2015

Nauru Global AIDS Progress Report

Ministry of Health of Nauru

Contents

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Foreword

The compilation for this report is part of the Republic of Nauru Government's commitment to the 2011 United Nations General Assembly Political Declaration to achieve: Zero new HIV infections, Zero Discrimination and Zero AIDS Related Deaths. This report will also provide a good baseline for monitoring progress towards the associated targets that call for the reduction on sexual transmission of HIV and elimination of new HIV infections among children by 2015.

The Government of Nauru continues to regard HIV and AIDS as a high priority on the country's socio-economic development agenda. There can never be any meaningful development if the HIV and AIDS epidemic is not adequately addressed through clear prioritization, implementation and monitoring of high impact interventions which the Republic of Nauru embedded into the *Ministry of Health and Medical Service Strategic Plan 2010 – 2015.*

With the support of our Funding and Development Partners, Republic of Nauru has been able to scale up its HIV testing to unprecedented levels.

I want to reiterate our Government's dedication to fulfilling its commitments to national, regional and international protocols and conventions, including the 2011 Political Declaration on HIV and AIDS, for which this report is specifically intended. It is my sincere hope that this Report has managed to highlight the gains that Nauru has attained in the past two years, as well as areas for which more work will need to be done for us to win the fight against the HIV and AIDS pandemic.

Honourable Valdon Dowiyogo MP
Minister for Health

Indicator overview

Target		*Indicators*	*Value*	*Source*	*Comments*
Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015	*Indicators for the general population*	1.1 Young People: Knowledge about HIV Prevention*	12.1%	DHS 2007	13,3% for women and 9,6% for men
		1.2 Sex Before the Age of 15	20,32%	DHS 2007	31.3% of men and 14.8% of women
		1.3 Multiple sexual partners	19%	DHS 2007	10.5% of women and 35.7% of men aged 15-49
		1.4 Condom Use During Higher Risk-Sex*	11.3% men and 4.6% female	DHS 2007	
		1.5 HIV Testing in the General Population	53.4% for males and 41.9 %for females	DHS 2007	
		1.6 HIV prevalence in young people	0	MOH	
	Indicators for sex workers	1.7 Sex Workers: Prevention programmes	n/a	No activities for FSWs	
		1.8 Sex Workers: Condom Use	n/a	No activities for FSWs	
		1.9 Sex Workers: HIV Testing	n/a	No activities for FSWs	
		1.10 Sex Workers: HIV Prevalence	n/a	No activities for FSWs	

	Indicators for men who have sex with men	1.11 Men who have sex with men: Prevention programmes	n/a	No activities for MSM	
		1.12 Men who have sex with men: Condom Use	n/a	No activities for MSM	
		1.13 Men who have sex with men: HIV Testing	n/a	No activities for MSM	
		1.14. Men who have sex with men: HIV Prevalence	n/a	No activities for MSM	
	Testing and Counselling	1.15 Number of Health facilities that provide HIV testing and counselling services	15	MOH	Counselling provided by 14 District Primary Health Care Workers and by the Hospital
		1.16 HIV Testing in 15+ (from programme records)	1	MOH	One positive case reported in 2014
	Sexually Transmitted Infections	1.17 Sexually Transmitted Infections (STIs)			
		1.17.1 Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at first ANC visit	100%	MOH	475 attendees tested all for syphilis
		1.17.2 Percentage of antenatal care attendees who were positive for syphilis	4.8%	MOH	23 out of 475
		1.17.3 Percentage of antenatal care attendees positive for syphilis who received treatment	n/a		
		1.17.4 Percentage of sex workers with active syphilis	n/a		
		1.17.5 Percentage of men who have sex with men (MSM) with active syphilis	n/a		

		1.17.6 Number of adults reported with syphilis (primary/secondary and latent) during the reporting period	23	MOH	
		1.17.7 Number of reported congenital syphilis cases (live births and stillbirth) during the reporting period	0	MOH	
		1.17.8 Number of men reported with gonorrhoea during the reporting period	n/a		
		1.17.9 Number of men reported with urethral discharge during the reporting period	n/a		
		1.17.10 Number of adults reported with genital ulcer disease during the reporting period	n/a		
	Migrants	1.18 Migrants: Condom Use	n/a		
		1.19 Migrants: HIV Testing	n/a		
		1.20 Migrants: HIV Prevalence:	n/a		
	Prisoners	1.21 Prisoners: HIV Prevalence	n/a		
		1.22 Male circumcision, prevalence	n/a		
		1.23 Number of men circumcised last year	n/a		
Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015		2.1 People who inject drugs: Number of needles/IDU	No IDUs		
		2.2. People who inject drugs: Condom Use	No IDUs		
		2.3 People who inject drugs: Safe Injecting Practices	No IDUs		
		2.4 People who inject drugs: HIV Testing	No IDUs		
		2.5 People who inject drugs: HIV Prevalence	No IDUs		
		2.6 People on opioid substitution therapy	No IDUs		
		2.7 NSP and OST sites	No IDUs		
Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths		3.1 Prevention of Mother-to-Child Transmission	0	MOH	No HIV+ Pregnant
		3.1 a Prevention of mother-to-child transmission during breastfeeding	0		
		3.2 Early Infant Diagnosis	0		
		3.3 Mother-to-Child transmission rate (modelled)	0		
		3.3 a Mother-to-child transmission of HIV (based on programme data)	0		
		3.4 Pregnant women who were tested for HIV and received their results	100%	MOH	495 pregnant

					women all tested to HIV
		3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	n/a		
		3.6 Percentage of HIV-infected pregnant women who had a CD4 test	Not relevant		No HIV+ Pregnant
		3.7 Infants born to HIV-infected women receiving ARV prophylaxis for prevention of Mother-to-child-transmission	Not relevant		No HIV+ Pregnant
		3.9 Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	Not relevant		No HIV+ Pregnant
		3.10 Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit	Not relevant		No HIV+ Pregnant
		3.11 Number of pregnant women attending ANC at least once during the reporting period	495	MOH	
Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015		4.1 ART coverage (adults and children)* , including Number of eligible adults and children who newly enrolled on antiretroviral therapy during the reporting period	Not relevant		
		4.2 HIV Treatment: 12 months retention	Not relevant		
		4.2b HIV Treatment: 24 months retention	Not relevant		
		4.2c HIV Treatment: 60 months retention	Not relevant		
		4.3 Health facilities that offer antiretroviral therapy	1	MOH	
		4.4 ART stockouts	no		
		4.5 Late HIV diagnoses	Na		
		4.6 HIV Care	Na		
		4.7 Viral load suppression	Not relevant		
Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by		5.1. Co-Management of Tuberculosis and HIV Treatment	Not relevant		
		5.2 Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB control	1	MOH	
		5.3 Percentage of adults and children newly enrolled in HIV care (starting isoniazid preventive therapy (IPT))	Not relevant		

2015		5.4 Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	Not relevant		
Target 6. Close the resource gap		6.1 AIDS Spending - Domestic and international AIDS spending by categories and financing sources	Na		
Target 7. Eliminating gender inequalities		7.1 Prevalence of Recent Intimate Partner Violence (IPV)	46.6%	UNFPA	
Target 8. Eliminating stigma and discrimination		8.1 Discriminatory attitudes towards person living with HIV (new indicator)	73,6% men and 72,1% women would not buy vegetables from a shopkeeper or vendor if they knew this person had HIV	DHS 2007	
Target 9. Eliminate Travel restrictions		Travel restriction data collected by Human Rights and Law Division at UNAIDS HQ, no data collected needed	Yes		
Target 10. Strengthening HIV integration		10.1 Orphans and non-orphans school attendance*	Not relevant		
		10.2 Economic support for eligible households	Not relevant		
Policy questions, relevant questions for all 10 targets.		P.1 NCPI			
		P.1b WHO POLICY QUESTIONS	Na		

		P.1c. European NCPI Supplement	Na		
Key population size estimations		Key population size estimations	Na		

1. Status at a glance

In 2014 Nauru has registered the first case of HIV in a Nauru citizen. Historically Nauru had no registered HIV cases amongst the local population with 2 expatriates and 1 foreigner tested positive while the 3rd one who was a crew of a visiting ship had full blown AIDS and died on the island years ago. HIV testing is available and is frequently promoted on the island. The profile of Nauru's national response to HIV/AIDS is thus one of surveillance focused on prevention awareness and improved testing. The context of this response is that Nauru has significant levels of sexually transmitted infections (STIs) and its HIV efforts have been combined with programmes tackling STIs for most of the reporting period.

Testing for HIV is focused on ante-natal and STI clinic attendees. All donated blood is tested. Visa applicants are also required to undergo testing, including expatriates seeking employment and Nauruans applying to travel overseas on scholarship. As in most other countries in the Pacific, test samples are screened in the country (at the Nauru Hospital laboratory) and all initially positive tests are sent to Australia for confirmatory testing. The growing incidence of HIV in neighboring Pacific countries, Nauru's small population size and the high prevalence of STIs (in particular, Gonorrhea, Syphilis and Chlamydia) compounded by risky behavior, increase the possibility for a rapid spread of HIV should the virus become more present in Nauru. The 2007 DHS found that although most people agreed that married couples should only have sex with their partner, only one quarter of women and one third of men indicated that most married men they know only had sex with their spouses. Less than half of the women (48.8%) and men (39.5%) reported that most married women they knew only had sex with their husbands.

Table 1. Serology yearly Statistics 2014, Ron Hospital, Laboratory Services

SEROLOGY/ YEARLY STATISTIC (2014)

MONTHS	SYPHILIS			VDRL			HBsAg			HCV			HIV		
	Total	Pos	%	Total	Pos	%	Total	Pos	%	Total	Pos	%	Total	Pos	%
January	27	2	7.4	26	1	3.8	138	6	4.3	0	0	0	13	0	0
February	95	3	3.2	68	2	2.9	112	7	6.3	20	0	0	67	0	0
March	75	3	4	45	1	2.2	84	3	3.6	5	0	0	89	0	0
April	69	2	2.9	66	1	1.5	89	6	6.7	14	0	0	55	0	0
May	82	1	1.2	56	1	1.8	85	5	5.9	7	0	0	80	0	0
June	36	2	5.5	11	0	0	9	0	0	0	0	0	26	0	0
July	43	3	6.9	28	1	3.6	3	0	0	8	0	0	32	0	0
August	27	6	22.2	34	8	23.5	1	0	0	8	0	0	29	1	3.4
September	3	0	0	37	0	0	4	0	0	10	0	0	28	0	0
October	0	0	0	33	0	0	1	0	0	9	1	11	26	0	0
November	4	1	25	41	1	2.4	0	0	0	17	0	0	28	0	0
December	14	0	0	41	3	7.3	18	1	5.5	24	0	0	22	0	0
Total	475	23	4.8	486	19	3.9	544	28	5.1	122	1	0.8	495	1	0.2

The incidence of TB dropped from 102/100,000 in 1990 to 40/100,000 in 2010. The number of deaths associated with TB dropped from an estimated 14/100,000 in 1990 to 3.8/100,000 in 2010. Given the tiny population size, recording actual numbers of cases and deaths associated with TB provides more useful information than do rates.

NCDs are the major threat to health and wellbeing in Nauru. Contributing to the very high prevalence of these diseases are the high rates of smoking and alcohol consumption, very high rates of obesity and high blood pressure among adults, low consumption of fruit and vegetables, and very low levels of physical activity. A survey conducted by WHO in 2006 found only 0.1% of the surveyed population had low risk of developing an NCD. Among adults aged 25-64 years, the overall prevalence of raised risk was very high, at 79.3%.[i]

The 2007 DHS found that young people were more likely than older respondents to have numerous sexual partners.[ii] Early sexual debut is common; 14.8% and 31.2% of men and women respectively reported sexual debut before the age of 15. More than 34% of men and 10% of women aged 15- 49 reported having had more than two partners in past 12 months. Of them, only 4.6% of women and 10.2% of men aged 15-49 reported using a condom. Condoms are promoted through HIV and STI prevention programs and are available free from the hospital and in some shops.

There is no information about whether the slight increase in condom use has lowered the incidence of STIs, nor any data about behavioral and cognitive dimensions of condom use. The Catholic Church in Nauru is said to not oppose the use of condoms to protect against STIs. Contraception for family planning is effectively available only to married couples. This is a significant barrier for unmarried sexual partners to access contraceptives (including condoms) to prevent HIV, STI or unwanted pregnancies.

Table 2. Incidence of STIs (July 2010-June 2011)

	Female	Male	Total
Chlamydia negative	97	28	125
Chlamydia positive	12	4	16
Gonorrhea negative	76	29	105
Gonorrhea positive	5	3	8
Total reported STI	**190**	**64**	**254**

Source: Department of Public Health, 2010.

Comprehensive and correct knowledge of HIV is very low and misconceptions about HIV and AIDS are widespread. Only one third of survey respondents knew that the virus cannot be spread through mosquito bites and close to half of all respondents did not rule out that HIV could be transmitted through supernatural means.

Below is a summary of data for Nauru for 2014. Only one case was registered in 2014 but in 1999 the male that had apparently acquired HIV overseas died.

Table 3. Basic HIV statistics for Nauru 2014

Type of the epidemics	No epidemics
Mid Year Population 2011	10,089
Mid Year Population 2011 (15-49)	5,245
First HIV case reported	1992[1]

[1] all 3 cases of HIV / AIDS in Nauru are from foreigners

Cumulative Incidence per 100,000	0		
Cumulative number of HIV infection	Male	4	0
	Female	0	
	Unknown	0	
Cumulative number of HIV infection in children	Male	0	0
	Female	0	
	Unknown	0	
New cases 2014	Male	1	0
	Female	0	
	Unknown	0	
People in ART	Male	0	0
	Female	0	
	Unknown	0	
People tested for HIV	Male		495
	Female		
	Unknown	0	
Testing in pregnant women total/tested			
Cumulative AIDS-related death	Male	1	0
	Female	0	
	Unknown	0	
AIDS-related death 2014	Male	0	0
	Female	0	
	Unknown	0	

2. HIV Testing

Testing for HIV is primarily focused on antenatal clinic attendees, blood donors, selected clients and visa applicants but the Ministry for Health is keen to expand testing to wider coverage of the general population. The single laboratory in Nauru that can test for HIV and is part of the central Republic of Nauru Hospital (RONH). The laboratory can do only HIV, determine testing and any suspected positives are sent to Australia for confirmation.

Currently, testing for HIV is focused on the following groups:

1. Antenatal clinic attendees (one central antenatal clinic on the island. 100% births on Nauru are planned for hospital delivery)

2. Blood donors. Blood donors are not contacted with the results of their test unless it is positive. There have been no confirmed positive results to date from blood donors.

3. Visa applicants. This covers both expatriate workers seeking employment visas for Nauru and Nauruans applying to travel overseas, for example, on scholarships.

4. VCCT individuals

There is no mandatory testing for HIV in Nauru.

Each of the 14 districts in Nauru has a District Primary Health Care Worker (DPHCW) .

The Youth peer education project was trialled started in 2010 but by 2012, it had discontinued.

The STI staff were trained in Voluntary Confidential Counselling and Testing, and VCCT was set up in the hospital premises. More people are now coming out to access the service particularly, high-risk groups like youths are now gradually coming out to embrace VCCT.

Nauru use the recommended HIV testing algorithm validated for the Pacific (a rapid screening test - [Determine] with confirmation of reactive samples by two additional rapid tests [Insti and Unigold]). Overall testing has increased markedly in recent years. The country now has the capacity to conduct in-country confirmatory tests.

The DHS of 2007 results indicate that more men (53.4%) than women (41.9%) knew where to go to get an HIV test. Only one in eight women and one in six men reported that they had ever been tested for HIV. Not all of those tested received their results, with only 10% having been tested and actually getting their results.

495 people were tested in Nauru for HIV in 2014 with one HIV positive case reported.

3. Geographic and demographic context

The Republic of Nauru is an island located in the South Pacific Ocean, Oceania. With a total land area of 21 square kilometers and a total population of 10,084 inhabitants (2011 est.), Nauru is the smallest island country in the world. Along with Banaba in Kiribati and Makatea in French Polynesia, Nauru is one of the only three great phosphate rock islands in the Pacific. Nauru was colonized by Germany in 1888. After World War I, the country became part of the League of Nations Trust Territory administered by Australia, New Zealand, and the UK. During World War II, Nauru was occupied by Japanese troops. After World War II, Nauru became again part of the United Nations Trust Territory. The country gained independence on January 31, 1968.

Nauru consists of a single island that comprises 15 districts: Yaren, Boe, Aiwo, Buada, Denigomodu, Nibok, Uaboe, Baitsi, Ewa, Anetan, Anabar, Ijuw, Anibare, Meneng, and Location. The country does not have a capital but an administrative center in Yaren in the south of the island. As per the 2011 Census, women account for 49% of the total population. The districts with the largest population size are Location and Meneng, with 15% and 14% of the total population respectively. The districts with the smallest population size are Ijuw and Anibare with 2% each (2011 Census).

Nauru is predominantly a Christian country with 95% of the population affiliated to Christian denominations (2011 Census). The largest religious denomination is the Nauruan Congregational Church (36%) followed by Roman Catholics (33%). Other important religious groups include

Assembly of God (13%) and the Nauru Independent Church (10%). Other Christian denominations present in the country include Seventh Day Adventist, Jehovah's Witness, and Baptist, and account for 3% of the population.

Figure 1. Administrative districts of Nauru

4. Government

Government Nauru is a Westminster-style constitutional democracy. The Government has three branches: the executive, legislature and judiciary. The Nauru legislature is a unicameral parliament with 18 members, elected every three years. The executive consists of a President who is appointed from amongst the members of the legislature. The President performs the functions of both the Head of State and Head of Government. The President appoints the Cabinet, which can be made up of a maximum of six ministers (including him/herself) from the elected Members of Parliament. The Cabinet is answerable to the Parliament. The independent Judiciary is made up of the District Court, and the Supreme Court. The Chief Justice of the Supreme Court is not based in country, and until recently was shared by Kiribati. Historically, Nauru has not had recognized political parties within its Parliament, although in recent years there have been strong party-like groupings forming. Voting in general election appears to be based more upon family ties than policies. With the absence of political parties, Nauru's political situation has remained very fluid, with frequent votes of no confidence, to the detriment of good governance. Introduction 6 Nauru Progress Report 1990-2011

For the first two decades after independence in 1968, Nauru's political system was stable. Since the late 1980s, however, the nation has been plagued by political instability, with 23 changes of administration between 1989 and 2011.

Politics stabilized to some degree after the 2004 elections, but in 2010, a political stalemate between the Government and Opposition resulted in the declaration of a state of emergency until the political impasse was resolved. The political instability has impacted on the implementation of national policy objectives that have slowed or stalled due to constant changes in government. Nauruan control of the phosphate industry almost coincided with independence. Although two thirds of the island's phosphate had already been mined by foreigners, Nauru's economic prospects looked bright based on the revenue to be generated from the remaining phosphate. Mining revenue was shared between the Government, landowners, the Nauru Local Government Council and the Nauru Phosphate Royalties Trust. The Government provided extensive public services for free and also concentrated on foreign investments that were intended to provide for the day when the phosphate reserves would be exhausted. However corruption, poor investment decisions, overspending and lack of planning intervened. By the 1990s, when the phosphate was almost completely gone, Nauru's assets had also mostly disappeared.

The Government then ran deficit budgets and drew from reserves to finance these deficits. During the 1990's, an effort to raise government revenue from offshore financial services seemed promising, but it resulted in Nauru becoming a major haven for the financing of organized crime and being blacklisted by both the US government and the Organisation for Economic Cooperation and Development (OECD). The country was placed on the Financial Action Taskforce (FATF) blacklist of nations that are uncooperative in global efforts to tackle money laundering, and also on the tax-haven blacklist. With the help of Australia, Nauru has implemented key financial and governance reforms. It was taken off the FATF blacklist in October 2005. It was also removed from the US Treasury Financial Crimes Enforcement Network list of countries posing money-laundering concerns in April 2008.[iii]

In December 1999 a multi-sector AIDS Task Force was formed in Nauru to address arising concern about HIV/AIDS on Nauru. From 2010, a Country Coordinating Mechanism (CCM) was set up with civil society representatives to assist with coordination, reporting and other implementation issues.

5. National HIV response

Nauru's national response to HIV is led by the Ministry of Health and includes Voluntary Confidential Counseling and Testing (VCCT). The HIV program is combined with efforts to address the high prevalence of STIs. Since 2009, a separate HIV program has operated, with increased local and donor funding. In 2008-2009, 44% of the funding for the national HIV response came from domestic sources, and the rest from international donors.

The Youth Affairs Department of the Ministry of Education conducts Adolescent Sexual Health and HIV Education programs for school leavers. There is little involvement by other sectors, NGOs or community groups.

The trend in Nauru social arena is that culture and tradition does not encourage open discussions about HIV and STI. There are no Clubhouses, Cinemas or Discotheque for the youths to attend, the only places were the youths unwind is Beaches and organized house parties and Bingos. The Nauru Demographic Health Survey (NDHS) noted that young people particularly between ages 15 – 24 are particularly vulnerable to early sexual debut, particularly for young men; they also have low levels of knowledge of reliable condom sources (46.8% women and 20% men aged 15 – 24 did not know a reliable condom source), and high levels of higher-risk sex (45.4% for women and 80% men) for young people aged 15 – 24.

The fact that parties are organized at private places and most of the youths, particularly the young ladies that attend those parties do not inform their parents before attending those parties makes the issue of sex education and condom use very necessary. Presently there are no functional Non-Government Organisations (NGOs) in Nauru.

HIV prevention and awareness programmes are being implemented and delivered by the Department of Public Health's Communicable Diseases Unit. The Republic of Nauru Hospital Laboratory delivers testing for HIV. The other government department involved in HIV efforts is the Ministry of Education through its Youth Affairs Department. Youth Affairs host Adolescent Sexual Health and HIV education as part of its learning delivery for out-of-school youth and school leavers. There is currently limited HIV involvement by other sectors, namely non-governmental organisations, community based organisations, churches and civil society more generally in the HIV/AIDS response.

In terms of training, the representatives of the Ministry of Health attend the Global and Response Fund meetings and have been to several training workshops like HIV/AIDS Counselling, STI/HIV testing for Laboratory technicians, Strategic Health Communication training, Capacity building in proposal development, MSC training and financial support, routine STI and testing (STI Management and Guidelines training) and international referral of specimens.

Advocacy programme is crucial in HIV awareness and in 2011 it was instrumental in the successful implementation of the mass treatment campaign for Chlamydia and it was carried out with Parliamentarians and the various Churches in Nauru. STI management and guidelines were developed and are in place and perhaps, one of the best outcome of the Response Fund project is the upgrading of the Nauru Ministry of Health Laboratory and the training of Laboratory technicians, this has made it possible to provide for effective and efficient health service thereby improving the quality of care and services provided in the country. Regarding the Monitoring and Evaluation, the training provided necessary skills that were otherwise not available in the institution.

A number of capacity development interventions also took place under the Global and Response Fund (RF) projects. The following were the capacity development support rendered under the RF project:

- training of HIV/STI Counsellors
- development of VCCT/STI guidelines and policies
- training of DPHCW for condom programming
- development of the HIV Strategic Plan and annual work plan
- in producing and distributing strategic health communication material resources
- capacity building of local staff and other CSOs in Monitoring & Evaluation
- upgrading of the Nauru Ron Hospital laboratory and trained Laboratory Technicians in Microbiology and HIV/STI algorithm
- capacity development in, data gathering on STI and Baby Clinic
- training in the management of Blood Borne diseases

- training in fundamentals of infection control and post exposure prophylaxis
- training of Reproductive Health practitioners

Ongoing delivery of Adolescent Reproductive Health and HIV/STI education continued at the Department of Youth Affairs. During 2008 HIV education was delivered to individual patients in the STI clinic by two Public Health Nurses.. Some HIV prevention awareness activity was delivered to schools and workplaces: voluntary peer educators from a previous Peer Education Programme did an HIV awareness workshop with the Nauru Port Authority following the distribution of SPC's 'Seafarers' Diaries' to the maritime workforce.

In preparation for the 2009 Annual Operation Plan (Health), a risk mapping exercise was undertaken by HIV/STI staff from the Department of Public Health and District Primary Health Care Workers. This risk map identified vulnerable populations (young women aged 15 – 19 both in and out of school) who were targeted in the Annual Operation Plan 2009. There was also a significant scaling up of HIV prevention activity delivered by the Department f Public Health and RON Hospital:

- January 2009 – Nauru secured five years funding from the Global Fund for HIV/AIDS
- In December 2009 Nauru secured three years funding from the SPC Response Fund for HIV/STI
- A Senior Laboratory Technician was appointed June 2009 with the aim of improving HIV monitoring and screening.
- A HIV/STI Coordinator and two assistants were appointed in the Communicable Diseases Unit, Department of Public Health.
- The first Nauru VCCT counsellor qualified and two STI officers began a one year training in counselling, including HIV/STI.
- From January 2009 the HIV response has had a separate budget; prior to this, HIV was subsumed within the wider STI budget and programme delivery.
- In August 2009 the newly appointed HIV/STI Coordinator attended a regional Pacific HIV Workshop.
- Two staff training events in HIV/STI were held: HIV Continuity of Care & HIV/STI Case Management. Training included HIV prevention, Behavioural Change Communication and an Introduction to Counselling for HIV Testing.

Programme delivery stepped up in mid-2009 with an expansion of prevention activities, specifically HIV education to the following groups: youth, community and students going overseas. HIV staff also joined the STI outreach programme and thus condom promotion in communities and HIV knowledge and behavioural change promotion also increased.

The Youth Peer Education programme funded by SPC Response Fund is a significant strengthening of Nauru's national response to HIV/AIDS. Although funding was secured in late 2009, fund transfer and activity has just begun in 2010.

Since 2012, UNFPA has provided funding promoting the integration of Sexual reproductive health and HIV/STI awareness. A portion of this funding is towards the adolescent development program which promotes peer education both in-school and out of school. The Department of Health is working with the Department of Education to assist in the introduction and strengthening of the in-school program through the facilitation of the family life education curriculum with a holistic approach towards adolescent hood, HIV/STIs, reduction of alcohol and smoking and addressing the issues of teenage pregnancies.

The 2009-12 National Strategic Plan for HIV/STI plans to:

• Strengthen national capacity for HIV/STI, by increasing human resources, improving infrastructure (equipment, laboratory capacity), and scaling up training and staff capacity;

• Strengthen policy and advocacy by reviewing national HIV/STI strategy, conducting advocacy with parliamentarians and churches and HIV/STI media awareness;

• Improve support for HIV/STI counseling, testing, treatment and care, school and youth programs, behavioral change and communication, and peer education programs; and

• Improve monitoring and evaluation, by the Health Department coordinating with other departments and NGOs to monitor and supervise the HIV/STI program.

The National Strategic Health Plan 2010-2015 also aims to increase HIV/AIDS awareness and education on condom use, and increase HIV counseling capacity and provision.

The national response has been limited by:

• Lack of trust in confidentiality standards;

• Shortage of trained VCCT counselors, with only one trained counselor working voluntarily;

• Little comprehensive knowledge of HIV risk reduction and transmission, particularly among young men;

• High staff turnover and low capacity in the health care system;

• Cultural inhibitions about openly discussing sexual matters, particularly in schools;

• Weak Civil Society Organization sector;

• Lack of equipment to produce local information materials;

• Few people tested for HIV despite the prevalence of STIs;

• Restricted access to contraceptives for unmarried people; and

• Limited research about perceptions of risk and other cultural barriers against HIV prevention interventions in Nauru[iv]

6. National HIV Strategy

The Nauru NSP has 6 Themes, each of which has a number of specific Objectives (which are fairly action-specific):

Theme 1: Operational Research & Surveillance

- Objective 1.1: By 2019, 95% of ANC women and young people will have been tested for STIs/HIV in any health care STI setting.
- Objective 1.2: By 2018, Strengthened capacity of targeted facilities to report quality data
- Objective 1.3: By 2019, a National HIV/STI/RH surveillance database has been established and is operational.

Theme 2: Integration and Linkages of Services

- Objective 2.1: By 2019, establish linking and/or combining HIV/STI, TB, SRH and NCD programme and services within Nauru community health programmes

Theme 3: Strategic Health Communication/Promotion

- Objective 3.1: By 2019, 50% of the general population (60% of key targeted populations) will have age appropriate comprehensive knowledge of HIV/STIs/SRH/Nutrition with a focus on population of higher risk of exposure
- Objective 3.2: By 2019, strengthened men shared responsibility in SRH through responsible parenthood and behaviour

Theme 4: Enabling Environment

- Objective 4.1: By 2018, increased commitment of key influential groups to advocate for Rights, Empowerment & Integrated Services for Key Populations
- Objective 4.2: By 2018, Initiatives focused on child safety and protection have been developed and implemented.

Theme 5: Key Population

- Objective 5.1: By 2016, studies focused on the characteristics of targeted key populations have been conducted with approved recommendations implemented.

Theme 6: Programme Management and Governance

- Objective 6.1: By 2016, strengthened CCM coordination with a broad multi-sectoral mandate of one fully costed national M&E plan

7. Nauru refugees and health issues

The detention centre on the South Pacific island nation of Nauru was based on a Statement of Principles, signed on 10 September 2001 by the President of Nauru, René Harris, and Australia's then-Minister for Defence, Peter Reith. The statement opened the way to establish a detention centre for up to 800 people and was accompanied by a pledge of A$20 million for development activities. The conditions at the Nauru detention centre were initially described as harsh with only basic health facilities, high rates of violence and abuse have also been reported.

As of 30 November 2014 there are 996 asylum seekers held in the detention centre. All new arriving refugees are being tested for HIV.

8. Health system

The Government of Nauru is the sole provider of health care services on the island of Nauru. The Ministry of Health‟s goal is to provide quality health services that are accessible by all communities. In doing so, the Ministry of Health will address its goal under four strategies of health systems strengthening, primary health care and health islands, curative health and support services and networking. Apart from health care services, the Ministry has statuary functions as 11 legislation fall under its administration. The Ministry will strengthen enforcement of legislation through the

establishment of an enforcement unit. Improvements to the delivery of health services will continue to be pursued by the Ministry and in partnership with key stakeholders including the private sector and development partners. The Ministry will also continue with the training of personnel to address critical staff shortages in health institutions, together with improved provision of pharmaceuticals and bio-medical equipment, and the maintenance and upgrading of health facilities. The Ministry will seriously look at improving services to the aged/elderly, geriatric medicine and those with chronic illnesses.[v]

Until July 1999, clinical services were provided through the Nauru General Hospital (NGH; for citizens) and the National Phosphate Corporation (NPC) Hospital (for i-Kiribati and Tuvaluan migrant workers and other non-citizens). NGH and NPC (which were located no more than 400 metres from each other) then amalgamated to become the Republic of Nauru Hospital. Health services continue to be delivered through the two facilities.

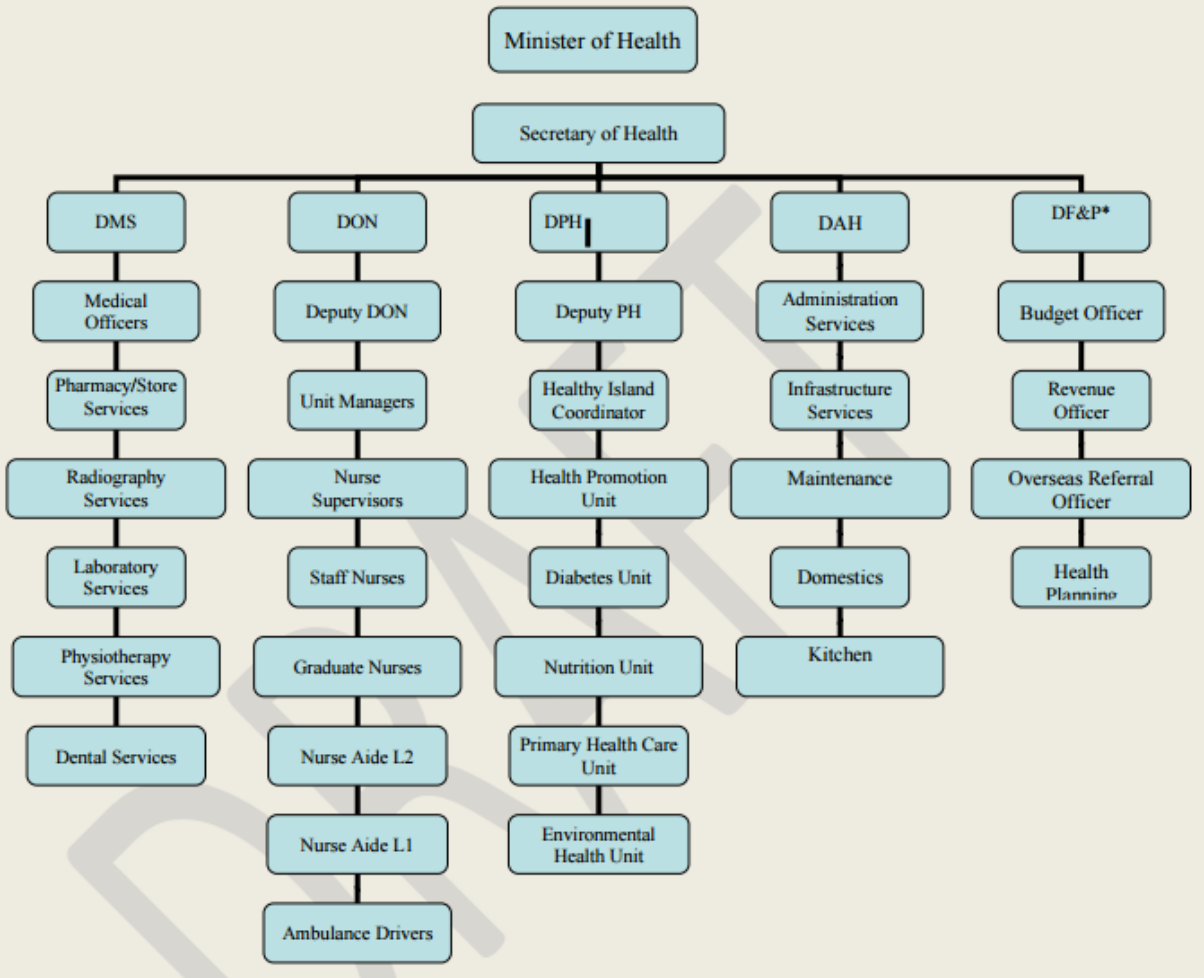
The 56-bed RON Hospital is the principal curative health facility, and provides general outpatient and inpatient services. Departments and services include acute ward areas for adult, paediatric and maternity patients; Out-Patient Department; Dressing Clinic; Operating Theatre; Emergency Room; High-Dependency Unit; Isolation Ward; Radiology; Dental; Laboratory; Pharmacy; Medical Stores; Physiotherapy; Medical Records and an Ambulance service. The Hospital is well equipped for a facility of its size in the Pacific, but buildings and structural elements are becoming worn and require extensive ongoing maintenance and rehabilitation There is interest within both the MOH and the community in constructing a new facility on the former NGH site, but there are no firm plans or budget in place for this.

The former Nauru General Hospital campus houses the Public Health unit, a 6-bed renal dialysis unit and a primary and preventive care unit for MCH and other community health activities. Public health services (e.g. health promotion, EPI supplementary and catch-up immunisation activities) may also be delivered through outreach visits to schools, the home or community centres. Role of central and local Government Coordination and management of health services is completely centralised under the MOH. There are no other community based primary care facilities in Nauru, and no private practitioners. Given the small size of the country and the ready availability of public and private transportation, access to clinical and preventive services provided through the RON Hospital and the Public Health campus is good. The current organisational structure of the Ministry of Health reflects the key changes proposed under the Ministry of Health Organisational Reform 2009 and the Workforce Strategic Plan 2009. The new structure has four Directorates of Medical Services, Nursing, Public Health and Administration. The fifth division of Finance and Planning is yet to be operational.

There are no private or non-government health service providers on Nauru. Over-the-counter medications (but not prescription drugs) are available in the supermarket and in many stores.

The RON Hospital Outpatients Department is the only primary care facility on the island. The Naoero Public Health Centre conducts regular community and school outreach visits for both primary and preventive health purposes. A District Health Worker (DHW) is employed in each District to provide a range of outreach services to the community.

Figure 2. Organizational Structure of the MOH of Nauru



For internal referrals for secondary care the RON Hospital is the only clinical facility. Non-urgent cases requiring secondary care or a specialist opinion regarding tertiary care may be placed on a waiting list to be seen by a visiting medical, surgical or other specialist. This program is coordinated by the Royal Australasian College of Surgeons using AusAID funds that lie outside the PPD Agreement. Patients with more serious conditions or requiring more urgent treatment that is not available in-country may be eligible for off-shore referral at GON expense. In recent years these referrals have been to Brisbane, Australia, but more recently referrals have been arranged in Chennai, India, at greatly reduced costs.

The MOH has a policy to guide decisions on eligibility off-shore referrals; these decisions are made by a designated sub-committee with both medical and administrative membership, and subject to Ministerial approval.

The RON Hospital laboratory is able to provide a preliminary diagnosis of hepatitis B and HIV infection using rapid diagnostic test (RDT) kits and of tuberculosis by microscopy. However, it lacks the facilities for bacterial culture or infectious diseases serology that are necessary to support

laboratory confirmation of a broader range of diseases of public health significance. The Public Health Unit has introduced a weekly system of syndromic surveillance of communicable diseases, with urgent reporting of suspected outbreaks (for which there are guidelines for reporting thresholds) and specific conditions of possible international public health concern. The syndromes currently subject to surveillance include: diarrhoea, influenza-like illness, severe acute respiratory infection or pneumonia, acute fever with rash, and acute flaccid paralysis. The Public Health Unit produces a monthly surveillance bulletin, which summarises reporting trends from the previous month.

The AusAID-funded Pacific Regional HIV Project (PRHP) and UNESCO have both funded and provided training for NGO collaboration on HIV prevention and awareness raising (which is coordinated with the assistance of the public health team).

9. Coordination of the AIDS Response

In December 1999 a multi-sector AIDS Task Force was formed in Nauru to address arising concern about HIV/AIDS on Nauru. From 2010, a Country Coordinating Mechanism (CCM) was set up with civil society representatives to assist with coordination, reporting and other implementation issues.

10. Health Information

The RON Hospital Medical Records Department has a Microsoft Excel data base into which patient registration data and International Classification of Disease (ICD-10) discharge diagnoses can be entered. Staffs have undergone training in ICD-10 classification through the university of Queensland, and further training in the Excel software has been proposed. The data base does not include any programmed analytic functions, and staff are only able to generate line listings and perform limited manual collation of data. Nursing staff calculate bed occupancy and average lengths of stay manually from their own registers.

The expatriate obstetrician–gynaecologist is developing a gynaecological cancer registry as a stand-alone data base. To facilitate and manage stock control, the recent UN Volunteer Pharmacist installed M-Supply software on a stand-alone computer at the RON Hospital Pharmacy. Some Pharmacy support staff are familiar with and able to use the system. It stands completely separate from the Medical Records information system. In the absence of a robust health information system, objective evidence-based planning of service development is extremely difficult.

It is a priority for the MOH to establish a HIS, but resources are not yet allocated for this purpose. At the time of the country visit, some discussion was under way with the Australian Institute of Health and Welfare (AIHW) to undertake a formal in-country assessment of health information management needs.

11. Gender-based violence

The quantitative findings of the Nauru FHSS[vi] were derived from a total sample of 148 women aged 15-64 of whom 131 were ever-partnered women. The study used two main reference periods to estimate prevalence of violence: lifetime violence and current violence. Lifetime violence refers to the violence experienced by a woman in her life, even if it only happened once. Current violence refers to the violence experienced by a woman in the 12 months preceding the interview. The study used an expanded definition of partnership whereby the term "ever-partnered" refers to women who have had a relationship with a man regardless of whether they were married, therefore including women in cohabitating relationships, dating relationships, separated/divorced, or widowed. The most relevant findings of the Nauru FHSS are:

- Nearly half of ever-partnered women (48.1%) who participated in the survey experienced physical and/or sexual violence by a partner at least once in their lifetime and 22.1% experienced such violence in the 12 months preceding the interview.
- Nearly half of ever-partnered women (46.6%) who participated in the survey experienced physical partner violence at least once in their lifetime and 20.6% indicated experiencing such violence in the 12 months preceding the interview.
- The most commonly mentioned act of physical partner violence was being slapped or having something thrown at them (84.1%).
- Among ever-pregnant women who reported experiences of physical and/or sexual partner violence, 25.4% experienced physical violence in at least one pregnancy.
- One-fifth of ever-partnered women (20.6%) experienced sexual violence by a partner at least once in their lifetime and 9.9% said to experience such violence in the 12 months prior to the interview.
- The most commonly reported act of sexual partner violence was being coerced to have sex when she did not want to because she was afraid of what her partner might do if she refused (30.2%)
- Slightly more than half of the women who ever experienced physical and/or sexual partner violence (50.8%) were injured at least once as a result of partner violence.
- Almost 16% of women who experienced physical and/or sexual partner violence said they lost consciousness at least once due to the violence and almost 18% were hurt enough to need health care.

Nauru has established a strong infrastructure in reducing gender-based violence.

a. Nauru National Women's Policy (2014).20 The goal of the women's policy is to advance and improve the quality of women's lives in Nauru by ensuring that they have access to opportunities for equal participation and quality of life. The policy is supported by six goals related to women's participation in decision-making; elimination of all forms of violence against women; improved economic status of women; improved women's health services; improved and equitable participation of girls and women in all levels of education; and a strengthened National Women's Machinery and improved capacity of government departments to mainstream gender equality programs.

b. Nauru Women's Affairs Office, National Plan of Action, Revised 2005-2015.21 The revised work plan addresses the ongoing implementation of Nauru's development goals for the advancement of women. The Woman's Affairs Department was mandated in the revised National Plan of Action to "advance and improve the quality of women's lives in Nauru." The Action Plan identifies 16 areas of concern regarding the advancement of women: women and health; education and training for women; violence against women; religion; human rights of women; women and decision-making; women and culture; women and the media; community/family; child (girl); good governance; women and the economy; women in agriculture and fisheries; women and the environment; youth; and women in sports. c. Nauru Sustainable Development Strategic Plan 2005- 2025.22 In its policies for social inclusion/equity, Nauru's Sustainable Development Strategic Plan (SDSP) for 2005- 2015 acknowledges that rates of teenage pregnancy and incidence of domestic violence are issues that need to be addressed. The document also indicates that while mechanisms are in place to combat violence, operations have been haphazard and dysfunctional. As such, the SDSP mentions the provision of significant assistance to build the skills of the Nauru Police Force. The SDSP also outlines short-, mid-, and long-term sector strategies for the advancement of women's rights, including strengthening the capacity of the Government's Women's Affairs Directorate and community women's groups, as well as establishing a Women's Centre, among others.

d. Domestic Violence Unit, Nauru Police Department (2007). Nauru established a Domestic Violence Unit (DVU) in 2007. The department handles all cases involving violence against women and children. This Unit also implements community education programs about gender-based violence in collaboration with community leaders. Together with Women's Affairs, the DVU also established a Safe House in 2008 to provide refuge to survivors of domestic violence. The Safe House provides counseling services and has sheltered more than 35 women and children since its establishment. e.

Self Help Ending Violence (SHED). SHED is an intense 11-week training program under the Nauru National Women's Plan of Action that targets men to 'shed' their violent behavior and take responsibility for their violence. In addition to services for women, offering this training to the perpetrators will complement the other work already on the ground.

Through Pacific Woman Shaping Pacific Development, Australia has committed approximately $5 million to support women's empowerment in Nauru.[vii] In 2013-14 a two year country plan was developed outlining the first activities, including recruitment of a counsellor with expertise in domestic violence and working with children. The counsellor will be responsible for managing a caseload, training health sector workers and developing protocols for identifying and working with survivors of violence, assist health workers to develop and roll out an awareness campaign and support improved linkages between police, health workers and the government supported safe house.

Australia is also assisting Nauru to revise its Crimes Act to include a chapter on domestic violence, continue funding the Country Focal Officer for the Regional Rights Resource Team, who supports efforts on domestic violence with the justice sector.

12. Stigma and discrimination

Generally stigma and discrimination in relation to HIV is very high in Nauru. According to DHS 2007 for Nauru 9,3% of women and 6.4% of men would have a tolerant attitude to PLHA.

Respondents who had ever heard of HIV and AIDS were asked four questions to measure attitudes towards people living with HIV and AIDS: willingness to care for a family member with AIDS in the respondent's home, willingness to buy vegetables from a shopkeeper who has AIDS, whether a female teacher with the AIDS virus — and is not sick — should be allowed to continue teaching, and preference to keep secret that a family member is infected with the HIV virus.

Accepting attitudes were highest for willing to care for a family member (65.9 percent) and would not want to keep secret that a family member has the AIDS virus (47 percent), and were lowest for buying fresh vegetables from a shop keeper with the AIDS virus (27.9 percent) and a female teacher with the AIDS virus should be able to continue teaching (29 percent).
Less than one in ten (9.3 percent) women aged 15–49 gave accepting responses to all four statements.

The proportions of women with accepting attitudes for each of the four questions and for all four questions increased with age group.
Higher proportions of women who were married and/or living with a partner (52.6 percent) reported that they would not want to keep secret that a family member was infected with the AIDS virus compared with women who had never been married (34.6 percent).

Women with a post-secondary education were more likely to report that they would buy fresh vegetables from a shop keeper with the AIDS virus (40.9 percent) and that a female teacher with the AIDS virus should be able to continue teaching (42 percent). This is in contrast to women who completed only secondary school and who reported that they would buy fresh vegetables from a shop keeper with the AIDS virus (26.6 percent) and that a female teacher with the AIDS virus should be able to continue teaching (27.7 percent).

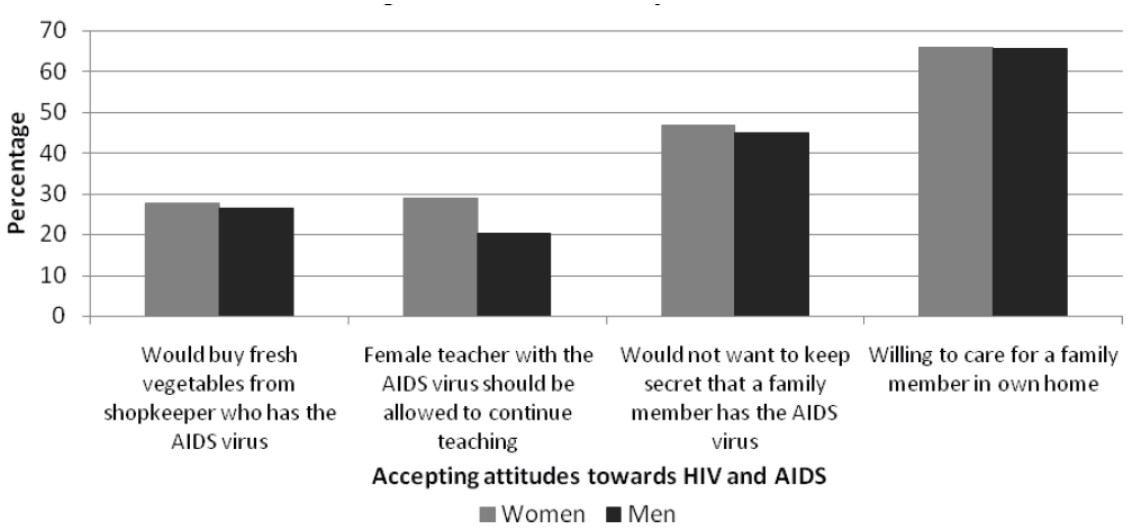
Willingness to care for a family member who has the AIDS virus was more commonly expressed by women from the two highest wealth quintiles compared with those from the two lowest wealth quintiles.

Only one in fifteen men aged 15–49 (6.4 percent) had accepting attitudes with regard to all four statements.

The proportions of men with accepting attitudes for each of the four questions increased with age group.

Higher proportions of men who were married and/or living with a partner (25.3 percent) agreed that a female teacher with the AIDS virus and is not sick should be able to keep teaching compared with men who had never been married (11.9 percent).

Figure 3. Percentage of women and men aged 15–49 with accepting attitudes to those living with HIV and AIDS by sex, Nauru 2007



In 2009 an assessment in relation to human rights and HIV has been conducted in Nauru by a Joint project of UNDP Pacific Centre, Regional Rights Resource Team SPC and UNAIDS: *Nauru HIV and Human Rights Legislative Compliance Review: March 2009.* The findings of the study may be found in the narrative below.

Legislation of Nauru does not address issues of informed consent to HIV tests or access to counselling. The common law of England applies, which requires consent to a blood test. If consent is not given, the person taking blood may be liable under civil and/or criminal law for assault. Common law does not require pre and post-test counselling.[viii]

Section 5 of the *Immigration Act 1999* provides for the medical testing of intending immigrants. If a person does not consent to testing they are a prohibited immigrant. Section 10 provides that a person suffering from a contagious or infectious disease such that presence in Nauru presents a danger to the community is a prohibited immigrant. It is not known whether HIV is considered a contagious or infectious disease under the Act.

Contract workers and pregnant women are generally screened for HIV.

The *Notification of Infectious and Contagious Diseases Ordinance 1923* requires Masters of arriving vessels to report cases of venereal disease on board, and prevent the sufferers from disembarking except for the purpose of admission to hospital. Persons suffering from venereal disease must submit themselves for treatment and may be detained in hospital until cured or leaving Nauru.

There are no provisions for:

- reasonable notice of case to the individual;
- fixed periods of duration of restrictive orders (i.e. not indefinite);
- right of legal representation
- rights of appeal or review

There is no legislation relating to contact tracing of sexual contacts of people living with HIV, or defining the criteria to be applied by health care workers or the Department of Health before notifying sexual partners of a person's HIV or STI status.

English common law applies, which generally requires medical confidentiality to be maintained, but may allow disclosure in the public interest in circumstances where there is a substantial or significant physical risk to others. The common law has not defined the steps that need to be taken prior to disclosure of HIV status. The common law is ambiguous on these issues (*W v Egdell* [1990] 1 All ER 835; *X v. Y* [1988] All ER 648). Legislation would be helpful to clarify how health care workers should balance their duty of confidentiality to people living with HIV and their duty of care to third parties such as sexual partners.

Nauru adopted the *Criminal Code* of Queensland by adoption of the First Schedule to the *Criminal Code Act 1899* (Qld.) under the *Laws Repeal and Adopting Ordinance No.8 of 1922.*

Homosexual acts are criminal offences. The *Criminal Code* states the offences of having carnal knowledge against the order of nature, permitting a male person to have carnal knowledge against the order of nature (Section 208); attempts (Section 209); and indecent practices between males (Section 211).

Article 3 of the *Constitution* contains a reference to the right to respect for private life. The right to privacy has been interpreted in international human rights law to include rights for homosexual adults to have consensual sex in private. However, the Supreme Court of Nauru considered the meaning of Article 3 in the case of *Dogabe Jeremiah v Nauru Local Government Council* [1970] *Nauru Law Reports*, 1969-82, Part A, p.11. The Court held that Article 3 'is clearly not intended to refer to any pre-existing rights and freedoms but only to those set out in detail in Articles 4 to 13'. There is no further reference to privacy as a stand-alone human right in Articles 4 to 13. The reference to respect for private life is merely an introductory provision and does not provide a substantive right enforceable by the Court.[2] Therefore it is unlikely that Article 3 could be relied on to claim the right to privacy in sexual relations including male to make sex.

The Constitutional Review Commission recommended in 2007[3] that new protections of rights to privacy and personal autonomy be introduced to the Constitution by way of a new clause stating that "all persons shall be free from unreasonable interference in personal choices that do not injure others and from unreasonable intrusions into their privacy."

Criminal Code Sections 217, 218 and 220 provide offences of procuring a prostitute. Sections 231 and 235 prohibit the keeping of a house, room, set of rooms or place of any kind for purposes of prostitution.

A person who at the time of entry into Nauru is a reputed prostitute, or who is living on or receiving, or who prior to entering Nauru lived on or received, the proceeds of prostitution, is a prohibited immigrant under Section 10 of the *Immigration Act 1999*.

[2] D Paterson (2000). Legal Challenges For Small Jurisdictions in Relation to Privacy, Freedom Of Information and Access to Justice *Journal of South Pacific Law* 4(4).
[3] Nauru Constitutional Review Commission (2007) *"Naoero Ituga" Report*, Yaren Nauru

Soliciting does not appear to be a specific offence. *Police Offences Ordinance 1967* provides offences for indecent behaviour in public.

There is no disability discrimination legislation or other laws protecting against discrimination on the grounds of HIV.

There are only limited legal protections against discrimination for vulnerable groups.

Every person in Nauru is entitled to the rights and freedoms in the *Constitution*, whatever the person's race, place of origin, political opinions, colour, creed or sex, but subject to respect for the rights and freedoms of others and for the public interest. This provides protection from discriminatory laws for women.

Article 14 provides that a right or freedom conferred under the *Constitution* is enforceable by the Supreme Court at the suit of a person having an interest in the enforcement of that right or freedom, and the Supreme Court may make such orders and declarations as are necessary or appropriate. The Supreme Court has final jurisdiction over matters concerning interpretation or effect of the *Constitution*, and no appeal lies to the High Court of Australia.

The Constitutional Review Commission recommended in 2007 that the Constitution be amended to provide that 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, colour, language, religion, political or other opinion, national or social origin, place of birth, age, disability, economic status, sexual orientation, family status or descent. This amendment would significantly strengthen the protection of vulnerable groups from discrimination.

The Constitutional guarantee of equality under the law for women provides a means for challenging laws that discriminate against women.

Property and inheritance laws do not discriminate against women. Under the Succession, Probate and Administration Act 1976, if intestacy occurs, there is equal division between children. There is a power to appoint a Curator to administer intestate estates.

Nauruan customary laws concerning title to land (other than by lease), rights to transfer inter vivos or by will, and succession on intestacy are given statutory recognition by the Custom and Adopted Laws Act 1971. It is not suggested that customary property laws favour men, although custom is difficult to ascertain with certainty.4 Brothers and sisters share equally in succession. In the past, under custom, the eldest daughter was usually responsible for distribution of land between family members after a parent's death.

Under the Administration Order no.3. 1938, the immediate family of the deceased should meet to consider how a deceased estate is to be disposed of. An agreement, if one is reached, is given to the Nauru Lands Committee to notify in the Government Gazette. If there is no agreement, the

[4] P MacSporran. Land Ownership and Control In Nauru. (1995) *Murdoch University Electronic Journal of Law* 2(2);

Committee divides the land equally amongst the deceased's children and his wife (for her life-time only). If there are no children, the land goes to the wife.5

Criminal Code Sections 224, 225 and 226 prohibit the procuring of abortion and the supply of drugs or instruments for abortion.

Rape is an offence when committed by a man against a woman, not being his wife (Criminal Code Section 347). Rape in marriage is not criminalised.
Adoption of recommendations of the 2007 Report of the Constitutional Review Commission would significantly improve the human rights context for HIV and STI responses. The Commission made important recommendations that would be helpful in supporting effective HIV and STI responses, in relation to introducing:

- the right to non-discrimination including on the grounds of disability, gender and sexual orientation,
- the right to health care, and
- the right to be free from unreasonable interference in personal choices that do not injure others and from unreasonable intrusions into their privacy.

The existing provisions of public health and immigration legislation are not suitable for management of HIV and AIDS. Public health legislation should be amended to introduce provisions for confidential notification of HIV and STIs, voluntary and confidential testing and counselling, contact tracing with consent, and right to access information about sexual and reproductive health and means of prevention of HIV and STIs.

The offences related to male-male sex and prostitution involving consenting adults in private, the gendered definition of rape, and the lack of provision for marital rape all contravene human rights.

The offence of abortion contravenes the rights of women and girls to make their own reproductive choices.

De facto relationships including same sex partnerships should be recognised by law.

Blood safety laws should be introduced that require screening of donated blood for HIV and other blood borne viruses.

Legislation should require condoms and HIV test kits to comply with international quality standards.

Patents legislation should be drafted that clarifies the legality of parallel importing and government use of generic medicines for non-commercial use in the health system.

Nauru's current crisis will seriously inhibit any ability on the part of the government to attend to HIV and sexual health.

[5] L Keke Land Tenure and Administration in Nauru. in Guy Powles and Mere Pulea (1988) *Pacific Courts and Legal Systems* Institute of Pacific Studies.

13. Best practices

- Chlamydia Mass treatment campaign was very successful initiative that is being replicated all over the Pacific countries.

- The Advocacy and health communication interventions are gaining more success as the churches and district heads and other social groups who could not be reached earlier in the project are now coming out to attend meetings and accept the interventions.

- The fact that Nauru Ministry of Health who is the sub-recipient of the Global and Response Fund project could get the National Republic to take over maintenance of these projects is laudable and should be commended.

14. Recommendations

1. Nauru should be guided and supported to develop a NSP on HIV/AIDS integrating STIs and reproductive health aspects into one document.
2. Appropriate resources should be mobilized to meet the planned activities in the new STI NSP.
3. There is need for multi – sectorial response to addressing the issue of HIV and other STI, particularly the involvement of the Education, Socio-Economic, Agriculture and other sectors will go a long way in prevention, impact mitigation and behavior change, also Environment Climate Change & HIV/STI should be examined.
4. Civil Society Organisations are an integral part of development, the role of Non Governmental Organisations, Peer Educators and Associations cannot be over-emphasised in programming, and their involvement is of very critical to speed up interventions, there is need for Nauru to be more proactive in this area.
5. Advocacy efforts should target Local women from the Districts, Market Places and Churches for further reduction of Stigma and other Health Communication strategies like Drama, Jingles etc is needed to re-enforce behaviour change
6. There is need to continuously update information stored in the hospital data bank and an M & E officer should be appointed specifically for that purpose.
7. A M&E framework for the AIDS NSP should be developed and institutionalized.
8. All capacity development or system strengthening support should be followed up with supervisory visit or mentoring, to ascertain whether the newly acquired skills or infrastructure is being utilized effectively.
9. Extending testing to key populations: This could either take place through targeted surveys or through their routine testing and targeted outreach.

Resources

[i] Government of Nauru Millennium Development Goals Nauru Progress Report 1990-2011. http://www.fj.undp.org/content/dam/fiji/docs/nauru_mdg_report_2011.pdf

[ii] Nauru DHS 2007 http://www.spc.int/sdd/index.php/en/new-sdp-releases/39-new-sdd-releases/58-nauru-2007-dhs-report-and-fact-sheets

[iii] Government of Nauru Millennium Development Goals Nauru Progress Report 1990-2011. http://www.fj.undp.org/content/dam/fiji/docs/nauru_mdg_report_2011.pdf

[iv] Government of Nauru Millennium Development Goals Nauru Progress Report 1990-2011. http://www.fj.undp.org/content/dam/fiji/docs/nauru_mdg_report_2011.pdf

[v] Ministry of Health and Medical Service Strategic Plan 2010 – 2015 http://www.nationalplanningcycles.org/sites/default/files/country_docs/Nauru/health-sector-strategic-plan-2010-2015.pdf

[vi] Nauru Family Health and Support Study, October 2014, An exploratory study on violence against women. http://countryoffice.unfpa.org/pacific/drive/NauruFHSSReportweb.pdf

[vii] AID Program Performance Report 2013-14, Australian Government http://dfat.gov.au/about-us/publications/Pages/nauru-aid-program-performance-report-2013-14.aspx

[viii] HIV, ETHICS AND HUMAN RIGHTS, Review of legislation of Nauru, Joint project of UNDP Pacific Centre, Regional Rights Resource Team SPC and UNAIDS, March 2009