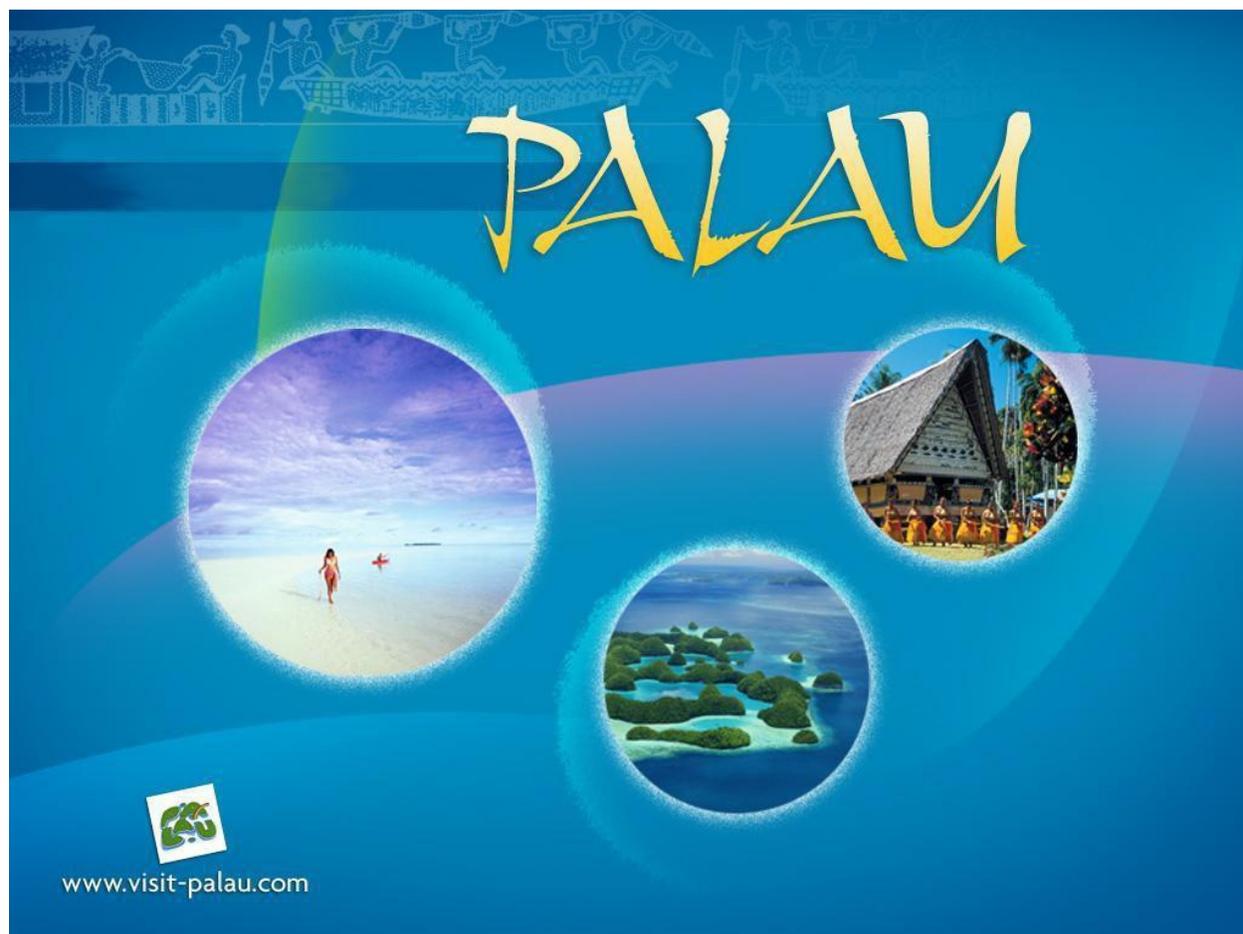


2015 Global AIDS Progress Report

Republic of Palau



Submitted by: HIV/AIDS & STI Program

Ministry of Health

Submission Date: March 31, 2016

Statement by the Ministry of Health on the official submission

The 2015 Palau Country Report to the Global Aids Response Progress Report (GARPR) is the result of the collaborative efforts between stakeholders including the Ministry's own Bureau of Public Health, the Bureau of Hospital & Clinical Services and the recently inaugurated Bureau of Nursing. Additional support and guidance was provided by external stakeholders and partners including the Palau HIV/AIDS & STI Advisory Group (PHASAG) whose constitution includes families of People Living with HIV/AIDS (PLWHA), special populations, The National Congress, traditional organizations and community groups, among others. The purpose of this report is to provide an overview of the epidemic, relevant statistics and programmatic responses.

The cross-cutting nature of the epidemic dictates that we must take a broader approach to stem and reverse the trend of HIV infection and AIDS-related deaths, while still targeting those most at risk. While confidential counselling and screening services continue to be made available, the numbers we are seeing are primarily amongst pregnant women and/or women of reproductive age, as these services have long been integrated into existing "specialty" clinics. We hope to engage more of our populace, and the many communities within them, to include young men. Creative means of recruitment have to be explored to reduce the stigma associated with screening services, thereby elevating them to the realm of the routine and mundane.

We continue to thank our development partners and request further assistance in implementing programs, specifically in the areas of survey planning and implementation, data collection and analysis. As this report clearly shows, there is urgent need for updated, population-based behavioral surveys specific to sexual and reproductive health, to include broader definitions of gender, sexual preference and practices.

We are hopeful that this report will serve as a tool to raise greater awareness amongst our national & community leaders, local agencies & organizations and the community as a whole to really delve into the issues surrounding HIV/AIDS. To help realize that while we hope to achieve our 90-90-90 targets within the next 10 years, we as individuals within communities and as a nation should also recognize the need for open and frank discussions on sex, sexuality and reproductive health based on these findings so that we may better inform future investments, both human and financial.

Table of Contents

Contents

Statement by the Ministry of Health on the official submission.....	2
Table of Contents.....	3
I. Status at a glance.....	4
Indicator Overview Table.....	8
II. Overview of the AIDS epidemic.....	15
III. National response to the AIDS epidemic.....	15
IV. Best practices.....	17
V. Major challenges and remedial actions.....	17
VI. Support from the country's development partners (if applicable).....	21
VII. Monitoring and evaluation environment.....	21

I. Status at a glance

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

The preparation of the 2015 Global AIDS Response Progress Report (GARPR) 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 GPR was made up of staff for HIV/AIDS and Sexually Transmitted Infection (STI) Program, Public Health Epidemiology Unit with the advice of development partners from SPC and Empower Pacific, among others. 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).

Following a Technical Assistance request, the SPC supported a country-led End Term Report and the development of a Country Dialogue and Concept Note in November of 2014. Stakeholders included members of the National Congress, PHASAG, Women's Organizations, Government Agencies, NGOs, families of PLWHA, and key affected populations.

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. The MOH is the lead agency that funds all HIV-related activities, dependent on the availability of funds and resources through various funding sources.

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.

Initial steps have been taken with the Non-Communicable Disease Unit’s Breast and Cervical Clinic, who have begun a pilot project to include STI screenings. A new Strategic Plan has been developed, and while it is still in draft form, the Palau National Strategic Plan 2016-2019, addresses several gaps. For example, based on global findings, targeted screening and testing amongst MSMs is proposed under the new plan.

People interviewed/ contributed to the Report:

Name	Title	Organization
Sherilynn Madraisau	Director, Bureau of Public Health	Ministry of Health
Allyne Andrew	Senior Disease Intervention Specialist	Ministry of Health
Willa Wong	Surveillance Coordinator, HIV/AIDS	Ministry of Health
Tmong Udui	Public Health Epidemiologist	Ministry of Health
Lieb Bells	Data Specialist	Ministry of Health
Santy Asanuma	Chairman	PHASAG
Dr. Angela Marcil	Physician, Communicable	Ministry of Health

Palau is an island nation located in the southwest portion of the North Pacific Ocean and is made up of more than 340 islands with only 9 inhabited. The total population of Palau in 2012 was 17,501 of which 73.5% are Palauan, 16% are Filipinos and 10.5% are from other countries including the USA, Japan, China, Taiwan, Bangladesh, Australia, and New Zealand. Gender distribution in Palau is 53% male and 47% female.

Table 1 2012 Population for Palau by Age and Sex

Age group	Male	% Male	Female	% Female	Total age group	% Age group
0 to 4	596	6%	568	7%	1,164	7%
5 to 9	650	7%	562	7%	1,212	7%
10 to 24	1,953	21%	1,760	21%	3,713	21%
25 to 44	3,105	34%	2,578	31%	5,683	32%
45 to 64	2,438	26%	2,136	26%	4,574	26%
65+	475	5%	680	8%	1,155	7%
Total	9,217	53%	8,284	47%	17,501	

Census data are from Palau Mini-Census 2013, ROP Ministry of Finance, Office of Planning and Statistics

Year	Total Population	Live Births	Crude Birth Rate	Deaths	Crude Death Rate	Infant Deaths	IMR	Fetal Deaths
2002	19,976	259	13.0	134	6.7	6	23.2	2
2003	20,304	312	15.4	136	6.7	2	6.4	2
2004	20,610	259	12.6	142	6.9	8	30.8	18
2005 Census Year	19,907	279	14.0	134	6.7	6	21.5	5
2006	21,669	259	12.0	144	7.2	2	7.7	6
2007	20,227	279	13.8	152	7.5	2	7.2	2
2008	20,389	295	14.5	170	8.4	2	6.8	1
2009	20,552	273	13.3	174	8.5	6	34.5	5
2010	20,717	247	11.9	168	8.1	3	17.9	4
2011	20,882	247	11.8	173	8.3	1	5.8	1
2012	21,050	268	12.7	164	7.8	2	12.2	3
2013 Census Year	17,501	229	13.1	192	11.0	4	20.8	2

Source: Bureau of Public Health, Ministry of Health & Statistics Office, Ministry of Finance

Download date: 3/18/2015 3:55pm

<http://palaugov.org/health-statistics/>

Indicator Overview Table

Targets	Indicators	Data Available and Reported Yes or No	Method of Data Collection
Target 1. Reduce Sexual Transmission of HIV	1.1 – Percentage of young women and men age 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Topic is Relevant. Indicator is Relevant. No new data.	No recent population based survey done since SGS 2008
	1.2 – Sex before the age of 15	Topic is Relevant. Indicator is Relevant. No new data.	No recent population based survey done since SGS 2008; YRBS is not yet endorsed
	1.3 - Percentage of respondents aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	Topic is Relevant. Indicator is Relevant. No new data.	No recent population based survey done since SGS 2008; YRBS is not yet endorsed
	1.4 – Percentage of women and men aged 15-49 who have had more than one sexual partner in the past 12 months who also reported that a condom was used the last time they had sex	Topic is Relevant. Indicator is Relevant. No new data.	No recent population based survey done since SGS 2008; YRBS is not yet endorsed
	1.5 – Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their result	Topic is Relevant. Indicator is Relevant. No new data.	No recent population based survey done since SGS 2008; YRBS is not yet endorsed
	1.6 – Percentage of young people aged 15-24 who are living with HIV	Topic is Relevant. Indicator is Relevant. No new data.	No recent population based survey done since SGS 2008; YRBS is not yet endorsed
	1.7 – Percentage of sex workers reached with prevention programs	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
	1.8 – Percentage of female and male sex workers reporting the use of a condom with	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;

	their most recent client		
	1.9 – Percentage of sex workers who received an HIV test in the last 12 months and who know their results	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
	1.10 – Percentage of sex workers who are HIV infected	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
	1.11 – Percentage of MSM reached with prevention programs	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
	1.12 – Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
	1.13 – Percentage of men who have sex with men who received an HIV test in the last 12 months and who know their result	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
	1.14 – Percentage of men who have sex with men who test positive for HIV	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
	1.15 – Number of Health Facilities that provide HIV testing and Counselling services	Topic is Relevant. No new data. Data still the same.	
	1.16 – Number of women and men aged 15 and older who received HIV testing and counselling in the past 12 months and know their results	Topic is Relevant. Indicator is Relevant. No New Data	No recent population based survey done since SGS 2008;
1.17 – Sexually Transmitted Infections (STIs)	1.17.1 Percentage of women accessing antenatal care (ANC) services who were tested for Syphilis at first ANC visit	Topic is Relevant. Indicator is Relevant.	Minimum Data Set. Program Data
	1.17.2 Percentage of antenatal care attendees who were positive for Syphilis	Topic is Relevant. Indicator is Relevant.	Minimum Data Set. Program Data
	1.17.3 Percentage of antenatal care attendees positive for	Topic is Relevant. Indicator is Relevant.	Minimum Data Set. Program Data

	Syphilis who received treatment		
	1.17.4 Percentage of sex workers with active Syphilis	Topic relevant, Indicator relevant, Data not available	Behavioral Survey
	1.17.5 Percentage of men who have sex with men with active syphilis	Topic relevant, Indicator relevant, Data not available	Behavioral Survey
	1.17.6 Number of adults reported with Syphilis (Primary/Secondary and Latent/Unknown) in the past 12 months	Topic relevant, Data available	Minimum Data Set. Program Data
	1.17.7 Number of reported congenital syphilis cases (Live births and stillbirths) in the past 12 months	Topic relevant, Data available	Minimum Data Set. Program Data
	1.17.8 Number of men reported with Gonorrhoea in the past 12 months	Topic relevant, Data available	Minimum Data Set. Program Data
	1.17.9 Number of men reported with urethral discharge in the past 12 months	Topic relevant, Data Not available	
	1.17.10 Number of adults reported with genital ulcers disease in the past 12 months	Topic relevant, Data Not available	
	1.19 – Diagnosis of HIV and AIDS cases	Topic relevant, Data available	Antiretroviral Therapy Patient Registry
Target 2 Reduce transmission of HIV among people who inject drugs by 50 percent by 2015	2.1 - People who inject drugs: prevention program	Topic Not Relevant	Special Survey
	2.2 - People who inject drugs: condom use	Topic Not Relevant	Special Survey
	2.3 - People who inject drugs: safe injecting practices	Topic Not Relevant	Special Survey
	2.4 - HIV testing in people who inject drugs	Topic Not Relevant	Special Survey
	2.5 - HIV prevalence in people who inject drugs	Topic Not Relevant	Special Survey
2.6 Opiate users	2.6a Estimated number of opiate users	Topic Relevant. Data available	Pharmacy report

	(injectors and non-injectors)		
	2.6b Number of people on opioid substitution therapy (OST)	Topic Relevant. Data available	Pharmacy report
2.7 NSP and OST sites	2.7a Estimated number of needle and syringe program sites	Topic Not Relevant	Special Survey
	2.7b Number of opioid substitution therapy (OST)	Topic Not Relevant	Special Survey
Target 3 Eliminate new HIV infections among children	3.1 - Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother to child transmission during pregnancy and delivery	Topic Relevant, Indicator Relevant, No data	No mother to child transmission this reporting year.
	3.1A - Prevention of mother to child transmission during breastfeeding	Topic Relevant, Indicator Relevant, No data	No mother to child transmission this reporting year.
	3.2 - Percentage of infants born to HIV-positive women receiving a virological test for HIV with 2 months of birth	Topic Relevant, Indicator Relevant, No data	No mother to child transmission this reporting year.
	3.3 - Percentage of child infections from HIV-infected women delivering in the past 12 months	Topic Relevant, Indicator Relevant, No data	No mother to child transmission this reporting year.
	3.3A - Mother to child transmission of HIV (based on program data)	Topic Relevant, Indicator Relevant, No data	No mother to child transmission this reporting year.
	3.4 - Percentage of pregnant women who were tested for HIV and received their test results during pregnancy, during labor and delivery, and during the post-partum period (<72hrs) including those with previously known HIV status	Topic Relevant, Indicator Relevant, No data	No mother to child transmission this reporting year.
	3.5 - Percentage of	Topic Relevant.	

	pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	Indicator Relevant. No Data available	
	3.6 - Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	Topic Relevant, Indicator Relevant, No data	No mother to child transmission this reporting year.
	3.7 - Infants born to HIV-infected women receiving ARV prophylaxis for prevention of mother to child transmission indicator prevalence topic relevant, indicator relevant, data available (submit specified data)	Topic not Relevant. Indicator not Relevant	No mother to child transmission this reporting year.
	3.8 - Infants born to HIV-infected women who are provided with ARVs to reduce the risk of HIV transmission during breastfeeding	Topic not Relevant. Indicator not Relevant	No mother to child transmission this reporting year.
	3.9 - Percentage of infants to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within 2 months of birth	Topic not Relevant. Indicator not Relevant	No mother to child transmission this reporting year.
	3.10 - Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit	Topic not Relevant. Indicator not Relevant	No mother to child transmission this reporting year.
Target 4 15 million people accessing treatment	4.1 - Percentage of eligible adults and children currently receiving antiretroviral therapy	Topic Relevant. Indicator Relevant. Data available	Antiretroviral Therapy Patient Registry
	4.2 - Percentage of adult and children with HIV known to be on treatment 12 months after initiating antiretroviral therapy	Topic Relevant. Indicator Relevant. Data available	Antiretroviral Therapy Patient Registry
	4.2b - Percentage of	Topic Relevant.	Antiretroviral Therapy

		adults and children with HIV still alive and known to be on treatment 24 months after initiation of antiretroviral therapy	Indicator Relevant. Data available	Patient Registry
		4.2c Percentage of adults and children with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy	Topic Relevant. Indicator Relevant. Data available	Antiretroviral Therapy Patient Registry
		4.3 Health facilities known to offer antiretroviral therapy	Topic Relevant. Indicator Relevant. Data available	Antiretroviral Therapy Patient Registry
		4.3b Health facilities that offer pediatric antiretroviral therapy	Topic Relevant. Indicator Relevant. No new data	
		4.4 – Percentage of Health facilities dispensing antiretroviral (ARVs) for antiretroviral therapy that have experienced a stock-out of at least one required ARV in the last 12 months	Topic Relevant. Indicator Relevant. No new data.	
		4.5 – Percentage of HIV positive persons with first CD4 cell count < 200 cells/uL IN 2014	Topic Relevant. Indicator Relevant. Data available	Antiretroviral Therapy Patient Registry
		4.6-HIV Care	Topic Relevant. Indicator Relevant. Data available	Antiretroviral Therapy Patient Registry
Target	5.	5.1 Percentage of estimated HIV-Positive incidents TB cases that received treatment for both TB and HIV	Topic Relevant. Indicator Relevant. No new data available	Program Monitoring and Estimates
Avoid TB Deaths		5.2- Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB	Topic Relevant. Indicator Relevant. No new data available	
		5.3- Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy	Topic Relevant. Indicator Relevant. No new data.	

	(IPT)		
	5.4- Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	Topic Relevant. Indicator Relevant. No new data.	
Target 6. Close the resource gap	6.1- AIDS Spending (GARPR)	Available and Reported	Finance Department Program Funding Matrix
Target 7. Eliminate gender inequalities	7.2- Proportion of ever-married or partnered Women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	Available and Reported	Belau Family Health and Safety Study
Target 8. Eliminate stigma and discrimination	8.1- Percentage of Women and Men aged 15-49 who report discrimination attitudes towards people living with HIV	Topic Relevant. Indicator Relevant. No new data.	
Target 9. Eliminate Travel restrictions			
Target 10. Strengthen HIV integration	10.1- Current school attendance among orphans and non-orphans aged 10-14	Topic not relevant	Population based survey
	10.2- Proportion of the poorest households who received external economic support in the last 3 months	Available and Reported	Belau Family Health and Safety Study
P.1B. Policy and Programmatic Questions			

II. Overview of the AIDS epidemic

Since testing and surveillance were implemented in 1989, a total of twelve people have been identified as HIV-positive in the Republic of Palau. Of these 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.

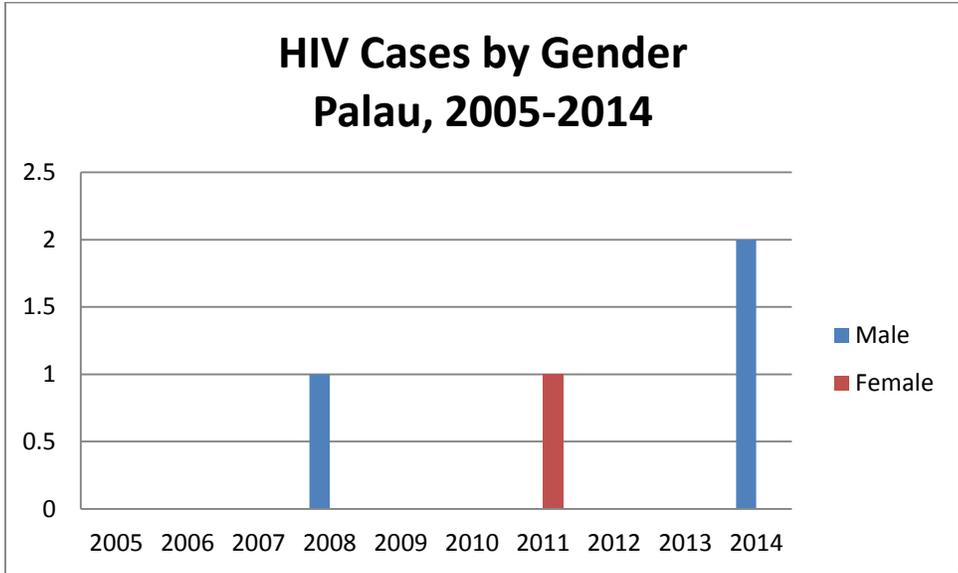
HIV/AIDS diagnosis by gender and age group (age at diagnosis) 1993- 2014

HIV/AIDS Diagnosis by Gender and Age (age at diagnosis), 1993-2014						
Age Group	Male		Female		Total	
	No.	%	No.	%	No.	%
0-4	0		0			
5-9	0		0			
10-24	0		0			
25-44	6	75%	3	75%	9	75%
45-64	2	25%	1	25%	3	25%
65+	0		0			
Total	8	100%	4	100%	12	100%

Source: Bureau of Public Health: Communicable Disease Unit Surveillance

Five of the twelve 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. There are currently five people living with HIV in Palau. To date, there are three currently receiving ART and are linked to the care of Ministry physicians/clinicians. The remaining two are awaiting lab results for viral load and CD4 counts before initiating ART.

Figure 1:
Annual number of HIV/AIDS diagnosed persons, by gender and year in Palau, 2005-2014



Source: Bureau of Public Health – Communicable Disease Unit Surveillance

There were two new cases of HIV reported during the reporting period (2014), and with a cumulative total of 12 HIV cases reported since first detection 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.

National response to the AIDS epidemic

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

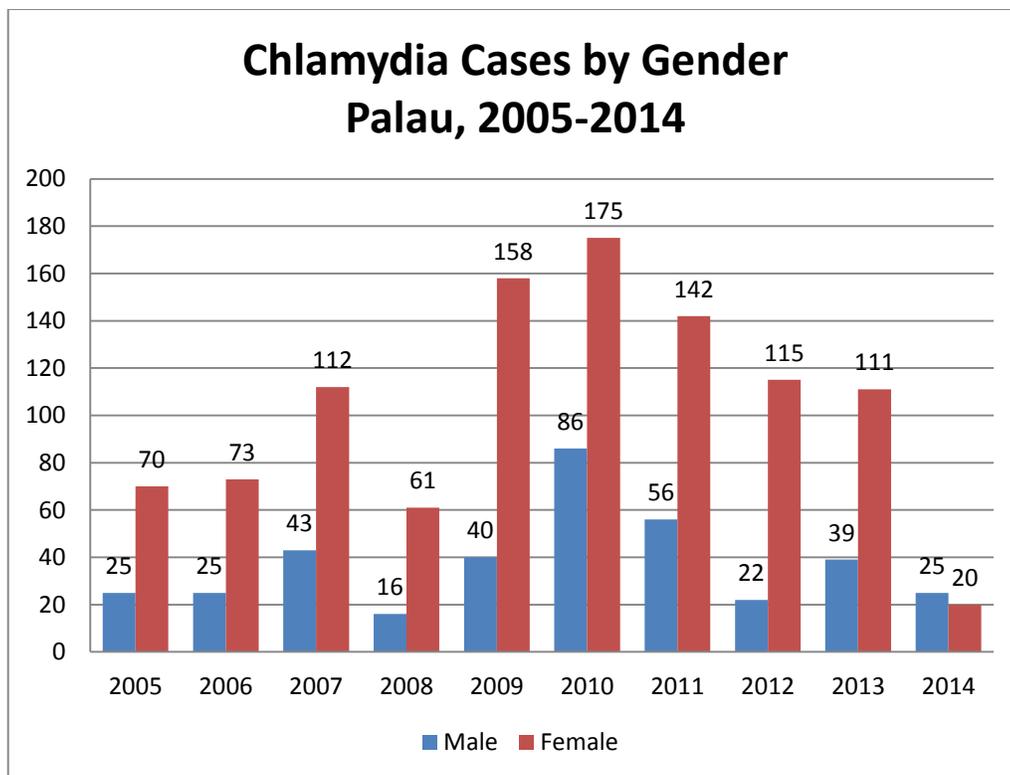
There are informal prevention interventions for specific sub-populations with higher risk for HIV, such as sex workers, referred to in Palau as “Ladies in the Entertainment Business” which allows for interventions to take place without formally defining them as sex workers, which is illegal in Palau. 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. A UNDP-supported survey of MSMs in 2016 will shed more light on the population. Additionally, with the transition of UNDP into the role of Principal Recipient of Global Fund, prevention programs targeting LEBs are underway. 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 is actively working with community partners and other public health programs to increase access to care through testing and other preventive measures. A new initiative by the Non-Communicable Disease Unit seeks to integrate STI services with breast and cervical screenings at the largest Community Health Center in Koror. With funding from the Center for Disease Control, the Program was able to procure and launch two GeneXpert diagnostic systems. Both systems were strategically placed in the MOH main laboratory and CHC based laboratory and have greatly enhanced the capacity for the Programs to test for Chlamydia, gonorrhea, and TB testing locally. While testing capacity has indeed improved, the Program is now faced with the challenge of maintaining testing supplies as shipping cost can equal the cost of supplies.



Source: Bureau of Public Health - Communicable Disease Unit Surveillance

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 public 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.

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) universal screening for pregnant women is in place; and (ii) 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 due to the small sample of pregnant women respondents. The Survey also does not include information from the male population.

A recently published study sponsored by UNFPA and AusAid indicates that “over one-third of ever-abused women (37%) had never told anyone about the violence. Those who did disclose the violence mostly confided in family members or friends.” Additionally, “a majority of ever-abused women (65.8%) never sought help from formal services or authorities.” (Palau Family Health and Safety Study, UNFPA)

Other major findings of the study are:

- One-quarter of women in Palau (25.2%) have experienced physical and/or sexual violence by a partner in their lifetime. Over 8% experienced such violence in the 12 months prior to the interview.
- 23% of ever-partnered women in Palau experienced physical partner violence in their lifetime. The most common act of physical partner violence was being slapped or having something thrown at.
- 4.5% of ever-pregnant women experienced physical partner violence in at least one pregnancy and over one-third of these women (37%) were punched in the abdomen.
- Slightly over 10% of women in Palau experienced sexual violence by a partner in their lifetime. The most common act of sexual violence was forced sexual intercourse.

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.

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 as part of the PLWHIV 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 The 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 8,300 Male Condoms; (ii) more than 700 Female Condoms; (iii) close to 700 Dental Dams. The marked decrease in prevention products distributed as compared to the same time last year is attributed primarily to a channel member ceasing services thereby limiting the Program's supply. This has been addressed and supplies have since arrived.

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
- GeneXpert testing at two sites

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.

III. 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

IV. 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 counseling support with professionally trained counselors 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 2015 HIV/AIDS and STI activities began in November 2014

V. Major challenges and remedial actions

Major challenges include staff turnover and the migration and/or exit of trained staff into other positions within and outside of the health sector. Underlying factors include better opportunities and salaries provided by other agencies. The MOH Human Resource Office is struggling to fill vacancies due to the limited pool of qualified applicants.

VI. Support from the country's development partners (if applicable)

Key support from the Secretariat of the Pacific Community includes Technical Assistance in the form of consultants developing the Palau Country Concept Note and End-Term Report. Additional support was provided by Empower Pacific through site accreditation and brief counselling workshop to Ministry staff and volunteers. Monthly conference calls from partners at the Centers for Disease Control remain an invaluable resource to navigate through the various guidelines and requirement.

VII. 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. 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

Palau Family Health and Safety Study, UNFPA/Imetengel, Umerang et.al, October 2014