is 37.4% The data from the Pohnpei survey is not included as the question requested information on the number of sex partners during the past twelve month and thus included all persons who had only one partner.

Indicator 17. Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*

Based on the SGS surveys conducted in Yap and Chuuk since 2006, the national average percentages of adults aged 15–49 who who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse is 31.8% The data from the Pohnpei survey is not included as the question requested information on condom use during last sex, not differentiating between one or multiple sex partners.

Indicator 18. Percentage of female and male sex workers reporting the use of a condom with their most recent client

At the time of the submission of this report, this most at risk population in the FSM has not yet been surveyed. Thus no information is available at this time.

Indicator 19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner

At the time of the submission of this report, this most at risk population in the FSM has not yet been surveyed. Thus no information is available at this time.

Indicator 20. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected

At the time of the submission of this report, this most at risk population in the FSM has not yet been surveyed. Thus no information is available at this time.

Indicator 21. Percentage of injecting drug users who report the use of a condom at last sexual intercourse

At the time of the submission of this report, this most at risk population in the FSM has not yet been surveyed. Thus no information is available at this time.

Indicator 22. Percentage of young women and men aged 15–24 who are HIV infected*

By the end of 2009, of the total of 37 cumulative confirmed HIV cases in the FSM, only 7 of these individuals were in the 15 – 24 year old age group. Given a total estimated 15 to 24 year old population of 33,131, the percentage of young women and men aged 15 – 24 who are HIV infected is 0.02%.

Indicator 23. Percentage of most-at-risk populations who are HIV infected

At the time of the submission of this report, most at risk populations in the FSM have not yet been surveyed. Thus no information is available at this time.

Indicator 24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

As of the end of 2009, there are six known PLWH (all adults) residing in the FSM, and five of these persons are on treatment, two males and three females. Thus the percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy is 83.3%.

Indicator 25. Percentage of infants born to HIV infected mothers who are infected

No information is available at this time.

6. Best practices

The most significant improvements, or best practices, in the FSM's national response to the local HIV/AIDS situation is the increase in STI screening, the increase in locations at which counselling and testing can be conducted utilizing staff and peer educators, and from which condoms can be distributed.

A Probe-Tec machine for testing Chlamydia and gonorrhoea was installed at Pohnpei State Hospital Medical Laboratory and became operational in May 2009. With an additional laboratory staff member recruited and hired utilizing GFATM financial support, this has increased the capacity of that lab to test urine samples for Chlamydia and gonorrhea. Samples from Kosrae, Pohnpei, and Chuuk are now being processed. Systems to cover air freight and delivery costs, and to report results to each state have been established and are being fine tuned at this time.

In Pohnpei and Chuuk states there has been a substantial increase in the sites where individuals can speak with a health professional, or a peer educator and get accurate information about health and other issues. Condoms can also be secured at these locations and testing can be done, as well. Over the last two years three new sites have opened in Chuuk and one in Pohnpei. Peer educator also use these sites as bases for their outreach operations.

7. Major challenges and remedial actions

Challenges faced during 2008 and 2009 include:

Collecting the information necessary for quality reporting continues to be a challenge for the FSM's state and national offices, not only HIV/AIDS, but with many of the programs. This issue has been addressed via trainings and other capacity building activities, but problems with missing and poor quality data continue. The recruitment of an M&E staff member will help to address this problem, however it is also important that efforts continue to develop health information systems that are as user friendly as possible.

Coordination of the national and state public health care systems is difficult. The National Department of Health controls most of the health budget, but the states are mandated to provide health services under the FSM constitution. Furthermore, while the states have control over the policy and planning of the delivery of health services, they are required to report to the national level on the management of US federal programs.

The identification of, and designing of project to intervene with, the FSM's at risk populations is another challenge. There is a need to better focus activities towards more specific groups, utilizing the available information (such as the SGS surveys) as guides. An expanded role for peer educator in this endeavor is envisioned.

More inter-sector cooperation and collaboration is necessary in order to address the issues of poverty, and lack of organized recreational and/or other activities in which youth and young adults can be involved, thus preventing them from engaging in risky behaviors. Better communication among the various stakeholders is one strategy to be undertaken in the next period.

Challenges facing the public health system across the FSM include limited funding for personnel, inadequate supplies of medication, poor maintenance of facilities and other fixed assets.

Laboratories are frequently short of qualified technicians. Low pay and less than modern working conditions make it difficult to recruit highly qualified staff. Staff are being recruited who have taken the Health Careers program at the College of Micronesia, and although they cannot fill the higher grade positions, that are able to free up more experienced staff from the need to do the lower level laboratory tasks.

Establishing an account with the airline that serves the FSM to permit easier payments for the shipping of samples by airfreight to the laboratory in Pohnpei and Honolulu. The present system works satisfactorily, but is cumbersome and creates unnecessary work. An "advance" of funds could be deposited with the airline, and air freight costs deducted as shipments are made, however we are told that the airlines auditors will not permit such an arrangement to be established.

6. Support from the country's development partners

There are four major source of funding for HIV/AIDS programs in FSM, including:

- the US Federal Government, through the Centers for Disease Control and prevention (CDC) and Health Resources and Services Administration (HRSA),
- the Global Fund to Fight AIDS, TB and Malaria (GFATM),
- the Pacific Islands HIV and STI Response Fund II (PIRSP II),and
- the World Health Organization (WHO).

General clinical health services in the FSM are funded mainly by the United States through compact funds, however all public health activities, including HIV/AIDS and STIs, are supported by the entities listed above. User fees, insurance payments, and grants from bilateral, multilateral, and non-government donors provide added, but limited support.

Some of the main needs from development partners are technical assistance to:

- improve reporting and Health Information Systems (particularly for the laboratories),

- train in some specialized areas, including mid-level management development, and
- improve preventive maintenance performance.

7. Monitoring and evaluation environment

7.1 The current monitoring and evaluation (M&E) system

HIV programs in all four states are required to report quarterly to the FSM National HIV/AIDS program on the number of HIV tests performed, disaggregated by age, gender, and reason for testing. Other information is collected concerning condom use (always/sometimes/never) and the number of pre- and post-test HIV counselling sessions performed. Programmatic reports, describing activities, and financial reports are also submitted. These are then forwarded to the donor agencies.

If any HIV tests are determined to be reactive and confirmed positive via Western Blot testing, the risk factor for the HIV infection, along with a case report, is also required to be reported to the national program. All data submitted by the states are collated by the FSM National HIV/AIDS program and submitted annually to CDC.

While some testing and case data are being collected, HIV passive sentinel surveillance, including collection, analysis and interpretation of data, is not currently occurring in FSM. Second generation behavioural surveys were conducted in July of 2006 on Pattiw Islands in Chuuk State, on Pohnpei between June and December of 2007, during November of 2007 on Yap Island, and beginning in November 2009, but yet completed in Kosrae State.

The National HIV/AIDS Program Coordinator conducts M&E trips to each state on a n average of at least twice per year. Reports on the findings are submitted, but often recommendations are not acted upon at the state level.

7.2 Challenges faced in the implementation of a comprehensive M&E system

A main challenge is establishing a regularly scheduled M&E system that involves collecting information about the various HIV/AIDS/STI operations in each state, analyzing the information, developing recommendations, and then having the recommendations implemented at the state level.

7.3 Actions planned to overcome the challenges

The recruitment of a staff member at the national level to take over many of the M&E responsibilities will permit a closer follow up by the National Coordinator on the implementation of recommendations made during M&E visits to each state. Additional training can also be accomplished during these visits.

7.4 The further need for M&E technical assistance and capacity-building.

M&E technical assistance could be utilized to work with the National Coordinator to establishing a regularly scheduled M&E system, including check lists and other tools to standardize the M&E process.

8. References

Information included in this report was derived from various sources as listed below and also from the personal observations of the consultant.

Health Profile of the Federated States of Micronesia. Palikir: Division of Health Services, FSM Department of Health, Education and Social Affairs, 2002.

Federated States of Micronesia 2000 Population and Housing Census Report. Palikir: Division of Statistics, Department of Economic Affairs, FSM National Government, 2002

Chapter 7: Health. *FSM Strategic Development Plan 2004-2023 - The next 20 years: Achieving Economic Growth and Self Reliance*. Palikir: FSM National Government in conjunction with the Asian Development Bank, 2003:297-378

State Parties to the Convention on the Elimination of All Forms of Discrimination against Women Division for the Advancement of Women, Department of Economic Affairs, United Nations, 2006.

2003 Youth Risk Behaviour Survey Results - Federated States of Micronesia HIgh School Survey: Department of Education, FSM National Government 2006.

2005 Health Outcome Measures - Federated States of Micronesia. Palikir: Department of Health, Education and Social Affairs, 2006.

Federated States of Micronesia Statistical Yearbook 2005. Palikir: Statistics Unit, Division of Economic Planning and Statistics, Department of Economic Affairs, FSM National Government, 2006.

ANNEXES

ANNEX 1: Consultation and Preparation Process

Which institutions/entities were responsible for filling out the indicator forms?

a) NAC or equivalent	Yes	No
b) NAP	Yes	No
c) Others (please specify)	Yes	No

With inputs from

Ministries:		
Education	Yes	No
Health	Yes	No
Labour	Yes	No
Foreign Affairs	Yes	No
Others (please specify)	Yes	No
Civil society organizations	Yes	No
People living with HIV	Yes	No
Private sector	Yes	No
United Nations organizations	Yes	No
Bilaterals	Yes	No
International NGOs	Yes	No
Others	Yes	No
(please specify)		

Was the report discussed in a large forum?	Yes	No
Are the survey results stored centrally?	Yes	No
Are data available for public consultation?	Yes	No

Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report?

Name / title: Dr. Vita A. Skilling, Secretary, FSM, Dept. of Health & Social Affairs

Date: _____

Signature: _____

Address: P.O. Box PS-70, Palikir, Pohnpei, FSM 96941

Email: vskilling@fsmhealth.fm Telephone: (691) 320-2619

ANNEX 2: National Composite Policy Index

[INSERT NCPI document after you have had a meeting with civil society and government for their feedback]

ANNEX 3: National AIDS Spending Assessment

[Insert NASA document]