

Nauru Global AIDS Progress Report

Ministry of Health of Nauru

2016



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MOH of Nauru would like to acknowledge the support of UNAIDS and namely Gabriela Ionascu MPH, Strategic Information Advisor for the development of the present report.

Foreword



We are pleased to introduce the Global AIDS Progress Report for 2015 that the Government of Nauru has produced. With this report you will find evidence of better use of data to guide national planning processes, and greater focus on reflecting the contribution of all stakeholders in the national response to AIDS.

This reporting cycle has reiterated the willingness of the government not only to honour the commitment to the 65/277 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, endorsed in 2011, but also to ensure that the interventions set out to reach the commitments are successful, constructive and accountable.

The Declaration of Commitment and the reporting process has established a framework for strengthened collaboration and partnerships across organizations and sectors going beyond health. The common objectives, such as reaching Universal Access to Prevention, Care and Treatment, reinforced the message that HIV is one of the world's challenges that is too intersectorial and complex for any sector to proceed alone.

Our common objectives – such as to save people's lives, to ensure social inclusion of People Living with HIV/AIDS and to mitigate the impact AIDS has on community and household levels have finally paved the way for enhanced collaboration between the government, civil society, and People Living with HIV/AIDS. We are strong in our intention to support further GARPR reporting, and to ensure its quality improves along with the increased quality of strategic planning, coordination and transparency of decision making and with improved monitoring and evaluation.

31.03.2016

Honourable Valdon Dowiyogo MP
Minister for Health

A handwritten signature in black ink, appearing to be 'V. Dowiyogo', written over a horizontal line.

Introduction

In September, 2000, the Millennium Declaration was adopted, which main purpose is to reduce the spread of poverty and diseases by 2015. The Millennium Development Goals (MDGs) are globally recognized targets determined by the international community in order to address inequalities in the global human development. The UN Millennium Declaration was adopted by 189 countries, which was the beginning of the way to achievement of eight MDGs by 2015, including Goal 6: To combat HIV/AIDS.

In December, 2010, the Coordination Council approved the UNAIDS Global Strategy for 2011-2015, better known as Getting to Zero Strategy. It aims to provide global progress in achieving national goals on general access to HIV prevention, treatment, care and support, stopping the HIV/AIDS epidemic and changing the dynamics of its development to the opposite direction as well as promoting to reach the Millennium Development Goals by 2015 (Zero New Infections, Zero AIDS-related Deaths, Zero Discrimination). Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS was adopted by the General Assembly Resolution # 65/277 as of June, 10, 2011, and regulates the activity on HIV/AIDS prevention. The Political Declaration was based on scientifically grounded approaches to prevention, taking into account local circumstances, ethical and cultural values, including maximal expansion of harm reduction programmes, with the consideration of the “WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users” according to the national legislation.

Within the adopted Political Declaration the UN Member States have committed the following targets:

1. To reduce sexual transmission of HIV by 50% by 2015.
2. To reduce transmission of HIV among injecting drug users by 50% by 2015.
3. To ensure the prevention of new cases of mother-to-child transmission of HIV by 2015.
4. To provide antiretroviral therapy to 15 millions of people living with HIV by 2015.
5. To reduce the number of deaths from tuberculosis among people living with HIV by 50% by 2015.
6. To eliminate the lack of funding to fight HIV/AIDS at the global level and take actions to increase annual funding to combat AIDS up to 22-24 billion USD by 2015.
7. To eliminate gender inequality, abusive treatment of women and girls, violence against them, and to expand their abilities to protect from HIV infection.
8. To eliminate stigma and discrimination towards people living with HIV and those affected by HIV/AIDS through adoption of laws and political measures that ensure full realization of all human rights and fundamental freedoms.
9. To eliminate travel restrictions based on HIV status.
10. To eliminate parallel systems of HIV-related services in order to further integrate the response to HIV/AIDS into global health care actions as well as to strengthen social protection systems.

The Political Declaration evidently reflects the urgent need to scale up access to services for groups most-at-risk for HIV infection and aims to immediately eliminate gender inequality, violence and gender-based discrimination. In June, 2011 ahead of a High-Level Meeting, the United Nations Security Council adopted the Resolution 1983 (S/RES/1983), which again confirmed the importance of HIV-infection in the context of global security and recognized contribution of UN peacekeeping operations to the response to the epidemic. The Resolution is aimed at strengthening the implementation of HIV awareness and prevention programmes

for military and civilian personnel of peacekeeping operations and communities to which they serve as well as it calls to harmonization of prevention efforts among law-enforcement agencies with efforts to stop sexual violence during armed conflicts and thereafter.

Till 2013, global AIDS response progress indicators (known as UNGASS indicators) were submitted globally every 2 years. However, starting from 2013, the data have been annually collected. In 2013 the UN General Assembly held an interim progress assessment in achieving the targets and obligations under the 2011 Political Declaration on HIV/AIDS.

The 2016 National Report is the most comprehensive and full review of the response to HIV/AIDS epidemic in Nauru, which comprises of indicators recommended for all UN Member States. Some of the given indicators of the 2014 National Report were calculated based on available data from existing official statistical sources. In order to calculate other indicators, data from any special sociological and epidemiological studies that were carried out among the general population were used. In order to ensure quality and the opportunity for comparative analysis of the situation in different countries, indicators' data collection was organized based on standard techniques recommended by the UNAIDS Guidance "Global AIDS Response Progress Reporting 2015". The 2016 National Report contains 71 indicators recommended for all UN Member States. Nauru does not provide data on some indicators in the 2016 National Report, as 6 indicators do not correspond to the epidemic currently registered in the country and are not relevant for Nauru, and there is no data collection mechanism for others.

Below is a summary of all indicators reported in 2016 for the 2015 reporting periods

Indicator overview

	<i>Indicators</i>	<i>Value 2014</i>	<i>Value 2015</i>	<i>Source</i>	<i>Comments</i>
Indicators for the general population	1.1 Young People: Knowledge about HIV Prevention*	12.1%	No new data	DHS 2007	13,3% for women and 9,6% for men
	1.2 Sex Before the Age of 15	20,32%	No new data	DHS 2007	31.3% of men and 14.8% of women
	1.3 Multiple sexual partners	19%	No new data	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	No new data	DHS 2007	
	1.5 HIV Testing in the General Population	53.4% for males and 41.9 %for females	No new data	Patient registry	2014 from DHS
	1.6. HIV prevalence from antenatal clinics by age group	0	0	Routine surveillance	454 tested 0 positive MOH Lab
	1.20 HIV incidence rate	n/a	0	Routine surveillance	MOH Lab
Indicators for sex workers					
	2.2 Sex Workers: Condom Use	n/a	n/a	No activities for FSWs	

	2.3 Sex Workers: HIV Testing	n/a	n/a	No activities for FSWs	
	2.4 Sex Workers: HIV Prevalence	n/a	n/a	No activities for FSWs	
Indicators for men who have sex with men	2.5 Men who have sex with men: Condom Use	n/a	n/a	No activities for MSM	
	2.6 Men who have sex with men: HIV Testing	n/a	n/a	No activities for MSM	
	2.7. Men who have sex with men: HIV Prevalence	n/a	n/a	No activities for MSM	
Indicators for IDUs	2.8 People who inject drugs: Number of needles/IDU	No IDUs	No IDUs		
	2.9. People who inject drugs: Condom Use	No IDUs	No IDUs		
	2.10 People who inject drugs: Safe Injecting Practices	No IDUs	No IDUs		
	2.11 People who inject drugs: HIV Testing	No IDUs	No IDUs		
	2.12 People who inject drugs: HIV Prevalence	No IDUs	No IDUs		
	2.13 People on opioid substitution therapy	No IDUs	No IDUs		
Indicators for inmates	2.14. HIV prevalence in inmates/detainees				
Indicators for transgender	2.15. HIV prevalence in transgender people		n/a		
Prevention of mother-to-child transmission (PMTCT)	3.1 Prevention of Mother-to-Child Transmission	Not relevant	Not relevant	MOH	No HIV+ Pregnant
	3.1 a Prevention of mother-to-child transmission during breastfeeding	Not relevant	Not relevant	MOH	No HIV+ Pregnant
	3.2 Early Infant Diagnosis	Not relevant	Not relevant	MOH	No HIV+ Pregnant
	3.3 Mother-to-Child transmission rate (modelled)	Not relevant	Not relevant	MOH	No HIV+ Pregnant
	3.3 a Mother-to-child transmission of HIV (based on programme data)	Not relevant	Not relevant	MOH	No HIV+ Pregnant
	3.4 Pregnant women who were tested for HIV and received their results	100% 495/0	100% 454/0	MOH	No HIV+ Pregnant
	3.5 Testing coverage of pregnant women's partners (UA)	No data	No data		

	3.7 Coverage of infant ARV prophylaxis (UA)	Not relevant	Not relevant		No HIV+ Pregnant
	3.9 Cotrimoxazole (CTX) prophylaxis coverage (UA)	Not relevant	Not Relevant		No HIV+ Pregnant
ART Treatment	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	Not relevant		No patients in treatment
	4.2 HIV Treatment: 12 months retention	Not relevant	Not relevant		No patients in treatment
	4.2b HIV Treatment: 24 months retention	Not relevant	Not relevant		No patients in treatment
	4.2c HIV Treatment: 60 months retention	Not relevant	Not relevant		No patients in treatment
	4.3 HIV Care Coverage	0	0	MOH	No patients in treatment
	4.4 ART stock outs	No	No	MOH	
	4.5 Late HIV diagnoses	Na	Na		
	4.6 Viral Load suppression	Not relevant	Not relevant		
	4.7 AIDS-related deaths	Not relevant	No		1 patient alive
AIDS Spending	6.1 AIDS Spending - Domestic and international AIDS spending by categories and financing sources				
Gender	7.1 Prevalence of Recent Intimate Partner Violence (IPV)	46.6%	No new data	FHSS funded by UNFPA	
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	No new data	DHS 2007	

		from a shopkeeper or vendor if they knew this person had HIV			
HIV/TB Co-infection	11.1. Co-Management of Tuberculosis and HIV Treatment	Not relevant	Not relevant		No HIV patients
	11.2. Proportion of people living with HIV newly enrolled in HIV care with active tuberculosis (TB)	Not relevant	Not relevant		No HIV patients
	11.3. Proportion of people living with HIV newly enrolled in HIV care started on tuberculosis (TB) preventive therapy	Not relevant	Not relevant		No HIV patients
Hepatitis/HIV co-infection	11.4. Hepatitis B testing	Not relevant	Not relevant		No HIV patients
	11.5. Proportion of HIV-HBV co-infected persons currently on combined treatment	Not relevant	Not relevant		No HIV patients
	11.6. Hepatitis C testing	Not relevant	Not relevant		No HIV patients
	11.7. Proportion of persons diagnosed with HIV-HCV infection started on HCV treatment during a specified time frame (e.g. 12 months)	Not relevant	Not relevant		No HIV patients
STIs	11.8. Syphilis testing in pregnant women		100% 454/454	MOH	
	11.9. Syphilis rates among antenatal care attendees		4,6%	MOH	669/31
	11.10. Syphilis treatment coverage among syphilis positive antenatal care attendees		100%		2 positive cases treated
	11.11. Congenital syphilis rate (live births and stillbirth)		Data not available		
	11.12. Men with urethral discharge		Not available		
	11.13. Genital ulcer disease in adults		Not		

			available		
	P.1b WHO POLICY QUESTIONS				
	Key population size estimations	Na			

1. Status at a glance

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. In 2014 however Nauru has registered the first case of HIV in a Nauru citizen and no new cases were registered in 2015. None of the HIV positive cases are currently living in Nauru. The context of the HIV and STI 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, Gonorrhoea, 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.

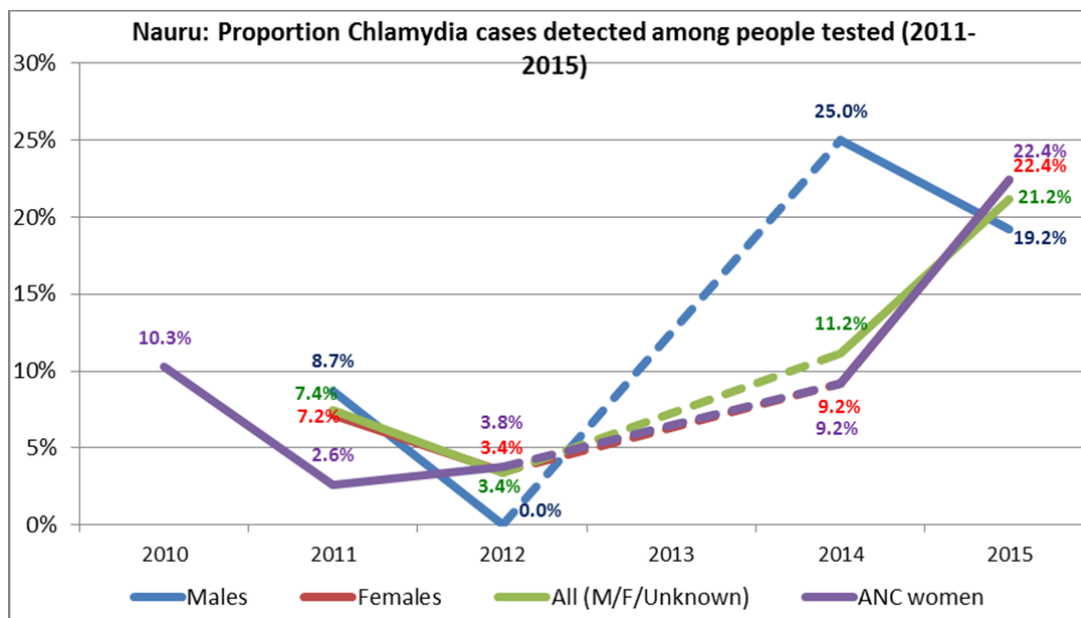
For 2015 Nauru tested for chlamydia 845% of its total population of 10048 inhabitants of which 180 tested positive.

Table 1. Number of Chlamydia tests, confirmed cases and proportion of Chlamydia for Nauru in different years.

	Number of Chlamydia tests			Tested positive for chlamydia		
	Males	Females	All (M/F/Unknown)	Males	Females	All (M/F/Unknown)
2011	103	475	578	9	34	43
2012	5	203	208	0	7	7
2013	0	0	0	0	0	0
2014	4	293	331	1	27	37
2015	318	531	849	61	119	180
Total	430	1,502	1,966	71	187	267

In general terms, based on the data it can be seen that Nauru has doubled testing of chlamydia in 2015 compared to the previous year and the number of new cases has also increased. The number of females tested positive for chlamydia is much higher but it can be explained also by the fact that most of chlamydia cases in women are registered in ANC. However, the general trend shows a sharp increase of Chlamydia cases in Nauru nearly doubling of cases in 2015 compared to 2014.

Figure 1. Proportion of Chlamydia cases detected among all people tested for Chlamydia.

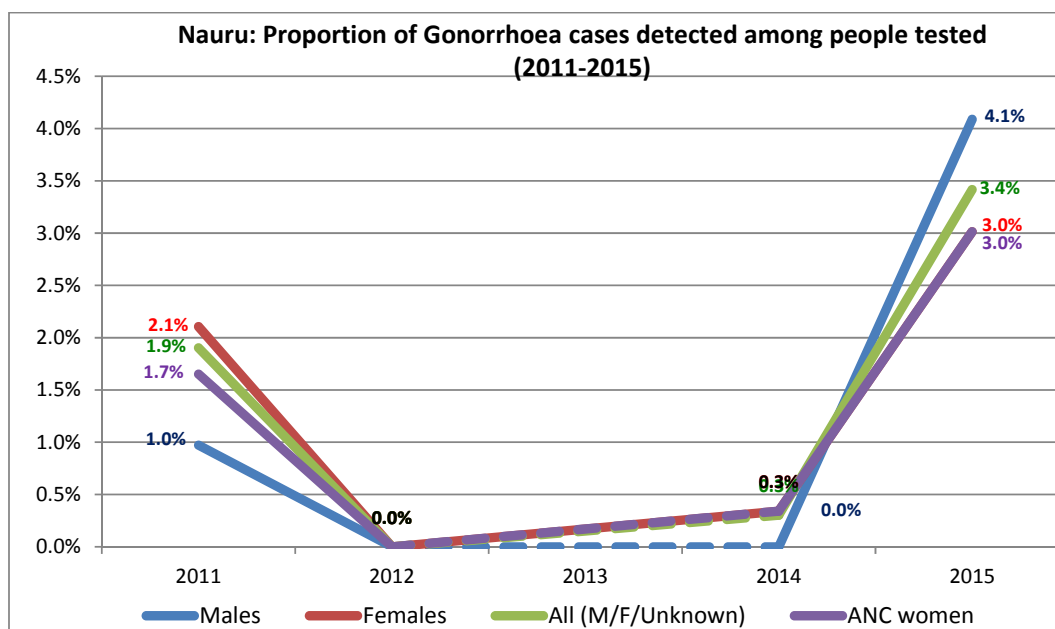


The situation with Gonorrhoea shows similar trends in terms of testing; however, the number of gonorrhoea cases registered in 2015 compared to previous years has sharply increased from 1 case per year to 29.

	Number of Gonorrhoea tests			Tested positive for Gonorrhoea		
	Males	Females	All (M/F/Unknown)	Males	Females	All (M/F/Unknown)
2011	103	475	578	1	10	11
2012	5	203	208	0	0	0
2013						
2014	4	293	331	0	1	1
2015	318	531	849	13	16	29
Total	430	1,502	1,966	14	27	41

The data are particularly pointing out to an increased proportion of men with a positive Gonorrhoea test that increased from 2014 from 0% to 4.1% in 2015. Overall the situation indicates to an outbreak of Gonorrhoea in Nauru in 2015.

Figure 2. Proportion of Gonorrhoea cases detected among people tested in Nauru (2011-2015)



A different situation can be seen in the Syphilis epidemic in Nauru, which despite a slight increase in testing continues to show decrease in the number of cases.

	Number of Syphilis tests			Tested positive for Syphilis		
	Males	Females	All (M/F/Unknown)	Males	Females	All (M/F/Unknown)
2011	128	598	726	7	56	63
2012	80	274	354	9	25	34
2013						
2014			475			23
2015	215	454	669	7	24	31
Total	423	1,326	2,224	23	105	151

The highest decrease is registered in men from 11.3% in 2012 to 3.3% in 2015. The decrease in women is not so visible with 9.1% in 2012 to 5.3% in 2015.

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

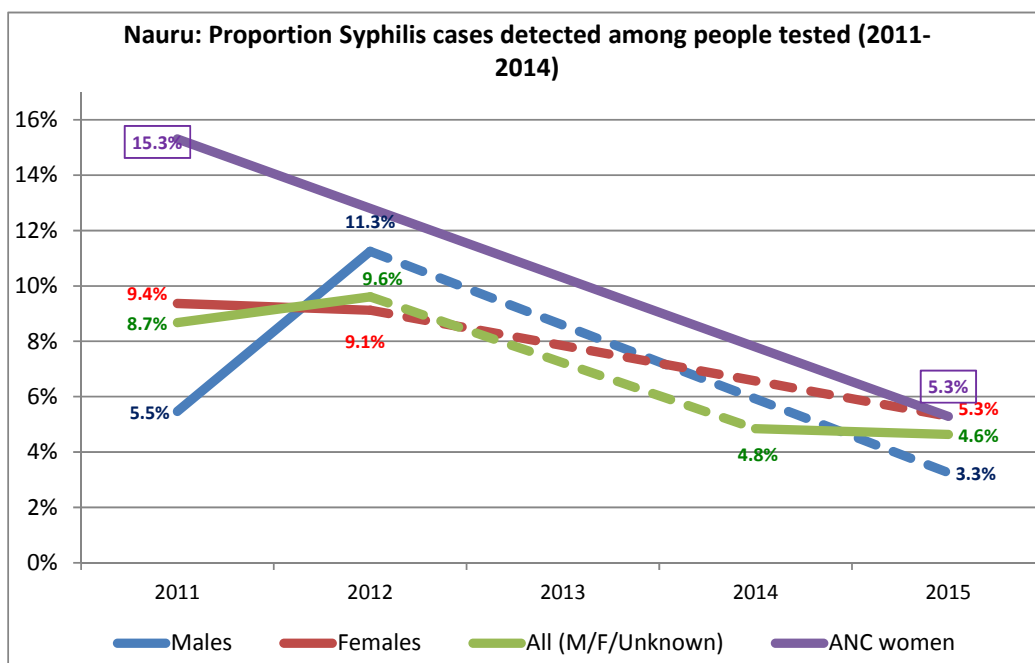


Figure 3. Proportion of Syphilis cases detected among people tested in Nauru (2011-2015)

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 behavioural 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.

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.

Testing for HIV in Nauru 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:

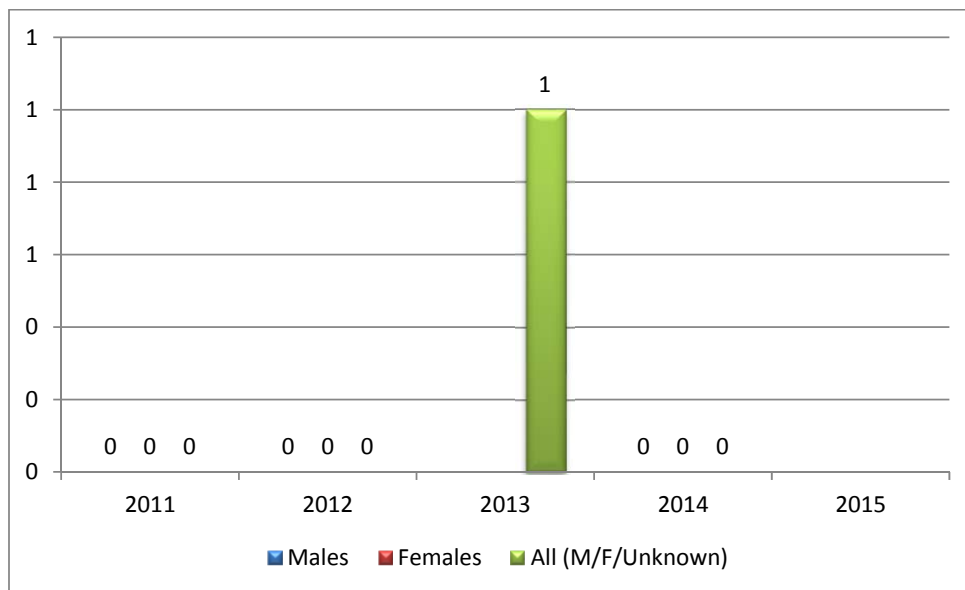
1. Antenatal clinic attendees (one central antenatal clinic on the island. 100% births on Nauru are planned for hospital delivery)
2. Blood donors. Blood donors are not contacted with the results of their test unless it is positive. There have been no confirmed positive results to date from blood donors.
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.

	Males	Females	All (M/F/Unknown)
2011	74	147	221
2012	77	94	171
2013			322
2014			495
2015			454

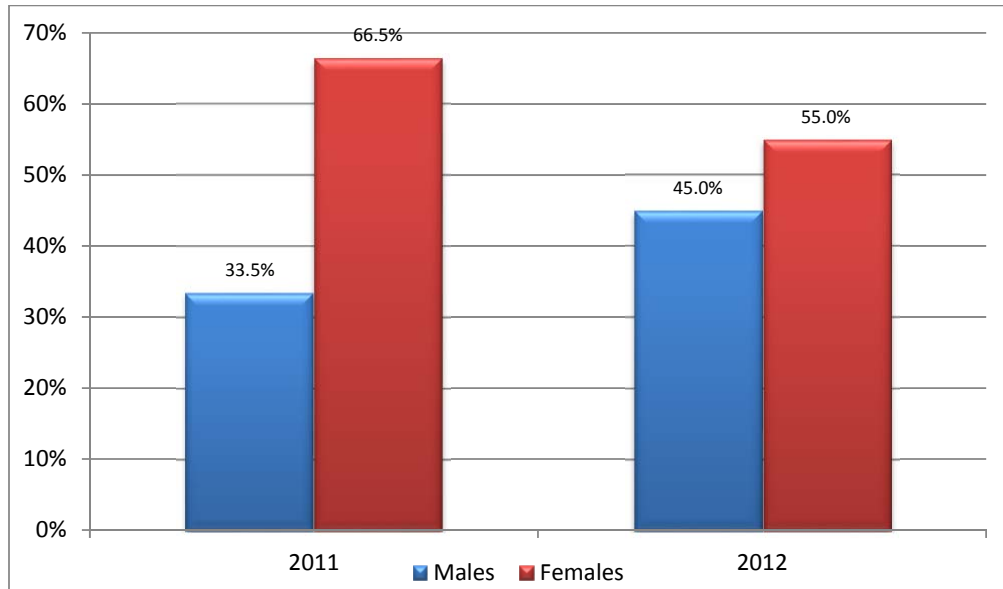
HIV testing in Nauru

All testing for HIV in Nauru is coming from ANC clinics where testing started back in 2014 with 495 pregnant women being tested with one positive case detected. In 2015 all pregnant women underwent HIV testing but none tested positive.



HIV cases in Nauru

Traditionally, because more women attend ANC more women are tested for HIV.



Proportion of women and men in HIV testing, 2011-2012.

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. However, we can judge that the decrease for example in syphilis rate might be attributable to the youth peer education project and that such activities should continue.

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.

500 people were tested in Nauru for HIV in 2015 with one HIV positive case reported.

2. Geographic and demographic context

Nauru consists of a single small island, 21 sq. km, with a population of approximately 10,000. Nauru is the smallest island country in the world. The island is located between the Solomon Islands and Kiribati with the nearest neighbouring island approximately 400 kilometres away.

Nauru exemplifies the 'special case' described in the Earth Summit. Specifically, its small size, extreme isolation, narrow resource base, isolation from markets, diseconomies of scale, and capacity limitations pose major challenges for sustainable development in Nauru. The constrained resource base, dependency on imports for food and energy security and high level of aid received have resulted in extreme vulnerability to external forces, such as global food and energy price changes and financial and economic crises.

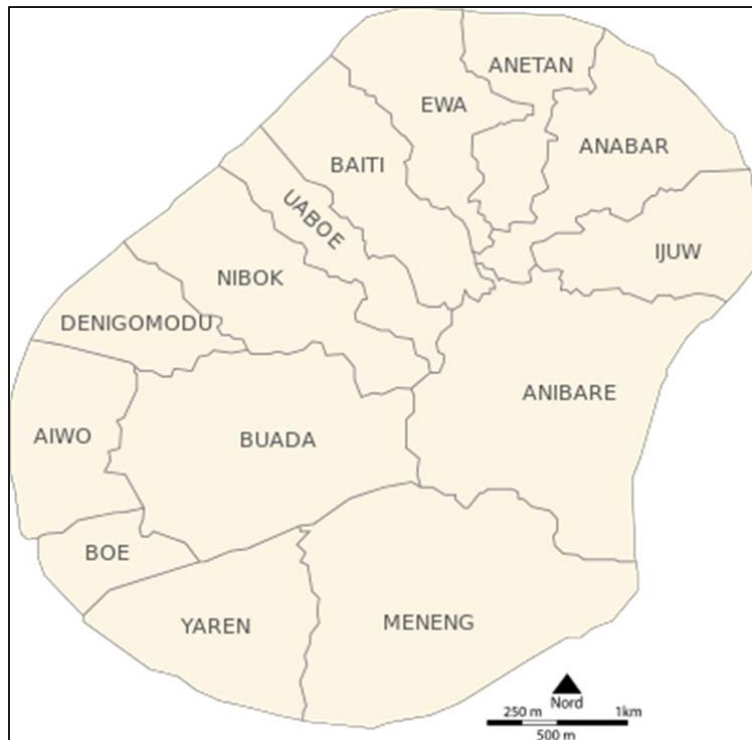
Virtually all Nauruan residential buildings and most economic infrastructure are located along the narrow coastal flat. Marine and coastal fisheries continue to be a source of food security for most people, particularly low-income households. Due to the proximity to the coast and the dependence on coastal and marine resources for livelihood and food security, Nauru is highly vulnerable to climate change, sea level rise, ocean acidification and natural disasters.

Nauru has limited resources. Its main exports are fish and phosphate soil, which is a finite resource. The mining of phosphate has degraded the land to a useless state, which is about 80% of the islands surface area. The Earth Summit 'special case' of Nauru is amplified by the limited availability of fresh water and the environmental damage caused by mining.

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



3. 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.

4. 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 where 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 of 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 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}

5. 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

6. 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.

7. Health system

Nauru's small population and distance from larger populations presents specific challenges in providing high quality, cost effective health care. The current life expectancy in Nauru is 58 for men and 63 for women. As compared to the life expectancy in New Zealand, at 79 for men and 83 for women, the life expectancy in Nauru is low.¹

Nauru has made tremendous progress in providing vaccines to children (currently there is 100 per cent coverage) and in the number of births attended by a skilled health professional. Human capacity in the health sector has improved due to improved internal training, health care scholarships and strong political commitment.

All but one of the short term health milestones of the NSDS have been met.

The increasing cost of health service provision (including prescriptions and overseas referrals) places pressure on the health sector. The current lifestyle habits, such as excessive alcohol consumption, smoking, poor diet and lack of physical activity, pose health risks for the national population and have resulted in an increased occurrence of non-communicable diseases (NCDs). The increasing occurrence of NCDs is a threat for the sustainable development of the nation (not only for individuals). High NCDs add an increasing cost to the healthcare sector and also decrease the size of the labour force, particularly in cases when NCD leads to disability. The increase in the prevalence and lack of early treatment of NCDs has already resulted in an increase in disability.

The poor diet of Nauruans is linked to the lack of agricultural production in Nauru, the high costs of importing fresh, healthy food and a lack of awareness of the importance of nutrition. Nauru often receives low quality, unhealthy food imports. Improving food security through both agricultural production and import food quality is a key emerging health issue.

¹ NAURU NATIONAL ASSESSMENT REPORT FOR THE THIRD INTERNATIONAL CONFERENCE ON SMALL ISLAND DEVELOPING STATES (SIDS)

Both climate change and the change in population demographics have additional implications for the health sector. Overcrowding in homes and communities has and will continue to threaten health. The increase flooding and droughts increases the threat of waterborne illness. Sea level rise and natural disasters stress the need for risk management plans for patients.

The increasing transient population (due to large numbers of rotating overseas workers coming into Nauru) poses a potential epidemic threat to the population. The effects of an epidemic on a small population could be devastating.

Although human resource capacity has improved there is still a need for further improvement of the local human resource capacity (to lessen the dependence on expatriate workers). The lack of human capacity may be partially related to the low salary scale for health care workers.

- There is a current lack of health literacy.
- Information management and data collection of medical records remains weak.
- Both health and disability policies should be evaluated to ensure the use of consistent definitions and that they keep pace with new and emerging risks, such as those caused by NCDs.
- There is a need for policy planning to cope with the rising costs of prescriptions and the high cost of medical evacuation or medical professionals travelling to Nauru.
- Improving the use of science and technology, including tele-medicine, evidenced-based medicine and local medicine, could result in gains in the health sector.

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 statutory 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

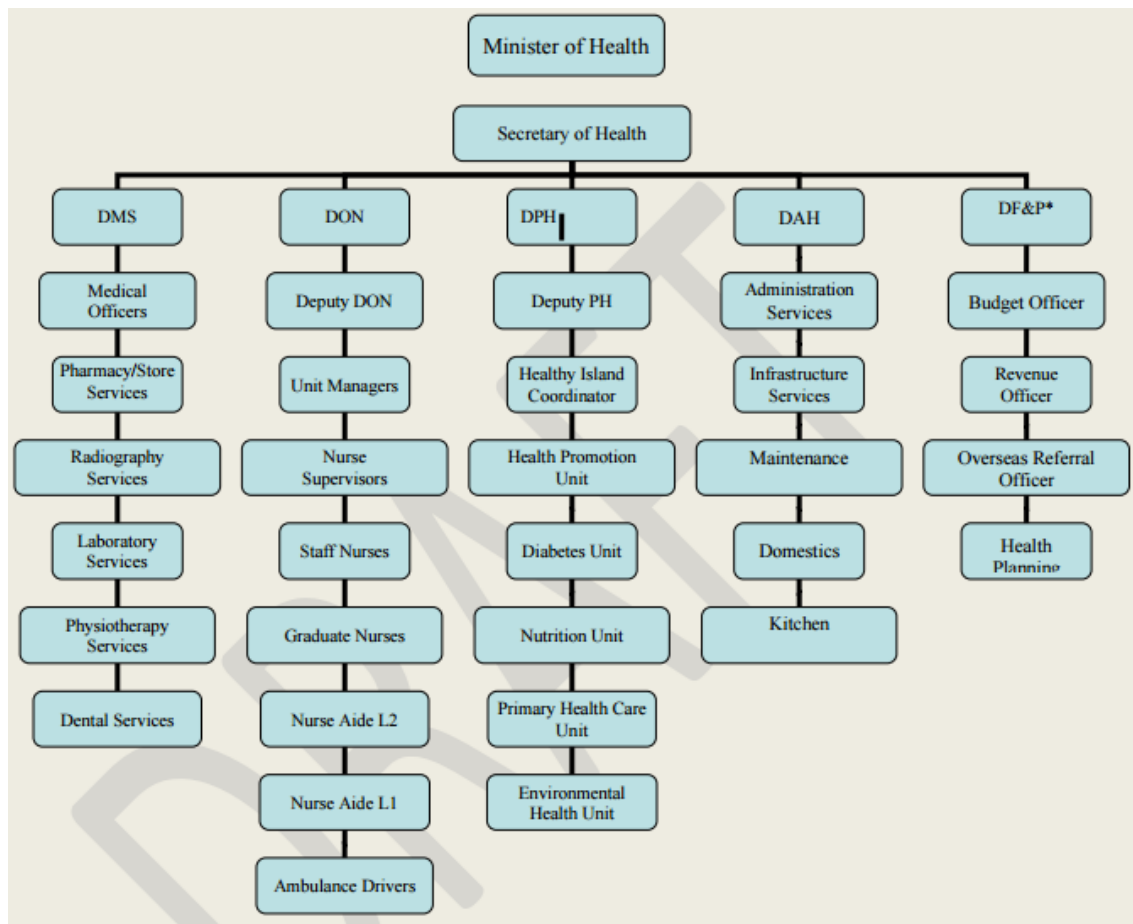
extensive ongoing maintenance and rehabilitation There is interest within both the MOH and the community in constructing a new facility on the former NGH site, but there are no firm plans or budget in place for this.

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).

8. 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.

At the national level, the policy response to the challenges faced with HIV and AIDS is Nauru's National Sustainable Development Plan (2005–2025). HIV falls within the wider strategy of strengthening responsiveness and intervention on preventative and reproductive health. The Ministry of Health primarily leads Nauru's programmatic response to HIV. HIV prevention and awareness programmes are 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 hosts 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 organizations, community-based organizations, churches and civil society organizations.⁷

Despite the zero per cent prevalence rate in Nauru, there is still concern about the looming threat beyond the national strategic plan for HIV/AIDS 2009–2012. The National Strategic Plan 2005–2025 highlights under "Education", "Sexual Health Education in schools" which is currently being advocated by the Department of Education through Family Life Education (FLE) and Physical Activity and Wellness Studies (PAWS). Currently, there is little evidence of any school programmes, and the 2010 UNGASS report describes cultural sensitivity around public discussion of sex, particularly in schools, as a key challenge that has hindered the national response.⁸ There is also a National Strategic Health Plan 2010 – 2015 which has the overall strategic aim to increase HIV and AIDS awareness programmes and education on condom use (tackling STIs with a goal of 50 per cent reduction is a parallel strategic aim).²

The Nauru National Youth Policy 2008–2015⁹ highlights key issues of social disadvantage challenging Nauruan youth, i.e. low education levels, high unemployment, alcohol use, single parenthood and delinquency. Sexual health is referred to under the Goal Area of Social Development with the objective to "create and support social development programmes to improve lifestyles of young people". This objective seeks to address issues of sexual health, amongst other health and social concerns, using a number of social development programmes and states: "awareness raising programmes using peer education model is an important approach for targeting these sensitive issues at a level that is relevant and effective to the youth population".

² Attitudinal Survey Report on the Delivery of HIV and Sexual Reproductive Health Education in School Settings in Nauru HIV and Sexual Reproductive Health Education in School Settings in Nauru

A situation unique to Nauru is the number of students who have been out of school for a period of time. During the financial crisis, many students stopped attending school. There is now a re-entry programme at Nauru Secondary School to re-introduce students to the school programme after periods of months, or even one or more years, out of school. The Department of Education (DOE) Strategic Plan notes that truancy has been as high as 60 per cent for some schools, but the overall rate is 34 per cent. In 2005, with the prevailing economic and social conditions, student non-attendance had risen to very high levels and teacher non-attendance was also on the rise. The Year 12 enrolment had a retention rate of less than 25 per cent. This situation is gradually improving through the implementation of the new Education Strategic Plan. The qualifications of teachers is an area that has also been identified as needing major attention, with only 9 per cent of teachers having a degree, 6.4 per cent having a diploma, 50 per cent having a certificate, and 34.4 per cent having no specific qualifications for being a trainee or instructor.

9. 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.

10. Gender-based violence

There are a series of gender gaps in Nauru in terms of health³:

There is a dearth of reliable information about women’s health in Nauru. However, according to a 2012 Government of Nauru report, the country has one of the world’s highest rates, for women, of

3 Gender Profile: Nauru Commonwealth of Learning CC BY SA April 2015 |, Mc Donald

both noncommunicable diseases and sexually transmitted infections (Republic of Nauru Women's Affairs Department, 2012).

The government also notes in the same report: "There is shortage of staff in the health-system and this slows down the delivery of health services and health campaigns[,] making it difficult for women of all ages to be proactive about their health."

Nauru has the second highest adolescent fertility rate in the Pacific region, although it decreased from 93 per 1,000 females in 1997 to 69 in 2007 (Pacific Islands Forum Secretariat, 2011). The contraceptive prevalence rate in 2011 (the most recent year for which data are available) was 11.2%—doubling the previous year's figure of 5.4% (Republic of Nauru Women's Affairs Department, 2012).

Girls' participation rates in education, according to UNICEF in 2005 (the most recent available data), are higher than boys', with 86.6% of boys aged 10–14 and 89.8% of girls in the same age group participating in school, and 22.3% of males aged 15–19 compared to 26.1% of girls in the same age group participating in school (p. 29).

Women, may have difficulty rising in their careers. For example, as of 2011, in the public sector, 46.7% of employees were female, and they dominated the low- and mid-level pay scales, whilst being "slightly below males" in the top third of the government salary scale (Republic of Nauru Women's Affairs Department, 2012).

There is currently one female MP (member of parliament). Since Nauru's independence in 1968, only two MPs have been female.

According to a 2013 report by UN Women "Nauru has no domestic violence, sexual harassment or family legislation, or any other legislation in place that addresses human trafficking or sex tourism" (2013, para. 2). In cases of rape, a woman must provide physical evidence of resistance in order to prove the absence of consent, which makes it difficult to seek justice (UN Women, 2013).

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 20.6% 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.

11. 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).

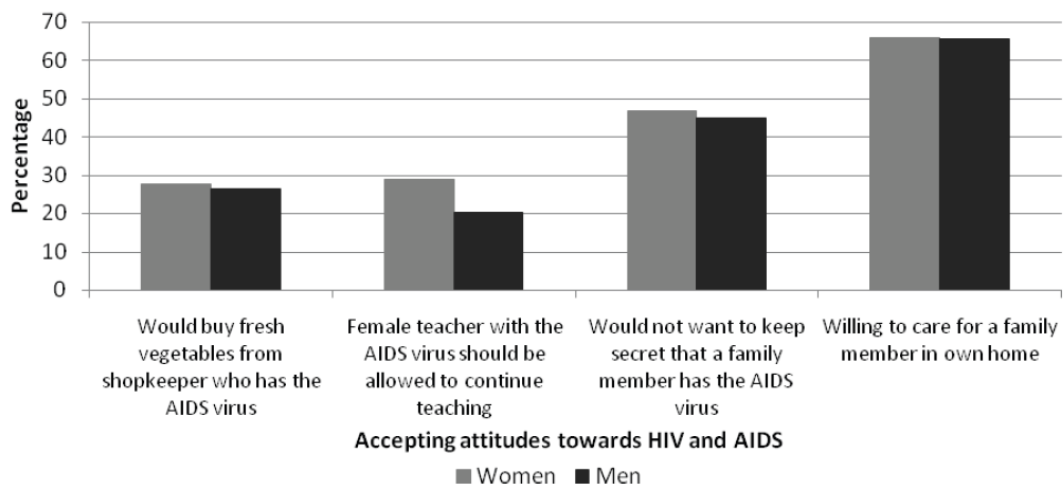
Willingness to care for a family member who has the AIDS virus was more commonly expressed by women from the two highest wealth quintiles compared with those from the two lowest wealth quintiles.

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.⁴ 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 2007⁵ 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*.

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,

⁴ 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).

⁵ Nauru Constitutional Review Commission (2007) "*Naoero Ituga*" Report, Yaren Nauru

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.⁶ 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 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.⁷

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.

⁶ P MacSporran. *Land Ownership and Control In Nauru*. (1995) *Murdoch University Electronic Journal of Law* 2(2);

⁷ L Keke *Land Tenure and Administration in Nauru*. in Guy Powles and Mere Pulea (1988) *Pacific Courts and Legal Systems* Institute of Pacific Studies.

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.

12. 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.

13. 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