UNGASS 2008 COUNTRY PROGRESS REPORT

REPUBLIC OF THE MARSHALL ISLANDS

Reporting period: January 2006–December 2007

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Prepared by:

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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CDC	Centre for Disease Control
CPG	Community Planning Group
CTR	Counseling Testing and Referral
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
LSBE	Life Skills Based Education
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MIA	Ministry of Internal Affairs
MOE	Ministry of Education
MOH	Ministry of Health
MSM	Men who have Sex with Men
NASA	National AIDS Spending Assessment
NCM	National Coordinating Mechanism
NCPI	National Composite Policy Index
NGO	Non Governmental Organization
PLWH	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
RMI	Republic of the Marshall Islands
SGS	Second-Generation Surveillance
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
VCCT	Voluntary Confidential Counseling and Testing
WUTMI	Women United together in the Martial Islands
YTYIH	Youth to Youth in Health

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Status at a glance

The Republic of the Marshall Islands (RMI) is located in the Central Pacific Ocean, and is comprised of twenty-nine scattered and remote atolls in the Eastern Ratak (Sunrise) and the Western Ralik (Sunset) chains. There exist approximately 1225 islands and islets in the Marshall Islands none of which are above ten feet in elevation above sea level. The land area is less than 0.01% of the total surface area, with the total land area being less than 180 square kilometers scattered over two million square kilometers of ocean. The Marshall Islands has a unique geography, which is a challenge to delivery of basic health services. Transportation, electricity and communication are limited by the isolated nature of many of the islands and atolls.

The Republic of Marshall Islands, Ministry of Health (MOH) is proposing a new organizational structure that will consist of three Bureaus. The Bureau of Majuro Hospital which will cater for a population of 23,678, the Bureau of Ebeye for Kwajalein will service a population of 10.902 while the Bureau of Outer Island Health Services will cater for 14,817. It is planned that the new structure will have a positive impact on the improvement of health care delivery services including HIV AIDS and STIs for the RMI.

The challenges ahead are still immense in terms of delivering basic health services with limited infrastructure, little improvement in the development of transportation, communication and electricity facilities and little investment in human and financial resources.

(a) The inclusiveness of the stakeholders in the report writing process;

Representatives from both Civil Society and Government have taken part in the drafting of this report with contributions through the Community Planning Group (CPG) and participation in the National Composite Policy Index (NCPI), those who have contributed include Youth to Youth in Health (YTYIH), Women United Together Marshall Islands (WUTMI), Mission Pacific, Salvation Army, Local Government Councils, and Government Departments (Ministry of Health, Ministry of Education, Ministry of Internal Affairs).

Bilateral partners were also included in this process as well as, World Health Organization (WHO), Secretariat for the Pacific Community (SPC) as well as the Centre for Disease Control (CDC) contributed with the latter two contributing to the analysis of the Second Generation Surveillance (SGS) database and assistance in the write up of the report.

(b) The status of the epidemic in the Pacific;

The prevalence of Human Immunodeficiency Virus infection (HIV) appears to remain low in the small islands of the Pacific, although the data are incomplete due

to a lack of widespread testing in some countries. However, once the virus reaches a critical level in these communities, there is high potential for explosive transmission.

The presence of other sexually transmissible infections (STIs) is associated with markedly increased susceptibility to HIV acquisition, and the population prevalence of other STIs in Pacific small island countries appears to be among the highest reported anywhere in the world. For example, the prevalence of Chlamydia in [asymptomatic] pregnant women in Samoa in a recent Second Generation Surveillance (SGS) study was 27%, with more than 40% of women aged less than 25 testing positive for the organism.

This indicates that these STIs are 'hyper endemic' in this region and points to high-level vulnerability to rapid HIV transmission in the period covered by the application. HIV is already present at high levels 'on the doorstep' of the small island countries of the Pacific in Papua New Guinea, where the prevalence of the infection is approaching 2% and continues to rise.

(c) The status of the epidemic in your country;

The first case of HIV was recorded in 1986 *(RMI Reports).* RMI is not experiencing an epidemic and the prevalence of HIV remains very low. Since 2006 only one case of HIV had been confirmed and this person is under treatment.

The STD clinics (Majuro and Ebeye) are walk in and referral clinics. The commonest STI diagnosed in the RMI syphilis Chlamydia and gonorrhea. The SGS Survey of prenatal mothers revealed that 11.6% had ever been diagnosed with an STD. There has been extension of the STD program to include provision of user friendly clinic with YTYIH with a physician doing consultancy work. The concept of the user friendly clinic is to try and minimize the stigmata and shame related to STD for youths with STDs. The service also offers CTR (counseling and referral). Access to the STD clinic has been increase by integration of the reproductive health service with STD services.

National response to the AIDS epidemic

The current Policies and Strategic Plans/ Programs that are in existence or are in the process of being developed in response to the threat of HIV and AIDS are:

The RMI National Strategic HIV/AIDS Action Plan.

The Plan was developed through a workshop held in 2006 with Government departments and Non Governmental Organizations (NGOs). This Plan is a community orientated response plan to the spread of HIV/AIDS and is due to be endorsed and implemented in 2008. The Plan emphasized 5 priority areas:

a. Coordinating the response to HIV and AIDS
b. Preventing and Controlling sexually transmitted diseases
c. Reducing Vulnerability
d. Care and support for people living with and affected by HIV AIDS
e. Providing a safe blood transfusion

RMI National Guidelines for HIV Care and Prevention (October 2006).
This guidelines had been developed to standardize HIV care and prevention. This guideline was developed by the HIV Aids Health Care Team:

f. Counseling testing and Referral (CTR)
g. HIV and AIDS and the Laws
h. HIV Clinical Management for Adult and Adolescents

These documents and other (listed below) Strategic Plans, Policies, Programs including Laws and Regulations that addresses cross cutting issues as, HIV and poverty, human rights protection, stigmata and discrimination, gender empowerment and/or gender equality .

i. The RMI 5 Year Health Strategic Plan
ii. Communicable Diseases prevention and Control Act (1988)
iii. Communicable Disease and Control (Amendment) Act of 1994.
iv. Population and Development Policy 1995.

The Health Promotion and Education Unit of RMI have been responsible for all the health education and promotion activities including production of IEC materials and dissemination of such materials nationally.

The Unit works closely and holds regular meetings on WHO theme campaigns with government departments (MOE, Ministry of Internal Affairs) and civil organizations such as women's groups, youth groups, church groups and councils).

Core Indicators for the Declaration of Commitment Implementation (UNGASS)

2008 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	YES	Review of Balance Sheets
Policy Development and Implementation Status		
2. National Composite Policy Index	YES	Desk review and key informant interviews
Areas covered: gender, workplace programmes, 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 programmes, services for orphans and vulnerable children, and education.		
3. Percentage of donated blood units screened for HIV in a quality assured manner	YES	Programme monitoring
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	NO	Programme monitoring and estimates
5. Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	NO	Programme monitoring and estimates
6. Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV	NO	Programme 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	YES	Population-based survey
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	NO	Behavioural surveys
9. Percentage of most-at-risk populations reached with HIV AIDS prevention programmes	NO	Behavioral surveys
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	NO	Population-based survey

11. Percentage of schools that provided life-skills based HIV AIDS education within the last academic year	NO	School-based survey
Knowledge and Behaviour		
12. Current school attendance among orphans and among non-orphans aged 10–14*****	NO	Population-based survey
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*	YES	Behavioral Survey
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	NO	Behavioral surveys
15. Percentage of young women and men who have had sexual intercourse before the age of 15	YES	Population-based survey
16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	YES (15-24)	Behavioral surveys
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*****	YES (15-24)	Behavioral surveys
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	NO	Behavioral surveys
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	NO	Behavioral surveys
20. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	NO	Special survey
21. Percentage of injecting drug users who report the use of a condom at last sexual intercourse	NO	Special survey
Impact		
22. Percentage of young women and men aged 15–24 who are HIV	NO	HIV sentinel surveillance and population-based survey

infected*		
23. Percentage of most-at-risk populations who are HIV infected	NO	HIV sentinel surveillance
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	YES	Programme monitoring
25. Percentage of infants born to HIV infected mothers who are infected	NO	Treatment protocols and efficacy studies

*Millennium Development Goals indicator

National response to the AIDS epidemic

Core Indicators

Indicator 1: National AIDS Spending Assessment (NASA)

The RMI has a Compact of Free Association with the United States; HIV related funding is received through the CDC and Health Resources Services Administration. The CDC HIV Prevention project for 2007 was USD 122,518 and this is specifically ear marked for resources support such as manpower development, salaries, fringe benefits, supplies, travel and office and administrative support.

Further funding was made available for Counseling Testing and Referral (CTR) services that were provided for selected civil organizations to expand CTR services.

Total Funds in US Dollars spent on all HIV/AIDS related activities and commodities in 2007	
Annual national funds spent on HIV and AIDS in 2007 (Includes CDC)	*$122.518?*
Annual donor/grant funds spent on HIV and AIDS in 2007	*Unknown*
Total Funds spent on HIV/AIDS in 2007	*Unknown*

Indicator 2: National Composite Policy Index

The Community Planning Group (CPG) for the Marshall Islands has not met for sometime, as a consequence the National Strategic Plan has not been finalized and signed of by the Minister of Health. The NSP covers several policies and plans that cover prevention, care and support, human rights, civil society involvement, and monitoring and evaluation, approval and sign of by the Minister of Health is as a priority for the 2008 year.

The protection of human rights is essential to safeguard an effective, rights-based response to HIV, and the Marshall Islands has put forth legislative and regulatory responses to HIV/AIDS by addressing cross cutting issues through other Policies and Strategies. However there is still much that needs to be done in terms of drafting and adopting laws that specifically protect the rights of PLWH.

RMI has been able to develop multi-sectoral stakeholder groups to collaborate and support strategy implementation. Examples of this include CTR training to YTYIH, and expansion of CTR (Counseling and Referral) to YTYIH and WUTMI. Further efforts need to be made in strengthening the role of CPG and encouraging the involvement of Civil Society in this body. Since 2005 RMI have improved access, standards and practices for treatment and care.

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

Measurement Tool and method

Hospital Blood transfusion records

Definition of Indicator, the Data, Interpretation and Analysis

The Blood Transfusion Unit for both major RMI hospitals routinely identifies blood donors from Register and screens all blood donors for eligibility for blood donation> Those found eligible were screened for STI (Syphilis) and HIV before the blood is cross matched and donated.

Total Number of Blood units donated - 685 Total Number of donated blood units screened for HIV in a quality assured manner - 685 Result 100%

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

Indicator is relevant to RMI however unable to verify data due to confidentiality concerns.

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

No cases are yet to be detected in pre natal mothers and the Indicator is considered relevant for future assessment

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

Indicator is relevant to RMI however unable to report data on this indicator

Indicator 7: Percentage of Women and Men aged 15-49 who receive HIV Test in the last 12 months and know their results

Indicator is relevant to RMI however unable to report data on this indicator. The information from the SGS survey provided information for age groups 15 -24 years.

Routine surveillance by the STD HIV Clinic could provide much larger numbers with age disaggregated data but would not be able to determine the numbers who knew their results in the last year. However this could be addressed by making adjustments in the routine surveillance system.

Indicator 8: Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results
Indicator is relevant to RMI however unable to report data on this indicator. The data from the Well Women's survey (Commercial Sex workers) failed to obtain a significant sample size, it was very difficult to access this population due to the high levels of stigma this group faces. IDU is not an issue in the RMI and therefore any indicator referring to IDU is not relevant.

Indicator 9: Percentage of most-at-risk populations reached with HIV/AIDS prevention programmes
Indicator is relevant to RMI however unable to report data on this indicator. Refer comment Indicator 8

Indicator 10: Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child
Indicator not relevant to RMI. HIV numbers are very low in RMI so there are no recorded deaths that have lead to children being orphaned. Extended family networks still exist as a safety net.

Indicator 11: Percentage of schools that provided life-skills based HIV/AIDS education within the last academic year
Indicator is relevant to RMI however unable to report data on this indicator
There are on going activities and training with civil organizations (YTYIH) for out of school youth on Life Skills Based Education (LSBE). The MOE has a training program for LSBE for teachers and planned curriculum for Schools. There is no data available on progress but there is a positive move to LSBE and data for next reporting.

Indicator 12: Current school attendance among orphans and among non-orphans aged 10–14
Indicator not relevant to RMI

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*

Measurement Tool and method: Second Generation Surveillance

Definition of Indicator, the Data, Interpretation and Analysis
Data source for the indicator is the SGS Survey for Youth (15-24Yrs)

From the sample size of 388 only 26.2% of the participants had correct answers to all five questions on both correctly identifying ways of preventing the sexual transmission of HIV and who rejected major misconceptions of HIV transmission

Responses to the individual 5 Questions are listed in the following tables.

Question	Males	Females
Having sex with only one, faithful uninfected partner can reduce the chance of getting HIV	56.9%	47.3%
Using condoms correctly can reduce the chance of getting HIV	55%	44%
A healthy looking person can have HIV?	33.2%	25.8%
A person can get HIV from sharing a meal with someone who is infected with HIV?	27.2%	10.8%
A person can get HIV from mosquito bites?	25.7%	17.2%

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

Indicator is relevant to RMI however unable to report data on this indicator
Refer comment Indicator 8

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

Measurement Tool and method: Second Generation Surveillance – respondents are asked whether or not they have had sex, if yes they are asked: How old were you when you first had sexual intercourse for the first time.

Definition of Indicator, the Data, Interpretation and Analysis
Denominator - Number of all respondents aged 15-24
Numerator – Number of respondents (aged 15-24 years) who report the age of which they first had sexual intercourse as under 15

Age Group of Respondents	Males	Females
15 – 19 years	17.3%	11.18%
20 – 24 years	17.3%	0%

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

Measurement Tool and method: Second Generation Surveillance
Youth Behavioural Survey

Definition of Indicator, the Data, Interpretation and Analysis

The SGS survey provided data for age group 15-24 years, a national behavioral survey could address this Indicator more accurately for planned interventions and it should be considered based on these finding below where participants in age group 20-24 years are more than the lower age group of 15-19 years which could imply an increasing trend with older age groups having more than 1 sexual partner. .

Age Group of Respondents	Males	Females
15 – 19 years	20.51%	16.77%
20 – 24 years	32.61%	24.0%

Measurement Tool and method: Second Generation Surveillance
Prenatal Survey

Definition of Indicator, the Data, Interpretation and Analysis

The SGS survey from Pre- Natal survey provided data for age group 15-49 years, Kamma I do not have the age group break down for this indicator
The numerator for this group: 68
The denominator: 341.

Age Group of Respondents	Females
15 – 19 years	Not available
20 – 24 years	Not available
25 -49 years	Not available
Total prenatal	341

Kamma I had not used this data from prenatal as we could either combine the figures or present them as two separate survey results I still do not have this indicator analyzed specifically for the prenatal group

Indicator 17: Percentage of men and women aged 15-49 who have had more than one sexual partner in the last 12 months reporting the use of a condom during their last sexual intercourse.

Measurement Tool and method: Second Generation Surveillance

Definition of Indicator, the Data, Interpretation and Analysis

Source of the data is the SGS survey and only provides information for age groups 15-24 years. Male sexual behaviour (Increase in number of sexual partners as they get older with and without condom use) appears to be consistent with Indicator 13 (Zero numbers of females who have more that one sexual partner in age group 20 -

24 either never uses a condom during sexual intercourse as the data shows. The explanation for zero % of females (20 -24) who do not use condoms could imply that these women have more than one regular partners only and do not require to use a condom.

Age Group of Respondents	Males	Females
15 – 19 years	15.63%	18.52%
20 – 24 years	26.67%	0.0%

Indicator 18: Percentage of female and male sex workers reporting the use of a condom with their most recent client
Indicator is relevant to RMI however unable to report data on this indicator.
Refer comment indicator 8

Indicator 19: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner:
Indicator is relevant to RMI however unable to report data on this indicator

Indicator 20: Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected:
Indicator is not relevant to RMI

Indicator 21: Percentage of injecting drug users who report the use of a condom at last sexual intercourse:
Indicator is not relevant to RMI

Indicator 22: Percentage of young people aged 15–24 who are HIV infected*
Measurement Tool and method: Second Generation Surveillance Prenatal Survey
Result - 0%

Indicator 23: Percentage of most-at-risk populations who are HIV infected
Indicator is relevant to RMI however unable to report data on this indicator, IDU not relevant to RMI

Indicator 24: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy
Measurement Tool and method: Patient Record and Register system
Result – 100%

Indicator 25: Percentage of infants born to HIV infected mothers who are infected
Modelled by UNAIDS

Best practices
The RMI is very fortunate that there is political commitment to the HIV and AIDS and STD Program.

Leadership in the Ministry of Health is committed and there is always support and participation in all the health promotion and education activities for HIV and AIDS

and STD. The RMI is also fortunate that more and more civil organizations are getting established and have agendas and policies that address HIV and AIDS and STD.

The two most import civil organizations that involve communities (youth and women) are the YTYIH and WUTMI. These civil organizations continue to expand their roles in of HIV and AIDS and STD and continue to involve the participation of communities in their activities. One of the major contributions of civil organizations in RMI was to develop the RMI HIV and AIDS Strategic Action Plan. The Plan is due for endorsement this year.

The greatest challenge for both these groups (and other civil organizations) is with the cultural hierarchy and the cultural beliefs and practices that collide with the education and promotion of HIV and AIDS to overcome the stigma and shame associated with HIV and STDs.

The donors' continued and willing support to the HIV and AIDS and STD had been a major factor to the HIV and AIDS and STD programs as demonstrated through resource and capacity building. The RMI looks to a more collaborated and coordinated effort to continue.

Major challenges and remedial actions

The Marshall Islands has good surveillance systems which could provide all the data that is required but this needs to be extracted and analyzed to meet the criteria required for the UNGASS Indicator for UNGASS reporting.

The data from Ebeye Hospital is not immediately available at the national level (Majuro) when desired (to be extracted) also puts great delays and probable inaccuracies in reporting data

Future SGS survey should consider including other Most at Risk Populations (MARPS) such as visiting seafarers to the Marshall Islands as Marshall Island itself does not have a large population of seafarers. More and more Marshallese young men and women are being recruited into the military and this group should be a great concern for the RMI and need to be included.

There are "critical gaps" *(RMI HIV and STD Situational Analysis, 2005). In* the Seafarer Response in the Marshall Islands and issues needed to be address includes:

i. Integration of the needs of seafarers into HIV AIDS prevention research
ii. Implementing condom distribution and condom promotion
iii. Identifying seafarers at port of call in Majuro and Ebeye and Outer Islands
iv. Developing IEC materials for seafarers with limited literacy. Vendor machines for condoms in bars and docks
v. Political unwillingness to address commercial sex
vi. Providing opportunities for alternative income generation for commercial sex workers

RMI has produced various Strategies, Policies and Plans which relate to cross cutting issues of HIV AIDS and it would be a challenge to be able to bring together all these documents to extract the cross cutting issues that addresses HIV and AID under one HIV and AIDS program.

Support from the country's development partners

The Marshall Islands is fortunate in many ways that it has key external support from CDC (as mentioned above), WHO and SPC to address the problem of HIV through various HIV donated program. Program development and implementation for the RMI needs to be collaborated with the development partners, for the efficacy and efficient use of funding allocations to enhance budgetary planning and implementation of the HIV and AIDS programs

A coordinated and collaborated budgeting program would be ideal so that intervention programs and implementations do not overlap in funding the programs resulting ineffective use of the funds that they are returned to the donors or future funds are reduced. Having a collaborated and coordinated funding mechanism will not only provide more efficiency in monitoring and evaluation, and reporting mechanisms to donors but dissemination of the information to all donors.

There are programs that overlap and some donors do not often achieve the desired outputs and outcomes whereas some donors receive the data because donors which want the same information (data) that could one report could be produced and disseminated to al the donors that are looking for such data. RMI was successful in their Round 7 Global Fund bid and anticipates more funds to be available.

An annual meeting with partners should be ideal for coordinated and collaboration on Funding. Discussions as RMI do not specifically draw funds from its national budget for its HIV/AIDS and STD Program.

It is important for RMI to develop linkages to access universal donor bodies for logistic support where this appropriate and available.

Monitoring and evaluation environment

The current monitoring and evaluation of the HIV AIDS program in the Marshal Islands needs to be enhanced. The following gaps had been identified during this reporting session;

1. The RMI has an adequate a surveillance system, although urgent attention is needed so that the extraction of critical data can be made readily available when required.
2. A strategic flow of data is required to address the collection of data for UNGASS Core Indicators and other relevant global and regional indicators. The flow of data should also address how data from Ebeye hospital should be communicated to the national surveillance.

3. Evidence-based medical intervention programs need to be identified implemented and monitored adequately providing the outputs and outcomes of interventions.
4. Expanding the HIV Prevention program

The main challenge in implementing a comprehensive M & E system, that the system must be able to measure the desired outputs and outcomes with desired targets and produce these desired outputs and outcomes.

The shortage of trained staff specifically to monitor and evaluate could prove a challenge to affectivity and efficiency

Capacity building in the area of HIV and AIDS monitoring and evaluation is needed to enhance the work performance of existing staff. The MOH staff needs to have this function with the establishment rather than depend on EPPSO to provide the monitoring and evaluation.

Capacity building should include civil organizations which could be responsible for their own monitoring and evaluation.

ANNEXES

ANNEX 1: Consultation and Preparation Process

Consultation/preparation process for the Country Progress Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

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

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

With inputs from

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

Was the report discussed in a large forum? No

Are the survey results stored centrally? Yes

Are data available for public consultation? Yes

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

Mrs. Justina R Langidrik MPH
Secretary for health

Date: January 16, 2008

Signature:

Address: Majuro Hospital, Republic of the Marshall Islands

Email:

Annex 2: National Composite Policy Index 2007

PART A

NCPI Respondents

NCPI - <u>PART A</u> [to be administered to government officials]

Organisation	***Name/Position***
Youth to Youth in Health	Maure Arikitau – AHD Coordinator
Women's United Together Marshall Islands (WUTMI)	Annie deBrum – PAT Educator
Ministry of Health	Ione deBrum – Director Education
Ministry of Health	Lina Hills – Associate Administrator
Ministry of Health	Hellen Jetnil-David
Ministry of Health	Russel Edwards
Ministry of Education	Gideon Gideon
Ministry of Education	Altina Anien
Ministry of Health	Godfrey Waidubu
Acting Secretary for Ministry of Internal Affairs	Mr. Amram Mejbon
Ministry of Health	Zachraias Zachraias

Note: In the NCPI answers, N/A stands for "Not Applicable"

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE

PART A
[to be administered to government officials]

I. STRATEGIC PLAN

1. Has the country developed a national multi-sectoral strategy/action framework to combat HIV/AIDS?
(Multi-sectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.3)

Yes

Period covered: 2006 -2009(still pending completion)

***IF NO or N/A**, briefly explain why*

***IF YES,* complete questions 1.1 through 1.10; otherwise, go to question 2.**

1.1 How long has the country had a multi-sectoral strategy/action framework?

Number of Years: Plan has been in the development phase since April 2005, Ministry will be setting a deadline in terms of completion

1.2 Which sectors are included in the multi-sectoral strategy/action framework with a specific HIV budget for their activities?

Sectors included	Strategy / Action framework	Earmarked budget
Health	*Yes*	*Yes*
Education	*Yes*	*Yes*
Foreign Affairs/Labour	*Yes*	*No*
Transportation refer to other	*Yes*	*No*
Military/Police	*Yes*	*No*
Ministry of Internal Affairs – Women and Youth	*Yes*	*No*
Ministry of Resources and Development – FNTC Fisheries and Nautical Training Centre,	*Yes*	*No*
Ministry of Transportation and Communication – Ports Authority	*Yes*	*No*

*Any of the following: Agriculture, Finance, Human Resources, Justice, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry.

IF NO earmarked budget, *how is the money allocated?*

The Ministry of Health acts as the central coordinating body for HIV related activities. They work closely with other ministries to provide funding and activities that have been identified by other ministries as priorities. Outside of the Ministry of Health only the Ministry of Education have specific allocated funding for HIV programmes.

1.3 Does the multi-sectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

Target populations	
a. Women and girls	a. *Yes*
b. Young women/young men	b. *Yes*
c. Specific vulnerable sub- populations[1]	c. *Yes*
d. vulnerable children	d. *Yes*
Settings	
e. Workplace	e. *Yes*
f. Schools	f. *Yes*
g. Prisons	g. *No*
Cross-cutting issues	
h. HIV/AIDS and poverty	h. *Yes*
i. Human rights protection	i *Yes*
j. PLHIV involvement	j. *Yes*
k. Addressing stigma and discrimination	k. *Yes*
l. Gender empowerment and/or gender equality	l. *Yes*

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

The NHSAP targets the general population; it also looks at providing programmes within specific settings; which focuses on youth (12-24), church groups, women's group, men's groups, seafarers, men who have sex with men, commercial sex workers, transactional sex workers

IF YES, when was this needs assessment conducted? Extracted from situational analysis
Year: 2005

1.5 What are the target populations in the country?
Refer to 1.4

1.6 Does the multi-sectoral strategy/action framework include an operational plan?
Yes

[1] Sub-populations that have been *locally* identified as being at higher risk of HIV transmission (injecting drug users, men having sex with men, sex workers and their clients, cross-border migrants, migrant workers, internally displaced people, refugees, prisoners, etc.).

1.7 Does the multi-sectoral strategy/action framework or operational plan include?

a. Formal programme goals?	*Yes*
b. Clear targets and/or milestones?	*Yes*
c. Detailed budget of costs per programmatic area?	*Yes*
d. Indications of funding sources?	*Yes*
e. Monitoring and Evaluation framework?	*Yes*

1.8 Has the country ensured "full involvement and participation" of civil society[2] in the development of the multi-sectoral strategy/action framework?

Active involvement

***IF active involvement**, briefly explain how this was done:*

All key partners were involved in the development of the plan, as the level of knowledge and awareness of the HIV in the Marshalls amongst the general public is quite low it was difficult to get the involvement of PLWHA in the process

YTYIH and WUTMI are two civil organizations that have expanded there health education and promotion activities including development of LSBE of peer and community health education activities.

1.9 Has the multi-sectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

No

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multi-sectoral strategy/action framework?

Yes, some partners

***IF SOME or NO**, briefly explain: Marshall Islands have aligned there Plan with the Pacific Regional Strategy, UNGASS and the MDGs, however have not had the resources to look at Universal Access*

[2] Civil society includes among others: Networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of key affected groups (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

2. Has the country integrated HIV and AIDS into its general development plans such as: a) National Development Plans, b) Common Country Assessments/ United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, d) Sector Wide Approach?

Yes RMI development Plans have addressed cross cutting issues of HIV/AIDS – These Plans need to be collaborated so that development plans of HIV/AIDS are clearly focused and addressed

2.1 ***IF YES,*** in which development plans is policy support for HIV and AIDS integrated?

a)National Development Plan b) Common Country Assessments/UN Development Assistant Frameworks c)Poverty reduction strategy papers d) Sector wide approach

2.2 ***IF YES,*** which policy areas below are included in these development plans?

✓ Check for policy/strategy included

Policy Area	Development Plans				
	a)	b)	c)	d)	e)
HIV Prevention	Yes	Yes	Yes	Yes	
Treatment for opportunistic infections		Yes		Yes	
ART		Yes		Yes	
Care and support (including social security or other schemes)		n/a			
HIV/AIDS impact alleviation		No		No	
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support –					
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support		n/a		n/a	
Reduction of stigma and discrimination		Yes		Yes	
Women's economic empowerment (e.g. access to credit, access to land, training)		Yes		Yes	
Other: [write in]					

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

3.1 ***IF YES***, to what extent has it informed resource allocation decisions

Low *High*

0 1 2 3 4 5

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

No

4.1 ***IF YES,*** which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioral change communication	*Yes*	*No*
Condom provision	*Yes*	*No*
HIV testing and counseling*	*Yes*	*No*
STI services	*Yes*	*No*
Treatment	*Yes*	*No*
Care and support	*Yes*	*No*
Others: [write in]	*Yes*	*No*

- **What is the approach taken to HIV testing and counseling? Is HIV testing voluntary or mandatory (e.g. at enrolment)? Briefly explain:**
- HIV Testing is mandatory for: Taxi Drivers and Food Handlers,2 Migrants , TB Patients, STD Clients, Pre natal mothers, Contract employees
- Voluntary CCT is done and Doctors can request HIV with Consent.

5. **Has the country followed up on commitments towards Universal Access made during the High-Level AIDS Review in June 2006?**

No

5.1 Has the National Strategic Plan/operational plan and national HIV/AIDS budget been revised accordingly

No

5.2 Have the estimates of the size of the main target population sub-groups been updated?

No

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

No

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

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

Yes

IF YES, which population sub-groups?

- Pre natal mothers
- STD clients
- Immigrants
- High School students
- College students
- Food handlers

(c) Is coverage monitored by geographical area?

Yes

IF YES, at which levels (provincial, district, other)?

By 2 urban centres – Majuro, Ebeye

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate <u>strategy planning efforts</u> in the HIV and AIDS programmes in 2007 and in 2005?												
2007	Poor											Good
	0	1	2	3	4	5	6	**<u>7</u>**	8	9	10	

2005	Poor										Good
	0	1	2	3	**4**	5	6	7	8	9	10

Comments on progress made since 2005:

- Capacity building for health workers has improved.
- Increase in awareness amongst both staff and the community
- Quality of treatment services has improved
- Further development of the National HIV Strategic Action Plan
- Greater commitment to providing HIV/AIDS services by the government
- Improvement of the HIV protocols e.g. Counseling, (VCCT)

II. Political Support

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. **Do high officials speak publicly and favorably about AIDS efforts in major domestic fora at least twice a year?**

President	*Yes*
Other high officials	*Yes*
Other officials in regions and/or districts	*Yes*

2. **Does the country have an officially recognized national multi-sectoral HIV/AIDS management / coordination body? (National AIDS Council or equivalent)?**

Yes

2.1 ***IF YES,*** when was it created?

Year: 1985 *Yes* [Please clarify]

2.2 ***IF YES,*** who is the Chair?

Dr Brian Director of Public Health

2.3 ***IF YES,*** does it: (Please clarify)
2.4

have terms of reference?	*No*
have active Government leadership and participation?	*Yes*
have a defined membership? include civil society representatives?	*Yes* *Yes*

IF YES, what percentage? [write in] include people living with HIV? include the private sector?	 *No* *Yes*
have an action plan?	*Yes*
have a functional Secretariat?	*No*
meet at least quarterly? review actions on policy decisions regularly? actively promote policy decisions? provide opportunity for civil society to influence decision-making? strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	*No* *No* *No* *Yes* *No*

3. **Does the country have a national HIV/AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/programmes?**

Yes

3.1 ***IF YES,*** does it include?

Terms of reference	*No*
Defined membership	*No*
Action plan	*No*
Functional Secretariat	*No*
Regular meetings	*No* Frequency of meetings:

IF YES,

What are the main achievements?

The HIV and AIDS body had been inactive

Did not know and understand the impact of HIV infection

What are the main challenges for the work of this body?

Cultural factors which could counteract the effectiveness of policies

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

Percentage: <1% [National AIDS Spending Assessment]

5. **What kind of support does the NAC (CPG) provide to implementing partners of the national programme, particularly to civil society organizations?**

a. Information on priority needs and services	*Yes*
b. Technical guidance/materials	*Yes*
c. Drugs/supplies procurement and distribution	*Yes*
d. Coordination with other implementing partners	*Yes*
e. Capacity-building	*Yes*

6. **Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?**

No

6.1 ***IF YES,*** were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes *No*

6.2 ***IF YES,*** which policies and legislation were amended and when?
Policy/Law: *Year:* [write in]

Policy/Law: *Year:* [write in]
[List as many as relevant]

Overall, how would you rate the political support for the HIV/AIDS programme in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	5	**6**	7	8	9	10
2005	Poor										Good
	0	1	2	**3**	4	5	6	7	8	9	10
Comments on progress made since 2005: Since 2005 improvements have been made by leaders to promote and support HIV awareness, however there is a need to review and enhance current laws and policies.											

III. Prevention

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

Yes

1.1. ***IF YES***, what key messages are explicitly promoted?

✓ Check for key message explicitly promoted

Be sexually abstinent	*Yes*
Delay sexual debut	Yes
Be faithful	Yes
Reduce the number of sexual partners	Yes
Use condoms consistently	Yes
Engage in safe(r) sex	*Yes*
Avoid commercial sex	Yes
Abstain from injecting drugs	N/A
Use clean needles and syringes	*N/A*
Fight against violence against women	Yes
Greater acceptance and involvement of people living with HIV	*Yes*
Greater involvement of men in reproductive health programmes	*Yes*
Other: [write in]	

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV and AIDS by the media?

No

2. Does the country have a policy or strategy promoting HIV/AIDS-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools?	Yes
secondary schools?	*Yes*
teacher training?	*Yes*

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?
Yes

2.3 Does the country have an HIV education strategy for out-of-school young people?
Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions <u>for vulnerable sub-populations</u>?

No

***IF NO**, briefly explain: please explain?*

Policies on Health education for RMI Ministry is based on principal to target whole population rather than categories in the of population

Does not specifically target/vulnerable groups

3.1 ***IF YES***, <u>which sub-populations</u> and <u>what elements of HIV prevention</u> do the policy/strategy address?

✓ Check for policy/strategy included

	IDU	MSM	Sex workers	Clients of sex workers	Prison inmates	Other sub-populations* [write in] Youth and Prenatals
Targeted information on risk reduction and HIV education						
Stigma & discrimination reduction						
Condom promotion						
HIV testing & counseling						
Reproductive health, including STI prevention & treatment						
Vulnerability reduction (e.g., income generation)	N/A	N/A		N/A	N/A	
Drug substitution therapy		N/A	N/A	N/A	N/A	
Needle & syringe exchange		N/A	N/A	N/A	N/A	

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	5	**6**	7	8	9	10
2005	Poor										Good
	0	1	2	3	**4**	5	6	7	8	9	10
Comments on progress made since 2005: No significant progress has been made, however improvements have been made at the service delivery area.											

4. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

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

***IF YES*, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?**

✓ Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV prevention programmes	The activity is available in all districts* in need	most districts* in need	some districts* in need
Blood safety	*Yes*		
Universal precautions in health care settings	*Yes*		
Prevention of mother-to-child transmission of HIV	*Yes*		
IEC on risk reduction	*Yes*		
IEC on stigma and discrimination reduction	*Yes*		
Condom promotion	*Yes*		
HIV testing & counseling	*Yes*		
Harm reduction for injecting drug users	*N/A*		
Risk reduction for men who have sex with men	*Yes*		
Risk reduction for sex workers	*Yes*		
Programmes for other vulnerable sub-populations	*Yes*		
Reproductive health services including STI prevention & treatment	*Yes*		
School-based AIDS education for young people	*Yes*		
Programmes for out-of-school young people	*Yes*		
HIV prevention in the workplace	*Yes*		
Other [write in]			

*Districts or equivalent geographical/de-centralized level in urban and rural areas

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	5	6	**7**	8	9	10
2005	Poor										Good
	0	1	2	3	4	**5**	6	7	8	9	10
Comments on progress made since 2005: *A lot of progress has been made with teamwork. The HIV Team is also involved in capacity building activities within country and overseas. Production and dissemination of IEC materials has increased as well health promotion activities within communities, e.g. seminars*											

IV. TREATMENT, CARE AND SUPPORT

1. **Does the country have a policy or strategy to promote comprehensive HIV/AIDS treatment, care and support?** (Comprehensive care includes, but is not limited to, treatment, HIV testing and counseling, psychosocial care, and home and community-based care).
   Yes

   1.1 ***IF YES*,** does it give sufficient attention to barriers for women, children and most-at-risk populations?
   Yes

2. **Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**
   Yes

   ***IF NO**, how are HIV and AIDS treatment, care and support services being scaled-up?:*

***IF YES*, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?**

✓ Check the relevant implementation level for each activity
or indicate N/A if not applicable

HIV and AIDS treatment, care and support services	**The service is available in**		
	all districts* in need	**most districts* in need**	**some districts* in need**
a. Antiretroviral therapy	*Yes*		
b. Nutritional care	*No*		

c. Paediatric AIDS treatment	*No*
d. Sexually transmitted infection management	*Yes*
e. Psychosocial support for people living with HIV and their families	*Yes*
f. Home-based care	*No*
g. Palliative care and treatment of common HIV-related infections	*Yes*
h. HIV testing and counseling for TB patients	*Yes*
i. TB screening for HIV-infected people	*Yes*
j. TB preventive therapy for HIV-infected people	*Yes*
k. TB infection control in HIV treatment and care facilities	*Yes*
l. Cotrimoxazole prophylaxis in HIV-infected people	*Yes*
m. Post-exposure prophylaxis (e.g., occupational exposures to HIV, rape)	*Yes*
n. HIV treatment services in the workplace or treatment referral systems through the workplace	*No*
o. HIV care and support in the workplace (including alternative working arrangements)	*No*
p. Other programmes: [write in]	

*Districts or equivalent de-centralized governmental level in urban and rural areas

3. **Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV/AIDS?**
   No

4. **Does the country have access to <u>regional</u> procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?**
   Yes

   IF YES, for which commodities?: [write in]
   ARV, condoms, opportunistic medication, testing kits

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

   No

   5.1 ***IF YES,*** is there an operational definition for OVC in the country?

No

5.2 ***IF YES,*** does the country have a national action plan specifically for OVC?
No

5.3 ***IF YES,*** does the country have an estimate of OVC being reached by existing interventions?
No

IF YES*,* what percentage of OVC is being reached? % *[write in]*

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?											
2007	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
Comments on progress made since 2005: Not Applicable											

V. MONITORING AND EVALUATION

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

In progress

1.1. *IF YES*, was the M&E plan endorsed by key partners in M&E?

In progress

1.2. Was the M&E plan developed in consultation with civil society, including people living with HIV?

In progress

1.3. Have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, but only some partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy *Yes*

behavioral surveillance *Yes*

HIV surveillance *Yes*

a well-defined standardized set of indicators *Yes*

guidelines on tools for data collection *Yes*

a strategy for assessing quality and accuracy of data *Yes*

a data dissemination and use strategy *Yes*

3. Is there a budget for the M&E plan?

In progress

3.1 *IF YES*, has funding been secured?

In progress

4. Is there a functional M&E Unit or Department?

Yes

IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?

4.1 ***IF YES****,* is the M&E Unit/Department based

in the NAC (or equivalent)? *No*
in the Ministry of Health? *No*
elsewhere? *Dept for the Environmental economic planning and population statistics (EPPSO)*

4.2 ***IF YES,*** how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

Number of permanent staff: 4

Position: Director Fulltime
Position: Chief of Economic Policy& Strategic Development Fulltime 2006
Position Chief Strategic Collection and Analysis Fulltime
Position: Chief Performance, Monitor and Evaluation AID Coordinator
Number of temporary staff: Consultants x2

4.3 ***IF YES,*** are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

There is a need to feedback in relation to reports that are submitted, no feedback is being received at the service delivery level.

4.4 ***IF YES,*** to what degree do UN, bi-laterals, and other institutions share their M&E results?

Low					*High*
0	1	2	**3**	4	5

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No

***IF YES**, Date last meeting: [write in]*

5.1 Does it include representation from civil society, including people living with HIV?

Yes *No*

IF YES, describe the role of civil society representatives and people living with HIV in the working group?

6. Does the M&E Unit/Department manage a central national database?

No

6.1 ***IF YES,*** what type is it? *[write in]*

6.2 ***IF YES,*** does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes *No*

6.3 Is there a functional* Health Information System?

National level	*Yes*

Sub-national level ***IF YES,*** at what level(s)? *Ebeye and Majuro and Outer Islands*	*Yes*

*(*regularly reporting data from health facilities which are aggregated at district level and sent to national level; and data are analyzed and used at different levels*)

6.4 Does the country publish at least once a year an M&E report on HIV/AIDS, including HIV surveillance data?

Yes

7. To what extent is M&E data used in planning and implementation?

Low					*High*
0	1	2	3	**4**	5

What are examples of data use?

- Used in the improvement of programmes
- Reviewing the list for mandatory requirements
- Strategies for expanding and addressing specific groups and situations. or

What are the main challenges to data use?

- Lack of feedback at the service delivery level
- Availability of information

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

- At national level?	Yes	***IF YES,***	*Number trained:*	*[5]*
- At sub-national level?	*Yes*	***IF YES,***	*Number trained:*	*N/A*
- Including civil society?	*No*	***IF YES,***	*Number trained:*	*[write in]*

Overall, how would you rate the M&E efforts of the HIV/AIDS programme in 2007 and in 2005?												
2007	Poor											Good
						5						
2005	Poor											Good
	0	1	2	3	**4**	5	6	7	8	9	10	

PART B

Members of Government were included in the Civil Society consultation.

Organisation	***Name/Position***
Youth to Youth in Health	Maure Arikitau – AHD Coordinator
Women United Together Marshall Islands (WUTMI)	Annie deBrum – PAT Educator
Mission Pacific	Amy Sasser
CARE Program	Rasilann Rakinmoto
KIO Club	Monique Levy-Strauss
KIJEE	Lydu Tilum
Immigration Director	Tarry Paul
Ministry of Foreign Affairs	Anwest Eleas
Ministry of Health	Godfrey Waidubu

I. HUMAN RIGHTS

1. **Does the country have laws and regulations that protect people living with HIV/AIDS against discrimination?** (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

   No

   1.1 ***IF YES,*** *specify:*
   However the constitution protects the rights of all individuals against discrimination

Section 12. **Equal Protection and Freedom from Discrimination**.

(1) All persons are equal under the law and are entitled to the equal protection of the laws.
(2) No law and no executive or judicial action shall, either expressly, or in its practical application, discriminate against any person on the basis of gender, race, color, language, religion, political or other opinion, national or social origin, place of birth, family status or descent.
(3) Nothing in this Section shall be deemed to preclude non-arbitrary preferences for citizens pursuant to law.

Section 15. **Health. Education, and Legal Services.**
The Government of the Republic of the Marshall Islands recognizes the right of the people to health care, Education, and legal services and the obligation to take every step reasonable and necessary to provide these services. **[By way of Constitutional Amendment #1, the term "Marshall Islands" as that term is first used herein, was replaced with the term "Republic of the Marshall Islands"]**

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

No

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

a) Women	*Yes*	*No*
b) Young people	*Yes*	*No*
c) IDU	*Yes*	*No*
d) MSM	*Yes*	*No*
e) Sex Workers	*Yes*	*No*
f) Prison inmates	*Yes*	*No*
g) Migrants/mobile populations	*Yes*	*No*
h) Other:		*[write in]*

IF YES,

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

Describe any systems of redress put in place to ensure the laws are having their desired effect:

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

No

3.1 ***IF YES,*** for which sub-populations?

a) Women	*Yes*	*No*
b) Young people	*Yes*	*No*
c) IDU	*Yes*	*No*
d) MSM	*Yes*	*No*
e) Sex Workers	*Yes*	*No*
f) Prison inmates	*Yes*	*No*
g) Migrants/mobile populations	*Yes*	*No*

h) Other: *[write in]*

IF YES, *briefly describe the content of these laws, regulations or policies and how they pose barriers:*

4. Is the promotion and protection of human rights explicitly mentioned in any HIV/AIDS policy or strategy?

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

No

IF YES, briefly describe this mechanism

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

No

IF YES,

7. Does the country have a policy of free services for the following:

(a) HIV prevention services	*Yes*
(b) Anti-retroviral treatment	*Yes*
(c) HIV-related care and support interventions	*Yes*

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

- There is currently only 1 person receiving ART in Majuro and 1 on Ebeye however the Marshalls are planning ahead in terms of an increase in numbers that will require treatment.
- Ministry of Health looking at strengthening response in terms of prevention with coverage throughout the Marshalls and not just the main centres
- Marshalls also recognize that there is a need to look at offering confidential HIV services, however given the low prevalence and the lack of HIV knowledge amongst the public, this may be a long way of.
- Also acknowledge that there is a need to look at services that are accessible, however as advised providing confidential services is an issue. (High school nurses and clinics)?

8. **Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes However the Action Plan needs to be finalized and agreed to by the CPG, the Secretary of Health then needs to forward through the Minister of Health's office for cabinet approval

9. **Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?**

No – However as noted above the action plan still requires finalization

9.1 Are there differences in approaches for different most-at-risk populations?

No

IF YES, briefly explain the differences:

Have specific programmes that target the needs of specific settings refer Part A

10. **Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

No

11. **Does the country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes

11.1 ***IF YES,*** does the ethical review committee include representatives of civil society and people living with HIV?

Yes

IF YES, *describe the effectiveness of this review committee*

12. **Does the country have the following human rights monitoring and enforcement mechanisms?**
    - Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV and AIDS-related issues within their work

No

No Mechanism established to monitor Human Rights abuse and gender equality. Policy exists under the "Population and Development Policy.

Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No – As the prevalence of HIV in the Marshalls is very low this is not seen as a priority

- Performance indicators or benchmarks for
  a) compliance with human rights standards in the context of HIV/AIDS efforts

No – However this issue will has been prioritized by the CPG but still requires the action plan to be finalized

b) reduction of HIV-related stigma and discrimination

No – highlighted in the Strategic Plan, but will need prioritizing by the CPG

IF YES on any of the above questions, describe some examples:

13. Have members of the judiciary (including labor courts/ employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No – However this has been identified in the Strategic Plan as an activity

14. Are the following legal support services available in the country?

- Legal aid systems for HIV and AIDS casework

Yes – HIV and AIDS not specifically mentioned but covered under the constitution

- Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No

- Programmes to educate, raise awareness among people living with HIV concerning their rights

No – but has been identified in Strategic Plan as a priority

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

- Media *Yes*
- School education *Yes*

- Personalities regularly speaking out *No – This has been identified in the Strategic Plan however the challenge to get a local personality to speak out will be difficult given the very low levels of knowledge that the general public have of HIV and the very sensitive nature of discussing sexual issues amongst Marshallese society.*
- Other Outside HIV spokespersons/champions

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	**5**	6	7	8	9	10
2005	Poor										Good
	0	1	2	**3**	4	5	6	7	8	9	10
Comments on progress made since 2005: Since 2005 the HIV Strategic Plan has been developed with a deadline set for completion by Feb 2008. The Strategic Plan outlines the need to look at legislation that provides an environment that is supportive of PLWHA so they are able to live normal productive lives without the fear of discrimination or stigma.											

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	**3**	4	5	6	7	8	9	10
2005	Poor										Good
	0	1	**2**	3	4	5	6	7	8	9	10
Comments on progress made since 2005: Although HIV has been given priority by the government through the Ministry of Health, this area still requires a lot of attention. It has been identified that a review of laws and regulations that relate to HIV needs to be undertaken so that they are relevant to the Marshalls current situation. As mentioned previously the CPG have this as a priority activity once their body has been improved by cabinet.											

II. CIVIL SOCIETY[3] PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

Low					*High*
0	1	2	**3**	4	5

[3] Civil society includes among others: Networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of vulnerable sub-populations (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

2. **To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV/AIDS or for the current activity plan (e.g., attending planning meetings and reviewing drafts)?**

Low					*High*
0	1	2	3	**4**	5

3. **To what extent are the services provided by civil society in areas of HIV prevention, care and support included**
a. in both the National Strategic plans and national reports?

Low					*High*
0	1	2	**3**	4	5

b. in the national budget?

Low					*High*
0	**1**	2	3	4	5

4. **Has the country included civil society in a National Review of the National Strategic Plan?**

No review has been conducted

IF YES, when was the Review conducted? *Year:*

5. **To what extent is the civil society sector representation in HIV/AIDS efforts inclusive of its diversity?**

Low					*High*
0	1	2	3	**4**	5

List the types of organizations representing civil society in HIV and AIDS efforts:
Faith Based organisations
Women's
Youth
Media
Sporting committees
Community based groups
Educational institutions
Chamber of Commerce

6. **To what extent is civil society able to access**
a. adequate financial support to implement its HIV activities?

Low					*High*
0	1	2	**3**	4	5

b. adequate technical support to implement its HIV activities?

Low					*High*
0	1	2	**3**	4	5

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	5	6	**7**	8	9	10
2005	Poor										Good
	0	1	**2**	3	4	5	6	7	8	9	10
Comments on progress made since 2005: Civil Society and the government have enjoyed good relations in working together to combat HIV, it is recognized by both parties that given the size of the Marshalls that a good relationship is critical if HIV is to be addressed effectively.											

III. PREVENTION

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

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

***IF YES*, to what extent have the following HIV prevention programmes been implemented in identified districts in need?**

✓ Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV prevention programmes	**The activity is available in**		
	All districts* in need	**most districts* in need**	**some districts* in need**
Blood safety	*Yes*		
Universal precautions in health care settings	*Yes*		
Prevention of mother-to-child transmission of HIV	*Yes*		
IEC on risk reduction	*Yes*		

IEC on stigma and discrimination reduction	*Yes*
Condom promotion	*Yes*
HIV testing & counseling	*Yes*
Harm reduction for injecting drug users	*N/A*
Risk reduction for men who have sex with men	*No*
Risk reduction for sex workers	*Yes*
Programmes for other most-at-risk populations	*No 9.1 Discussion*
Reproductive health services including STI prevention & treatment	*Yes*
School-based AIDS education for young people	*Yes*
Programmes for out-of-school young people	*Yes*
HIV prevention in the workplace	*No*
Other [write in]	

*Districts or equivalent geographical/de-centralized level in urban and rural areas

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	5	6	**7**	8	9	10
2005	Poor										Good
	0	1	2	3	**4**	5	6	7	8	9	10
Since 2005 – HIV Protocol was available for Ministry of health *Capacity building for Doctors implemented through both CDC and SPC MOH has formed an HIV Health Care Team to review Treatment guidelines for HIV and AIDS*											

IV. TREATMENT, CARE AND SUPPORT

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

***IF NO**, how are HIV and AIDS treatment, care and support services being scaled-up?:*

***IF YES,* To what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?**

✓ Check the relevant implementation level for each activity
or indicate N/A if not applicable

HIV and AIDS treatment, care and support services	The service is available in		
	<u>all</u> districts* in need	**<u>most</u> districts* in need**	**<u>some</u> districts* in need**
a. Antiretroviral therapy	*Yes Major Hospital*		
b. Nutritional care	*No*		
c. Paediatric AIDS treatment	*Yes Major Hospital*		
d. Sexually transmitted infection management	*Yes*		
e. Psychosocial support for people living with HIV and their families	*Yes*		
f. Home-based care	*No*		
g. Palliative care and treatment of common HIV-related infections	*Yes*		
h. HIV testing and counseling for TB patients	*Yes*		
i. TB screening for HIV-infected people	*Yes*		
j. TB preventive therapy for HIV-infected people	*Yes*		
k. TB infection control in HIV treatment and care facilities	*Refer Part A table* *Yes per Protocol*		
l. Cotrimoxazole prophylaxis in HIV-infected people	*Yes per protocol*		
m. Post-exposure prophylaxis (e.g., occupational exposures to HIV, rape)	*Yes Per Protocol*		
n. HIV treatment services in the workplace or treatment referral systems through the workplace	*No*		
o. HIV care and support in the workplace (including alternative working arrangements)	*No*		
p. Other programmes: [write in]			

*Districts or equivalent de-centralized governmental level in urban and rural areas

Overall, how would you rate the efforts in the implementation of HIV and AIDS treatment, care and support programmes in 2007 and in 2005?											
2007	Poor										Good
	0	1	2	3	4	5	6	**7.5**	8	9	10
2005	Poor										Good
	0	1	2	3	**4**	5	6	7	8	9	10
Comments on progress made since 2005:											

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

Prevention for youth	<25%	25-50%	**50-75%**	>75%
Prevention for vulnerable sub-populations				
- IDU	**<25%**	25-50%	50-75%	>75%
- MSM	**<25%**	25-50%	50-75%	>75%
- Sex workers	**<25%**	25-50%	50-75%	>75%
Counseling and Testing	**<25%**	25-50%	50-75%	>75%
Clinical services (OI/ART)*	**<25%**	25-50%	50-75%	>75%
Home-based care	**<25%**	25-50%	50-75%	>75%
Programmes for OVC**	**<25%**	25-50%	50-75%	>75%

*OI Opportunistic infections; **OVC Orphans and other vulnerable children

3. Does the country have a policy or strategy to address the additional HIV/AIDS-related needs of orphans and other vulnerable children (OVC)?

No

5.1 ***IF YES,*** is there an operational definition for OVC in the country?
No

5.2 ***IF YES,*** does the country have a national action plan specifically for OVC?
No

5.3 ***IF YES,*** does the country have an estimate of OVC being reached by existing interventions?
No

IF YES, what percentage of OVC is being reached? *N/A* % *[write in]*