Republic of the Marshall Islands National HIV/AIDS Strategic Plan 2006-2009

Preface

The Republic of the Marshall Islands (RMI) is currently experiencing a concentrated/low level HIV epidemic; however, complex risk behaviors and settings exist in the RMI that may contribute to a generalized HIV epidemic. The existence of an emerging commercial sex trade and an active transactional sex trade, combined with the influx of international seafarers, multiple and concurrent sexual partners within Marshallese society, high rates of sexually transmitted diseases (STDs) and teen pregnancy, as well as minimal condom usage, may all impact the spread of HIV infection in the Marshall Islands.

As part of the process to develop the Ministry of Health's National HIV/AIDS Strategic Plan for 2006-2009, a community planning workshop was held in April 2005, with fifty-nine participants from government sectors, the community, churches, non-governmental organizations (NGOs) and youth gathering to set priorities and create a plan for addressing HIV infection in the Marshall Islands. The following document is intended as a resource to enhance the Marshall Islands response to addressing HIV/AIDS in the Republic of the Marshall Islands. This plan is a community response to HIV, and will attempt to address the decisive geographic, socio-cultural, political, economic, health and legal factors which may impact the spread of HIV using Marshallese values and beliefs as the backbone to the response.

ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
ART	Anti-Retroviral Therapy
CDC	Centers for Disease Control and Prevention
CPG	Community Planning Group
EPPSO	Economic Policy, Planning and Statistics Office
HIV	Human Immunodeficiency Virus
HRSA	Human Resources Services Administration
IEC	Information, Education, Communication
AKTS Inc	Aelon Kein Technical Support
M&E	Monitoring and Evaluation
MICNGOS	Marshall Islands Council of NGOs
MIMRA	Marshall Islands Marine Resource Agency
MOE	Ministry of Education (Marshall Islands)
MOF	Ministry of Finance (Marshall Islands)
MOH	Ministry of Health (Marshall Islands)
MOIA	Ministry of Internal Affairs (Marshall Islands)
MOJ	Ministry of Justice (Marshall Islands)
MOU	Memorandum of Understanding
MSM	Men-who-have-sex-with-men
NGO	Non-governmental organization
OMH	Office of Minority Health
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child (HIV) Transmission
PRHP	Pacific Regional HIV/AIDS Project
RMI	Republic of the Marshall Islands
SPC	Secretariat of the Pacific Community
STDs	Sexually Transmitted Diseases
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
VCCT	Voluntary and Confidential Counseling and Testing
WAM	*Wan Aelon in Majel*
WHO	World Health Organization
WUTMI	Women United Together in the Marshall Islands
YTYIH	Youth to Youth in Health

National HIV/AIDS Strategic Plan 2006-2009:

1. Introduction

What is HIV?

HIV stands for Human Immuno-Deficiency Virus which is a virus that attacks the immune system of the body, bringing about various changes within the body of the infected person and ultimately progresses into to Acquired Immuno-Deficiency Syndrome (AIDS).

HIV is transmitted (spread) through the following ways:
1. Unprotected sexual activity when there is exchange of body fluids, such as semen, vaginal fluids and/or blood
2. Unscreened blood and blood products: blood transfusion, contaminated needles, tattooing, ear piercing
3. Mother to child transmission and breastfeeding

When someone has HIV, their body does not fight off diseases, like the flu or cancers, and the person may become very sick if not treated with medications. However, Marshallese communities can work together to support people with HIV infection, so that they may mange their health and wellbeing and continue to contribute to Marshallese society.

The Global and Pacific Picture

According to UNAIDS estimates, more than 40.3 million people worldwide are infected with HIV, with more than three million dying in 2005 from AIDS related conditions. Each day more than 14,000 new HIV infections occur, with more than 50% of these infections are in people under (less than) 24 years of age. In the Pacific region, an estimated 74,000 people are living with HIV.

Cumulative reported HIV, AIDS and AIDS death cases, crude incidence rates, gender & cases with missing details: All Pacific Islands Countries and Territories, New Zealand & Australia to 31st December 2004 (or date specified*)

Country / Region	Mid year population (2004)	Cumulative Cases			Cumulative HIV incidence		Gender (HIV)		Missing details (HIV)		
		HIV (including AIDS)	AIDS (incl. deaths)	AIDS related deaths	Crude rate per 100,000 (99% CIs)	Age-adjusted rate per 100,000 (99% CIs)	M	F	Sex	Age†	Exposure
MELANESIA	**7,444,100**	**11,600**	**2,061**	**422**	**155.8 (152.1 to 159.6)**	**151.1 (147.4 to 154.8)**	**5,674**	**5,276**	**650**	**4,436**	**8,693**
MELANESIA (excluding PNG)	**1,748,800**	**461**	**135**	**69**	**26.4 (23.2 to 29.5)**	**25.3 (22.2 to 28.4)**	**311**	**147**	**3**	**12**	**26**
Fiji Islands	836,000	182	30	17*	21.8 (17.6 to 25.9)	19.9 (16.1 to 23.7)	109	73	0	1	2
New Caledonia	236,900	272	101	50	114.8 (96.9 to 132.7)	100.9 (84.9 to 117.0)	200	69	3	11	24
Papua New Guinea	5,695,300	11,139	1,926	353	195.6 (190.8 to 200.4)	191.2 (186.4 to 196.0)	5,363	5,129	647	4,424	8,667
Solomon Islands	460,100	5	2	2	1.1 (0.2 to 3.1)	1.2 (0.3 to 3.3)	2	3	0	0	0
Vanuatu	215,800	2	2	0	0.9 (0.0 to 4.3)	0.8 (0.0 to 3.5)	0	2	0	0	0
MICRONESIA	**536,100**	**286**	**159**	**116**	**53.3 (45.2 to 61.5)**	**47.9 (40.4 to 55.3)**	**213**	**69**	**4**	**18**	**59**
Federated States of Micronesia	112,700	25	15	12	22.2 (12.4 to 36.4	21.4 (12.0 to 35.2	14	11	0	6	8
Guam	166,100	168	97	67	101.1 (81.1 to 121.2)	89.5 (71.5 to 107.4)	145	23	0	0	34
Kiribati	93,100	46	28	23	49.4 (32.7 to 71.5)	49.3 (32.6 to 71.3)	30	16	0	8	8
Marshall Islands	55,400	10	2	2	18.1 (6.7 to 38.6)	16.5 (6.1 to 35.2)	3	3	4	4	4
Nauru	10,100	2	1	1	19.8 (1.0 to 91.8)	16.6 (0.9 to 76.8)	2	0	0	0	1
Northern Mariana Islands	78,000	27	12	8	34.6 (19.9 to 55.8)	24.8 (14.2 to 39.9)	14	13	0	0	4
Palau	20,700	8	4	3	38.6 (12.4 to 89.7)	27.2 (8.7 to 63.1)	5	3	0	0	0
POLYNESIA	**635,750**	**283**	**115**	**79**	**44.5 (37.7 to 51.3)**	**44.6 (37.7 to 51.6)**	**202**	**81**	**0**	**1**	**5**
American Samoa	62,600	3	1	0	4.8 (0.5 to 17.5)	4.2 (0.5 to 15.3)	2	1	0	0	0
Cook Islands	14,000	2	0	0	14.3 (0.7 to 66.2)	12.7 (0.7 to 58.7)	1	1	0	0	0
French Polynesia	250,500	243	94	61	97.0 (81.0 to 113.0)	89.9 (74.8 to 104.9)	175	68	0	0	4
Niue	1,600	0	0	0	-	-	0	0	0	0	0
Pitcairn Islands	50	0	0	0	-	-	0	0	0	0	0
Samoa	182,700	12	8	8	6.6 (2.7 to 13.2)	7.2 (3.0 to 14.5)	8	4	0	0	0
Tokelau Islands	1,500	0	0	0	-	-	0	0	0	0	0
Tonga	98,300	13	9	8	13.2 (5.7 to 25.9)	14.5 (6.2 to 28.4)	7	6	0	1	1
Tuvalu	9,600	9	2	2	93.8 (32.6 to 208.3)	102.7 (35.7 to 228.1)	8	1	0	0	0
Wallis and Futuna	14,900	1	1	0	6.7 (0.0 to 49.9)	5.3 (0.0 to 39.6)	1	0	0	0	0
All PICTs	**8,615,950**	**12,169**	**2,335**	**617**	**141.2 (137.9 to 144.5)**	**136.5 (133.2 to 139.7)**	**6,089**	**5,426**	**654**	**4,455**	**8,757**
All PICTs (excluding PNG)	**2,920,650**	**1,030**	**409**	**264**	**35.3 (32.4 to 38.1)**	**33.6 (30.9 to 36.3)**	**726**	**297**	**7**	**31**	**90**
New Zealand	3,993,817	1,975	845	607	49.5 (46.6 to 52.3)	44.5 (41.9 to 47.1)	1,657	300	18	98	343
Australia*	19,731,984	23,306	9,260	4,521	118.1 (116.1 to 120.1)	110.7 (108.8 to 112.6)	21,476	1,510	260	213	3,716

***Reporting period: to 31st December 2004 except for: Australia (December 2003); Fiji – AIDS related deaths (December 2001).**

†Numbers of cases for whom age was estimated for inclusion within age-adjusted HIV rates.

All data are supplied by official country reporting authorities. All data are subject to revision.

Reported cases do not reflect total disease burden. Case numbers are influenced by access to testing, testing uptake & notification rates.

Source: AIDS Section, Public Health Programme, Secretariat of the Pacific Community (www.spc.int/aids) (Table date: 20th December 2005).

2. Overview

The Marshall Islands strategic plan on HIV outlines the fundamental principles and broad strategies, as well as the institutional framework that is needed in order to prevent the spread of the HIV virus. Globally, over the past twenty years, many different approaches have been adopted in an attempt to slow the spread of HIV and minimize its impact on individuals, families and society. The most effective responses are those designed to meet the specific needs of the country by focusing on the particular situations that make people vulnerable to HIV and its impacts, as well as utilizing the existing strengths and resources in order to address the complexities of HIV/AIDS.

The National HIV/AIDS Strategic Plan 2006-2009 for the RMI was developed using various processes including multisectoral consultations, symposiums and discussions with those that actively work with HIV/AIDS issues in government and civil society organizations. This plan is the first attempt by the Government and civil society to create a national strategy on HIV.

The coordination of HIV/AIDS activities will be lead by the Ministry of Health and driven by the Community Planning Group (CPG), which will be re-convened and invigorated with the support of the Ministry of Health and the Centers for Disease Control and Prevention. One of its functions of the CPG will be to inform the Ministry of Health, which in turn will keep Government leaders apprised of the programme's needs and progress.

The support and commitment from President Note and his Cabinet, the Speaker of the Nitijela, and other prominent and distinguished citizens, institutions and organizations has facilitated in the strengthening of strategies, programmes and activities spearheaded by the Ministry of Health to effectively prevent, manage and control the potential devastating impact of HIV/AIDS in the Marshall Islands.

The Honorable Minister for Health and the Secretary for Health continue to provide the motivation and momentum in order for us to achieve success in preventing the spread of HIV infection in the RMI.

3. 1 Guiding Principles

After a review of Marshallese beliefs, values and customs, as well as consideration of international covenants and conventions the Republic of the Marshall Islands (RMI) has agreed to, such as the *Pacific Regional HIV/AIDS Strategy*, the *UNGASS Declaration on HIV/AIDS*, and upholding the ideals within Marshallese legislation and Constitution, the following guiding principles were developed. These fundamental principles are basis for the development of the HIV/AIDS Strategy and are reflective of the RMI Government commitment to the Marshall Islands Constitution, international conventions and to Marshallese cultural values and laws.

- All people, regardless of age, gender, religion and race, have free and equal access to accurate awareness information and education about HIV/AIDS, and how to prevent HIV/AIDS in their own language.
- All people have equal access to affordable and confidential testing, treatment and counseling.
- All people have rights, including people living with HIV/AIDS, which are protected by government, legislation and through community support.
- All communities are encouraged to preserve partnerships between government, health providers, churches, NGOs, private sector and civil society to educate the community about HIV/AIDS and provide care and support to people living with HIV/AIDS.
- All communities do acknowledge the basic need to maintain healthy and strong cultural, traditional and religious values to sustain effective means in the prevention, treatment and control of STDs and HIV/AIDS.
- All people who are tested for HIV have the right to know their HIV result and that this result is confidential.
- All adolescent youth (aged 12-19) have the right to access testing without parental consent.
- All persons living with HIV have the right to refuse treatment, and they have the right to choose whether or not to disclose their HIV status publicly.
- Everyone has the right to access the best biomedical/western medical care and traditional medicine that the society can offer.
- All communities should have appropriate legislation and policies are enacted and enforced to support the National HIV/AIDS Strategic Plan.
- Every culture holds strong family ties and community support that will provide love, care and necessary comfort for members of families infected and affected by HIV/AIDS.

3.2 Institutional Framework

The following organizations have been identified by the workshop participants as vital partners in the fight against the spread of the HIV virus in the Marshall Islands.

Overseas Agencies	Government Ministries	NGOs	Private Sector
WHO	Office of the President	YTYH- Youth to Youth In-Health	Shipping agents
UNDP	MOH- Ministry of Health	WUTMI-Women United Together in the Marshall Islands	Chamber of Commerce
UNFPA	MOE- Ministry of Education	Churches	
CDC	MOJ – Attorney General and Police	AKTS Inc	
SPC	MOF- Ministry of Finance	Mission Pacific	
ADB	MOIA-Ministry of Internal Affairs	WAM - Wan Aelon in Majel	
PRHP	MIMRA- Marshall Islands Marine Resource Agency	Kijle	
HRSA	Fisheries Training Institute	MICNGOs	
Other donor agencies			

4. Priority Areas

The primary goal of the RMI National HIV/AIDS Strategic Plan is:

To stabilize and reduce the incidence of HIV and other STDs in the Marshall Islands among most-at-risk-populations and to prevent the spread of HIV to the general population.

Fifty-nine participants from diverse sectors of Marshallese society attended the first RMI HIV/AIDS strategic planning session in April 2005, and five (5) *Priority Areas* were identified. Using a democratic process, the group discussed the importance of each Priority Area and then as a group, selected the priority areas through a voting process.

Using the UNAIDS focus areas as a reference point, the five *Priority Areas* decided upon were:

1. **Coordinating the responses to HIV/AIDS;**
2. **Preventing and controlling Sexually Transmitted Diseases (STDs);**
3. **Reducing vulnerability;**
4. **Care and support for people living with and affected by HIV/AIDS;**
5. **Providing a safe blood supply.**

5. Coordinating the Response to HIV/AIDS

The RMI National HIV/AIDS Strategic Plan is the outcome of a HIV/AIDS planning session held in April 2005. Participants from the workshop chose an area to work in to establish our strategic plan. The dedication from the *Community Planning Group* (CPG) and the support from Government are greatly sought after in order to fulfill this strategic plan to minimize the spread of HIV virus.

The RMI National HIV/AIDS Strategic Plan is a working document that will identify how each government agency, non-governmental agency, members of civil society and community will work together to deal with issues related to HIV/AIDS and STDs in the Marshall Islands. The Ministry of Health's theme focuses on "health as a shared responsibility", which clearly identifies the need for coordination, collaboration and team-work among all the agencies and organizations listed. No program will be successful without having the necessary means that will sustain effective, affordable and appropriate responses to HIV/AIDS. Each culture, individual and each community is distinctive, and so responses to HIV/AIDS will be distinctive as well. Bringing different agencies and community is necessary in order to have a plan that is acceptable and appropriate to the needs of the country.

Target Group(s)

- Community Planning Group (CPG)
- Members of Cabinet
- Members of the Nitijela
- Civil society and
- Citizens and residents of the RMI

5.1 Purpose

To develop and coordinate a national effort involving government ministries, NGOs, churches and civil society to better coordinate programs, services and issues related to HIV/AIDS and STDs in the Marshall Islands.

5.2 Objectives

i. To gain support for the successful implementation of the strategic plan
ii. To advocate with governmental ministries and agencies, traditional leaders, NGOs, churches and civil society of the importance of addressing HIV/AIDS in the Marshall Islands.
iii. To revitalize the Community Planning Group (CPG) and include representatives from diverse sectors of society.
iv. To increase awareness of HIV/AIDS and STDs in the Marshall Islands among government and community leaders

5.3 Barriers

The following barriers to successful coordination of HIV/AIDS and STD related activities were outlined by the planning group:

- Culturally taboo nature of discussing sex and sexuality
- Limited financial resources within civil society for organizational capacity development
- Limited skilled human resources within the government and civil society
- Limited knowledge about HIV/AIDS within the government, civil society and the community
- Limited cooperation due to poor communication / networking between and among various groups
- Multiple tasks and responsibilities of current staff and volunteers
- Geographical setting - isolated and scattered communities

5.4 Opportunities

The following opportunities for successful coordination of HIV/AIDS and STD related activities were outlined by the planning group:

- Public awareness and education
- Early control and prevention
- Community participation
- Multi-sectoral response

Purpose

To coordinate a national effort involving government ministries, NGOs, churches and civil society to better address STDs and HIV/AIDS in the Marshall Islands.

Objective	Strategy	Outputs & Activities	Who is Involved	Budget & Source
1. To support the successful implementation of the strategic plan and service delivery	1.1 Mobilization of Resources	1.1.1 Design performance based budgets	MOH (Secretary of Health and staffs including Health Planner) CDC	Compact Fund Salary-$30,000/year

		1.1.2 Complete annual proposals 1.1.3 Complete monthly, quarterly and annual reports on time 1.1.4 Submit international reports: UNGASS and MDG reports on time	HRSA ADB Other donor agencies	
	1.2 Program Management and Coordination	1.2.1 Communicate with CDC, HRSA, ADB OMH for program related support once a month through email, phone or in person meetings	Secretary of Health Assistant Secretaries of Health- KAHCB and Primary Health Care Primary Health Care Administrator/Director	Compact Fund Salary- $30,000/year
		1.2.2 Develop MOUs between the MOH and at least 3 different government ministries, NGOs, churches etc… to implement specific activities within the work plan.	Minister of Health Secretary of Health	Compact Funding General Fund

		1.2.3 Ensure representation from Ebeye at all HIV related meetings and site visits by Federal and International organizations	Secretary of Health Assistant Secretary of Health KAHCB	$10,000 Health Fund
	1.3 Skills Building on Quality Assurance	1.3.1 20 people from across RMI participate in skills building workshops on monitoring and evaluation and project design management over the next two years	CPG members HIV/AIDS program staffs and NGO members CDC	$5000 CDC-HIV Prevention
2. To convince leaders of ministries, NGOs, churches and civil society of the importance of addressing HIV/AIDS	2.1 Advocacy	2.1.1 Publicly acknowledge various groups for successful implementation of work plan activities using the media and at MOH Christmas party	Minister of Health Secretary of Health	$1000-Health Fund
		2.1.2 Contact the Marshall Islands Journal and Radio stations for all HIV/AIDS related events.	Secretary of Health appoints the appropriate individual(s)	Compact Fund Salary-$30,000/year
		2.1.3 Keep a binder of all HIV/AIDS related media clippings	HIV/STD program staff	Ryan White Salary-19,000

		2.1.4 Distribute summary and minutes of CPG meetings to leaders from all sectors of society.	CPG chair and CPG secretary	Compact Fund Salary-$30,000/year
		2.1.5 Conduct Second Generation Surveillance among most-at-risk-populations to provide evidence for program development and policy formulation	Primary Health Care YTYIH WUTMI WAM SPC	SPC $ 40,000 Compact Fund Salary-$30,000/year
		2.1.6 Conduct a 2010-2013 National HIV Strategic Planning workshop	All members of the institutional framework, as well as additional agencies/organizations	CDC Prevention-$5,000
3. To revitalize the Community Planning Group (CPG) and include representatives from diverse sectors of society.	3.1 Skills Building	3.1.1 Attend two skills building workshops on advocacy	HIV program staffs CPG members CPG chair	CDC Prevention-$6,000 APLF technical assistance
		3.1.2 Conduct a CPG training workshop with the assistance of the CDC	Assistant Secretaries of Health – KAHCB and Primary Health Care HIV program staffs Health Planner CPG members CPG chair	CDC Prevention-$5000
	3.2. Program Management and Coordination	3.2.1 Invite two leaders from each sector of society to HIV/AIDS related meetings.	HIV program staffs CPG members CPG chair	CDC HIV Prevention

		3.2.2 Develop a recruitment plan for CPG to include all sectors of society.	Assistant Secretaries of Health – KAHCB and Primary Health Care CPG	$2000- CDC HIV Prevention
		3.2.3 Implement action steps to change the functioning and make up of the CPG, its By-laws, methods for establishing the chairmanship by December 30, 2006	CPG chair CPG	CDC HIV Prevention
		3.2.4 Gain government endorsement of the CPG, its By-laws and chairperson	Minister of Health	CDC HIV Prevention
		3.2.5 Give at least 1-2 week notice for CPG meetings	CPG chair	CDC HIV Prevention

6. Preventing and Controlling Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases (STDs) increasingly pose a threat to the Marshallese population due to increased mobility of the population and the increasing incidence of unprotected penetrative sexual intercourse with multiple partners among youth under thirty years of age. High rates of STDs are a risk factor for HIV infection, especially among women. Therefore, it is imperative that the Marshall Islands addresses high rates of STDs in order to prevent a generalized HIV epidemic.

Target Group(s)

- Youth aged 15-24
- Adults

6.1 Purpose

To prevent and reduce the incidence of HIV and STDs, and the control of existing HIV and STD cases in the Marshall Islands.

6.2 Objectives

- To increase awareness through appropriate, high quality, culturally sensitive, native language information, education and communication (IEC) materials.
- To increase awareness of available testing, treatment and counseling
- To increase testing, treatment and contact tracing
- To increase education on prevention methods including abstinence, faithfulness, condom use and less risky sexual activities.

6.3 Barriers

The following barriers to successful implementation of HIV/AIDS and STD related activities were outlined by the planning group:

- Lack of standardized confidential counseling and testing, with voluntary confidential counseling and testing almost non-existent
- Dislike of using condoms by the general community
- Cultural Values relating to fertility and childbearing
- Laws not enforced, such as the local curfews
- Reluctance of some religious communities to address sex, sexuality, teen pregnancy through education, awareness and behavior change
- High levels of alcohol and drug abuse
- Lack of knowledge/awareness of symptoms and complications of STDs

- Fear and shame related to STDs
- Fear of lack of confidentiality if tested and treated
- Limited IEC resources in Marshallese
- Lack of role models and parenting skills

6.4 Opportunities

The following opportunities for successful implementation of HIV/AIDS and STD related activities were outlined by the planning group:

- Public awareness and behavior change communication
- Use of theatre, print media and radio to educate
- Outreach through NGOs and churches
- Improving upon Pre and Post Test Counseling
- Workshops on HIV, STDs and teen pregnancy prevention with teachers, parents, families, churches
- Improving upon the existing Health Education Programs
- Sex education in schools through developing partnerships with the Ministry of Education and civil society
- Early diagnosis and treatment of STDs
- Prevention of unplanned pregnancies
- Development and enforcement of a *Confidentiality Policy*
- Developing and implementing an alcohol awareness program
- Increasing STD Testing
- Using peer counseling, especially with youth

Purpose:

To prevent and reduce the incidence of HIV and STDs, and the control of existing cases in the Marshall Islands.

Objectives	Strategy	Outputs & Activities	Who is Involved	Budget & Source
1.To increase the number and types of resources available for the creation of information, education and communication	1.1 Mobilization of Resources	1.1.1 Gain support of NGOs, businesses and churches for volunteers and in-kind donations	CPG Assistant Secretary of Health Primary Health Care Administrator/Director	Compact Fund Salary-$30,000/year

(IEC) materials		1.1.2 Access funds through grant writing and request technical assistance	Primary Health Care Administrator/Director Multi-lateral organizations Mission Pacific	CDC HIV Prevention $5000 Compact Fund Salary-$30,000/year
		1.1.3 Utilize Marshallese and international staffs to translate documents into Marshallese, Chinese and other languages	CPG HIV/AIDS program International staffs Mission Pacific	JICA/JOCV ROC Volunteers In-kind donation $3000 CDC HIV Prevention
2. To increase knowledge of HIV/AIDS and STDS, as well as available testing, treatment and counseling through appropriate, high quality, culturally sensitive, native language information, education and communication (IEC) materials.	2.1 Education and Behavior Change	2.1.1 Conduct a media campaign in Marshallese using video, TV, radio, print (brochures, posters, newspapers ads, articles)	WUTMI YTYIH PTA Churches HIV program staffs Health Education staffs CARE program Mission Pacific AKTS Inc. MOE staffs MOIA staffs (youth services, women's services) Businesses Traditional leaders Youth	CDC HIV Prevention-$5000 CDC STD Prevention-$5000 OMH HIV Small Grants-$15,000
		2.1.2 Create public service announcements targeting youth, educators, parents, religious organizations		
		2.1.3 Conduct outreach workshops using theatre, song, media		CDC Prevention-$2000

3. To increase voluntary confidential counseling, testing, treatment and contact tracing	3.1 Education	3.1.1 Continue HIV professional development: Continued Medical Education (CME) broadcasts, AETC workshops, CTR training	MOH CPG	CDC HIV Prevention-$24,000
		3.1.2 Include community members in training opportunities	CPG	Compact Fund Salary-$30,000/year
	3.2 Communications	3.2.1 Generate STD and HIV reports that include both Ebeye and Majuro (national picture)	MOH Assistant Secretaries of Health – KAPHC and Primary Health Primary Health Care Administrator/Director	CDC HIV Prevention-$5000
	3.3 Clinical Services and Clinical Program Management	3.3.1 Develop job descriptions for all staffs working in the HIV/STD program, which includes condom distribution to risk settings and monitoring condom distribution	Assistant Secretaries of Health – KAPHC and Primary Health Primary Health Care Administrator/Director	CDC HIV Prevention-$500
		3.3.2 Create measurement tools for data collection that reflect the monitoring and evaluation	Primary Health Care Administrator/Director HIV/STD program staffs Technical Assistance	CDC HIV Prevention $3000 CDC STD Prevention $3000

		framework		
		3.3.4 Review and revise national contact tracing protocol	HIV/STD program staffs Public Health Medexs	CDC STD Prevention $5000
		3.3.5 Treat all STD positive cases from all clinics and trace their partners and provide treatment and counseling	Reproductive Health staffs Hospital Clinicians and inpatient clinical nurses Pharmacy CDC, WHO	CDC STD Prevention-$15,000 Health Care Fund $150,000 $245,000-Gap in Funding Estimates for Chlamydia, Gonorrhea, and Syphilis, including pharmaceuticals, lab supplies and physician time
		3.3.6 Create and revise the risk assessment form and administer the form with all positive cases and their partners for both Ebeye and Majuro	HIV/STD program staffs CDC, WHO	CDC HIV Prevention-$2000
		3.3.7 Revise HIV/STD patient assessment form to include risk behaviors and pre and post-test counseling scripts	HIV/STD program staffs Human Services staffs	CDC HIV Prevention- $3000

		3.3.8 HIV and STD test kits are to be in stock at all times	Assistant Secretary of Health – Finance Assistant Secretaries of Health- Primary Health Care and KAHCB Hospital Administrators Supply and Procurement Laboratory staffs HIV/STD program staffs	Health Care Fund $75,000 CDC HIV Prevention $40,000
4. To increase education on prevention methods including abstinence, faithfulness, condom use and doing less risky sexual activities	4.1 Mobilize Resources	4.1.1 Assess the feasibility of the ADB youth clinic in Ebeye	MOIA YTYIH Youth Council EPPSO Local government Traditional Leaders AAPCHO	COST? Source?
		4.1.2 Train school principals, teachers, PTA, church leaders, peer educators on HIV and sexual health education.	YTYIH Mission Pacific Health Educators Youth Council	$10,000- Gap in Funding
		4.1.3 CPG members will develop skills in behavior change communication by attending workshops and training sessions.	WUTMI YTYIH Churches HIV program staffs Health Education staffs CARE program Mission Pacific AKTS Inc. MOE staffs MOIA staffs (youth	CDC HIV Prevention- $15000 SPC-technical assistance

			services, women's services) MOH MOE Schools Youth Churches Business Leaders CPG members SPC PRHP CDC	

7. Reducing Vulnerability

Reducing the vulnerability of specific groups has been identified as one of the *Priority Areas* identified by UNAIDS. The strategic planning group identified several situations and behaviors that place people at risk for HIV infection, such as limited access to correct information, unsafe sex, socio-economic factors and the high mobility of people in the Marshall Islands.

Target Group(s):

- Youth aged 15 to 24 years, including in and out of school youth
- Seafarers
- Women, including women engaging in commercial and transactional sex
- Men who have sex with men
- Outer Islands residents

7.1 Purpose

To reduce the risk amongst all vulnerable people of RMI, especially youths (school & non-school attendees), unemployed youth, commercial and transactional sex workers, low socio-economic groups, pregnant mothers & their children, and seafarers.

7.2 Objectives

i. To increase knowledge of HIV and AIDS through Information, Education and Communication (IEC) of HIV/AIDS in the schools, colleges, communities and outer islands
ii. To increase family planning adoption rate
iii. To improve prenatal checkups from 50% to 70-75% of all pregnant women.
iv. To increase the availability of condoms through the use of social marketing
v. To improve upon voluntary HIV and STD testing
vi. To decrease unemployment by increasing vocational skills and knowledge levels

7.3 Barriers

The following barriers for successful implementation of vulnerability reduction related activities were outlined by the planning group:

- Dislike of condoms
- Taboo nature of sex and sexuality
- High unemployment
- Limited number of youth programs throughout the country
- Changes in levels of parental guidance
- Low motivation of contraceptive use
- Limited safer sex negotiation skills
- Sex for money, alcohol or gifts
- Changes in attitudes from restrictive to casual sex
- High unemployment and limited economic growth
- Alcohol and drug abuse
- Fear and shame associated with positive HIV status
- Fear of lack of confidentiality.
- Limited IEC resources in Marshallese
- Slower pace of sex and health education
- Geographic isolation
- Early age of sexual initiation
- Lack of law enforcement, such as with commercial sex work
- Limited understanding by Marshallese citizens of the law and its relation to HIV/AIDS
- High mobility of people in the Marshall Islands
- Limited participation by men in family planning and sexual health programs
- Limited number of community organizations involved in reducing vulnerability
- Gender inequality
- Lack of legal age of consent
- Highest rate of teen pregnancy in the region
- Low levels of literacy and educational attainment levels
- Lack of enforcement of youth policy
- No cross-generational discussions on sensitive issues

7.4 Opportunities

The following opportunities for successful implementation of vulnerability reduction activities were outlined by the planning group:

- Social Marketing of condoms
- Research that can inform policy and leaders
- Prevention activities focused on youth, women who have sex for money or gifts, and seafarers
- Developing culturally appropriate IEC materials
- Revise school curricula

Purpose:

To reduce the risk amongst all vulnerable people of RMI, especially youths (school & non-school attendees), unemployed youth, commercial and transactional sex workers, low socio-economic groups, pregnant mothers & their children, and seafarers.

Objectives	Strategies	Outputs & Activities	Who is Involved	Budget & Source
1.To increase the awareness of HIV/AIDS in the schools, colleges, communities including outer islands	1.1 Sexual health education Social marketing Family planning campaign	1.1.1 To conduct periodical HIV/STD education activities • At all levels of the middle and high schools, colleges • Non school attendees and in the general communities • Church goers • Shipping vessels, & Docks • In and around clubs & bars	MOH, & MOE Health promotion & Human services Churches NGOs	Ministry of Education- $17,000 CDC HIV Prevention- $150,000 NGOs- $14000- Gap in funding
2. To increase the family planning adoption rate	2.1 Health Education Behavior Change Communication	2.1.1 Conduct a baseline assessment of rates of family planning adoption	Reproductive Health	$15,000- Gap in funding
		2.1.2 To review the existing reproductive health IEC materials & develop new reproductive health IEC materials in various languages to reach all target groups	Reproductive Health Health promotion & Human services, International volunteers Mission Pacific	$25,000- MCHS Preg./Child UNFPA Grant
		2.1.3 To train the trainers about sex education, BCC	Reproductive Health SPC CDC	$25,000- MCHS Preg./Child UNFPA Grant

		strategies and HIV/AIDS and conduct training workshops with public health and reproductive health staffs	UNFPA	
		2.1.4 To develop BCC campaigns to reach vulnerable groups e.g. sex workers, MSMs, and non school attendees	YTYIH WAM WUTMI Mission Pacific	$100,000-Gap in funding
3. To improve the prenatal coverage from 50% to 70-75%	3.1 Education Behavior Change Communication	3.1.1 To conduct community outreach targeting various women's groups, government ministries and the general community, to promote early attendance at prenatal clinics	MOH WUTMI	$7000-UNFPA
4. To increase the availability of condoms	4.1 Social marketing	4.1.1 Conduct condom marketing displays and demonstrations at Clubs & Bars, youth clinics and other community events	Health Education staffs YTYIH	$2000-Gap in Funding
		4.1.2 Develop a procurement and supply management strategy for condoms	Reproductive Health	$500- UNFPA

5. To improve upon voluntary STD and HIV testing	5.1 Education Program Capacity Building	5.1.1 Develop a CTR protocol with an emphasis on most-at-risk-populations, including men-who-have-sex-with-men, sex workers and seafarers	MOH YTYIH	CDC HIV Prevention $1000
		5.1.2 Attend annual trainings on CTR	MOH YTYIH Life Foundation	CDC HIV Prevention $24,000
		5.1.3 Develop a summary of grants and technical assistance available to RMI and access technical assistance for enhancing CTR	Secretary of Health Assistant Secretary of Health – KAHCB and Primary Health	Compact Fund Salary- $30,000/year
6. To support national efforts to decrease unemployment rates by increasing vocational skills and knowledge levels	6.1 Community Development	6.1.1 Develop skills in grant writing and management skills for the development of vocational and training programs	WAM WUTMI Church groups	$10,000-Gap in funding

8. Care and Support for People Living with and affected by HIV/AIDS

As part of the Strategic Planning process workshop, members of the government, NGOs, civil society, community members, and youth were given the task of identifying several priority areas towards developing a comprehensive approach to HIV/AIDS. Although there is no visible Marshallese face of HIV/AIDS in the Marshall Islands, the workshop participants realized that care and support for persons living with HIV/AIDS is crucial in controlling and HIV/AIDS epidemic. Therefore, it is vital that proper mechanisms be in place to support individuals living with HIV infection.

Target Group(s):

- People living with HIV.
- Pregnant mothers with HIV.
- Infants born to an HIV positive mother.

8.1 Purpose

To ensure that all people living with HIV/AIDS receive good quality care regardless of age, race, gender and religious beliefs.

8.2 Objectives

i. To provide physical, social and spiritual care and support to people living with HIV/AIDS and their family.
ii. To provide counseling and ARV medications for people living with HIV/AIDS.
iii. To develop and implement a national law which ensures that people living with HIV/AIDS are not discriminated or stigmatized against.

8.3 Barriers

Before the objectives and goal can be achieved, a number of **barriers** will have to be overcome so that Marshallese society can provide efficient, quality and compassionate care and support for people living with HIV/AIDS.

- Limited access to ARV medication.
- No Protocol for PEP (post-exposure prophylaxis).
- No PMTCT (Prevention of Mother to Child Transmission) protocol.
- Lack of Information and Training
- Lack of human resources and funding
- Discrimination/Stigma/ Ignorance
- Limited political will
- Limited participation of NGOs and churches in caring for people living with HIV/AIDS
- Limited implementation of Universal Precautions.
- Length of time it takes to receive results of confirmation testing
- Limit understanding of shipping protocols for blood samples
- Limited understanding of test kit procurement procedures

8.4 Opportunities

Although there are many barriers, **opportunities** exist within Marshallese society to fulfill the objectives and goal of providing care and support for people living with HIV/AIDS.

- Education, such as with counseling staffs
- Extended family support and care
- Increasing pastoral care
- Links with other agencies and churches
- Develop counseling skills
- Access funding through Ryan White grant and ADB
- Provide PEP training to the health workers.

Purpose: To ensure that all people living with HIV/AIDS should received good quality care regardless of age, race, gender and religious beliefs.

Objectives	Strategies	Outputs & Activities	Who is Involved	Budget & Source
1.To provide psychological, physical, social and spiritual support to people living with HIV	1.1 Spiritual and Social Support	1.1 Conduct HIV 101 and 102 sessions with local churches and NGOs	Pastors and local churches HIV/STD program staffs	$8000-Gap in Funding
		1.2 Distribute IEC materials to clinics, schools, government agencies, NGO and churches	HIV/STD program staffs	Compact Fund Salary-$30,000/year
	1.2 Counseling Services	1.2.1 Referral of HIV positive individuals and their families to human services for counseling services in partnership with clinical services	HIV/STD program staffs Human Services	Compact Fund Salary-$30,000/year
	1.3 Nutritional Support	1.3.1 Provision of nutritional supplements (vitamins) to people living with HIV	HIV/STD program staffs Pharmacy	$300 Ryan White
		1.3.2 Provision of nutritional supplements (food) to people living with HIV	Salvation Army	$6000 Gap in Funding

	1.4 Clinical Care	1.4.1 Treatment of opportunistic infections within the current capacity of the MOH	HIV/STD clinical staffs Inpatient staffs Pharmacy	$75,000 General Fund Only estimates for oral thrush, TB and pneumonia, including patient bed, pharmaceuticals, lab supplies and physician time
		1.4.2 Treatment of patients with ARV	HIV/STD clinical staffs Pharmacy	$900,000 $150,000-Ryan White $750,000-Gap in funding
		1.4.3 Monitoring of patient's CD4 and viral load every three months	HIV/STD clinical staffs Laboratory staffs	$10,000-Gap in Funding
	1.5 Program Capacity Building	1.5.1 Develop partnerships with AETC for clinical consultations and conference calls	Secretary of Health Assistant Secretaries of Health – Primary Health Care/KAHCB HIV/STD clinical staff	CDC HIV Prevention-$4000
		5.1.2 Advocate for PeaceSat communications capabilities for Ebeye to participate in HIV related tele and videoconference calls	Secretary of Health Assistant Secretary of Health KAHCB	$70,000 Ebeye Special Needs (Compact)
2. To conduct a needs assessment outlining the future provision on ARV in the Marshall Islands	2.1 Program Capacity Building	2.1.1 Conduct a needs assessment, including technical capacity and resources available for the successful and	Secretary of Health Assistant Secretaries of Health – Primary Health Care/KAHCB	$12,500-Gap in funding

		sustainable provision of ARV and treatment of opportunistic infections	WHO CDC HRSA	
		2.1.2 Secure resources for relevant technical assistance	Assistant Secretaries of Health – Primary Health Care/KAHCB	$2000-CDC Prevention
3. To develop sustainable treatment protocols	3.1 Program Capacity Building	3.1.1 Develop and implement a clinical and treatment guideline for the people living with HIV/AIDS and family, including an ARV procurement and supply management strategy	Secretary of Health Assistant Secretaries of Health – Primary Health Care/KAHCB HIV/STD staffs HRSA CDC WHO	Compact Fund Salary-$30,000/year
		3.1.2 Conduct local hospital based training on lab shipping protocols and HIV related laboratory test performed	Laboratory Staffs Public Health Staffs	Compact Fund Salary-$30,000/year
		3.1.3 Develop and implement a Mother-to-Child Transmission treatment protocol, including a procurement and supply management strategy	Secretary of Health Assistant Secretaries of Health – Primary Health Care/KAHCB HIV/STD staffs	Compact Fund Salary-$30,000/year
		3.1.4 Develop a national PEP (Post exposure prophylaxis) protocol	Secretary of Health Assistant Secretaries of Health – Primary Health Care/KAHCB HIV/STD staffs	Compact Fund Salary-$30,000/year

		3.1.5 Secure resources for national HIV related protocol development workshop and relevant technical assistance	Secretary of Health Assistant Secretaries of Health – Primary Health Care/KAHCB Associate Primary Health Administrator/Director	Compact Fund Salary-$30,000/year
4. To develop and implement a national law which prevents people living with HIV being stigmatized and discriminated against	4.1 Legislative Review and Legal Advocacy	4.1.1 Assess the existing law and policy on HIV/AIDS/STD using the UNDP and WHO legal reviews as a point of reference by December 31, 2006.	HIV/STD staffs CPG Assistant Secretary of Primary Health/KAHCB Secretary of Health. Attorney General Minister of Health. Speaker of Nitijela. UNDP WHO	Compact Fund Salary-$30,000/year
		4.1.2 Include lawyers in Attorney Generals office in HIV related trainings		Compact Fund Salary-$30,000/year
		4.1.3 Ensure that health providers and the public are aware of laws and human rights relating to HIV/AIDS by conducting a series of workshops in partnership with the Attorney Generals Office.		$6,000-Gap in funding
		4.1.4 Advocate to the political and justice leaders to create a law which explicitly states the equal status of people living with HIV		Compact Fund Salary-$30,000/year

9. Providing a safe blood supply

Target Group(s)

- All recipients of blood and blood products.
- Laboratory staffs

9.1 Purpose

To ensure safe blood and blood products at the hospital.

9.2 Objectives

i. To develop blood screening services into blood transfusion services
ii. To develop pre and post test counseling skills of laboratory staffs.

Currently the RMI attempts to screen all blood and blood products for HIV, syphilis and Hepatitis B antigen and use a standard blood and blood product testing and screening protocol. However, opportunities exist to improve upon procurement of HIV test kits, as well as the counseling skills of laboratory staffs to screen donors who may be within the window period of HIV infection.

9.3 Barriers

Some of the key barriers to providing a safe blood supply in the Marshall Islands include:

- Insufficient resources and funding
- Limited counseling skills of laboratory staffs
- No blood banks throughout the country
- Limited screening of blood donors prior to donation that addresses risk behavior and settings
- Limited record keeping of donor details and information
- Difficulties in test kit procurement and supply management
- Cultural belief regarding blood donation

9.4 Opportunities

Although there are many barriers, **opportunities** exist within Marshallese society to fulfill the objectives and goal of providing a safe blood supply.

- Voluntary donations
- Surveillance of HIV prevalence through passive surveillance
- Improve upon knowledge of laboratory staff
- Provide pre and post test counseling services
- Developing a comprehensive questionnaire for volunteer/family donors that includes risk behaviors
- Develop a protocol for quality assurance
- WHO technical and logistic support
- Contact tracing and follow up policy that is consistently implemented
- Development of national laboratory protocols

Purpose: To ensure safe blood and blood products at the hospital.

Objectives	Strategies	Outputs & Activities	Who is Involved	Budget & Source
1. To develop blood screening services into blood transfusion services	1.1 Mobilization of Resources	1.1.1 Write grant proposals to donors for technical and financial assistance	Lab managers WHO CDC	Salary-Health Fund
		1.1.2 Utilize the CPG for support	CPG chair CPG	CDC Prevention
	1.2 Program Capacity Building	1.2.1 Create a national policy on recruitment of volunteer donors	Minister of Health Secretary of Health Pathologist and Lab Managers WHO and CDC	$7000-Gap in Funding

		1.2.3 Create a national policy on laboratory protocols	Minister of Health Secretary of Health Pathologist and Lab Managers WHO CDC	
		1.2.4 Promote incentives other than money for donating blood such as gift certificates, small gifts or simply an act of kindness	Lab Managers Business Community	Partnership development
	1.3 Education	1.3 Develop IEC materials using flyers, media programs, pamphlets and outpatient donors to recruit volunteer donors	Health Education Lab Managers WHO	$10,000-Gap in funding
		1.3 Training for physicians and nurses in educating patients about blood donation and transfusion	WHO CME Medical Directors of Public Health Chief Surgeon	$5000-Gap in funding
2. To develop pre and post test counseling skills of laboratory staffs	2.1 Education	2.1.1 Training of lab staffs to improve their skills in pre and post test counseling	Pathologist Lab Managers WHO Life Foundation	$8,000-Gap in funding

3. To develop and implement a national procurement strategy for HIV test kits	3.1 Program Capacity Building	3.1.1 Communicate via phone, email and site visits to share laboratory supply levels	Assistant Secretary of Health – Finance Assistant Secretaries of Health- Primary Health Care and KAHCB Hospital Administrators Supply and Procurement Laboratory staffs HIV/STD program staffs	$2000-Health Fund

9. Monitoring and Evaluation Framework

	RMI National Strategic Plan Description	Verifiable Indicators	Reporting		Responsibility for Producing Reports	Responsibility for Providing Technical Advice for Report(s)
			Frequency	**Tool**		
Primary Goal	**To stabilize and reduce the incidence of HIV and other STDs in the Marshall Islands among most-at-risk-populations and prevent the spread of HIV to the general population.**	Beyond the lifetime of the strategy	N/A	N/A	N/A	NA
Purpose	**To coordinate a national effort involving government ministries, NGOs, churches and civil society to better address STDs and HIV/AIDS in the Marshall Island**	Number of NGOs, Church and PLWHA who are officially members of the CPG	Annually-the year-end data set ending December 31 each calendar year.	CPG Membership Survey	Assistant Secretary of Health Primary Health/KAH CB	CDC
		National Funds (not Federal Grants or other grants) spent on HIV/AIDS	Annually	Desk Review of primary and secondary data sources from donors, public and private entities.	Assistant Secretary of Health-Finance	UNAIDS
		National Composite Policy Index	Annually	UNAIDS National Composite Policy Index Questionnaire	Assistant Secretary of Health-Policy and Planning	UNAIDS
	To prevent and reduce the incidence of HIV	Number of new STD and HIV infections	Annual	HIV/AIDS and STD Reporting System	HIV/STD Manager	CDC

	RMI National Strategic Plan Description	Verifiable Indicators	Reporting		Responsibility for Producing Reports	Responsibility for Providing Technical Advice for Report(s)
			Frequency	**Tool**		
	and STDs, and the control of existing cases in the Marshall Islands.	% of people diagnosed with STD infections receiving treatment	Annual	HIV/AIDS and STD Reporting System	HIV/STD Manager	CDC
		Number of new STD and HIV infections in youth aged 15-24	Annual	HIV/AIDS and STD Reporting System	HIV/STD Manager	CDC
		% of all activities that are prevention activities	Annual	Desk Review	HIV/STD Manager	UNAIDS
	To reduce the risk amongst all vulnerable people of RMI, especially youths (school & non-school attendees), unemployed youth, men who have sex with men, low socio-economic groups, pregnant mothers & their children, and seafarers.	Number of youth aged 15-24 infected with HIV	Annual	HIV/AIDS and STD Reporting System	HIV/AIDS/ STD Manager	CDC
		% of most at risk populations who received HIV testing in the last 12 months and who know the results	Annual	Special Surveys and program monitoring	HIV/AIDS/ STD Manager	UNAIDS SPC
		% of women who receive an HIV test during pregnancy	Annual	Program Reports	HIV/AIDS/ STD Manager	UNAIDS SPC UNICEF WHO
		% of HIV-infected pregnant women who receive appropriate interventions to prevent perinatal transmission.	Annual	Program Reports	HIV/STD Manager	UNAIDS UNICEF WHO

	RMI National Strategic Plan Description	Verifiable Indicators	Reporting		Responsibility for Producing Reports	Responsibility for Providing Technical Advice for Report(s)
			Frequency	**Tool**		
		% of HIV-infected pregnant women whose infants are perinatally infected.	Annual	Program Reports	HIV/STD Manager	UNAIDS UNICEF WHO
		% of most at risk populations reached by prevention programs	Annual	Special Survey	HIV/AIDS/ STD Manager	UNAIDS SPC
		% of most at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	Bi-ennial	Special Survey	HIV/AIDS/ STD Manager	UNAIDS SPC
		% of sex workers reporting the use of a condom with their most recent client	Bi-ennial	Special Survey	HIV/AIDS/ STD Manager	UNAIDS SPC
		% of men reporting the use of a condom the last time they had anal sex with a male partner	Bi-ennial	Special Survey	HIV/AIDS/ STD Manager	UNAIDS SPC

	RMI National Strategic Plan Description	Verifiable Indicators	Reporting		Responsibility for Producing Reports	Responsibility for Providing Technical Advice for Report(s)
			Frequency	**Tool**		
	To ensure that all people living with HIV/AIDS should received good quality care regardless of age, race, gender and religious beliefs.	% of providers who have received at least one health department supported capacity building assistance episode, specifically in the form of trainings/workshops in the design, implementation or evaluation of science-based HIV prevention interventions.	Annual	Program Reports	Assistant Secretary of Health	CDC
		Number of HIV infected persons in Prevention Case Management reporting a reduction in sexual or drug using risk behaviors or maintain protective behaviors with sero-negative partners or with partners of unknown status.	Annual	Program Reports	HIV/AIDS/ STD Manager	CDC
		% of women and men with advance HIV infection receiving antiretroviral combination therapy	Annual	Program Reports	HIV/AIDS/ STD Manager	HRSA/ UNAIDS
	To ensure safe blood and blood products at the hospital.	% of blood units transfused screened for HIV	Annual	Program Reports	Laboratory Managers	UNAIDS WHO

9. Partial List of Participants

1.	Hillia Konou	MOH
2.	Joanes Savofalpiy	MOH
3.	Shra Mongkya Kedi	CARE Program (MOE)
4.	Kaylyn Hipple	Mission Pacific
5.	Zachraias Zachraias	MOH
6.	Monono Dawoj	Ministry of Internal Affairs
7.	Ione Debrum	MOH - Immunization
8.	Cynthia Isaac	SDA School
9.	Sylvia Anuntak	SDA School
10.	Pauliana Kinso	SDA School
11.	Altina Anien	MOH
12.	Mina Libokmeto	CARE Program
13.	Jobidrik Ittu	Assumption High School
14.	Kenneth Jorkan	Assumption High School
15.	Sypher Ria	MOH - Health Education
16.	Emlie R. Mayan-Waterhouse	Principal SDA School
17.	Kennar Briand	MOH
18.	Japhet Honimae	MOH -Ebeye
19.	Oling de Brum	MOH - Ebeye
20.	Carmen Alik	MOH Reproductive Health
21.	Tamar Lakien	MOH-Public Health
22.	Florina B. Nathan	MOH-Public Health
23.	Amy Sasser	Mission Pacific
24.	Johanna Rilang	FPC
25.	Russell Edwards	MOH
26.	Lina Matauto	MOH
27.	Dr. Balanchandra	MOH- OIHCS
28.	Dalton A. Mote	Marshall Islands High School
29.	Marilyn Lokebol	Rairok FG Church
30.	Dr. P. S. Patil	MOH - Pathology
31.	Marita Edwin	MOH
32.	Arti Mattala	MOH - Health Education

33.	Ana Raramasi	MOH
34.	Suzanne Philippo	MOH - Cancer Registrar
35.	Joni O. Nashion	MOH - Ward Supervisor
36.	Suciana K. Mark	MOH - Health Education
37.	Joel Clinton	Fisheries and Nautical Training Center
38.	Janet Nemra	MOH
39.	Emi Chutaro	Youth-to-Youth In Health
40.	Jill Luciano	WAM
41.	Marie Maddison	WUTMI
42.	Nixon Jabnil	Salvation Army

10. Advocacy/Follow-up Plan

Number	Person Responsible	Milestone Description	Required By	Evidence of Achievement
1	Workshop participants Russell Edwards	Develop the Draft National HIV Strategy 2006-2009 and Implementation Plan for 2006 Revisions forwarded to Kamma Blair (kammab@telusplanet.net)	April 30, 2006	Document ready for review by CPG
2	CPG Chair CPG members	CPG meeting to review Draft Strategy and Implementation Plan Revisions forwarded to Kamma Blair (kammab@telusplanet.net)	May 19, 2006	Distribution of draft strategy to government leaders, Aolep, Iroij, MOH staffs, MOE staffs, all other government ministries, NGOs, Churches, Schools, and to all participants of the workshop for feedback, comments and suggestions
3	Secretary of Health CDC CPG members	Review of Strategy and Implementation Plan with CDC	June 2006	Budget allocation completed with CDC participation
4	Minister of Health Secretary of Health CPG	Final Working Draft of Strategy and Implementation Plan submitted to Minister of Health	June 2006	Endorsement by Nitijela