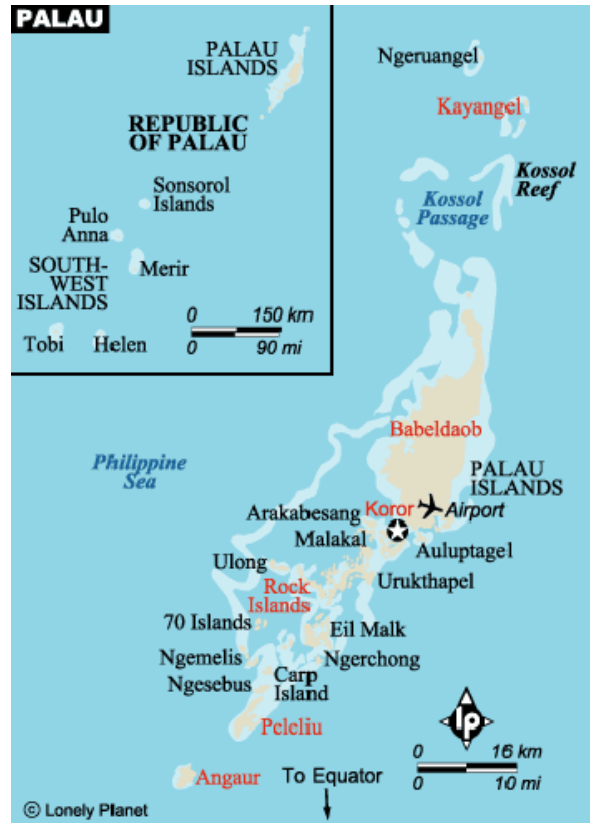


UNGASS 2008 COUNTRY PROGRESS REPORT

Republic of Palau

Reporting period: January 2006–December 2007



Prepared by: Ministry of Health/HIV section

Submission date: January 28, 2008

Acronyms and Abbreviations

AIDS	acquired immunodeficiency syndrome
ART	Antiretroviral therapy
HIV	human immunodeficiency virus
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MoH	Ministry of Health
MSM	men who have sex with men
NCPI	national composite policy index
NCM	national coordinating mechanism
NGO	non-governmental organisation
PHASAG	Palau HIV, AIDS and STI Advisory Group
PICTs	Pacific Island Countries and Territories
PLWH	people living with HIV
PMTCT	prevention of mother-to-child transmission
PRHP	Pacific Regional HIV/AIDS Project
SGS	second-generation surveillance
SPC	Secretariat of the Pacific Community
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV and AIDS

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Background

This report was compiled by the administrator of the HIV program with the assistance of SPC. Consultations with staff members from the MoH, Ministry of Commerce and Trade, Bureau of Budget and Planning (Ministry of Finance) and the National Advisory Group on HIV/AIDS were held (PHASAG). The PHASAG meets 4-6 times a year and has played an active role in reviewing the HIV/STI program budget. The group has assisted in the writing of Palau's Global Fund round 7 proposal in 2007. They were actively involved in the workshop for reviewing the national HIV/AIDS and STI strategy in November 2007. Relationship between government and civil society has improved through increased collaboration and involvement in key areas of HIV/STIs. Due to the small population and lack of skilled people the members of PHASAG are all involved in a number of boards and other meetings and it is not always easy to convene a full meeting.

People interviewed/contributed to report:

<i>Name</i>	<i>Position</i>	<i>Organisation</i>
Johana Ngiruchelbad	Administrator HIV/STI program	MoH
Visia Alonz	Planning Analyst	Bureau of Budget and Planning
Rhinehart Silas	Planning Analyst	Bureau of Budget and Planning
Russel Masayos	Chief Div. of Labour	Ministry of Commerce and Trade
Helena Yoichu	Employment Service Officer	Ministry of Commerce and Trade
Hasinta Idechong	Budget & Fiscal Officer	MoH
Regis Emesiochel	Public Health Fiscal Officer	MoH
Deborah Nagata	Health Program Specialist	Ministry of Education
Cisca Blailes	Director	Catholic Schools
Joe Giramur	Director	Department of Immigration
Imelda B Nakamura	Representative	VOICES & Micronesia Youth Services Network
Dilmei Olkeriil	Executive Director	Council of Chiefs
Simeon Skilang	Chair	Parent Teacher Association
Miriam Chin	Director	Red Cross Palau
Gustap E Salii	Representative	Youth Group

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 19,907 persons (2005 Census) of which 54% are males and 46% 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.

Table1:
Distribution of the population in the Republic of Palau, by age group and sex, 2005

Age group	Males		Females		Total	
	No.	%	No.	%	No.	%
0 – 4	685	6.40%	678	7.36%	1363	6.85%
5 – 9	805	7.52%	716	7.78%	1521	7.64%
10 – 24	2391	22.35%	2251	24.45%	4642	23.32%
25 – 44	4242	39.65%	3049	33.11%	7291	36.63%
45 – 64	2113	19.75%	1841	19.99%	3954	19.86%
65+	463	4.33%	673	7.31%	1136	5.71%
Total	10699		9208		19907	

Overview of the AIDS epidemic

Pacific region

Since the first case of HIV in the Pacific region was detected in 1984, HIV has been reported in every Pacific Island Country and Territory (PICT) apart from Niue, Tokelau and Pitcairn Island.(1) According to figures collated by the Secretariat of the Pacific Community (SPC), 15,353 people had been diagnosed with HIV in the Pacific by the end of 2005, with over 90% of these (2) cases from Papua New Guinea. Although the number of reported cases in the other PICTs remains low – the total number of reported HIV cases exceeds 150 only in New Caledonia (272), French Polynesia (260), Fiji (200) and Guam (175) – reported cases may only reflect 10% of actual HIV cases in the region. (3) The majority of HIV transmission in the Pacific is due to heterosexual contact. (1)

There exist many underlying social, cultural, economic and demographic conditions in the PICTs that indicate the potential for the rapid spread of HIV infections. These conditions include a young population with a high incidence of teenage pregnancies, high rates of other sexually transmitted infections (STIs), considerable mobility within and between countries, slow economic growth and socio-cultural practices that influence gender rights and relations. (4-8)

HIV/AIDS in Palau

Since testing and surveillance were implemented in 1989, only seven persons have been identified as HIV-positive in the Republic of Palau. This has remained unchanged since the last report in 2006. 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. Confidential testing and referral is conducted at the Communicable Diseases Unit and at the Belau Hospital in the Family Health Unit (Family Planning; Antenatal Clinic). Since 2007 there is a new clinic providing counseling, testing and referral located at the Palau Community College campus. Since 2007 a resource center at the same college campus location has been operating for education, information, referral and distribution of condoms. Rapid test kits are 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 CDC Unit. All testing of contacts is voluntary. HIV and STI cases are reported to the Reportable Diseases Surveillance System (MoH).

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.

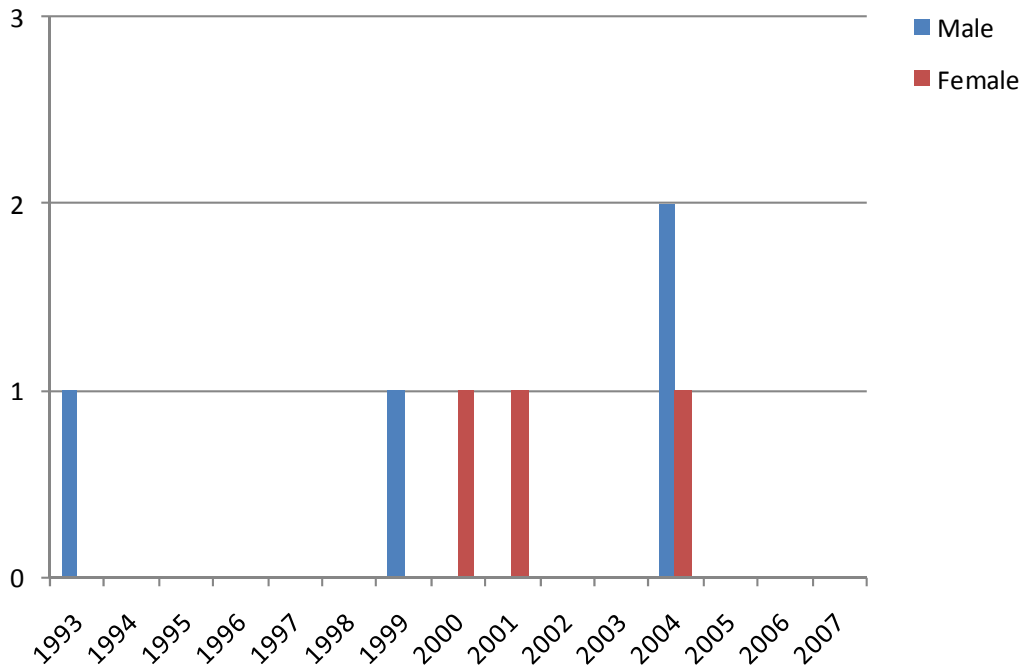
Table 2:
HIV/AIDS diagnosis by gender and age group (age at diagnosis) 1993 – 2007

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	2	50	2	67	4	57
45 – 64	2	50	1	33	3	43
65+	0		0		0	0
Total	4	100		100	7	100

Source: MoH BPH Communicable Disease Surveillance

Three of the seven people diagnosed with HIV are currently alive and reside in Palau. Of the remaining four people, three have died and one has 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.(9)

Figure 1:
Annual number of HIV/AIDS diagnosed persons, by gender and year in Palau, 1993-2007



Source: MoH BPH Communicable Disease Surveillance

Core Indicators for the Declaration of Commitment Implementation (UNGASS)

2008 reporting

Indicators	Data Available and Reported Yes or No	Method of Data Collection
National Commitment and Action		
Expenditures		
1. Domestic and international AIDS spending by categories and financing sources	Data available and reported for 2007	Desk review and interviews
Policy Development and Implementation Status		
2. National Composite Policy Index	Available and reported	Desk review and key informant interviews
Areas covered: gender, workplace programmes, stigma and discrimination, prevention, care and support, human rights, civil society involvement, and monitoring and evaluation		
National Programmes: blood safety, antiretroviral therapy coverage, prevention of mother-to-child transmission, co-management of TB and HIV treatment, HIV testing, prevention programmes, services for orphans and vulnerable children, and education.		
3. Percentage of donated blood units screened for HIV in a quality assured manner	Available and reported for 2006-7	Programme monitoring
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Available and reported for 2006-7	Programme monitoring
5. Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	Not relevant as no pregnant women with HIV in country	Programme monitoring and estimates
6. Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV	Not relevant as no people with HIV and TB in country	Programme monitoring
7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results	Available and reported but based on SGS for pregnant women	Population-based survey
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	Not available	Behavioural surveys
9. Percentage of most-at-risk populations reached with HIV/AIDS prevention programmes	Not available	Behavioural surveys
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	Not relevant	Population-based survey
11. Percentage of schools that provided life-skills based HIV/AIDS education within the last academic year	Not relevant	School-based survey
Knowledge and Behaviour		

12. Current school attendance among orphans and among non-orphans aged 10–14*	Not available	Population-based survey
13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	Available and reported but based on SGS for pregnant women	Population-based survey
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Not available	Behavioural surveys
15. Percentage of young women and men who have had sexual intercourse before the age of 15	Available and reported but based on SGS for pregnant women	Population-based survey
16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Available and reported but based on SGS for pregnant women	Population-based survey
17. Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	Not available	Population-based survey
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	Not available	Behavioural surveys
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Not available (survey done but numbers too small)	Behavioural surveys
20. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	Not relevant, no known IDU in Palau	Special survey
21. Percentage of injecting drug users who report the use of a condom at last sexual intercourse	Not relevant, no known IDU in Palau	Special survey
Impact		
22. Percentage of young women and men aged 15–24 who are HIV infected*	Not relevant no known HIV positive in that age group	HIV sentinel surveillance and population-based survey
23. Percentage of most-at-risk populations who are HIV infected	Not available	HIV sentinel surveillance
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Available and reported	Programme monitoring
25. Percentage of infants born to HIV infected mothers who are infected	Not relevant, no infants born to HIV infected mothers	Treatment protocols and efficacy studies

*Millennium Development Goals indicator

National response to the AIDS epidemic

Prevention:

Key Successes in Palau:

- Opened health resource centre in early 2007 on campus of Palau Community College next to the only public high school which resulted in increased condom distribution among high school and college students (more than 3000 condoms distributed from March to December 07 and 353 people visited from September to December 07)
- Opened clinic on the same campus to provide HIV/STI counselling, testing, referral, and care services
- Youth peer mentor program established in 2007 to educate and to recruit youth for testing and condom distribution
- Universal Precautions Policies and strict enforcement efforts
- Universal screening for pregnant women in place (PMTCT)
- Universal screening for all donated blood in place

Key Challenges in Palau:

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

Care and Treatment

Key Successes in Palau:

- Availability of ART through Global Fund drug procurement mechanism
- ART policy and guidelines established in 2004 and an update is planned for 2008
- All HIV positive people are on ART

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.
- Laboratory test required for treatment monitoring cannot be done locally and takes up to three weeks for confirmed results and unreliable shipping arrangements

Knowledge and Behaviour Change

Key Successes in Palau:

- Over 90 percent of High School age children know what HIV is (YRBS data 2005)
- According to a 2003 survey 92% of adults had heard of HIV/AIDS (Population and Environment Survey 2003, RARE)

Key Challenges in Palau:

- Limited information on behaviour 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 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 to 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.

Key Challenges in Palau:

- Stigma and discrimination
- High levels of homophobia

Indicator 1: National AIDS Spending Assessment

Table 3: National AIDS spending 2007

	National Budget	International Funds	Total
Prevention	US\$ 35,500	US\$ 112,225	US\$ 147,725
Treatment		US\$ 15,585	US\$ 15,585
Program Management	US\$ 17,645	US\$ 99,400	US\$ 117,045
Incentives for Human Resources	US\$ 1,500	US\$ 48,325	US\$ 49,825
Community Development		US\$ 2,915	US\$ 2,915
Total	US\$ 54,645	US\$ 278,450	US\$ 333,095

Indicator 2: National Composite Policy Index

HIV prevalence in Palau has not changed since the last reporting period (2003). The national HIV/STI strategy 2000-2005 is currently under review and a workshop was held in late 2007. The main additions will be around human rights and policy developments, for example work place policies. As the HIV/STI situation has remained unchanged the core strategy will remain the same. To reflect the low prevalence of HIV the main target areas will remain prevention and education. The Palau HIV, AIDS and STI Advisory Group (PHASAG) is a multi disciplinary group (including government and non government representatives) that serves as a policy making body for national HIV/AIDS/STI programs, assists the implementation of HIV and STI related activities, has an advocacy role, and fulfils a supportive role to the Ministry of Health in efforts to prevent and surveillance of HIV/AIDS and STI in Palau.

An attempt to introduce a law for HIV testing for foreign workers in entertainment industry in 2005 was. The public health department advised against it due to potential human rights issues, the undermining of existing laws in regard to prostitution (prostitution is illegal in Palau), the negative image of forced testing and the cost of testing. The law was not passed. The discussion in parliament

and media helped to raise public awareness and also increased the interest and understanding of HIV among members of congress and the senate. All foreign workers need to pass a medical exam (including HIV testing) prior to visa issue and need to present within ten days for medical examination in Palau. There HIV testing is offered but is currently not mandatory. For 2008 a public health campaign targeting workers in the entertainment industry offering STI and HIV testing and providing education on prevention and provision of condoms is scheduled.

In 2006 training in behavioural change communication was provided to community leaders and health staff. This has resulted in improved partnership with the community and the methodology has been used since then in a number of projects and more are planned.

NATIONAL PROGRAM INDICATORS

Due to the small population size and lack of resources many indicators (in particular those who require population surveys) are not available for Palau. Some surveys provide information but do not collect the information conform to UNGASS reporting. This applies in particular to the Youth Risk Behaviour Survey (YRBS) which is conducted every two years. During the preparation of the UNGASS report this was noted and there are plans to try and standardize surveys conducted in Palau to make international comparisons possible. In this report only those indicators with available data or those that are not relevant are listed and explained.

Information on vulnerable population groups is not readily available. A SGS on risk behaviour among men having sex with men (MSM) was conducted in 2006 but only 12 men participated. It was decided not to use the MSM survey data due to small numbers. In 2006 to other SGS were conducted in Palau, one for pregnant women and the other one for police officers. The SGS of pregnant women was used as data source for indicator 7, 13, 15 and 16. In discussions with staff from the MoH it was decided to use the survey results despite the limitations of the data (no men, small numbers in 15-24 age group and possible bias due to selected group). There were concerns among MoH staff about using the SGS of police officers as due to small numbers of participants (only 47 instead of 145 people participated) confidentiality could have been breached. Also there were no participants aged 15-24 so the data was not seen as representative for the overall population.

In the last Palau Health Survey (1990-1) it was found that 4% of Palauan men reported either homosexual or bisexual behaviour. However this data is now 17 years old and cannot be used to describe the current situation in Palau. The last YRBS in 2005 provided information about Palauan youth in high school in Grades 9 -12. The YRBS reported that 49% of students had used marijuana one or more times; 62% had tried alcohol and students start drinking at about 13 years and frequently binge drink. 79% of high school students have received education about HIV and AIDS, but only 50% of sexually active students had used a condom or another form of birth control in their last sexual experience.

Indicator 3:

Percentage of donated blood units screened for HIV in a quality-assured manner

Measurement Tool and method

National Blood donor report

Definition of Indicator, the Data, Interpretation and Analysis

In 2007 a total of 702 blood donations were received and all of those samples were tested for HIV/AIDS using rapid screening test (Determine and Genedia). The laboratory was externally reviewed in 2007 by CDC.

Indicator 4:

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

Measurement Tool and method

Patient records/Disease registers

Definition of Indicator, the Data, Interpretation and Analysis

There are currently three adults (>15) with HIV in Palau, two female and one male. In 2006 the two women received ART, the man did not. In 2007 all three people received ART.

Indicator 5 (Not relevant):

Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission

Definition of Indicator, the Data, Interpretation and Analysis

No pregnant women with HIV were diagnosed in 2006 or 2007.

Indicator 6 (Not relevant):

Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV

Definition of Indicator, the Data, Interpretation and Analysis

No HIV positive people with TB in Palau

Indicator 7:

Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results

Measurement Tool and method

SGS survey for pregnant women conducted in 2006. The survey was administered at the first visit of a woman to the clinic.

Definition of Indicator, the Data, Interpretation and Analysis

As this indicator is based on a survey for pregnant women only the numbers are small and do not include the male population. There is interest in a survey for all youth in Palau which will provide better data but after discussion with staff it was decided to use the available data as it provides some insight into the behaviour and knowledge of the population.

Table 4: Women who received an HIV test in the last 12 months and know the results

	All	15-19	20-24	25-49
Percentage tested and received results	16 %	27.3%	20%	13.6%
Number tested and received results	23	3	6	14
Number of participants	144	11	30	103

Indicator 10 (Not relevant):

Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child

Definition of Indicator, the Data, Interpretation and Analysis

Even though there are some orphans in Palau, there is no connection to HIV/AIDS and the country does not collect information on orphans or vulnerable children.

Indicator 11 (Not relevant):

Percentage of schools that provided life skills-based HIV education in the last academic year

Definition of Indicator, the Data, Interpretation and Analysis

Due to the small population and very low numbers of people with HIV/AIDS there is no HIV life-skills education in Palau.

KNOWLEDGE AND BEHAVIOUR INDICATORS**Indicator 13:**

Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

Measurement Tool and method

SGS survey for pregnant women conducted in 2006. The survey was administered at the first visit of a woman to the clinic.

Definition of Indicator, the Data, Interpretation and Analysis

Number of respondents aged 15-24 years who gave the correct answer to all five questions. As this indicator is based on a survey for pregnant women only the numbers are small and do not include the male population. There is interest in a survey for all youth in Palau which will provide better data but after discussion with staff it was decided to use the available data as it provides some insight into the behaviour and knowledge of the population.

Table 5: Women 15-24 who answered correctly to HIV knowledge questions

	All	15-19	20-24
Correct answer to all questions	26.8%	27.3%	26.7%
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	83%	73%	87%
Can a person reduce the risk of getting HIV by using a condom every time they have sex?	80%	91%	77%
Can a healthy-looking person have HIV?	83%	91%	77%
Can a person get HIV from mosquito bites?	37%	27%	40%
Can a person get HIV by sharing food with someone who is infected?	73%	55%	80%
Total numbers of participants	41	11	30

Indicator 15:

Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15

Measurement Tool and method

SGS survey for pregnant women conducted in 2006. The survey was administered at the first visit of a woman to the clinic.

Definition of Indicator, the Data, Interpretation and Analysis

As this indicator is based on a survey for pregnant women only the numbers are small and do not include the male population. There is interest in a survey for all youth in Palau which will provide better data but after discussion with staff it was decided to use the available data as it provides some insight into the behaviour and knowledge of the population.

Table 6: Percentage of women who had sex before the age of 15

	All	15-19	20-24
Percentage of participants who had sex before the age of 15	4.8%	9%	3.3%
Number of participants who had sex before the age of 15	2	1	1
Number of participants	41	11	30

Indicator 16:

Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months

Measurement Tool and method

SGS survey for pregnant women conducted in 2006. The survey was administered at the first visit of a woman to the clinic.

Definition of Indicator, the Data, Interpretation and Analysis

As this indicator is based on a survey for pregnant women only the numbers are small and do not include the male population. There is interest in a survey for all youth in Palau which will provide better data but after discussion with staff it was decided to use the available data as it provides some insight into the behaviour and knowledge of the population.

Table 7: Percentage of women who had sex with more than one partner in the last 12 months

	All	15-19	20-24	25-49
Percentage	9%	36%	13%	4.9%
Number	13	4	4	5
Number of participants	144	11	30	103

Indicator 17:

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

Measurement Tool and method

SGS survey for pregnant women conducted in 2006. The survey was administered at the first visit of a woman to the clinic.

Definition of Indicator, the Data, Interpretation and Analysis

As this indicator is based on a survey for pregnant women only the numbers are small and do not include the male population. A survey for all youth in Palau is planned and will provide better data but after discussion with staff it was decided to use the available data as it provides some insight into the behaviour and knowledge of the population.

Table 8: Percentage of women who had sex with more than one partner in the last 12 months and used a condom at the last intercourse

	All	15-19	20-24	25-49
Percentage	23%	0%	0%	60%
Number	3	0	0	3
Number of participants	13	4	4	5

Indicator 20 (Not relevant):

Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse

Definition of Indicator, the Data, Interpretation and Analysis

Currently there are no injecting drug users known to be in Palau. Needles and syringes are not available commercially and no related reports (crime, overdoses) have been received in 2006 or 2007.

Indicator 21 (Not relevant):

Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected

Definition of Indicator, the Data, Interpretation and Analysis

Currently there are no injecting drug users known to be in Palau. Needles and syringes are not available commercially and no related reports (crime, overdoses) have been received in 2006 or 2007.

IMPACT INDICATORS

Indicator 24:

Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

Measurement Tool and method

Patient records/Disease register

Definition of Indicator, the Data, Interpretation and Analysis

All three HIV positive adults in Palau have been on ART for more than 12 months and remain so.

Indicator 25 (Not relevant):

Percentage of infants born to HIV-infected mothers who are infected

Measurement Tool and method

HIV/AIDS register

Definition of Indicator, the Data, Interpretation and Analysis

No children born to HIV infected mothers in Palau in 2006-2007

Best practices

The move of the service away from the MoH building to a new location on campus has provided much improved access for particularly young people and has been very successful. A resource centre for information, referral and condom distribution and a clinic for treatment and testing has been set up. More than 3000 condoms have been handed out between March and December 2007 and 353 individuals utilized the resource centre. In the campus clinic 131 people attended since opening in March 07 and all were tested for HIV/STIs. The youth peer education program has been successful with 41 participants completing the training in 2007. Eight of these continue actively in the recruitment of more young people. Two more work fulltime at the resource centre. This is likely to have increased the number of tests performed and number of condoms distributed in that part of the community but no detailed statistics are available. The HIV/STI program has provided training for members of congress (on request) which has resulted in better understanding of the issues related to HIV/STIs by the politicians and has further increased the supportive policy environment.

Major challenges and remedial actions

- A pick up truck is used as a mobile blood donor vehicle and was put in service late 2006 to improve outreach beyond Koror and to provide the service at community gatherings. This has increased access for mobile and working population and has resulted in additional blood testing and donations
- Increased participation of politicians and community members in HIV/AIDS awareness education to address discrimination and stigma
- ART drug supply is met by outside mechanisms and is secured for the next five years even if the number of cases should increase
- To address the limited information on at risk groups three SGS were conducted in 2006. They were aimed at MSM, pregnant women and police officers. However the data for MSM and the police officers did not reach the targeted sample size
- Increased community education including human rights issues was provided in 2006 and 2007 to address discrimination. However it is very difficult to measure population attitudes without survey data.

Support from the country's development partners

Key support received in 2006-2007

- CDC financially supported training for four local staff in Counselling Training and Referral (CTR)
- Overall CDC, Global Found, PRHP and HRSA contributed around US\$ 280,000 in 2007 towards running of the HIV/STI program
- PRHP conducted Behavioural Change Communication Training (BCC) and supported Second Generation Surveys in 2006
- SPC was involved with SGS and BCC in 2006
- CDC and HRSA supported case management training for medical providers

Actions that would improve current situation in Palau

- Increase coordination between development partners to reduce burden of reporting and particularly standardize reporting requirements

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

Monitoring and evaluation environment

This is a weak area for Palau and little improvement has been made since the last report.

Main challenges for implementation of M&E system

- Lack of trained local people in this area
- Because of limited human resources, most of the effort goes to planning and implementing projects, and little effort is allocated to evaluating projects
- dependency on contract workers and consultants

Actions planned to address challenges

- M&E will be part of the updated National HIV/STI strategy

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ANNEX Consultation and Preparation Process

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

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

- | | | |
|----------------------------|-----|----|
| a) NAC or equivalent | Yes | |
| b) NAP | | No |
| c) Others (please specify) | | No |

With inputs from

Ministries:

- | | | |
|-------------------------|-----|----|
| Education | Yes | |
| Health | Yes | |
| Labour | Yes | |
| Foreign Affairs | | No |
| Others (please specify) | | No |

- | | | |
|------------------------------|-----|----|
| Civil society organizations | Yes | |
| People living with HIV | | No |
| Private sector | | No |
| United Nations organizations | | No |
| Bilaterals | | No |
| International NGOs | Yes | |
| Others
(please specify) | | No |

- | | |
|---|-----|
| Was the report discussed in a large forum? | Yes |
| Are the survey results stored centrally? | Yes |
| Are data available for public consultation? | Yes |

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

Name / title: Ms Johanna (Hana) Ngiruchelbad

Date: 31/01/2008

Signature: _____

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