

2016

**TONGA Global AIDS Response
Progress Report: 2015**



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KINGDOM OF TONGA



Global AIDS Response Progress Report 2015

Reporting Period January – December, 2015



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1.2 Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
CCM	Country Coordinating Mechanism
CDOP	Communicable Diseases Outpatient
CD4 count	Result of a blood test to measure the state of the immune system
CoC	Continuum of Care
GAPR	Global AIDS Progress Report (annual report prepared by UNAIDS)
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS Tuberculosis and Malaria
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
KAP	Key Affected Populations or Key Populations at Higher Risk
M&E	Monitoring and Evaluation
M&EF	Monitoring and Evaluation Framework
MDG	Millennium Development Goal
MoH	Tonga Ministry of Health
MSM	Men who have Sex with Men
NCCM	National Country Coordinating Mechanism
NGOs	Non-Governmental Organizations
NSP	National Strategic Plan
PICTs	Pacific Island Countries and Territories
PLHIV	Person/People Living with HIV and AIDS
PPTCT	Prevention of Parent (or Mother) to Child Transmission
RH	Reproductive Health
SDG	Sustainable Development Goal
SDP	Service Delivery Point
SGS	Second Generation Surveillance
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TCCM	Tonga Country Coordinating Mechanism
TFHA	Tonga Family Health Association
TLA	Tonga Leiti Association
TNISRHSP	Tonga National integrated Sexual and Reproductive Health Plan
TSDF	Tonga Strategic Development Framework
UNAIDS	Joint United Nations Program on HIV/AIDS
VCCT	Voluntary Confidential Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization

1.3 Introduction

Tonga has been a member of the United Nation since 1999. In 2011, Tonga together with 189 other UN Member States signed the *Political Declaration of Commitment on HIV/AIDS* and since then committed to work towards achieving the Targets set under this Agreement. The Millennium Development Goals final report submitted in 2015 indicated that Tonga's progress towards the Targets is very strong due to robust commitment from State and Stakeholders. Tonga continues to join the world to make zero new HIV infections, zero discrimination and zero AIDS-related deaths a global reality.

This would be the fifth progress report Tonga submitted with technical assistance from UNAIDS. Tonga Ministry of Health continues to leads implementation of activities contributing to the achievement of Targets in collaboration with key Stakeholders through implementing the strategies and program under the current National Strategic Plan to Respond to HIV/AIDS and other STIs.

i. Country Profile

The Kingdom of Tonga is a Polynesian country that lies to the south of Samoa, southeast of Fiji and north of New Zealand. The Tongan archipelago is comprised of 176 islands, 36 of which are inhabited by a population of approximately 103,000. The islands are divided into four main groups – Tongatapu, Ha'apai and Vava'u and the Niuas. The capital Nuku'alofa is located on the main island of Tongatapu.

Tonga is a constitutional monarchy, making it unique in the Pacific. Its monarchy is over 1,000 years old and its constitution dates back to 1875. Following the death of King George Tupou V in March 2012, his younger brother became king and took the title King Tupou VI.

The King is advised by a Privy Council whose members he appoints. The governing structure comprises the Executive (Cabinet), Legislature and Judiciary. A reformed constitution was agreed by the Legislative Assembly in December 2009 and implemented through legislation passed in April 2010.

The population of Tonga is a total of 103252, according to the 2011 census, a growth of 0.2 percent from the last census. The population density is 144 persons per square kilometers but varies between islands. Tonga is largely homogenous with 98 percent of the population are Tongans. It is predominantly Christian and there is freedom of religion and speech guaranteed by the Constitution. Tongatapu, the largest island, is where 37 percent of the total population lives with 34 percent of this living at Nuku'alofa, the capital and its peri-urban areas. Vava'u, which is 309 kilometers away from Tongatapu, holds 15 percent of the



total population. It is served by both sea and air transportation services. The Ha'apai groups consist of 10 percent of the population and are 176 kilometers away from Nuku'alofa. The Niuas are two volcanic islands and are the furthest to the north of Tongatapu.

Tonga is a low middle-income country with a GNI per capita of \$3260 – about 20 percent below Fiji. About 23 percent of the population was classified as living below the national poverty line in 2009, an increase from 16 percent in 2001. Tonga migrants living abroad play a very large role in the economy, accounting for 42.5 percent of GDP.¹ While the economy is dependent on a narrow base of primary level activities and tourism, remittances from overseas have helped to relieve economic hardship.

2.0 Status at a glance

2.1 Inclusiveness of the Stakeholders in the report writing process

This GAPR Report is a continuation from the 2015 GARP Report which covers progress made by the national HIV/AIDS and other STIs response during 2014 against the global targets and eliminations commitment to the *2011 Political Declaration on HIV/AIDS*². The report has been formulated through a multi-participatory process involving key Stakeholders who are proactive in various areas of care for PLHIV in Tonga. Inclusion of Government and Non-Government Organization assisting the GAPR Focal Point in collating information to document this report.

This report has gathered data and information from all sources during the short period for compiling the report, to ensure that the analysis is sufficiently done and supported by the data available. The write up process includes a training provided by UNAIDS technical team to assist the focal point with data processing and report writing. Data validation was done through consulting various key figures including members of the Treatment Core Team and their inputs and feedback enables the writer to draft this report and refine the final version of the GAPR Report 2016 (reporting period, 2015) for Tonga.

2.2 Status of the Epidemic

As mentioned in previous GARP Reports, the first case of HIV in Tonga was diagnosed in 1987. Since then, the number of HIV cases in Tonga as in the rest of the Pacific remains low with only 19 people ever having been diagnosed with HIV as of December 2015. The predominant known mode of transmission of HIV in Tonga remains heterosexual contact. An overview of the HIV/AIDS situation is presented in *Table 1*.

¹ Population and Development Profiles: Pacific Island Countries – UNFPA 2012

² *Political Declaration on HIV and AIDS 2011: Intensifying Our Efforts to Eliminate HIV and AIDS. Resolution A/65/227, General Assembly, United Nation, 2011*

Table 1: HIV Incidence in Tonga, 1987 – 2013								
Year	Sex		Age Group					Total
	Male	Female	<15	15-19	20-24	25-49	50	
1987	1	0				1		1
1989	2	0		1		1		2
1992	1	0				1		1
1996	2	1				3		3
1998	0	2			1	1		2
1999	1	1				2		2
2000	1	0				1		1
2002	1	0				1		1
2005	0	1		1				1
2007	1	0			1			1
2008	1	1				2		2
2009	1	0				1		1
2012	0	1				1		1
Total	12	7		2	2	15		19

Source: Communicable Diseases Section, Tonga MoH

While HIV prevalence is very low, the prevalence of other STIs, particularly Chlamydia, Gonorrhoea and co-infections are high with the relatively higher rates of diagnosed STIs in the 15-24 years age groups continuing to be a concern. Therefore, given commonalities of predisposing and behavioral factors for HIV and other STIs, Tonga continues to maintain a strong HIV & STIs Control Program with comprehensive Continuum of Care (CoC) support of People Living with HIV/AIDS as national health priorities.

2.3 Policy and Programmatic Response

The National response to HIV/AIDS and other STIs is led by the MOH and governed by a National Coordination Authority (the NCCM) with multi-sectoral and multi-disciplinary membership, guided by a Strategic Plan (Tonga National Integrated Sexual Reproductive Health SP 2014 – 2018), and monitored with the Monitoring and Evaluation Framework.

The Country Coordination Mechanism (CCM) is the approved body for the national coordination of all responses to HIV/AIDS and other STIs control activities in Tonga. This is in line with the global adoption of the principles of 'Three Ones' that stands for *One agreed HIV/AIDS Action Framework, One National AIDS Coordinating Authority and one agreed country level M&E System*. Therefore, the CCM is responsible for overall monitoring and evaluation of implementations, engaging all sectors and mobilizing financial support and resources.

The 2015 national response to HIV/AIDS epidemic and other STIs embodied in the "Tonga National Integrated Sexual Reproductive Health Strategic Plan 2014 – 2018". This document

maps out a framework of key strategic areas and activities to be implemented and identifies mechanisms for improving the effectiveness and efficiency of programmes and services.

3.0 Overview of AIDS epidemic

3.1 Health System

The Ministry of Health has experienced a complex, challenging but exciting journey during different layers of reforms such as political and the government reform in the last five years. Following the review of TSDF 1, the Ministry went through a series of reviews such as Hospital Efficiency, Public Finance, Health System and Corporate Plan Review which were complemented by a series of scientific research and data collections such as Demographic Health Survey, STEPS Survey, KAP Survey, to better understand the health problems, causation and the areas that require improvement in terms of service delivery.

Tonga has four hospitals – the tertiary Vaiola Hospital in Nuku’alofa, with 191 beds, and three district hospitals: the Prince Wellington Ngu Hospital in Vava’u (61 beds), Niu’ui Hospital in Ha’apai (28 beds) and Niu’eki Hospital in ‘Eua (16 beds). There is no hospital in the Niuaus. The hospitals are supported by an additional 14 health centres and 34 MCH/reproductive health clinics which are located throughout the island groups (Table 2). There are also a very limited number of private medical clinics, mainly run by doctors from the public system operating in dual practice or by the churches or NGOs, the majority of which are based in Nuku’alofa. Traditional healers are widely dispersed throughout the islands.

Table 2: Distribution of Health Facilities by District

District	Number of health facilities		
	Hospital	Health Centre	MCH clinic
Tongatapu	1	7	19
Vava’u	1	2	5
Ha’apai	1	3	5
‘Eua	1	0	3
Niuaus	0	2	2
Total	4	14	34

HIV/AIDS and other STIs are managed at the Public Health Division. MOH is focused on maintaining and improving the delivery of health services through national referral hospital at Vaiola supported by network of island hospitals and community health centers and nursing clinics, to deliver effective curative and preventative health care services to the people of Tonga.

There is now commitment by the MOH to decentralize health care services to allow universal access with emphasis on NCDs and CDs through its network of hospitals, community health centres and clinics and through partnerships with the community for outreach and coverage of the programs and activities. The commitment by the Ministry of

Health in meeting the challenges and continuing to provide the required services in the HIV/STIs sector, despite the low levels of prevalence, is recognized.

3.2 Key Population at High Risk

i. Men who have sex with men and transgender [MSM & TGs]

Fakaleiti, or more commonly leiti, is the Tongan term most often used in referring to male-to-female transgender individuals, but it can also encompass MSM, gay and bisexual men, and non-identifying MSM (Apcorn 2013). The leiti of Tonga live in a world of paradox. On the one hand, they are a widely accepted population, able to openly express their gender



identity in a way that is accepted by wider society (largely through dress, societal roles, and highly popular beauty pageants). However, on the other hand, they face stigma associated with their sexual practice (as male-to-male sex is not widely accepted), and potential familial rejection due to their femininity – particularly on the paternal side (Besnier 1997). Many men are also attracted to sex with leiti, as there is no social need for ‘repayment’ as there is with women. To engage in

heterosexual intercourse with a woman, men are socially expected to expend financial and material resources to win her over. However, on the other end of the spectrum, it is the leiti who are responsible for making sex attractive to straight men by providing enticements such as alcohol and entertainment (Besnier 1997). There is community support available to both MSM and TG leiti through organizations such as the Tonga Leiti Association. In the first half of 2013, the TLA dispensed a total of 2,134 condoms throughout Tonga. However, there are still varying levels of access to sexual health information and support, depending on the level of acceptance an individual receives through their own networks.

Although there is a dearth of information surrounding HIV and STI diagnosis in leiti, other studies have shown that overall STI rates are relatively high in Tonga (Cliffe et al 2008), indicating a need for further data collection on a national level, and among specific communities.

Despite the general acceptance and longstanding status of leiti within Tongan society, there have been very few studies into the sexual health attitudes, understandings, status and needs of the sub-population. Like other MSM and TG groups in the Pacific region, leiti engage in high risk sexual behaviour, putting them at risk of HIV or STI transmission.

ii. Sex workers

As with a number of other countries in the Pacific region, there are no official health reports of sex work in Tonga, nor are there any statistics or in-depth information available on the sexual health of people who engage in paid sex. Stigma and cultural attitudes towards sex have limited the capacity of the community to engage in conversations about sex work, and

have also hindered the actions of the department of health and other institutions in monitoring the health situation of sex workers.

Despite being hidden, sex work does occur in Tonga, with the 2008 SGS survey of antenatal women reporting that 4 women (1.1% of those surveyed) had received cash or goods in return for sex, while another 4 youth (0.7%) experienced the same (Tonga Ministry of Health 2008). The SGS survey recognized that sex workers were a vulnerable group for potential HIV contraction, indicating an understanding of the challenges faced by this group, but at present prevalence remains low and stable, and there have been no studies conducted surrounding HIV, STIs or sexual behaviours to date (Tonga Ministry of Health 2008).

iii. Youths (15 – 34 years as defined by the Tonga National Youth Strategy³)

Young people continue to be a key focus of SRH programming in line with the Tonga government affirmative action on health for young people in Tonga.

iv. Mobile groups

Such as season workers, seafarers, uniformed personnel (including the Defense Forces and Police) and overseas travelers, including tourists, extended family and business travelers

v. People with disabilities and/or

Mentally handicapped are known to sometimes be taken advantage of, and abuse sexually due to their dependency on others if severely disabled or diminished sense of judgment due to a mental disorder.

vi. People who abuse alcohol and/or

People who inject drugs are generally known to be at higher risk of exposure to HIV and other STIs giving the association of this behaviour with unprotected sex coupled with increase in multiple and concurrent partners.

vii. TB and HIV co-infection would

Remain on the watch list of focused interventions based on the first (and only) case of co-infection of TN and HIV reported in 2005. As a standard practice, MOH will continue to screen all cases of TB for HIV, and all HIVs will be screened for TB.

With the lack of data to affirm and quantify vulnerable groups and risks, the need for population estimation to optimize direction of interventions has been set as an objective in the TNRISHSP.

3.3 Stigma and Discrimination

The negative attitudes towards PLHIV have been observed in various surveys and reports and likely to stem from irrational fear of HIV and AIDS. The social stigmatization and discrimination continues to be a barrier to the treatment and care of the PLHIV currently in country.

³ Ministry of Training Employment, Youth and Sports (2006) *National Youth Strategy 2007 - 2012*

At the community level, the risk is real because negative attitudes towards HIV and other STIs will not encourage those at risk to seek health care, testing and treatment. Improving knowledge and reassurance will not only improve acceptance, it will also encourage people to come forth for testing. The impact would be an increase in the level of prevention and treatment but at the same time, it will reduce potential level of transmissibility. If stigmatization could be reduced and confidentiality assured, it will encourage accessing to services.

3.4 Gender, Rights and Gender Base Violence

For many years considerable work on domestic violence has been carried out by several activists and NGOs in Tonga. Nevertheless, the existence of domestic violence was not officially accepted until about 2005. The situation has changed in recent years and presently the police have a Domestic Violence Unit in each island of the Kingdom.

Traditional and societal values, attitudes and practices that discriminate women and promote violence against women, however, should be challenged. The survey conducted in 2009 on Domestic Violence in Tonga⁴ suggested that creating more gender equitable attitudes and empowerment of women are vital to reducing violence against women. Strategies should focus on education of boys, along with girls, and on changing social norms and notions of masculinity associated with power and dominance. Challenging impunity for perpetrators of domestic violence is also important.

4.0 National Response to the AIDS Epidemic

The TNISRHSPP vision encompasses Tonga government adoption of the global Political Declaration on HIV/AIDS⁵ of getting to zero based on the “**Three zeros**” and applicable and expanded to include the elimination of Tuberculosis and the reduction of all other STIs in Tonga.

With respect to the guiding principles that informed and guide the implementation of the Strategic Plan, five TNISRHSPP domains **Focus Areas** (FA) have been agreed upon to be followed in achieving the vision and goals of the 2014 – 2018 national SRH response period. These are:

- Focus Area 1. Prevention
- Focus Area 2. Reproductive Health
- Focus Area 3. Diagnosis, Treatment, care and Support
- Focus Area 4. Rights, Empowerment and Integrated Services for Key Populations
- Focus Area 5. Strategic Information, Management and Coordination

⁴ National Study on Domestic Violence Against Women in Tonga 2009, June 2012, Tonga

⁵ United Nations General Assembly High Level Meeting on AIDS, June 2011, New York

4.1 Programmatic Response 2015

i. Prevention Program

Ministry of Health in conjunction with partners especially Tonga Family Health Association is working hand in hand to deliver awareness programs to the community. While maintaining low prevalence of HIV the focus is on other STIs that are on the rise.

Over the years, the community outreach and awareness programs on HIV/AIDS and other STIs prevention, through partnership with NGOs and stakeholders, had been strong. TFHA together with other youth mandate organization such as Tonga National Youth Congress and Talitha Project continues to provide awareness program to young people through peer education activities, informal training and engaging young people in various national activities which expose them to information on livelihood including sexual reproductive health issues. Tonga Leitis Association on the other hand reached the most at risk and vulnerable population through awareness programs to transgender, MSM and sex workers. Although there is yet a study to affirm the magnitude of these key at risks population, TLA takes the lead in condom distribution and a stepping stone for national program to reach minority groups. Promoting safe sex and safer sexual behaviour had been a major part of this approach. Distribution and promoting of condoms and IEC materials have increase over the years. Reproductive Health Nurses and Antenatal Clinics promote HIV/STIs prevention through health talk to antenatal mothers.

Using entertainment through drama as TFHA Fili Tonu (Right Choice) drama group, reaches both young and old with HIV/STIs prevention messages. Effective use of media have also contributed to increase public awareness which was highlighted with the World AIDS Day message delivered by the Minister of Health to marked 2015 WAD.

ii. Diagnosis, Treatment, Care and Support

The 2015 AIDS spending for Tonga utilizes 35% of allocation on diagnosis, treatment, care and support. This includes both domestic and international funding towards the national program.

a. HIV and other STIs Testing

Testing for HIV is available in all the hospital in Tonga and through TFHA clinics in Tongatapu and outer islands. HIV surveillance for Tonga does not include the Niua as laboratory service is not available.

Routine testing is conducted for antenatal women, blood donors, new employees, immigration requirements and clients' presented at the clinic with other STIs symptoms. The Global Fund since 2008 has assisted Tonga through the Multi-Country GF Grant in procuring test kits to resource laboratories at all 4 hospitals throughout Tonga.

In 2015, a total of 5634 HIV tests was carried out at the laboratories presented in Table 3; 60% female and 40% male were tested for HIV. Routine testing for pregnant women at first antenatal visit contribute to more female tested during the year. The laboratory never experience stock out and this attribute to collaborate efforts among laboratory and program staff in ensuring that stock taking are up to date and reported to GF grant Principle Recipient. Stock control is done at the central laboratory at Vaiola Hospital.

Table 3: Total Number of People tested for HIV & Syphilis in 2015.

Test	All	Male	Female
HIV	5634	2248	3386
Syphilis (RPR)	5386	2075	3311

Source: Laboratory Registry 2015, Ministry of Health

The laboratory also carried out other STIs tests including syphilis which is also a routine test for antenatal clients including target groups mentioned earlier. Similar to HIV, syphilis have low prevalence in Tonga with only two clients tested positive during the reporting period. Both clients were treated and counsel with partner contact tracing.

In order to avoid vertical transmission from mother to child ((P)MTCT), Ministry of Health through the Reproductive Health Program as well as Antenatal services continue to uphold welling of mother and child by testing all pregnant women attending antenatal service for HIV and other STIs. Presented in Table 4, 82% of antenatal attendees were tested for HIV while 80% were tested for syphilis with more clients aged 25years and above.

Table 4: Total Number of ANC attendees tested for HIV & Syphilis by Age in 2015.

Test	ALL	>25 years	25+ years
HIV	2165	700	1465
Syphilis (RPR)	2103	700	1403

Source: Laboratory Registry 2015, Ministry of Health

The national program commit to assist MOH to ensure screening program is ongoing and strengthen laboratory and service delivery points' surveillance system in order to improve quality of data available for analysis, reporting and policy making.

There was **no new HIV diagnosis** during the reporting period therefore cumulative number of HIV incidence for Tonga remains at 19 by the end of 2015.

b. Treatment, Care and Support

Tonga Ministry of Health leads in providing comprehensive case management to both PLHIV through the Treatment Core Team and other STIs clients. Effective implementation of the

comprehensive STI case management package ensures successful treatment rate and prevention.

Tonga Treatment Core Team is currently providing HIV Care and Support to the 2 PLHIV in Tonga. GF grant support MOH through replenishing both ARV and STI medicines. MOH central pharmacy at Vaiola Hospital is responsible for dispensing ARV and STIs drugs to service delivery points. The pharmacy never experience stock out in 2015, as responsible personnel with assistance from program staff ensure stock taking are regularly updated to the grant Principle Recipient, whom are responsible for regional procurement of supplies including consumables, test reagents and equipments.

During the reporting period both PLHIV stopped ART. Both PLHIV fails to remain on treatment after 12 months of initiation and less likely to achieve viral load suppression. Failing to adhere with the treatment have setback on effective implementation of case management by the team. Although Tonga adopted and implement WHO Treatment Guidelines (2013) 2015, Treatment Core Team with direction from the Ministry of Health should develop national policy and guidelines base on country context. Ongoing, counselling and arrangement for peer navigator support hopes at encouraging both PLHIV to resume on ART. There was **no new enrolment** to the **HIV Care Support Program** as there was no new HIV diagnosis or HIV case transfer-in during 2015.

4.2 Donors and Regional Development Partners Support

Donors and Regional Development Partners (RDP) continue to play vital roles in the policy, financial, and technical support of the control of STIs including HIV as well as Sexual and Reproductive Health Services (SRH) in Tonga.

Apart from the national budget allocated to the Ministry of Health, Tonga SRH services was supported by numerous donors, noteworthy, (i) The Global Fund to fight AIDS, TB and Malaria [GFTAM] as Tonga is a part of the multi-country recipient of GF Round 7; (ii) UNFPA supporting Reproductive Health initiatives; (iii) The International Planned Parenthood Federation [IPPF] as key support of the TFHA which is the leading CSO in Tonga involved in SRH services; and (iv) Bilateral donor arrangements targeted at the health sector such as with the governments of Australia and New-Zealand.

The World Health Organization [WHO] continues to support with technical assistance and support marking of World AIDS Day annually. Nevertheless, the ongoing support from UNAIDS facilitate the submission of Tonga GARP Report biannually.

4.3 Monitoring and Evaluation Environment

A robust and effective monitoring and evaluation system would help to track the progress in the implementation of activities and provide strategic information as the basis for evidence based decision making.

The M&E Framework developed was to assist in monitoring of the national response programmatic progress. It ensure clarity on criteria for tracking national response and the progress of implementations, as well as to strengthen strategic information as the bedrock of evidence informed decision making. Review of the current Framework is due by the end of 2016 to allow assessment of progress and planning for coming years.

However, the lack of capacity within the HIV sector to manage monitoring and evaluation leads to no coordinated approach for data collection and database management. The national program has worked closely with the Information division of the MOH to ensure inclusive of HIV and other STIs on the Health Information System Database. This will guarantee complete and accurate information and data are captured.



World AIDS Day




TLA HIV Testing





Condom Distribution

5.0 Indicator Overview

Core Indicator for Global AIDS Response Reporting: 2015

Targets	Indicators	Relevancy	Value Measurement	Comments	
 Target 1. Reduce sexual transmission of HIV by 50% by 2015.					
A. General population	1.1	Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	Yes – Indicator Relevant	No New Data Available	Latest data to inform Indicator 1.1 – 1.4 has been reported in previous GARPR Report 2014. DHS 2012
	1.2	Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	Yes – Indicator Relevant	No New Data Available	
	1.3	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	Yes – Indicator Relevant	No New Data Available	
	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 a condom during their last intercourse*	Yes – Indicator Relevant	No New Data Available	
	1.5	Percentage of people living with HIV who know their status (including data from case-based reporting)	2015 Indicator Yes – Indicator Relevant	All = 37% Male = 16.7% Female = 71.4% Program Records 2015	Spectrum not available for Tonga as it is a country with small population. No other estimations available therefore used the cumulative number of PLHA for the denominator.

	1.6	HIV prevalence among women attending antenatal care clinics in the general population	2015 Indicator Yes – Indicator Relevant	0 HIV Diagnosis Program Records 2015	NO new HIV diagnosis among 2169 ANC clients tested for HIV during the reporting period. In order to avoid vertical transmission, continuous awareness program is conducted at antenatal clinics to pregnant mothers during antenatal visit at ANCs throughout Tonga.
	1.20	Number of new HIV infections in the reporting period per 1,000 uninfected population	2015 Indicator Yes – Indicator Relevant	0 New HIV infection Program Records 2015	This Indicator is relevant for Tonga however; there is NO new data to inform this indicator. There was no new case diagnose during the reporting period although the National Program continue to look after 2 PLHIV.
B. Size estimation for Key Population 2.1a. Sex workers	2.2	Percentage of sex workers reporting the use of a condom with their most recent client	Yes – Indicator Relevant	No Data Available	As stated in previous report, there has not been a specific survey in Tonga to affirm key affected populations at higher risk or vulnerable groups including sex workers. It is known to exist but there is neither any data to inform the magnitude of this practice nor any research on the characteristics of sex workers because sex work is illegal in Tonga.
	2.3	Percentage of sex workers who received an HIV test in the past 12 months and know their results	Yes – Indicator Relevant	No Data Available	
	2.4	Percentage of sex workers who are living with HIV	Yes – Indicator Relevant	No Data Available	
2.1b Men sex with men	2.5	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Yes – Indicator Relevant	No Data Available	No specific survey in Tonga to affirm key affected populations at higher risk or vulnerable groups including MSM. It remains a cultural sensitive issue and sodomy is illegal in Tonga.
	2.6	Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	Yes – Indicator Relevant	No Data Available	Men who have sex with men are at higher risk of getting HIV and other STIs than heterosexuals. With this group, national program focused interventions will continued to maintain for all transgender. Tonga Leiti’s Association the only organization focus on LGPTQ working closely with the national Program to reached minority groups.
	2.7	Percentage of men who have sex with men who are living with HIV	Yes – Indicator Relevant	No Data Available	

 Target 2. Reduce Transmission of HIV among young people who inject drugs.					
2.1c People who inject drugs	2.8 – 2.13	All 6 Indicators related to intervention to IDUs	No - Indicator Not Relevant	No Data Available	IDUs are known to exist but there is neither any data to inform the magnitude of this practice nor any research on the characteristics of people who inject drugs because it is illegal in Tonga, and therefore remains underground.
2.1d Inmates/detainees	2.14	Percentage of inmates/detainees who are living with HIV	2015 Indicator Yes – Indicator Relevant	No Data Available	This Indicator is relevant to Tonga; however there was NO intervention to this target population during the reporting period.
2.1e Transgender People	2.15	Percentage of transgender people who are living with HIV	2015 Indicator Yes – Indicator Relevant	0 HIV Diagnosis Program Records 2015	There was NO formal study on transgender people however national program recorded the number of TLA members receiving HIV test with provision of results during the reporting period.
 Target 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths.					
C. Prevention of mother-to-child transmission (PMTCT)	3.1	Percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission	Yes – Indicator Relevant	No Data Available	NO known HIV+ pregnant woman during the reporting period and therefore NO data available to inform this indicator.
	3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	No - Indicator Not Relevant	No Data Available	NO HIV+ infant born to a HIV+ woman during the reporting period.
	3.3	Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	No - Indicator Not Relevant	No Data Available	NO HIV+ infected child was delivered from a HIV+ mother during reporting period.
	3.3a	Registered percentage of child HIV infections from HIV-positive women delivering in the past 12 months	No - Indicator Not Relevant	No Data Available	NO known (P)MTCT HIV cases diagnose during reporting period.

	3.4	Percentage of pregnant women with known HIV status	Yes – Indicator Relevant	Total ANC Attendees = 2634 Total ANC HIV test = 2169 Laboratory & ANC RH Registry	During reporting period, 82.3% of pregnant women attending ANC were tested for HIV with provision of results. No known HIV+ antenatal clients was diagnose during 2015. Data excluding the two Niuas as no laboratory service available at SDPs.
	3.5	Percentage of pregnant women attending ANC whose male partners were tested for HIV during pregnancy	Yes – Indicator Relevant	No Data Available	Partners are involved with testing should the mothers are tested positive for other STIs. Partners are tested and both are treated for STI, however HIV screening is voluntary should the partner request yet general counseling with provision of information and condom is made available at ANCs or SDPs.
	3.7	Percentage of HIV-exposed infants who initiated ARV prophylaxis	No - Indicator Not Relevant	No Data Available	NO known HIV infected infant born during the reporting period.
	3.9	Percentage of HIV-exposed infants started on CTX prophylaxis within 2 months of birth	No - Indicator Not Relevant	No Data Available	NO known HIV infected infant born during the reporting period.



Target 4.

Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015

D. Treatment	4.1	Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Yes – Indicator Relevant	0% receiving ART ART Registry	The two PLHIV currently enroll in the HIV Treatment and Care Support Program provided by the Ministry of Health have NOT adhere with the treatment during the reporting period.
	4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	Yes – Indicator Relevant	Stopped Therapy ART Registry	The PLHIV initiated ART in 2014 stopped therapy during the reporting period.



	4.2a	Percentage of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy in 2013	Yes – Indicator Relevant	Stopped Therapy ART Registry	The PLHIV initiated ART in 2013 stopped therapy during the reporting period.
	4.2b	Percentage of adults and children with HIV known to be on treatment 60 months after initiation of antiretroviral therapy in 2010	Yes – Indicator Relevant	No Data Available	NONE of the PLHIV clients on ART were on treatment for more than 3 years.
	4.3	Percentage of people currently receiving HIV care	Yes – Indicator Relevant	0 enrollment to the Treatment Care Support Program Program Records	NO new HIV case enrolled in the HIV Treatment Care and Support Program during the reporting.
	4.4	Percentage of facilities with stock-outs of antiretroviral drugs	Yes – Indicator Relevant	0% Stock Out Program Records	NO ARV stock out experienced during reporting period
	4.5	Percentage of HIV positive persons with first CD4 cell count < 200 cells/ μ L in 2015	Yes – Indicator Relevant	0 Diagnose Program Records	NO new HIV case diagnose during the reporting period.
	4.6	Percentage of adults and children receiving ART who were virally suppressed in the reporting period (2015)	Yes – Indicator Relevant	No Data Available	Less likely for both PLHIV to experience viral suppression since they did not adhere to the treatment for more 24 months.
	4.7	Total number who have died of AIDS-related illness in 2015	2015 Indicator Yes – Indicator Relevant	0 Death Program Records	NO AIDS-related death during the reporting period.





Target 5.

Reduce tuberculosis deaths in people living with HIV by 50% by 2015.

<p><i>I.HIV and other disease</i> 11a. Tuberculosis</p>	<p>11.1</p>	<p>Percentage of estimated HIV-positive incident tuberculosis (TB) cases that received treatment for both TB and HIV</p>	<p>No - Indicator Not Relevant</p>	<p>No Data Available</p>	<p>Total of 13 TB cases reported in 2015, NONE were tested positive for HIV therefore NO co-infection management. NO latent TB ever reported from Tonga.</p>
	<p>11.2</p>	<p>Total number of people living with HIV having active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period</p>	<p>No - Indicator Not Relevant</p>	<p>No Data Available</p>	
	<p>11.3</p>	<p>Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period</p>	<p>No - Indicator Not Relevant</p>	<p>No Data Available</p>	
<p>11b. Hepatitis</p>	<p>11.4</p>	<p>Proportion of persons in HIV care who were tested for hepatitis B</p>	<p>2015 Indicator Yes – Indicator Relevant</p>	<p>100% HepB Tested Program Records</p>	<p>Both PLHIV registered and receiving on HIV Care were Non-Reactive to HBsAg during the reporting period.</p>
	<p>11.5 – 11.7</p>	<p>Indicator 11.5 – 11.7 related to treatment and co-infection Management of HIV/Hepatitis</p>	<p>Yes – Indicator Relevant</p>	<p>No Data Available</p>	
<p>11c. Sexually Transmitted Infections (STIs)</p>	<p>11.8</p>	<p>Percentage of pregnant women accessing antenatal care (ANC) services who were tested for syphilis</p>	<p>Yes – Indicator Relevant</p>	<p>Total ANC Attendees = 2634 Total ANC RPR test = 2103 Laboratory & ANC Registry</p>	<p>During reporting period, 79.8% of pregnant women attending ANCs were tested for Syphilis with provision of results. Data excluding the two Niuas as no laboratory service available at SDPs.</p>

	11.9	Percentage of antenatal care attendees who were positive for syphilis	Yes – Indicator Relevant	0% Reactive RPR Laboratory Registry	A total of 2103 ANC clients were tested for Syphilis and 2 were reactive for RPR , both were counseled and treated.
	11.10	Percentage of antenatal care attendees positive for syphilis who received treatment	Yes – Indicator Relevant	100% Treatment Rate Program Records	Of the two reactive for RPR, both clients were treated with counseling as well as contact tracing for partners.
	11.11	Percentage of reported congenital syphilis cases (live births and stillbirth)	No - Indicator Not Relevant	No Data Available	NO known congenital syphilis reported during reporting period.
	11.12	Number of men reporting urethral discharge in the past 12 months	Yes – Indicator Relevant	0.7% of men with urethral discharge Program Report	Male clients presented with urethral discharge are further investigated for Gonorrhea. Provision of treatment and counseling are readily available either through syndromic or etiological management.
	11.13	Number of adults reported with genital ulcer disease in the past 12 months	Yes – Indicator Relevant	No Data Available	Data collated during reporting period were NOT specifically stated genital ulcer therefore NO specific data to inform this indicator.
 Target 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries					
E. AIDS Spending	6.1	Domestic and international AIDS spending by categories and financing sources	Yes – Indicator Relevant	Total AIDS Spending USD\$118390.27	National Program is financially supported mainly from GFATM, Government budget plus other bilateral or international donors.
 Target 7. Eliminating gender inequalities					
F. Gender	7.1	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.	Yes – Indicator Relevant	No Data Available	The lasted study conducted on GBV/DV was in 2012 and data has been reported on previous GARPR report.

 Target 8. Eliminating stigma and discrimination					
G. Stigma and Discrimination	8.1	Discriminatory attitudes towards people living with HIV	Yes – Indicator Relevant	No Data Available	Social stigmatization and discrimination continues to be a barrier to the treatment and care of PLHIV.
 Target 10. Strengthening HIV integration					
H. Health Systems Integration	10.2	Proportion of the poorest households who received external economic support in the last 3 months	Yes – Indicator Relevant	No Data Available	Government does NOT have a specific scheme to address this but have implement effectively incentive pay for elderly and providing assistance to people living with disability.

6.0 Best Practices

Tonga has done well in keeping a very low prevalence of HIV as it reached 2015. Ministry of Health with support from Global Fund ensures that HIV testing is readily available either through provider initiated or volunteer.

Millennium Development Goals milestones,⁶ as it reaches 2015 Tonga has very good progress towards achieving Targets on HIV prevalence and universal access to both service and treatment. This attributes to strong degree of State and stakeholders support.

Marking of World AIDS Day highlights national efforts of raising awareness on HIV/AIDS and other STIs. Ministry of Health together with key Stakeholders marked 16 Days of Activism with focus on commemorating specific international or national marking date. During this time, outreach program to communities, media programs, involvement of schools and having key partners collaboratively working together *strengthen partnership* which add volume to messages delivered during this two weeks campaign.

7.0 Challenges and the role of Policy Direction and Support

While Tonga is able to maintain low prevalence of HIV, the prevalence rate of STIs has not come down to level or better than the baseline set at 2008 SGSS (12.8%)⁷. From the MOH (CD Section), the laboratory results for STIs had been rising since 2007 and most positive results were picked up from antenatal clients as the largest population screened. During the reporting period, technical setback leads to break in testing which hinders other STIs surveillance hence most clients were syndromic managed. Testing for Chlamydia ceased half way through the year as the Grant support shifted to syphilis screening. The country priority is with the concern of high prevalence of Chlamydia, Gonorrhoea and co-infection. Ministry of Health is seeking assistance to ensure sustainability of other STIs testing and management as per country priority.

Currently, Tonga does not have HIV legislation. However, HIV is considered under the Public Health Act as a notifiable disease. Legislation can become the instrument for creating an enabling environment for greater protection and preventing stigma and discrimination on the basis of HIV status. The rights of PLHIV would be effectively secured if the legislative framework is in place. The national program have recognized this as priority and have included it as a strategic intervention to work towards, starting 2016 by considering the policy recommendation stated on Tonga's final MDGs Report.

⁶ Government of Tonga (GOT) & United Nations (2015): **Tonga Millennium Development Goals Final Report**. Tonga

⁷ Kupu S. (2013, December) Tonga: **The Response Fund End of Project Evaluation**. Nuku'alofa. Tonga CCM

While the National Strategic Plan is in place, the capacity to implement the monitoring and evaluation system is weak due to lack of resources and capacity. National program should focus in strengthening surveillance system as well as capacity development of service providers to improve surveillance, database management and quality of reporting at all level.

8.0 Conclusion

In conclusion, Tonga will continue its commitment on the implementation of the *2011 Political Deceleration on HIV and AIDS*, through expending efforts in raising awareness on HIV/AIDS and other STIs and prepare to deals with its complex challenges. The Government through the Ministry of Health will continue to strengthened partnership and cooperation with civil society organizations and key stakeholders directly involved with the work on HIV, AIDS and other STIs.

As stated on the final MDG Report, Tonga will continue to fight against the spread of HIV/AIDS and other STIs. The National Program will ensure continuity of effective implementation of prevention intervention and protection of Tonga's population from HIV infection with MOH in partnership with key stakeholders sharing the responsibilities. Sustainability of the Program is to be considered a priority for future planning.

The transition from **MDG 6 - Combat HIV, malaria and other diseases** to **SDG 3 - Ensure healthy lives and promote wellbeing for all at all ages** continue to re-enforce commitment from State and key Stakeholders in working towards achieving the country relevant Targets of the *2011 Political Declaration on HIV and AIDS*.



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9.0 References

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