

**National Strategic Plan on HIV/AIDS**  
**Republic of Maldives**  
**2007 – 2011**

*Ministry of Health*  
*Male, Maldives*  
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The National AIDS Council and the Ministry of Health acknowledge and appreciate the support from the UN Theme Group on HIV/AIDS in the Maldives in the process of development of this Strategic Plan.

## *Executive Summary*

Maldives has so far experienced a low level HIV epidemic. A recent situation analysis “The HIV/AIDS Situation in the Republic of the Maldives in 2006” has pointed out several factors that demonstrate vulnerability to an increasing epidemic: increasing drug use, increasing injecting drug use and the presence of hidden populations of commercial sex and men who have sex with men in the archipelago. The population of the Republic is young, the age of marriage is increasing, serial monogamy is common, condom use is limited, non-emergency blood transfusions are common and men often spend extended periods away from their home islands. Surveillance of sexually transmitted infections has not so far been undertaken in a manner that enables establishment of proper trends.

This strategy aims to limit HIV transmission, provide care for infected people, and mitigate the impact of the epidemic through seven strategic directions.

- **Provide age- and gender-appropriate prevention and support services to key populations at higher risk: drug users, sex workers and men who have sex with men.**
- **Reduce and prevent vulnerability to HIV infection in adolescents and young people**
- **Provide HIV prevention services in the workplace for highly vulnerable workers**
- **Provide treatment, care and support services to people living with HIV**
- **Ensure safe practices in the healthcare system**
- **Build and strengthen capacity and commitment to lead, coordinate and provide a comprehensive response to the epidemic**
- **Strengthen the strategic information system to respond to the epidemic**

For drug users in the community and in closed settings, sex workers, and men who have sex with men, comprehensive packages of HIV prevention services will be offered. For adolescents and young people, age- and gender-appropriate strategies to increase their knowledge of HIV and to reduce their risk and vulnerability to HIV infection and drug abuse through skills-building and access to targeted adolescent health services will be implemented through in- and out-of-school settings. A package of HIV prevention and vulnerability reductions services will be delivered through the workplace to three groups of labour migrants: seamen, resort workers, and other people who are away from their homes for long periods of time.

To improve care, voluntary counselling and testing will be expanded and integrated into the health care system, including for pregnant women. Comprehensive HIV treatment and care for all residents who require it will be provided. Plans for developing a universal safe blood supply, practicing universal precautions, developing human resources in the government and non-government sectors,

and further developing a strategic information system for HIV and sexually transmitted infections are proposed.

Cutting across and throughout are strategies to prevent or reduce the development of HIV-related stigma and discrimination that are gender sensitive.

A range of governmental Ministries and sectors along with non-governmental organisations and community groups will participate in implementing this strategic plan. The Government of the has responsibility for creating an enabling environment for nascent local nongovernmental organisations to conduct activities with risk groups in an atmosphere of trust and security.

### ***Situation analysis for the National Strategic Plan on HIV/AIDS***

The Republic of Maldives consists of an archipelago of 1,200 small islands with a population of over 300,000 and an expatriate migrant labour force of 50,000. About one third of the population lives on the one square mile capital city island of Male. The Maldives is classified as a lower middle income country. Fishing and tourism are the two main sources of national income.

By mid 2006 a total of 13 cases of HIV infection had been detected among Maldivians and there were 168 detections among expatriate workers who were subsequently not allowed to work in the country. Ten HIV infected Maldivians were seamen, two were their spouses, and one was a resort worker who travelled abroad. Eleven were male and all the infections were believed to be acquired through unprotected sex. The Maldives remains at present a low prevalence country. The challenge for the country is to ensure it retains low HIV prevalence in spite of increasing high risk behaviours among some population groups.

Surveillance of sexually transmitted infections has not so far been undertaken in a manner that enables establishment of proper trends. Syphilis screening of antenatal patients has demonstrated a prevalence of under 0.5%.

There is a range of factors contributing to risk and national vulnerability outlined in the situation assessment: “The HIV/AIDS Situation in the Republic of the Maldives in 2006”.

Drug use, especially low grade heroin use, on islands of the Maldives is increasing and among those men and women who use drugs the proportion who inject is increasing, according to recent data. There are estimates of several thousand heroin users in Male’ and drug use is also an issue on many islands. The exact extent of sharing of injecting equipment is unknown but sharing is also reported to be increasing. Treatment for addictions is limited and there are only a few pilot harm reduction

activities. Commercial and transactional sex takes place in many locations in a range of situation but there are conflicting reports about its exact prevalence. Some sex workers also inject drugs. Men who have sex with men live across the archipelago although most same-sex sexual activity remains hidden.

There are several factors that increase vulnerability. Three quarters of the population is under twenty-five and young people are not well informed about HIV. The age of marriage is increasing so there are opportunities for premarital partner change. Divorce rates are among the highest in the world and serial monogamy rates are very high. Condom availability and use is limited and the distribution of condoms to unmarried people is very restricted. As the gene for the chronic anemia disease thalassemia is common there are many non-emergency blood transfusions. Male inter-island migration to all male employment environments leaves wives alone home. Seafarers and other Maldivians commonly travel to and work in higher prevalence areas in nearby countries.

### ***Development of the National Strategic Plan on HIV/AIDS***

The implementation of the “Strategic Plan for Prevention and Control of HIV/AIDS 2002-2006” was completed with some strong progress and commitment towards an expanded response. During the last year of its implementation, a number of opinion leaders and HIV professionals in the Government and NGO sectors raised concern about an increase in risk behaviour and vulnerability in recent years, and commissioned a situation analysis in order to guide the development of a new National Strategic Plan.

The report on the analysis “The HIV/AIDS Situation in the Republic of the Maldives in 2006” was published by the Ministry of Health after approval from the National AIDS Council in mid- 2006. Open discussion of sensitive issues related to drug use and sexual activity was facilitated by the document and its twenty-six recommendations. Questions were raised about controversial practices such as mandatory HIV testing which are not recommended by WHO/UNAIDS. Concomitant with the publication of the situational analysis the Country Coordinating Mechanism made a successful Round 6 grant HIV/AIDS proposal to the Global Fund on AIDS, TB and Malaria.

Following the approval of the situation analysis by the National AIDS Council, the second stage of the multisectoral strategic plan development began with a participatory process led by the Ministry of Health involving government, NGO, civil society and UN agencies in defining strategic priorities, objectives, and major activities. A draft plan was circulated for comments in April, and a final stakeholder consultation meeting was held in June 2007.

The final draft was then presented by the Ministry of Health to the National AIDS Council for approval in July 2007. After approval by the NAC, a detailed multiyear costed action plan with linked monitoring and evaluation plan will be developed.

### **Linkages with Global and Regional Commitments on HIV/AIDS.**

The National Strategic Plan on HIV/AIDS 2007-2011 aims to ensure the Republic of the Maldives is able to meet its international commitments to achieve the Millenium Development Goals, the Declaration of Commitment from UN General Assembly Special Session on HIV/AIDS (June 2001) and follow-up 2006 UN General Assembly session and its Universal Access targets, and the SAARC HIV/AIDS Strategy.

### **Linkages with National Development and Sectoral Master Plans and policies in the Republic of the Maldives.**

The National Strategic Plan on HIV/AIDS 2007-2011 is derived from, complementary to, and in some cases builds upon a number of key national plans and commitments, including the following:

- **Seventh National Development Plan 2006-2010.**
- **National Health Master Plan 2006-2015.**
- **National Drug Control Master Plan 2006-2010.**
- **National Blood Policy.**
- **National Reproductive Health Strategy 2005-2007.**
- **National Education Master Plan 2006-2010.**

### ***Goal of the National Strategic Plan on HIV/AIDS***

The National Strategic Plan on HIV/AIDS aims at reducing HIV transmission and HIV-related morbidity, mortality, and disability in the Maldives.

### ***Objectives of the National Strategic Plan on HIV/AIDS***

1. Maintain the low prevalence of HIV in the Maldives and prevent further transmission among the most at risk populations
2. Improve of the quality of life and health of people living with HIV and their families.

3. Create an enabling environment to mitigate the impact of HIV.

### ***Key principles underlying the National Strategic Plan on HIV/AIDS***

The National Strategic Plan on HIV/AIDS identifies the following key principles as essential to ensuring a more effective national response to the HIV epidemic. These principles build on previous experiences about what works best in the specific context of the Maldives.

- 1) Leadership and commitment of national and community leaders must be strengthened and maintained.

An effective HIV/AIDS response can build on the strengths of, as well challenge, many traditional values and societal norms. National and community leadership is essential to ensure the goal of the National Strategic Plan is achieved and key leaders will need to be engaged and involved in promoting the strategy and its activities.

- 2) HIV/AIDS is a complex and multi-dimensional problem, and multi-sectoral involvement and integration into activities within the sectors is essential to the response at all levels.

It is not efficient or effective to build a parallel HIV prevention system with freestanding prevention services in the low prevalence situation of the Maldives. In many cases, it is more effective and efficient to add HIV activities to the ongoing and planned activities of the health care system and the activities of other Ministries.

- 3) Stigma and discrimination prevention and reduction will cut across all areas of the plan and national HIV/AIDS response.

Stigma and discrimination against drug users, sex workers, and men who have sex with men constrains with HIV professionals and peer educators who need to work with them to deliver prevention services. Similarly, discrimination against people living with HIV by health care workers and others, negatively impact on the potential to provide effective prevention, treatment and care. A variety of direct and indirect measures cutting across all Strategic Directions of the national plan must take place in order to reduce discrimination and its impact.

- 4) Gender equality and non-discrimination underlie the strategy.

A gender analysis should be part of planning and implementing all activities in the strategic plan. Although the majority of people presently injecting drugs in the Maldives are male, there are

women heroin users who must be included in prevention activities. Gender-sensitive strategies must be developed for services to be delivered to sex workers and men who have sex with men. Most labour migrants are at present men.

- 5) A human rights-based approach is at the core of the National Strategic Plan and all of its specific components and activities.

All persons have the right to protection from HIV infection and other STIs. Additionally, all persons have the right to access information and the means to protect themselves from HIV without any discrimination. Approaches that promote the human rights of people vulnerable to HIV and infected with HIV are crucial to an effective response. Although people who use drugs, practice sex work, and engage in same-sex sexual behaviour may break the law of the Maldives they maintain their ability to exercise their rights. Similarly, the strategy recognises that whilst drug users in prison have their right of freedom of movement restricted, their right to health and health care exercised at the same level as people who are not imprisoned.

- 6) The “Three Ones” apply.

The strategy builds on and assures the “Three Ones” principles are applied is the HIV/AIDS response in the Maldives: one HIV/AIDS Framework (the National Strategic Plan on HIV/AIDS); one national policy and coordinating authority (the National AIDS Council); and one Monitoring and Evaluation System (using the Monitoring and Evaluation plan of the National Strategic Plan and its multiyear Action Plan). All HIV/AIDS-related activities implemented in the country and funded by various donors must be consistent with the strategy and coordinated by the National AIDS Council.

- 7) Participation of vulnerable people, including adolescents and youth and people living with HIV will be assured throughout the implementation of the strategy.

Vulnerable people including adolescents, young people and those with HIV will participate in programme design, development and implementation as the most effective programmes for vulnerable people are those they play a part in developing.

- 8) Results-Based and Evidence-Informed response

The strategy emphasises targeted behaviour changes and use of services. Outcomes will be easily measurable using standard methods of gathering information. Activities will be based on strategic

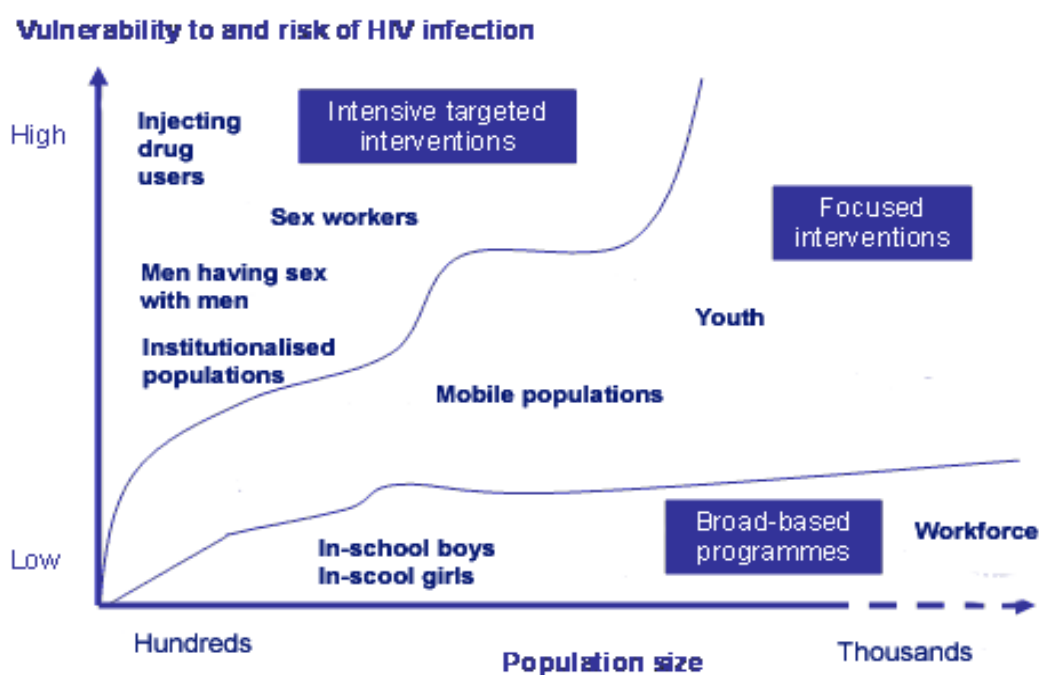


information and best practice consistent with those that have been proven effective in the Maldives and nearby countries.

9) Partnerships are essential.

The strategy relies on collaboration between government and other public, private and non-government entities. The National AIDS Council is responsible for coordination of efforts. The Government has a responsibility for creating an enabling environment for nascent local nongovernmental organisations to conduct activities with risk groups in an atmosphere of trust and security.

*Diagram of populations at risk of HIV infection in the Maldives*



## *Strategic Directions*

The strategy proposes activity areas under the following seven strategic directions

- 1 Provide age- and gender-appropriate prevention and support services to key populations at higher risk: drug users, sex workers and men who have sex with men
- 2 Reduce and prevent vulnerability to HIV infection in adolescents and young people
- 3 Provide HIV prevention services in the workplace for highly vulnerable workers
- 4 Provide treatment, care and support services to people living with HIV
- 5 Ensure safe practices in the healthcare system
- 6 Build and strengthen capacity and commitment to lead, coordinate and provide a comprehensive response to the epidemic
- 7 Strengthen the strategic information system to respond to the epidemic

## ***Strategic Direction 1***

***Provide age- and gender-appropriate prevention and support services to key populations at higher risk: drug users, sex workers and men who have sex with men***

Drug users and their sexual partners will receive prevention services with the priority on drug users who inject drugs. They will receive comprehensive prevention and support services both in the community and in closed or custodial settings such as the penitentiary and closed drug rehabilitation centres. For sex workers the focus will be on female sex workers and their clients. Male sex workers will receive services as members of the group of men who have sex with men. Prevention services will be available to all men who have sex with men whether they are gay-identified or not.

### **Objective/Target by 2011**

- 1) (80%) of most at risk populations (injecting drug users, female sex workers and men who have sex with men) to comprehensive HIV prevention services.

### **Strategic Outcomes:**

- Improved knowledge and safe behavioural practices of all target groups (safer sex practices and safer injecting practices)
- Reduced risk and vulnerability to HIV infection of all target populations
- Increased availability and access to appropriate and differentiated prevention services
- Enhanced supportive environment and policy framework to protect the rights of IDUs, sex workers and men who have sex with men to effective HIV prevention services.

### **Roles and Responsibilities:**

**Department of Public Health:** To advocate, coordinate and provide technical advice to the other Ministries and NGOs on standards, protocols and guidelines and appropriate health-related HIV prevention services for high risk groups and link to VCT and treatment services

**National Narcotics Control Bureau:** To develop and provide comprehensive HIV prevention services to drug users and those in the drug rehabilitation centres, in partnership with NGOs working with drug users, with guidance from DPH.

**Department of Penitentiary and Rehabilitation Services:** To develop and provide comprehensive HIV/AIDS prevention services to those in custody with the guidance from DPH

**Maldives Police Services:** To develop and provide comprehensive HIV/AIDS prevention services to those in custody with the guidance from DPH

**Ministry of Youth Development and Sports:** To develop and provide comprehensive HIV/AIDS prevention services to those seeking services from the youth centre and youth health café, with the guidance from DPH

**Ministry of Gender and Family:** To develop and provide comprehensive HIV/AIDS prevention services to vulnerable women

**NGOs:** To provide comprehensive HIV/AIDS prevention services for high risk population groups through innovative mechanisms

**Activity area 1 :- Ensure access to a comprehensive package of HIV prevention services in the community for drug users and those at risk of HIV infection through drug use.**

***Major areas of action:***

- Conduct disaggregated mapping and population estimates of drug users.
- Undertake sero-surveillance and behavioural surveillance amongst drug users, with emphasis on injecting drug users.
- Develop and implement an evidence-based advocacy strategy targeting decision makers, Islamic scholars and community leaders including issues of stigma and discrimination reduction.
- Monitor trends in drug use through rapid assessment surveys annually.
- Mainstream concepts of HIV prevention and harm reduction into training for law enforcement.
- Develop comprehensive package of effective prevention and harm reduction services for drug users, including:-
  - (a) Outreach activities for HIV education including peer education and behaviour change communication
  - (b) Outreach primary health care services, including access to condoms
  - (c) VCT tailored to the needs of drug users.
  - (d) Referral for HIV treatment
  - (e) Effective treatment for addictions using a buffet of strategies including twelve step programmes and substitution therapy
  - (f) Needle and syringe programmes, including safe disposal

**Activity area 2:- Ensure access to a comprehensive package of HIV prevention services in penitentiary and closed rehabilitation settings for drug users and those at risk of HIV infection through drug use and sexual transmission.**

***Major areas of action:***

- Conduct mapping and population estimates.
- Develop and implement an evidence-based advocacy strategy targeting decision makers including issues of stigma and discrimination reduction.
- Develop comprehensive package of effective HIV prevention services for drug users in closed rehabilitation centres, and drug users and other inmates in penitentiaries, including:-
  - (a) 'Inreach' activities for HIV education including peer education and behaviour change communication.
  - (b) Effective treatment for addictions using a variety of strategies including twelve step programmes or therapeutic communities or both.
  - (c) Primary and sexual health services including HIV risk reduction services, STI diagnosis and treatment.
  - (d) Voluntary counselling and testing
  - (e) HIV treatment and care.

**Activity area 3 :- Ensure access to a comprehensive package of HIV prevention services for female sex workers.**

***Major areas of action:***

- Conduct mapping and population estimates
- Undertake sero-surveillance and behavioural surveillance amongst sex workers
- Develop and implement an evidence-based advocacy strategy targeting decision makers, Islamic scholars and community leaders including issues of stigma and discrimination reduction
- Support the development of a nongovernmental organisation to serve vulnerable women.
- Develop comprehensive package of HIV prevention services, including:
  - (a) Outreach activities for HIV education including peer education and behaviour change communication.
  - (b) Condom promotion
  - (c) STI diagnosis and treatment
  - (d) VCT
  - (e) Referral for HIV treatment and care

**Activity area 4:- Pilot a comprehensive package of prevention services for men who have sex with men.**

***Major areas of action:***

- Conduct situation analysis and assessment of behaviours and access to services.
- Build capacity of nongovernmental organisations and governmental institutions to provide comprehensive HIV prevention services for men who have sex with men, including:
  - (a) Outreach activities for HIV education including peer education and behaviour change communication.
  - (b) condom promotion
  - (c) VCT.
  - (d) STI diagnosis and treatment .

***Strategic Direction 2***  
***Reduce and prevent vulnerability to HIV infection in adolescents and young people***

Activities in this strategic direction will focus on increasing knowledge about HIV/AIDS and how to reduce their vulnerability amongst the broad population of adolescents and young people aged between twelve and twenty-five years of age. Activities will be age- and gender-appropriate. They will be reached through both in school and out of school activities. The young people with high risk behaviours will be provided with access to comprehensive HIV prevention services as part of the activities in Strategic Direction 1

**Objectives/Targets by 2011:**

- 1) 80 % of young people (15-24 yrs) can both correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission
- 2) 90% of schools provide life skills-based HIV education
- 3) 50% of estimated vulnerable adolescents are reached with HIV prevention services

**Strategic Outcomes:**

- Increased knowledge and attitude on HIV transmission and methods of prevention amongst adolescents and young people.
- Increased skills of vulnerable adolescents to reduce risk and vulnerability to HIV
- Increased availability and access to age- and gender-appropriate HIV prevention and adolescent health prevention services for vulnerable young people
- Enhanced supportive environment for adolescent health and development and risk reduction programming.

**Roles and Responsibilities:-**

**Department of Public Health:** To advocate, coordinate and provide technical advice to the other Ministries and NGOs on standards, protocols and guidelines and appropriate health-related HIV prevention services for adolescents and young people and link to VCT and treatment services.

**Ministry of Education:** To lead, develop and coordinate the in-school life skills-based education approach to HIV prevention.

**Ministry of Youth Development and Sports:** To lead, develop and coordinate the out-of-school interventions targeting adolescents and young people, in liaison with NGOS and CBOs

**Maldives College of Higher education:** To lead, develop and coordinate HIV prevention interventions for students enrolled in all the faculties.

**NGOs and CBOs:** Develop and coordinate innovative programmes to reduce risk and vulnerability of adolescents and young people to HIV infection and drug abuse.

**Activity area 1:- Provide comprehensive age- and gender-appropriate HIV prevention information to adolescents and young people in schools**

***Major Areas of Action:***

- Conduct nation-wide survey on in-school adolescents to identify knowledge, attitude and behaviours and risk and vulnerability factors
- Develop and implement an evidence-based advocacy strategy targeting decision makers, Islamic scholars/teachers, community leaders and parents.
- Develop and integrate age-and gender appropriate life skills-based approach to HIV prevention and drug use, into primary and secondary school curricula
- Conduct in-service and pre-service teacher training
- Undertake parents and community sensitisation
- Develop and implement peer education programmes around drug use/abuse and HIV prevention to complement in-school life skills education.

**Activity area 2:- Provide comprehensive age- and gender-sensitive HIV prevention information and skills, plus access to appropriate services for out of school and vulnerable adolescent and young people**

***Major Areas of Action:***

- Conduct nation-wide survey on out-of school adolescents and vulnerable young people to identify knowledge, attitude and behaviours and risk and vulnerability factors
- Map and evaluate HIV prevention programmes for adolescents and youth prevention models for sexual and reproductive health among adolescents and young people and replicate successful approaches.



- Develop and implement a national action plan on HIV prevention among most-at-risk and vulnerable adolescents and young people, including those out-of-school including:
  - (a) Capacity development for youth-focused NGOs and service providers.
  - (b) Strengthening youth-friendly services, including voluntary counselling and testing services and reproductive health.
  - (c) Outreach and peer education approaches.
  - (d) Use of creative media, role models and communication technologies targeting young people.

### ***Strategic Direction 3***

#### ***Provide HIV prevention services in the workplace for highly vulnerable workers***

Workplace HIV prevention activities will be undertaken for prioritised groups whose work places them in situations of greater vulnerability to HIV infection: seamen, resort workers, factory workers, and other migrant workers whose job keeps them away from home for long periods of time, such as police, teachers, defence force staff. The majority of these vulnerable individuals can be reached with HIV prevention services through their association with the formal employment sector.

#### **Objectives/targets 2011:**

- 1) 50 % of each of the workforce in the three specific groups are reached by HIV prevention services
- 2) 80 % of seamen, resort workers, members of the police force, defense force and other identified working groups can both correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission

#### **Strategic Outcomes:**

- Increased access to and coverage of quality HIV prevention workplace programmes for target groups (seamen, resort workers, members of police and defense force, migratory labourers)
- Improved knowledge and safe behavioural practices of all target groups
- Reduced risk and vulnerability to HIV infection of all target populations
- Enhanced supportive environment and workplace policy framework on HIV prevention, care and support

#### **Roles and Responsibilities**

**Department of Public Health:** To advocate, coordinate and provide technical advice to the other Ministries and NGOs on standards, protocols and guidelines and appropriate health-related HIV prevention services for workers in different settings and link to VCT and treatment services

**Ministry of Transport and Communications:** To develop and provide comprehensive HIV/AIDS prevention services to seamen

**Ministry of Tourism:** To lead, develop and provide comprehensive HIV/AIDS prevention services to resort worker sand tourists

**Maldives Association for Tourism Industries:** To develop and provide comprehensive HIV/AIDS prevention services to resort worker sand tourists

**Maldives Police Services:** To develop and provide comprehensive HIV/AIDS prevention services to members of MPS

**Maldives national Defense Force:** To lead, develop and provide comprehensive HIV/AIDS prevention services to members of the MNDF

**Ministry of Education:** To lead, develop and provide comprehensive HIV/AIDS prevention services to teachers

**Maldives College of Higher Education:** To lead, develop and provide comprehensive HIV/AIDS prevention services to the students and teaching faculty

**Ministry of Employment:** To develop enforce legislation and regulations protecting workers health and safety

**Supreme Council for Islamic Affairs:** To guide and facilitate HIV prevention interventions to mitigate conflicts with Islam

**Activity area 1:- Ensure access to HIV prevention services in the workplace for seamen, resort workers, members of police and defence force, and other specific workers who are away from their homes for long periods of time**

***Major Areas of Action:***

- Conduct mapping and population estimates
- Undertake behavioural surveillance amongst seamen, resort workers and factory workers
- Strengthen the capacity and commitment of the Maldives Association for Tourism Industry, Ministry of Employment, Ministry of Transport, and others such as recruitment agencies, private sector employers and nongovernmental organisations to coordinate needs assessments and implementation of activities.

- Conduct universal HIV testing as part of the medical checkup requirement for non-Maldivian workers migrating to work in the Maldives. Conduct testing and counselling to meet international standards of quality for consent and confidentiality.
- Develop and implement an HIV prevention programme for seamen and their employers including: integrating into the training curriculum and safety training programme, peer education, condom distribution, behaviour change communication, VCT, and STI services
- Develop and implement an HIV prevention programme for resort workers and their employers, including: peer education, condom distribution, behaviour change communication, VCT, and STI services.
- Develop and implement an HIV prevention programme for members of police and defence force, including: peer education, condom distribution, behaviour change communication, VCT, and STI services.
- Develop and implement an HIV prevention programme for people who are away from their homes for long periods of time such as teachers, law enforcement officers etc.. and their employers, including peer education, condom distribution, behaviour change communication, VCT, and STI services

## ***Strategic Direction 4***

### ***Provide treatment, care and support services to people living with HIV***

As both a preventive strategy and entry point into care and treatment, universal access to voluntary counseling and testing will be provided in key health settings and services (STI, TB/DOTS, antenatal and family planning) and more broadly for the general population. Strong training programmes of health service providers will be undertaken to ensure quality of the VCT services; and to provide quality treatment and care services for HIV-infected adults and children. Free access to treatment for all patients with advanced HIV infection is the objective of the Government. A national model for comprehensive HIV care will be developed which defines complementary roles for hospitals, non-governmental organizations, groups of people living with HIV, public health staff and general practitioners. National guidelines on the use of ART will be revised and include expanded information on clinical care, treatment of pregnant women and TB/HIV co-infection. Regional guidelines and training modules for the care of children with HIV will be used until greater numbers of children are in need of care.

#### **Objectives/targets by 2011**

- 1) All STI services, family planning services, antenatal services and TB/DOTS services provide voluntary counselling and testing.
- 2) 80% of eligible people living with advanced HIV infection receive antiretroviral combination therapy
- 3) 100% of identified HIV positive pregnant women receive ART prophylaxis to reduce the risk of mother-to-child transmission of HIV
- 4) 100% of HIV-exposed infants receive cotrimoxazole prophylaxis

#### **Strategic Outcomes:**

- Increased national capacity to provide quality HIV diagnostic, treatment and care services to adults and children.
- Increased capacity of health service providers to deliver and manage VCT services.
- Increased availability of appropriate and differentiated care and support services to people living with HIV and their families.

- Assured availability of drugs, supplies and commodities related to treatment, diagnostics, care and support.
- Increased involvement of civil society and community support groups for treatment, care and support to the individual and families affected by HIV.
- Established and monitored continuum of prevention to treatment, care and support.

### **Roles and Responsibilities:**

**Department of Public Health:** To lead, coordinate and provide technical guidance to the health service delivery facilities on standards, protocols and guidelines on HIV prevention, VCT and facilitate HIV treatment and care.

**Department of Medical Services:** To develop, integrate and provide HIV prevention, VCT and HIV treatment and care services with STI, FP, ANC and DOTS services, in all health facilities under the department, according to national guidelines.

**Indira Gandhi Memorial Hospital:** To develop, integrate and provide HIV prevention, VCT and HIV treatment and care with STI, FP, ANC and DOTS services, according to national guidelines.

**Private hospitals and Clinics:** To develop, integrate and provide HIV prevention, VCT and HIV treatment and care with STI, FP, ANC and DOTS services, according to national guidelines

**NGOS and CBOs:** To assist community based care and provide psychosocial support for persons living with HIV/AIDS

**Activity area 1:- Integrate voluntary testing and counselling into STI services, family planning services, antenatal services and TB/DOTS services**

### ***Major Areas of Action:***

- Develop working group to harmonise planning and coordination of voluntary counselling and testing scale-up.
- Develop /update and adopt counseling protocols and guidelines.
- Train service providers in VCT with emphasis on the importance of consent and confidentiality, and linkages to treatment and care.

- Provide free of charge VCT in STI services, family planning services, antenatal services and TB/DOTS services.
- Conduct service quality assurance.
- Establish internal and external quality assurance systems in all facilities conducting tests for HIV in government and private sectors.

**Activity area 2:- Provide comprehensive treatment and care for people living with HIV**

***Major areas of action:***

- Strengthen provider initiated testing and counselling through maintaining standards of consent, counselling and confidentiality, especially among antenatal patients and surgical patients.
- Include HIV diagnosis, treatment and care in curriculum of health training institutions
- Strengthen capacity for clinical diagnosis and management of HIV/AIDS, opportunistic infections, and STIs at government facilities and private sector hospitals
- Ensure consistent and affordable supply of quality assured antiretroviral therapy, drugs for prophylaxis and treatment of opportunistic infections
- Provide access to antiretroviral treatment including adherence counselling and nutrition support
- Develop and implement strategy for prevention of mother to child transmission services, including ART for eligible pregnant women, and counselling on infant feeding.
- Develop and implement strategy for paediatric HIV/AIDS care and treatment..
- Ensure psychosocial service support for people living with HIV and their families.

## ***Strategic Direction 5***

### ***Ensure safe practices in the healthcare system***

HIV infection control will receive particular attention in the Plan. Whilst most larger hospitals have developed infection control standards, in other health facilities there has been limited training on relevant policies and procedures including needle-stick injuries and use of Post Exposure Prophylaxis(PEP) and this will be given priority. Clean needles, syringes, gloves and sharps containers will be made available in all health facilities. Standards for proper disposal of infectious waste will be monitored in all health facilities. All blood units collected will be screened for HIV, syphilis and hepatitis B and C.

#### **Objectives/Targets by 2011:**

- 1) 100% of donated blood units screened for HIV in a quality assured manner
- 2) 100 % of healthcare workers have access to PEP
- 3) All health facilities properly dispose of infectious waste

#### **Strategic Outcomes**

- Transmission of infection among health care providers and health service seekers limited or negligible.
- Ensured screening of all donated blood and organs
- Increased knowledge and attitude on mode of HIV transmission and methods of prevention, and awareness and use of universal precautions among all health service providers
- Implemented and regularly monitored blood safety policy in all health care settings
- Improved access and availability of necessary quality supplies (gloves, needle destroyers, sharps disposal containers, etc)
- Increased access, availability and awareness of PEP services

#### **Roles and Responsibilities:**

**Department of Public Health:** To lead, coordinate and provide technical guidance to the health service delivery facilities on standards, protocols and guidelines on infection control standards for health facilities, PEP, disposal of infectious waste and blood safety



**Department of Medical Services:** To develop and provide quality supplies for infection control, PEP, disposal of infectious waste and blood safety in all health facilities under the department, according to national guidelines

**Indira Gandhi Memorial Hospital:** To develop and provide quality supplies for infection control, PEP, disposal of infectious waste and blood safety, according to national guidelines

**Private hospitals and Clinics:** To develop and provide quality supplies for infection control, PEP, disposal of infectious waste and blood safety, according to national guidelines

**Activity area:- 1 Ensure safe blood supply.**

***Major Areas of Action:***

- Establish National Blood Centre and Regional Blood Centres.
- Recruit and retain voluntary non-remunerated blood donors.
- Develop and implement a national strategy for the screening of all donated blood for transfusion-transmissible infections (including HIV, syphilis, hepatitis B and C, and malaria) as per standard WHO guidelines
- Develop, implement and sustain quality assurance systems, good laboratory practices (GLP) and good manufacturing practices (GMP) in all aspects of BTS.
- Promote rational use of blood and blood products.

**Activity area 2:- Practise universal precautions in all health care settings including health care waste management**

***Major Areas of Action:***

- Ensure access to post exposure prophylaxis for health workers.
- Strengthen and practice universal precautions in all health care settings.
- Develop and implement health care waste management plan.

## ***Strategic Direction 6***

***Build and strengthen capacity and commitment to lead, coordinate and provide a comprehensive response to the epidemic***

To ensure an effective, well-coordinated, and sustainable multi-sectoral response to HIV/AIDS, efforts to strengthen the institutional framework that guides and delivers the national response, based on the Three One's principle will be undertaken. At the same time, to enhance intersectoral collaboration and to ensure technically competent managers and implementers of HIV intervention, appropriate training and capacity building of teams from government and non-government sectors designed and delivered.

### **Objectives/Targets by 2010:**

- 1) Enhanced leadership and management for an effective multisectoral response to HIV/AIDS
- 2) All responsible staff in the identified Ministries, NGOs and community service organisations have undergone capacity building and training on HIV/AIDS management and implementation.

### **Strategic Outcomes:**

- Strengthened capacity of the National AIDS Council and the National HIV/AIDS Programme to guide multisectoral implementation of the National Strategic Plan.
- Enhanced programme management and technical capacities of key government ministries and staff and non-governmental organizations to lead and implement their responsibilities as outlined in the National Strategic Plan and Action Plans.
- Established national monitoring and evaluation system to effectively monitor and evaluate the national response and implementation of "Three Ones"
- Implemented multiyear National Action plans based on the National Strategic Plan

### **Roles and responsibilities:**

**All Government Ministries and NGOs:** To identify and make available personnel for training and source resources for implementation of HIV prevention, treatment and care interventions and support services in their area of focus in the National Strategic Plan.

## **Activity Area 1:- Strengthen leadership and multisectoral coordination mechanisms**

### ***Major Areas of Action:***

- Strengthen the capacity of the National AIDS Council to steer the implementation of the national HIV/AIDS response.
- Increase technical and managerial capacity of the National AIDS Programme at DPH to lead, plan, guide, coordinate and manage multisectoral programmes at central and regional levels.
- Develop policies and regulations to facilitate implementation of comprehensive HIV prevention interventions targeting high risk groups within the mandate of the different sectors

## **Activity area 2:- Build skills and expertise to lead, coordinate and implement effective HIV/AIDS programmes in the government and non-government sectors**

### ***Major Areas of Action:***

- Strengthen the capacity of NGOs to provide appropriate HIV prevention, care and support services across their areas of focus.
- Strengthen the capacity of CBOs and youth organisations to provide appropriate HIV prevention, care and support services across their areas of focus
- Strengthen the capacity of the NNCB staff to lead and provide comprehensive HIV prevention services for drug users
- Strengthen the capacity of the Ministry of Education to lead and provide coordinate HIV prevention in schools.
- Strengthen the capacity of the Ministry of Youth Development and Sports to lead and provide comprehensive HIV prevention services for young at risk and out-of-school populations
- Strengthen the capacity of the Ministry Gender and Family to lead and provide comprehensive HIV prevention services for vulnerable women and their families
- Strengthen the capacity of the Ministry of Home Affairs lead and provide comprehensive HIV prevention services in penitentiaries and for members of the Maldives Police Service
- Strengthen the capacity of the tourism industry to provide comprehensive HIV prevention services for their employees and their guests.
- Strengthen the capacity of the MNDF to lead and provide comprehensive HIV prevention services for staff/members
- Strengthen the capacity of professional and vocational training institutions to review, integrate and deliver HIV-related content into their curricula and training and effectively deliver it
- Develop and implement an HIV-related stigma and discrimination reduction strategy for health care providers

- Increase health care providers skills in HIV-related counselling and behaviour change communication and providing services to most at risk populations
- Increase the experience of clinicians in the diagnosis of HIV and provision of comprehensive HIV care
- Train Health care providers in diagnosis and comprehensive case management of STI
- Train Health care providers on blood safety and universal precautions
- Train STI, antenatal, TB/DOTS and family planning health care providers in provision and integration of VCT.
- Strengthen public health providers capacity and commitment on HIV and STI data collection, surveillance and reporting.

## ***Strategic Direction 7***

### ***Build a strategic information system to respond to the epidemic***

Information on high-risk populations is acutely needed to guide the local response in the Maldives. The highest priority will be given to a comprehensive mapping and behavioural surveillance of most-at-risk populations, with the objective of identifying the size, general characteristics and behaviours of female sex workers and their clients, men having sex with men and injecting drug users. Ongoing surveillance of both drug use patterns and HIV will be conducted in order to monitor the potential spread of the epidemic and take effective actions to reduce it. Key information will be gathered in ways that are respectful of privacy, non-discrimination and other human rights. These surveys, along with other more detailed situation and needs assessments will be carried out in the context of programmes providing prevention services for these groups.

#### **Objective/results by 2011:**

- 1) Strategic information to guide an effective response improved and used for planning and implementation

#### **Strategic Outcomes:**

- Trends and changes in HIV prevalence and HIV and STI related risk behaviours and knowledge among different risk and vulnerable groups tracked over time in the Maldives
- Effectiveness of HIV prevention and care interventions and activities monitoring and evaluated
- All aspects of key programme service delivery areas effectively monitored and evaluated
- Resources, inputs and outputs contributing to the programme monitored.

#### **Roles and Responsibilities**

**Department of Public Health:** To plan, coordinate and provide technical guidance to the health service delivery facilities on standards, protocols and guidelines on HIV surveillance and other strategic information and research

**Department of Medical Services:** To develop, integrate and ensure proper functioning information systems for collection and reporting of HIV surveillance and other strategic information in all health facilities under the department

**Indira Gandhi Memorial Hospital:** To develop, integrate and ensure proper functioning information systems for collection and reporting of HIV surveillance and other strategic information

**Private hospitals and Clinics:** To develop and ensure proper functioning information systems for collection and reporting of HIV related information

**NGOS and CBOs:** To collect and report information for surveillance and other strategic information across their area of focus and develop information systems

**Activity area 1:- Strengthen existing information and surveillance system to incorporate STI/HIV/AIDS strategic information**

***Major Areas of Action:***

- Conduct mapping and estimation of population size among high risk groups as outlined under Strategic Direction 1
- Strengthen and expand HIV sentinel serosurveillance and implement behavioural surveillance surveys among key populations at higher risk
- Establish and implement knowledge, attitude and practice survey among adolescents and young people
- Conduct sexually transmitted infection surveys in the community
- Strengthen HIV case and AIDS morbidity and mortality case reporting
- Integrate data management and dissemination system for HIV and sexually transmitted infections into SIDAS
- Develop and implement a monitoring and evaluation plan.

**ACCOUNTABILITY AND COORDINATION/IMPLEMENTATION MECHANISMS**

**National AIDS Council**

The President's Office formed a multi-sectoral representative body, the National AIDS Council (NAC), to provide direction to national HIV/AIDS response and guide the implementation of the National Strategic Plan on HIV/AIDS.

**National AIDS Programme**

The National AIDS Programme, placed within the Department of Public Health, has the responsibility to lead, plan and coordinate national response to HIV/AIDS, monitor the implementation of the National Strategic Plan, provide technical guidance and support to other Ministries, Departments and

NGOs, and implement specific activities such as surveillance and collation of national information on HIV as defined in the action plan. .

**Ministries and Departments:** Lead and coordinate and support implementation of HIV prevention interventions in the major areas of action in their areas of responsibility, monitor and provide administrative and technical assistance

### **Task Teams**

Task Teams will be established under the coordination of the lead government agency on each of the core areas of the national strategic plan on HIV/AIDS. The task teams will consist of all relevant government departments, NGOs, civil society and UN agencies and will be responsible for development and coordination of the specific action plans for the area of work, including definition of the technical support requirements.

**Annex 1:  
Core Monitoring and Evaluation Plan**

<b>GLOBAL TARGET</b>			
<b>Millennium Development Goals</b>		<b>MDG Indicators</b>	
MDG Goal 6 To halt and begin to reverse the spread of HIV and AIDS by 2015		<ul style="list-style-type: none"> <li>▪ HIV prevalence among pregnant women aged 15-24 years               <ul style="list-style-type: none"> <li>- Condom use rate of the contraceptive prevalence rate<sup>c</sup></li> </ul> </li> <li>▪ Condom use at last high-risk sex               <ul style="list-style-type: none"> <li>- Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS<sup>d</sup></li> </ul> </li> <li>▪ Contraceptive prevalence rate</li> </ul>	
<b>NATIONAL STRATEGIC PLAN ON HIV/AIDS 2007- 2011</b>			
<b>NSP Strategic Direction</b>	<b>NSP Objective/Target2011</b>	<b>OVI</b>	<b>Additional core Indicators</b>
Provide age- and gender-appropriate prevention and support services to key populations at higher risk: drug users, sex workers and men who have sex with men	1. Universal access (80%) of most at risk populations (injecting drug users, female sex workers and men who have sex with men) to comprehensive HIV prevention services	1. Percentage of the most at risk populations reached with HIV prevention programmes	2. Percentage of most-at-risk populations who are HIV infected 3. Percentage of most at risk populations that have received an HIV test in the last 12 months and know their results 4. Percentage of most at risk populations who both correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV transmission 5. Percentage of female sex workers reporting the use of a condom with their most recent client 6. Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected 7. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse
Reduce and prevent vulnerability to HIV infection in adolescents and young people	1. 80 % of young people (15-24 yrs) can both correctly identify ways of preventing	1. Percentage of young people (15-24years) who both correctly identify ways of preventing HIV transmission	4. Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15



	<p>HIV transmission and reject major misconceptions about HIV transmission</p> <ol style="list-style-type: none"> <li>2. 90% of schools provide life skills-based HIV education</li> <li>3. 50% of estimated vulnerable adolescents are reached with HIV prevention services</li> </ol>	<p>and reject major misconceptions about HIV transmission</p> <ol style="list-style-type: none"> <li>2. Percentage of schools providing life-skills based education in the last academic year</li> <li>3. Percentage of estimated vulnerable adolescents reached by HIV prevention services</li> </ol>	<ol style="list-style-type: none"> <li>5. Percentage of young women and men aged 15–24 who are HIV infected</li> </ol>
Provide HIV prevention services in the workplace for highly vulnerable workers	<ol style="list-style-type: none"> <li>2. 50 % of each of the workforce in the three specific groups are reached by HIV prevention services</li> <li>3. 80 % of seamen, resort workers, members of the police force, MNDF and other identified working groups can both correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission</li> </ol>	<ol style="list-style-type: none"> <li>1. Percentage of seamen, resort workers, and other migratory workers with access to workplace-based HIV prevention services</li> <li>2. Percentage of seamen and resort workers members of the police force, MNDF and other identified working groups who can both correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission .</li> </ol>	<ol style="list-style-type: none"> <li>3. Percentage of the targeted vulnerable worker groups that have received an HIV test in the last 12 months and who know their results.</li> </ol>
Provide treatment, care and support services to people living with HIV	<ol style="list-style-type: none"> <li>1. All STI services, family planning services, antenatal services and TB/DOTS services provide voluntary counselling and testing.</li> <li>2. 80% of eligible people living with advanced HIV infection receive antiretroviral combination therapy</li> </ol>	<ol style="list-style-type: none"> <li>1. % of defined health facilities with VCT services</li> <li>2. % of eligible people living with advanced HIV infection receiving antiretroviral combination therapy</li> <li>3. % of identified HIV positive pregnant women receive ART</li> </ol>	

	<ol style="list-style-type: none"> <li>3. 100% of identified HIV positive pregnant women receive ART prophylaxis to reduce the risk of mother-to-child transmission of HIV</li> <li>4. 100% of HIV-exposed infants receive cotrimoxazole prophylaxis</li> </ol>	<p>prophylaxis to reduce the risk of mother-to-child transmission of HIV</p> <ol style="list-style-type: none"> <li>4. % of HIV-exposed infants receive cotrimoxazole prophylaxis</li> </ol>	
Ensure safe practices in the healthcare system	<ol style="list-style-type: none"> <li>1. 100% of donated blood units screened for HIV in a quality assured manner</li> <li>2. 100 % of healthcare workers have access to PEP</li> <li>3. All health facilities properly dispose of infectious waste</li> </ol>	<ol style="list-style-type: none"> <li>1. Percentage of donated blood units screened for HIV in a quality assured manner</li> <li>2. Percentage of healthcare facilities availability of PEP</li> <li>3. Percentage of health facilities which dispose of infectious waste</li> </ol>	<ol style="list-style-type: none"> <li>4. Percentage of health care staff trained in universal precautions</li> </ol>
Build and strengthen capacity and commitment to lead, coordinate and provide a comprehensive response to the epidemic	<ol style="list-style-type: none"> <li>1. Enhanced leadership and management for an effective multisectoral response to HIV/AIDS</li> <li>2. All responsible staff in the identified Ministries, NGOs and community service organisations have undergone capacity building and training on HIV/AIDS management and implementation.</li> </ol>	tbd	
Strengthen the strategic information system to respond to the epidemic	<ol style="list-style-type: none"> <li>1. Strategic information to guide an effective response improved and used for planning and implementation</li> </ol>	tbd	

