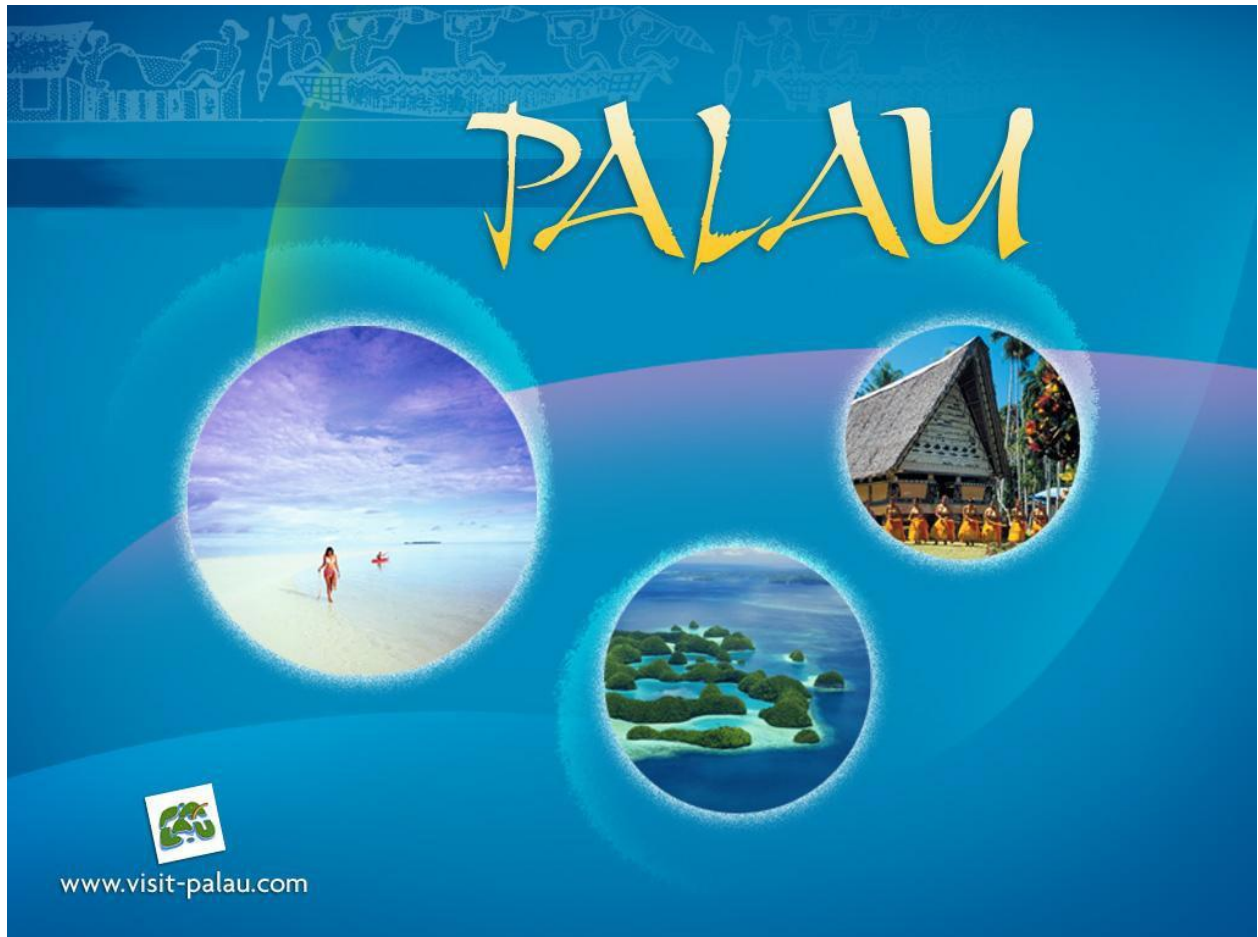


2013 Global AIDS Progress Report
Republic of Palau



Submitted by: HIV/AIDS & STI Program-Ministry of Health

Submission Date: March 31, 2014

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CDC	Centers for Disease Control
CDU	Communicable Disease Unit
HIV	Human Immunodeficiency Virus
GAPR	Global AIDS Progress Report
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoH	Ministry of Health
MSM	Men who have Sex with Men
NCPI	National Commitments and Policy Instrument
NCM	National Coordinating Mechanism
NGO	Non-Governmental Organization
NSP	National HIV & STI Strategic Plan
PTA	Parent-Teacher's Association
PHASAG	Palau HIV/ AIDS and STI Advisory Group
PLWH	People Living With HIV
PMTCT	Prevention of Mother-To-Child Transmission
PPTCT	Prevention of Parent -To-Child Transmission
SGSS	Second-Generation Surveillance Survey
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infection
RRRT	Regional Rights Resource Team
UNAIDS	Joint United Nations Program on HIV/AIDS

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I. Background

The report writing process and the inclusiveness of the stakeholders in this process

The preparation of the 2013 Global AIDS Progress Report (GAPR) for Palau was facilitated and compiled by the Ministry of Health (MoH), in consultation with relevant government agencies and one non-government organization (NGO) partner involved in the response to HIV/AIDS and STIs in Palau, and with technical assistance from a UNAIDS consultant assigned to this task.

The Core Team for the GAPR was made up of staff for HIV/AIDS and Sexually Transmitted Infection (STI) Program, the Assistant M&E Officer, and the UNAIDS Consultant. Consultations were held with staff members from the Ministry of Health (MOH), MOH Finance and Budget Office, Palau Red Cross Society, and members of the National Advisory Group on HIV/AIDS known as the Palau HIV/AIDS & STI Advisory Group (PHASAG).

An initial meeting was held to introduce about the GAPR report, the National Commitments and Policy Instrument (NCPI) data gathering process, and how to compile and complete it. Then, the NCPI survey forms were distributed to all key stakeholders for their review and to gather data. A Stakeholders Workshop was held to jointly complete the NCPI, and then a follow-up Validation Meeting was held to review and confirm responses prior to publication of the GAPR.

Important points, information and data were discussed and agreed upon. Good teamwork and coordination were in evidence throughout, and there were no major disagreements among the workshop participants. There was productive discussion and clarification of the issues, as well as some useful concerns raised and highlighted, with clear explanation of any potential misinterpretations of the NCPI questions, and to address other issues such as quality of data.

The Policy and Programmatic Response in Palau

As the national focal point for HIV/AIDS and STI, The MOH provides strategic guidance and technical assistance to ensure interventions are delivered in accordance with national strategies and standards, and to minimize fragmentation and duplication. The MOH is also responsible for setting up the framework for multi-sector participation addressing HIV/AIDS and STI in Palau.

Accordingly, the PHASAG was established as the national coordinating mechanism (NCM) for HIV/AIDS in Palau. The PHASAG meets 4-6 times per year plays an active role in reviewing the HIV/AIDS and STI Program budget, and in the development of the National HIV & STI strategy in November 2007, and continue to be involved in all national HIV/AIDS and STI Program planning and activities, such as World AIDS Day in 2010 and 2011. The MOH is the lead agency that funds all HIV-related activities, and programming depends on available funding.

The Palau National HIV and STI Strategic Plan 2009-2013 was developed in collaboration with representatives from government, business, faith-based and community sectors at a workshop held in Koror from 30 October - 2 November 2007. Key stakeholders from a variety of sectors were informed about the HIV situation and response, and engaged in developing the new plan. Workshop participants included representatives from: (i) Senate; (ii) PHASAG; (iii) Government of Palau Ministries and Departments of Youth, Health and Justice; (iv) Chamber of Commerce

and Palau Visitors Authority; (vi) the media; and (vii) other civil society and faith-based organizations. This group is known as the National Strategic Planning (PNSP) Working Group.

The Strategic Plan for 2009-2013 aims to broadly outline the key focus areas and strategies to be implemented by the HIV and STI Program and its partners across health and other sectors in Palau. It provides the broad overview of the key issues, setting the scene and rationale for the choice of strategy and key actions to move from the current status, to the desired situation. Specific actions, resources, roles and responsibilities are to be identified on an annual basis. This national plan will be reviewed this year and a new one will be developed for the next five years.

The current plan addresses specific vulnerabilities in the Palau context, for example, (i) the over-reliance on external funding; (ii) high rates of other STIs; (iii) increasing travel and migration, especially to areas with high rates of HIV; (iv) the presence of the full range of risk behaviors; (v) stigma and discrimination, often associated with denial and misinformation – including refusal to take HIV seriously, and difficulties discussing HIV issues.

The relationship between government and civil society has improved through increased collaboration and involvement in key areas of HIV/STIs, including, in particular, with the Palau Red Cross Society, which has been active in the response to HIV/AIDS and STIs in Palau. Due to the small population, the members of PHASAG are all involved in various boards and other organizations; however, the group had always garnered quorum to conduct its business.

People interviewed/ contributed to the Report:

Name	Title	Organization
Sherilynn Madraisau	Acting Program Manager, Communicable	Ministry of Health
Regis Emesiochel	Comptroller, Finance Department	Ministry of Health
Allyn Andrew	Senior Disease Intervention Specialist	Ministry of Health
Willa Wong	Surveillance Officer, HIV/AIDS & STI Program	Ministry of Health
Dawn Fitzgibbons	Public Health Epidemiologist	Ministry of Health
Lieb Bells	Data Specialist	Ministry of Health
Rhonda Jessee	Account Specialist	Ministry of Health
Evita Ngirmeriil	Global HIV Project Coordinator	MOH
Santy Asanuma	Chairman	PHASAG

Dr. Angela Marcil	Physician, Communicable Disease Unit	Ministry of Health
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As an island nation in the southwest portion of the North Pacific Ocean, the Republic of Palau has a distinct composition of residents. The general population of Palau consists of 20,879 persons (2005 Census) of which 53% are males and 47% are females. Seventy-three percent of the total population is comprised of Palauans, with the rest of the population mainly from the Philippine Islands, China, Taiwan, Japan, USA and various other countries.

2010 Midyear Population by Age and Sex for Palau (estimated from 2005 census)

Age group	Male Population		Female Population		Total	
	Number	%	Number	%	Number	%
0-4	637	5.75%	593	6.05%	1230	5.89%
5-9	817	7.37%	748	7.63%	1565	7.50%
10-24	2706	24.43%	2706	27.61%	5412	25.92%
25-44	4457	40.23%	2401	24.50%	6858	32.85%
45-64	2062	18.61%	2427	24.76%	4489	21.50%
65+	399	3.60%	926	9.45%	1325	6.35%
Total	11078		9801		20879	

Census data are from US Census Bureau and Palau Office of Planning and Statistics



Core Indicators for the Global AIDS Progress Report (GAPR)

Targets	Indicators	Data Available and Reported Yes or No	Method of Data Collection
Target 1 Reduce Sexual Transmission of HIV by 50 percent by 2015 <i>General Population</i>	1.1 -Percentage of young women and men age 15-24 who correctly identify ways of preventing the sexual transmission of HIV	Available and reported but based on SGS for pregnant women	Population-based survey
	1.2 - Percentage of young women and men aged 15-24 who have had	Available and reported based on Youth Risk Behavior Survey	Population-based survey
	1.3 – Percentage of adults aged 15-49 who have had sexual intercourse with more	Available and reported but based on SGS for pregnant women	Population-based survey
	1.4 – Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months who report the use of condom during	Available and reported but based on SGS for pregnant women	Population-based survey
	1.5 – Percentage of women and men age 15-49 who receive and HIV test in the past 12	Available and reported but based on SGS for pregnant women	Population based survey
	1.6 – Percentage of young people aged 15-24	Topic Not relevant	HIV Sentinel Surveillance and population-
<i>Sex Workers</i>	1.7 – Percentage of sex workers reached with	Topic relevant, indicator relevant, Data	Behavioral Survey
	1.8 – Percentage of sex workers reporting the use of condom with	Topic relevant, Indicator Relevant, Data not available	Behavioral Survey
	1.9 – Percentage of sex workers who have received an HIV test in	Topic relevant, indicator relevant, Data not available	Population-based Survey

	1.10 – Percentage of sex workers who are	Topic Not relevant	HIV Sentinel Surveillance and population-
<i>Men who have sex with men</i>	1.11 – Percentage of men who have sex with men reached with	Topic Relevant, indicator relevant, Data not available	Behavioral Survey
	1.12 – Percentage of men reporting the use of a condom the last time they had anal sex with	Topic Relevant, indicator relevant, Data not available	Population-based survey
	1.13 – Percentage of men who have sex with men that have received an HIV test in the past 12 months	Topic relevant, indicator relevant, Data not available	Behavioral Survey
	1.14 - Percentage of men who have sex with men who are	Topic Not relevant	HIV Sentinel Surveillance and Population-based survey
	Target 2 Reduce Transmission of HIV among people who inject drugs by 50 percent by 2015	2.1 – Number of syringes distributed per person who injects drugs per	Topic Not Relevant
	2.2 – Percentage of people who inject drugs who report the use of condom at last sexual	Topic Not Relevant	Special Survey
	2.3 – Percentage of people who inject drugs who reported using sterile injecting equipment the last	Topic Not Relevant	Special Survey
	2.4 – Percentage of people who inject drugs that have received an HIV test in the past 12 months	Topic Not Relevant	Special Survey
	2.5 – Percentage of people who inject who inject drugs who are living with HIV	Topic Not relevant	Special Survey
Target 3 Eliminate the mother-to- child transmission	3.1 – Percentage of HIV-positive pregnant	Topic Not Relevant	Program Monitoring and estimates

by 2015 and substantially reduce AIDS-related maternal deaths	antiretrovirals to reduce the risk of mother-to-child transmission		
	3.2 – Percentage of infants born to HIV-positive women receiving a virological test for	Topic Not Relevant	Treatment Protocols and Efficacy Studies
	3.3 – Mother-to-child transmission of HIV (modeled)	Topic Not Relevant	Program Monitoring and Estimates
Target 4 Have 15 million people living with HIV on antiretroviral treatment by 2015	4.1 – Percentage of eligible adults and children currently receiving antiretroviral	Available and Reported	Antiretroviral Therapy Patient Registry and ANC Estimates
	4.2 – Percentage of adults and children with HIV known to be on treatment	Available and Reported	Antiretroviral Therapy Patient Registry
Target 5 Reduce Tuberculosis deaths in people living with HIV by 50 percent by 2015	5.1 – Percentage of estimated HIV-positive incident TB cases that receive treatment for both TB and HIV	Topic Not Relevant	Program Monitoring
Target 6 Reach significant level of annual global expenditures (US\$22-24 billion) in low-and	6.1 Domestic and International AIDS spending by categories and financing sources	Available and Reported	Finance Department Records
Target 7 Critical Enablers and Synergies with Development Sectors	7.1 – National Commitments and Policy Instruments (Prevention, treatment, care and support, human rights, civil society involvement, gender, work place programs, stigma and discrimination and	Available and Reported	Desk Review and workshop by NAC and M&E Officer
	7.2 – Proportion of ever-married or partnered women aged 14-49 who experienced physical or sexual violence from a male	Topic Not relevant	Behavioral Survey
	7.3 – Current school	Topic Not Relevant	Population-based

	attendance among orphans and non-orphans aged 10-14		
	7.4 – Proportion of the poorest households who received external economic support in the last 3	Topic Not Relevant	Population-based Survey

II. Overview of the AIDS Situation in Palau

Since testing and surveillance were implemented in 1989, a total of ten people have been identified as HIV-positive in the Republic of Palau. Of the ten HIV positive cases, one was diagnosed outside of Palau, returned home later and was receiving care and treatment. Given these small numbers, we will present cumulative prevalence case data for the Republic of Palau since 1993 when the first case was detected in the following tables. All of the cases are of Pacific Islander race, so most tables and graphs will not include the race/ethnicity variable.

With these small numbers it is difficult to compare the ages and ethnicity of the cases to the total population. The geographic distribution of cases generally reflects that of the total population. All current cases reside in Koror, the main population center, as does 70% of the total population and approximately 90% of the population in those age groups.

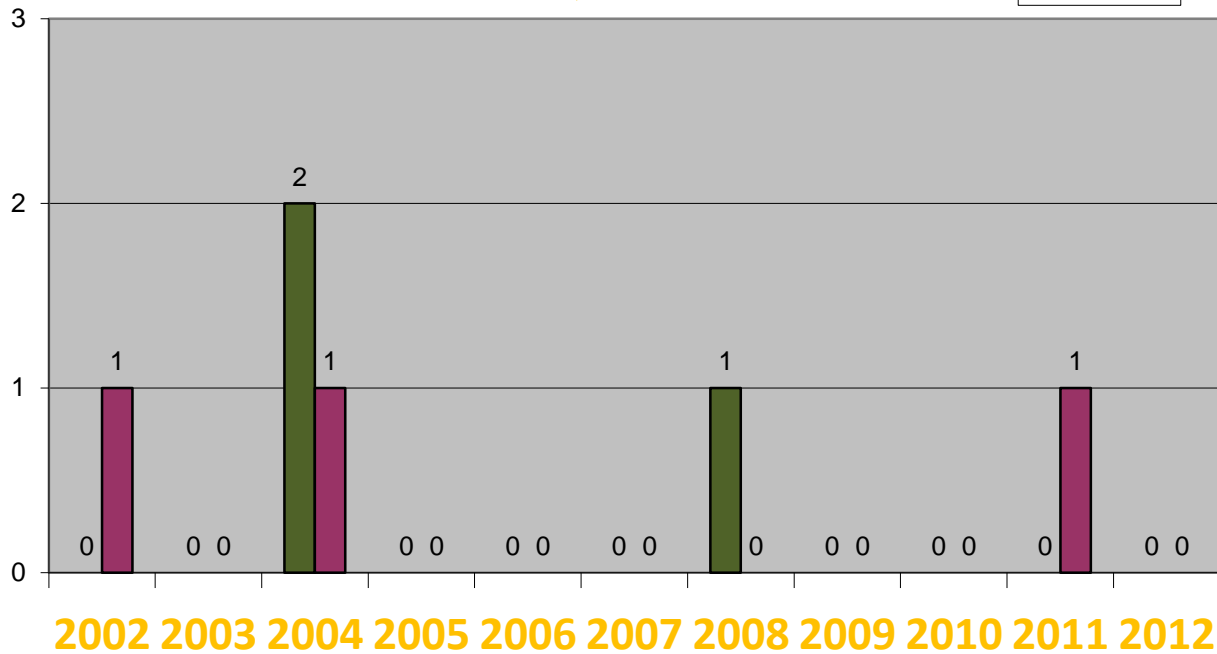
HIV/AIDS diagnosis by gender and age group (age at diagnosis) 1993-2011

Age group	Males		Females		Total	
	No.	%	No.	%	No.	%
0-4	0		0		0	
5-9	0		0		0	
10-24	0		0		0	
25-44	4	67%	3	75%	7	70%
45-64	2	33%	1	25%	3	30%
65+	0		0		0	
Total	6	100.00%	4	100.00%	10	100.00%

Two of the ten people living with HIV (PLHIV) are currently alive and reside in Palau. Of the remaining eight people, five have died and three have left the country. In 2007 four reactive results were found in the screening test but all four were returned negative after Western Blot testing. Two of these results were detected through blood donor screening, one through prenatal screening and one through STI-clinic screening.

Figure 1:
Annual number of HIV/AIDS diagnosed persons, by gender and year in Palau, 2002-2012

HIV Cases by Gender Palau, 2002-2012



Source: MoH BPH Communicable Disease Surveillance

Only one new case of HIV was reported during the 2010-2012 reporting period, and with a cumulative total of just 10 HIV cases reported since the first case was detected in 1993, HIV prevalence remains low in Palau.

The Palau Second Generation Surveillance Survey (SGSS) conducted in 2005-2006 also reported encouraging results, including high exposure to HIV prevention activities, high proportion of those who ever used condoms, and high awareness of HIV testing availability. Currently, there are no young people in the age group 15-24 who are infected with HIV.

However, it is clear that more needs to be done to reduce the risk of HIV and other STIs in Palau. The prevalence of Chlamydia is quite high compared to global levels (14% among ANC surveillance in 2011), which indicates the need for increased testing and treatment programs as well as promotion of condom use to prevent transmission. A number of men report casual sexual partners outside their primary relationship and condoms are used inconsistently. Knowledge of HIV is relatively good, however myths about transmission persist and many have never been tested previously for HIV. Consumption of legal drugs appears to be much more common than use of illegal drugs, with high levels of alcohol consumption a particular concern.

III. National Response to the AIDS Situation in Palau

A. Prevention: Youth

The National HIV & STI Strategic Plan (NSP) prevention objective is to: “reduce the number of new infections of HIV and STI by promoting safer sexual behaviors and addressing vulnerabilities” through the following specific strategies and key action areas:

1: Strategy One: Provide behavior change communication (BCC) and education programs on HIV and STI transmission, at-risk behaviors and safer sex practices to all people in Palau, including vulnerable groups, leaders and the general population. The key action areas for this strategy are: (i) BCC awareness and education on key HIV and STI, including the full range of protective responses, from abstinence, monogamy and condoms education to all groups, particularly youth; (ii) use community action theater and media to disseminate HIV and STI education and BCC; (iii) develop a community program utilizing prevention officers and education officers to reach youth and other vulnerable groups in the community.

2: Strategy Two: Promote condom use and distribution to all vulnerable groups, particularly youth and mobile groups in the community, including seafarers, tourists, sex workers – both foreign and locals, overseas students and government workers and other social groups.

3. Strategy Three: Improve counseling, testing and referral services and increase access to all groups in the community.

The SGSS, and Palau's Youth Risk Behavior Surveys (YRBS) conducted biannually (most recent available data is 2009) have contributed significantly to an improved understanding of the STI/HIV/AIDS situation, including evidence-informed information on risk behavior and vulnerability to HIV infection for improved policy planning and advocacy. However, further qualitative behavioral research is needed to ensure better targeted policies and responses. Results from the most recent Palau YRBS conducted in 2011 are not available yet.

There is interest in conducting a survey for all youth in Palau which would provide better data, but after discussion among the relevant staff, it was decided to use the available data as it provides some insight into the behavior and knowledge of the overall youth population.

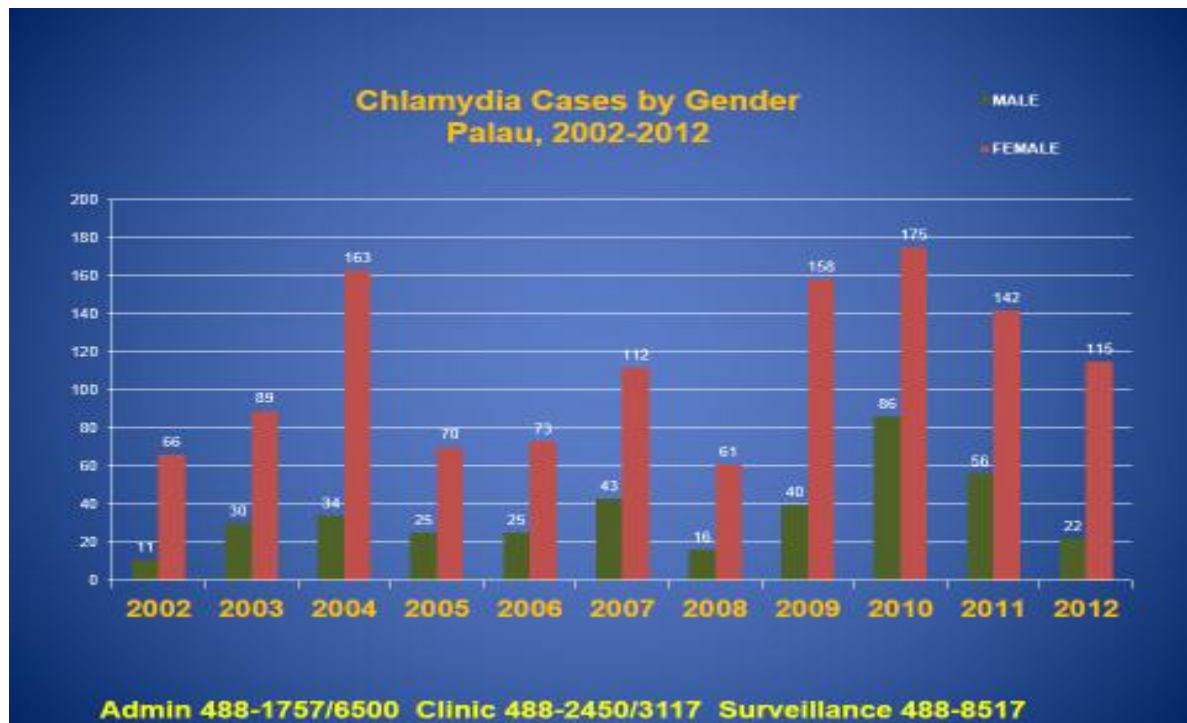
B. Prevention: Specific Sub-populations with higher risk of HIV exposure

There are informal prevention interventions for specific sub-populations with higher risk for HIV, such as sex workers, referred to in Palau as “Ladies in the Entertainment Business” which allows for interventions to take place without formally defining them as sex workers, which is illegal in Palau. Similarly, partners of sex workers, men who have sex with men (MSM) are not known to exist in Palau, but not formally defined as sub-populations at higher risk for exposure to HIV. There are no known injecting drug users (IDU) in Palau.

Palau still needs to define its groups, and the health sector would benefit from assistance to develop the technical skills on specific research methodology and data analysis. At present, there is no available data on specific sub-populations at higher risk for exposure to HIV.

C. Sexually Transmitted Infections (STI)

The results of the 2005-2006 SGSS indicate that while pre-marital sex is common among both men and women (as indicated by much lower age at first sex than first marriage), men are more likely to have casual sexual partners outside their primary relationships, consistent with studies elsewhere in the Pacific region. Ten of 144 pregnant women reported having multiple sex partners in the last 12 months without using condoms in their last sexual activity. Chlamydia rates in Palau are high among the female population. The program are actively working with community partners and other public health programs to increase access to care through testing and other preventive measures.



The SGSS found that condom use with casual partners for both sexes is inconsistent and represents a clear risk for transmission of HIV and other STIs, and the need for strategies to reduce risk, such as making condoms more widely available and for designing health promotion approaches for recognizing risk and for discussion of safer sex with partners.

While knowledge of HIV awareness of HIV testing availability and exposure to HIV prevention activities is quite high, myths about HIV transmission persist and almost half of those interviewed had not previously been tested for HIV. This suggests the need to strengthen HIV and STI prevention programs to ensure the target groups have accurate knowledge of HIV transmission and to increase the uptake of HIV testing.

The CDC Youth Risk Behavior Surveys (YRBS) conducted in high schools in the United States are also conducted biannually in the single high school of Palau. These surveys collect

information about tobacco, alcohol and drug use, dietary behaviors and physical activity, injuries and violent behaviors and sexual behaviors that contribute to unintended pregnancy and STIs. The latest available YRBS survey results are from the 2009 survey, which found that among high school students aged 11-19 years of age:

- 30.2% of students had had sex in the past three months
- 18.8% of all students reported four or more sexual partners during their lifetime
- 59.9% of those who had had sex in the past three months report using a condom during the last occasion of sex

D. HIV Testing and Counseling Services

The MOH is the sole provider of voluntary HIV testing and counseling (VTC) services in Palau. Within the MOH there are seven sites that provide VCT, and two private clinics that refer clients to the MOH for VCT. In 2011, the MOH Communicable Disease Unit (CDU) reported a total of 1857 women and men 15 and older received VCT and knows their results.

Confidential testing and referral is conducted at the CDU and at the Belau Hospital Family Health Unit (Family Planning/ Antenatal Clinic). Since 2007 a clinic at the Palau Community College campus has been providing counseling, testing and referral, and a resource center provides for education, information, referral and distribution of condoms.

Rapid test kits used for initial testing with preliminary confirmatory tests conducted in Palau using repeated rapid tests and ELISA tests. If positive, presumptive treatment is commenced where required. Western Blot confirmation is done in Hawaii and takes 1-2 weeks to get results. Contact tracing is undertaken by the nurses in the CDU. All testing of contacts is voluntary. HIV and STI cases are reported to the Reportable Diseases Surveillance System (MOH).

Key achievements during the reporting period include: (i) Palau Community College Clinic is still open to High School and College Students, as well as to the entire community for free screening and testing; (ii) universal screening for pregnant women is in place; and (iii) universal screening for all donated blood is in place. HIV/STI services have also been integrated into other public health clinics such as the Male Health Clinic, Family Planning, MCH, and the Community Health Centers. Programs are working with other key community partners to develop target testing initiatives that targets vulnerable groups such as the MSM population and the sex workers. Program continues to provide health education in the school setting and trainings to public health teachers and private schools.

E. Prevention of Parent-to-child Transmission (PMTCT)

There were no pregnant women diagnosed with HIV during 2010 and 2013. All pregnant women tested for HIV in the last 12 months know their results. There is no information about male partners of pregnant women tested for HIV, because none of the pregnant women tested positive for HIV. In the event of a positive test, contact investigation will take place. There were no infants born to HIV infected women during the reporting period 2011 and 2012.

There are two health facilities providing ANC services in Palau. One of these facilities provides CD4 testing on site and has a system for collecting and transporting blood samples for CD4 testing for HIV-infected pregnant women.

The SGSS for pregnant women conducted in 2005 and 2006 was administered to 41 women on their first visit to the clinic. The findings regarding respondents aged 15-24 who gave correct answers to all five questions are limited however, due to the small sample of pregnant women respondents, and it does not include information from the male population. See Annex 3 for ANC surveillance data on STIs, disaggregated by age and testing location.

F. Antiretroviral Therapy (ART) Treatment (prophylaxis), care and support

The National HIV & STI Strategy addresses the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services. According to antiretroviral therapy (ART) registers and program monitoring, 100% of eligible adults and children (2 adults, one male and one female) are currently receiving ART. Both of these HIV positive adults have been on ART for more than three years (CTX prophylaxis), and remain so. There were no newly initiated ART recipients during or prior to this reporting period 2010 and 2011.

The MOH (at the National Hospital in Koror) is the sole provider of care, treatment and support for both HIV and TB for PLHIV, including ART services for PLHIV, and with demonstrable universal infection control practices that include TB control. TB status is assessed is part of the PLHIV regular check-ups with medical doctors.

Key treatment, care and support successes during the reporting period include: (i) availability of ART through the Global Fund drug procurement mechanism; (ii) ART policy and guidelines established in 2004 and an update is planned for 2008; (iii) all PLHIV are on ART; and (iv) the new HIV testing algorithm is in place since January 2011, which allows screening and confirmatory tests to be done in Palau and samples no longer need to be sent overseas.

Palau's primary HIV/AIDS and STI funding sources for ART are Global Fund and the US Centers for Disease Control (CDC) grants.

G. Knowledge and behavior change activities among general population

Outreach and awareness programs providing IEC materials and condoms, as well a mass media such as radio broadcast spots and newspaper advertisements. Special events are planned on specific occasions such as World AIDS Day and STD Awareness Month. Outreach and condom distribution is carried out for Ladies in the Entertainment Business.

Key successes for improved knowledge and behavior change include: (i) 70.9 % of youth were taught in school about AIDS or HIV (YRBS data 2009); (ii) according to a 2003 survey 92% of adults had heard of HIV/AIDS (Population and Environment Survey 2003, RARE); and (iii) SGSS-Women, 2005-2006 (Pregnant Women)

During the reporting period, the following items were distributed to the community and business partners: (i) more than 21,000 Male Condoms; (ii) more than 1,000 Female Condoms; (iii) almost 1500 pillows; and (iv) close to 1,000 Dental Dams.

IV. Best Practices

Prevention:

Key Successes in Palau:

- Condom Distribution Initiative- condoms distributed in the community
- Health Resource center is still open to High School and College Students, as well as the whole community for Free Screening and Testing.
- Ladies in Entertainment Business (LEB) –target testing and intervention for female sex workers.
- Transgender group trained as peer mentors to support program in reaching out to the MSM population.
- Universal screening for pregnant women in place (PMTCT)
- Universal screening for all donated blood in place

Care and Treatment:

Key Successes in Palau:

- Availability of ART through Global Fund drug procurement mechanism
- ART policy and guidelines established are being updated.
- All HIV positive people are on ART
- New HIV Testing algorithm in place since January 2011; screening and confirmatory tests are done locally.

Knowledge and Behavior Change:

Key Successes in Palau:

- 70.9 % of youth taught in school about AIDS or HIV infection (YRBS data 2009)

- According to a 2003 survey 92% of adults had heard of HIV/AIDS (Population and Environment Survey 2003, RARE)
- SGSS-Women, 2005-2006 (Pregnant Women)

Reducing Impact of HIV in our communities:

Key Successes in Palau:

- Reportable Disease Surveillance System implemented and working as intended. The system provides de-identified weekly reports on all reportable diseases (29 including HIV/AIDS, all STIs, Hep A, B and C and others). The reports allow a comparison with the previous year and gives accumulated data over time. It is available on the MoH's website in a secure area and is also sent out to relevant departments.
- The Regional Rights Resource Team (RRRT) provided technical assistance for drafting human rights law in regard to HIV/AIDS and STI.

V. Major Challenges and gaps

Prevention:

Key Challenges in Palau:

- High mobility of the population makes it difficult to engage in sustainable prevention activities
- Community attitude towards high risk behavior (multiple partners)
- HIV/STI is perceived as a foreign problem

Care and Treatment

Key Challenges in Palau:

- Perception of limited confidentiality – people are concerned about their test results being kept confidential as the population is so small and many people know one another and/or are related

Knowledge and Behavior Change

Key Challenges in Palau:

- Limited information on behavior in risk groups
- Last comprehensive health survey was conducted in 1990 and is in need of updating
- Lack of expertise and resources in conducting surveys and research

Reducing the Impact of HIV in our Communities

Key Challenges in Palau:

- Stigma and discrimination

- High levels of homophobia
- Human Rights Policy not included in the NSP

VI. Recommendations

HIV/AIDS and STI Program Management

- Improve information sharing within MOH, and among key stakeholders
- Develop an HIV/AIDS and STI website for more effective information sharing

Policy and Coordination

- Encourage increased civil society organization/ NGO involvement in the national HIV/AIDS and STI program by inviting additional representatives to be on the PHASAG (e.g.; from the Parent Teacher's Association (PTA) and Faith-based Organizations
- Pursue creative, informal and acceptable ways to engage civil society partners, e.g.; by networking with youth groups from faith-based organizations at the community level
- Incorporate policy for Human Rights Law into the National HIV and STI Strategic Plan, based on training that has been provided by the Regional Rights Resource Team.

Prevention

- Make greater use of existing HIV/STI surveillance data for public awareness raising, including through newspapers, weekly radio broadcast, and other media outlets.
- Make greater use of available survey information for greater public awareness about tobacco, alcohol and drug use, dietary behaviors and physical activity, injuries, violent behaviors and sexual behaviors that contribute to unintended pregnancy and STIs.
- Target highly mobile populations with creative, sustainable prevention interventions
- Seek creative ways to engage men (single and married) in HIV/AIDS and STI prevention
- Mainstream gender issues into all HIV/AIDS and STI prevention strategies and activities

HIV testing, counseling, care, treatment and support

- Seek creative ways to build confidence among the general public that their test results and counselling support with professionally trained counsellors will be kept strictly confidential, as the population is so small and many people know one another and/or are related.

Knowledge and behavior change

- Develop and broadcast media messages (e.g.; radio, newspaper) that draw attention to the dangers of STIs, such as Chlamydia, which if untreated can cause infertility and other serious health consequences for women and men
- Promote more open discussion on HIV/AIDS and STIs and related issues, e.g.; sex and sexuality, condoms, responsible relationships, and gender-related power relations in society that affect single and married women's vulnerability and risk for exposure to HIV infection
- Develop specific messages and media to address the negative community attitudes towards high risk behavior (multiple partners) and misperception of HIV/ STI as a foreign problem

Financing

- Identify clear priorities for seeking additional financial support, such as for behavior and population-based survey research to define specific sub-populations at greater risk for exposure to HIV (e.g.; Sex Workers, MSM), to facilitate evidence-informed interventions

Human Resources

- A new Human Resources office for the MOH has been recently opened

Surveillance

- Surveillance is going well – continue system as currently operating, and ensure that data is made more widely available and in easy to understand terms for public awareness-raising.

Monitoring and Evaluation

- Increase coordination between development partners to reduce the burden of reporting and particularly to standardize reporting requirements
- Need increased and wider dissemination of M&E reporting and information

Technical Assistance

- Provide more training and capacity building rather than only technical assistance to enable local staff and NGOs to conduct surveys, analyze data and produce reports

Priority areas/ actions for the next two years (2014 and 2015)

- Planning for 2014 HIV/AIDS and STI activities will begin in April 2014

VIII. Monitoring and evaluation environment

The MOH is responsible for monitoring and evaluating all health issues, including HIV/AIDS and STIs in Palau. A National Monitoring and Evaluation (M&E) Plan for HIV/AIDS and STI is being developed, and is still in draft form. The National HIV/AIDS & STI Program employs one full-time M&E Officer, and contracts one part-time assistant M&E officer. A considerable challenge at present is the lack of a complete and approved M&E framework. Technical assistance and funding is needed to establish an operational framework for the HIV/AIDS and STI Program.

REFERENCES:

The National HIV & STI Strategic Plan 2009-2012, Republic of Palau

Second Generation HIV and STI Surveillance Surveys 2005-2006, Republic of Palau

Youth Risk Behavior Survey (2009), Centers for Disease Control, Atlanta, GA, USA

Population and Environment Survey 2003, (RARE)

Gender and HIV in the Pacific Islands Region, UNDP/ Schoeffel Meliese, P. et al, 2009

