Tuvalu

National Strategic Plan for HIV & STIs 2009 – 2013

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Executive Summary

Despite its remote location, Tuvalu has not been spared by the HIV epidemic. The country recorded its first case of HIV in 1995 and by early 2008, there were 10 cases and another three awaiting confirmation. For a population of approximately 9,500 people, this represents one of the highest per capita rates of HIV in the Pacific.

Baseline behavioural surveys of seafarers and young people in the past few years have highlighted risk behaviours among key groups and the need for ongoing and expanded behavioural surveillance. In Tuvalu, there are no known injecting drug users nor recognised commercial sex workers, however, there are anecdotal reports of informal transactional sex arrangements.

Seafarers - who account for 70 per cent of Tuvalu's HIV cases - and their wives are particularly vulnerable to infection. Of the 209 seafarers covered by the Second Generation Surveillance (SGS) survey, only 27.8% had correct knowledge of HIV prevention methods and 16.8% reported having both correct knowledge of HIV prevention and no incorrect beliefs about HIV transmission. Of the seafarers surveyed, none was found to be HIV-positive, but the rates of other STIs were high as the following figures show: Chlamydia 8.1%; hepatitis B surface antigen 13.4%; and syphilis 5.2%. These results suggested that the men surveyed either did not understand how STIs were transmitted or chose not to practice safe sex. Clearly, seafarers remain a group within the Tuvaluan community that requires specific HIV prevention interventions.

Young people surveyed were found to have better knowledge of HIV and AIDS than seafarers. The 2005 - 2006 BSS survey of young people aged 15-24 found that 84% reported correct knowledge of HIV prevention and no incorrect beliefs about HIV transmission. The same survey found that 43% of young people and 14% of girls were sexually active before the age of 18. While the engagement of sex workers is considered fairly unusual - with the exception of seafarers - male-to-male sex was more common. Nearly 14% of male respondents in the youth study acknowledged having had sex with a male partner at some time in their life, and 8% said they had sex with a male partner during the previous 12 months.

Although young people's knowledge of HIV and other STI prevention has improved considerably since 1999, knowledge alone does not remove the risk of infections. Social changes in Tuvalu have seen an increase in alcohol abuse among youths, teenage pregnancies and the number of young people engaged in risky sexual behaviours, particularly on the main island of Funafuti. Urban drift and international travel all contribute to the growing risk of HIV and STI transmission in Tuvalu. Young people will need to be an ongoing focus of HIV prevention efforts in years to come.

Tuvalu's capacity for an organised response to HIV has grown in recent years. Surveillance has become more routine since the introduction of serological testing capability at Princess Margaret Hospital in Funafuti. Behavioural surveillance is not yet routine, but is planned in the forthcoming National HIV Strategy. A medical team has been trained to deliver anti-retroviral therapy and other treatment required to care for people with HIV; community education is proceeding and there are now several agencies engaged in community-based responses to HIV and STIs, all co-ordinated by a single national body. The new, five-year HIV strategic plan presents an opportunity for Tuvalu to build on a solid base of HIV response throughout the country.

The process of developing the NSP

In September 2007, a group of people met in Funafuti for four days to discuss the structure and content of a draft five-year strategic plan for Tuvalu's response to HIV. Source documents to inform the workshop participants included the previous Tuvalu HIV Strategy (2001-2005), the draft HIV National Strategic Plan (NSP) 2006-2010, the Regional HIV Strategy for the Pacific and a recent review of the Tuvalu response to HIV, undertaken by Dr Stephen Homasi. Participation in the workshop was multi-sectoral, so the outcomes reflect a cross-section of social priorities and issues.

Following a review exercise, the participants decided that the draft National Strategic Plan 2006-2010 required considerable reworking to make it effective; After examining the Pacific Regional Strategic Implementation Plan (PRSIP), it was agreed that a new draft NSP, designed along similar lines to that of the Regional Strategy, would be the best way to proceed. Participants in the workshop then undertook a series of exercises to examine and discuss the current HIV situation in Tuvalu. Four priority areas were identified and provided the basic structure for the new plan. Gaps in the previous plan and existing interventions were identified and a program of priority activities was developed for the first year of the new plan. Participants then determined targets for the activities and cost estimates.

The Australian consultant engaged to guide the development of the NSP used the outcomes of the group activities to draft a new plan. This was then reviewed by the members of the Tuvalu NAC who made a number of amendments. While further refinements are always possible, the basic framework for a new five-year plan was completed in early 2008 and the first year of the plan was finalised in significant detail. By following the approach used in the Regional Strategy, the funding mechanisms are now congruent with the PRSIP. As a result, this Tuvalu National Strategic Plan for HIV and STI 2009-2013 is complete.

The HIV & STI situation in the Pacific Region

Since the first case of HIV was reported in the Pacific region in 1984, HIV infections have been recorded in most Pacific Island Countries and Territories [PICTs] with the exception of Niue, Tokelau and Pitcairn Islands. According to the Secretariat of the Pacific Community [SPC], 15,353 people had been diagnosed with HIV in the Pacific by the end of 2005, with more than 90% of those cases being in Papua New Guinea.

Although the number of reported cases in other PICTs remains low – reported HIV cases exceed 150 only in New Caledonia (272), French Polynesia (260), Fiji (236) and Guam (175) – there is a concern that these figures may represent only 10% of actual HIV cases in the region. This is attributed to under-reporting, inadequate information and surveillance systems and limited access to testing.

Given the stated low prevalence of the HIV epidemic across most of the Pacific[1], it is critical that appropriate, cost-effective treatment, care and support be provided to those known to be already infected, while taking action to prevent further transmission. The majority of HIV transmission in the Pacific is due to heterosexual contact.

A number of factors influence the spread of HIV in the Pacific region: young and highly mobile populations; high rates of other sexually transmitted infections; gender inequality; and underlying risk and vulnerability issues associated with socio-cultural and religious norms. While the WHO/SPC Sentinel Survey released in 2006 confirmed the continuing low prevalence of HIV across the Pacific[2], it noted that there continued to be significant vulnerability to infection, as demonstrated by the lack of knowledge about HIV transmission; continued risky sexual behaviours, particularly among the young; and the increasing prevalence of STIs.

Some groups in the Pacific region are more vulnerable than others and require particular consideration in the development of strategies to prevent and manage HIV-related issues. Vulnerable groups include youth[3] and seafarers, due to their mobility for study and work; and women, especially young women for biological and social reasons, and this, in turn, increases the vulnerability of infants and young children.

In a number of Pacific Island countries, transmission among men who have sex with men appears more prevalent[4] than for other groups (once one excludes the PNG data). The high rates of STIs across the Pacific, particularly asymptomatic Chlamydia, are significant because they increase the vulnerability of all, particularly women. The management of STIs is therefore an important strategy in HIV prevention.

For cultural, social and economic reasons, stigma and discrimination prove significant barriers to the effective prevention and management of HIV. Many countries cite the fear of loss of family acceptance or social status and/or the prospect of losing employment, as influential factors in the

[1] Apart from Papua New Guinea

[2] Excluding PNG

[3] SGS surveys in Vanuatu, Solomon Islands and Samoa demonstrate the young people are a key vulnerable group, having sex at a young age and often. WHO: Second Generation Surveillance Surveys of HIV, other STIs and Risk Behaviours in 6 Pacific Island Countries, 2004-2005.

[4] If one excludes PNG, the rates of transmission across the rest of the Pacific show that exposure through transmission between MSM is more prevalent.

reluctance to address HIV issues, particularly in promoting access to diagnosis and treatment. The cultural taboos and nuances of the Pacific Island cultures also need to be understood and acknowledged. For example, the prevalence of tattooing and the reluctance to acknowledge the nature or impact of sexual practices across some groups. Recent research in the Solomon Islands and Vanuatu has demonstrated that while commercial or transactional sex does happen, there is often a reluctance to discuss this issue or its implications for increasing infection risk to young women (and sometimes men). Although the epidemic there is still in its early stages in most places, it is recognised that preventative efforts need to be stepped up. The data are based on limited HIV surveillance.

The high levels of other sexually transmitted infections that have been recorded in some Pacific Island countries, including Tuvalu, show that significant risk behaviours exist, along with the potential for the rapid spread of HIV throughout the region.[5]

[5] SPC website: www.spc.int Dec 13, 2007

The Pacific Regional Response

The Pacific region began to respond to the HIV epidemic when the first case of HIV was diagnosed in the Marshall Islands in 1984. What started in the 1980s as national general population awareness-raising activities became more co-ordinated in the mid 1990s. The catalyst at that time was a meeting of national health directors and ministers, at which the Secretariat of the Pacific Community (SPC) was strongly urged to secure funding for a regional meeting of National AIDS Committee (NAC) managers and NGOs in order to develop a multi-sectoral strategy for HIV and STI education and prevention for the 22 Pacific Island Countries and Territories (PICTs). This meeting provided the basis for the first Pacific regional strategy to address HIV and AIDS, 1997–2000.

Work towards preventing the spread of HIV/AIDS and STIs gained momentum in this region after 2003, when the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provided 11 Pacific Island countries with a grant of US$3 million for the period 2003-2005. A regional HIV/AIDS initiative supported by the Australian and French governments worth AUD$12.5 million began in January 2004. This initiative, which runs until 2008, is helping PICTs to develop a regional strategy and national strategies to strengthen HIV and STI surveillance. UNAIDS and other UN agencies in the Pacific region are engaged in various regional and national projects including prevention, treatment, diagnostics, surveillance and research, including the current Pacific Regional Strategy 2004-2008.

While risk factors and vulnerabilities generate ongoing challenges, the Pacific Island leaders and donors have recognised the benefits of working in partnership to address the threat of the HIV epidemic. This is reflected in their endorsement of the Pacific Regional HIV Strategy 2004-2008 and Implementation Plan 2004-2008 and the subsequent commitment of donor resources in 2004, attracting additional funds of US$13m to the region from the ADB, AusAID, NZAID, the French Government and the UN-family.

The 2006 Mid-Term Review of the Strategy identified some positive trends in strengthening leadership in Pacific Island governments and civil society, particularly in engaging people living with HIV. It also identified that stigma and discrimination continue to be obstacles to creating a supportive environment for people living with HIV and their access to services. In addition, it determined that institutional governance arrangements for programming were not strong and lacked clarity in their multi-sectoral approaches and roles.

In October 2007, the Pacific Island Forum confirmed its commitment to addressing HIV and to extending the Regional HIV Strategy to 2013. Amendments included STIs and TB, in recognition of emerging trends in the HIV epidemic. An Implementation Plan was developed in early 2008 to support the extended strategy. Donors have also agreed to the proposal to extend the Regional Strategy and accompanying Implementation Plan to 2013. A meeting of Pacific Island countries and donors is scheduled for November 2007 to confirm the nature of future support and extent of funding commitments. It is envisaged that the revised Regional HIV Strategy and accompanying Implementation Plan will take effect from January 2009.

The Pacific Regional HIV Strategy 2009-2013 identifies five themes and presents strategies to meet the goal of reducing the spread and impact of HIV and other STIs, while embracing people living with and affected by HIV in Pacific communities. These thematic areas include: 1.Prevention Services; 2.Continuum of Treatment, Care and Supportive Systems and Services; 3. Leadership and Enabling Environment; 4. Strategic Information; and 5. Governance.

The Pacific Regional HIV Strategy and Implementation Plan 2009-2013 provides a framework for the co-ordination and mobilisation of resources at regional level to support national implementation. This informs the development of the Tuvalu NSP.

The HIV situation in Tuvalu

Tuvalu's remote location has not afforded it any protection from HIV. The country recorded its first case of HIV in 1995 and by early 2008, had 10 cases and another three awaiting confirmation. In this population of approximately 9,500 people, this represents one of the highest per capita rates of HIV in the Pacific. Of the 10 known cases, eight people are still alive and two have died of AIDS-related illnesses. Seafarers account for seven cases of HIV; the others are one housewife, one student and one child. The seven seafarers contracted HIV while working on overseas ships; the student appears to have become infected while studying in Fiji; and the housewife was infected by her seafarer husband and then transmitted the virus to her infant. This became Tuvalu's first case of mother-to-child transmission (MTCT) in Tuvalu. A recent rise in reported cases of STIs at the main hospital and, in particular, in the young population of 15-25 years could point to a further rise in HIV cases in the country in the near future.

Laboratory testing

Voluntary counselling and testing (VCT) is current practice in Tuvalu for all HIV testing. The country's only laboratory, at Princess Margaret Hospital in Funafuti, is capable of doing HIV Determine and Serodia diagnostic tests. Confirmatory tests, however, are still being sent to Fiji and/or Melbourne, Australia. This process can take weeks (Fiji) and months (Australia) and causes difficulties in the return of results, which can have a significant effect on the management of a case. Apart from voluntary testing, the laboratory also performs screening of all blood products for HIV and other common STIs. The current national policy on HIV testing supports voluntary counselling and testing.

There have been reports of an increasing incidence of sexually transmitted infections in Tuvalu, but there are no surveillance systems to properly report and monitor trends in the country. Information gathered from various clinics found that gonorrhoea and syphilis were the most commonly reported STIs, based on syndromic case reporting. Diagnostic facilities for any STIs are inadequate in Tuvalu. The only laboratory in Tuvalu is able to carry out serology for syphilis, hepatitis B surface antigen, a gram stain for gonorrhoea, wet mount for trichomoniasis and candida infections. There are no facilities to test for Chlamydia infection in Tuvalu.

HIV and STI surveillance

A significant finding from the analysis of the 2005-2006 behavioural study was the high rates of asymptomatic STIs, in particular, Chlamydia, among seafarers and pregnant mothers. This highlighted the need for a stronger and better co-ordinated national response to establish appropriate diagnostic, treatment and surveillance systems to avoid complications of the reproductive tract and subsequent long-term effects, in particular, the spread of HIV. A targeted program to screen antenatal mothers and provide treatment and partner referral was proposed. The endemicity of Hepatitis B infection should prompt immediate interventions to encourage immunisation of children from birth and the development of a national catch-up program for adults. Behavioural change initiatives to enhance young people's ability to take responsibility for making healthier choices, to resist negative pressures and avoid risk behaviours were also recommended.

Sexual behaviours

Baseline behavioural surveys undertaken with seafarers and young people over the past few years have provided a snapshot of risk behaviours among key groups and have highlighted the need for ongoing behavioural surveillance. The first study was of 305 young people aged from 15 to 24 in

2005. Another study surveyed 209 seafarers attending the Princess Margaret Hospital between August 2005 and February 2006. In Tuvalu, there are no known injecting drug users nor recognised sex workers, although there are anecdotal reports of informal kinds of transactional sex. The BSS survey reported on the existence of men who have sex with men, but did not survey them directly to find out, for example, how many had been tested for HIV. From the youth BSS survey, 13.9% of males aged 15-24 years reported ever having sex with a male. The BSS survey reported on the existence of men who have sex with men, but did not survey them directly to find, for example, their understanding of HIV.

Seafarers and their wives are considered a group at particular risk in Tuvalu. Of the 209 seafarers covered by the SGS survey, only 27.8% had correct knowledge of HIV prevention methods, and only 16.8% reported both correct knowledge of HIV prevention and no incorrect beliefs about HIV transmission. None of the seafarers surveyed was found to be HIV-positive, but other STI rates were high: Chlamydia 8.1%; hepatitis B surface antigen 13.4%; and syphilis 5.2%, suggesting that these men either did not understand how STIs were transmitted or simply chose not to practice safe sex.

Consistent condom use was reported as low between seafarers and all of their partners. Among those infected with any STI, 57% were using condoms when having sex with a sex worker and 16.6% with a casual partner. On their return to Tuvalu, these men engaged in unprotected sexual contact with their regular partners thereby increasing the risk of transmission of any STIs three-fold in this population. Seafarers play a major role in the spread of HIV and other STIs in Tuvalu as they have unprotected sex with partners overseas and also with regular partners in Tuvalu. They are therefore an important population for targeted interventions to encourage safer sexual behaviours and practices.

The Tuvalu Red Cross, with funding from UNICEF, has provided seafarers and their wives with specially designed education programs. These education programs include awareness about HIV and STIs, information about protection, and life skills training to counter family and social problems associated with the men's long absences. Most of these programs have operated on the main island of Funafuti because limited financial resources precluded them being run on the other eight outer islands. This is an acknowledged shortcoming and there are plans to improve national coverage.

Seafarers, youths and women are among those identified as the most vulnerable in the community. Many young men in Tuvalu seek employment on overseas ships as it enables them to visit other countries. The nature of their work and the long periods of time away from their wives and families puts them at increased risk of contracting HIV and STIs. The period of absence from Tuvalu for seafarers ranges from seven months to 15 months and averages 12 months. There have been reports of seafarers contracting gonorrhoea in Fiji, a stop-over destination before they return home. These were traced based on the incubation period of gonorrhoea, linked with their sexual history, however, there is a lack of firm evidence to support this claim.

Many women in Tuvalu are married to seafarers and are therefore at increased risk of contracting HIV and STIs when their husbands return from overseas. The only screening available to these women is during pregnancy when they will undergo routine serology for treponemal antibodies, hepatitis B surface antigen and HIV, but not for chlamydia. There is a plan for a national cervical screening program to include STIs, but it has not yet been implemented.

Treatment

A HIV Clinical Team has been set up at Princess Margaret Hospital to look after people living with HIV and AIDS. This clinical team, consisting of three senior doctors, two senior nurses, a nurse from TUFHA, and a pharmacist, has been trained to fully implement the national anti-retroviral therapy (ART) guidelines endorsed by the Ministry of Health in 2004. . Antiretroviral treatment commenced in December 2007 and as of mid-2008, there is just one person undergoing ART. The HIV clinical team is in the process of developing broader care and support systems for people living with HIV and AIDS in Tuvalu.

Syndromic management of STIs is currently used for the treatment of all STIs in Tuvalu. The protocols are available at all medical centres on the outer islands. Syphilis cases that are detected at PMH are treated according to WHO standard protocols.

HIV response co-ordination

To respond to the challenges posed by the threat of HIV, the Ministry of Health, together with non-governmental organisations (NGOs), formed the national co-ordinating body now known as the Tuvalu National AIDS Committee (TUNAC). Taking a multi-sectoral approach, TUNAC combines the efforts of key Government departments, non-governmental and community based organisations and civil society in working towards halting the spread of HIV and STIs in Tuvalu. This committee, under the guidance of the National Strategic Plan (NSP), co-ordinates all HIV and STI-related activities in the country.

Geography and demography

Tuvalu is a small country with a land area of approx 26sq km and a total population that has grown little over the past 20 years. The 1991 census reported a population of 9043 and by the 2004 census, it was 9561. The islands are spread over a large area, making it fairly difficult to access the outer islands regularly for prevention and education activities. Population density is highest in Funafuti, the main island, which has approximately 47% of the total population, many of whom work for the government.

There is an increasing “urban drift” from the outer islands to Funafuti as people seek employment and the better services available there. Unemployment is increasing and job opportunities are limited throughout Tuvalu, particularly on the outer islands. The population in Tuvalu is highly mobile, both nationally, between the islands and internationally. This mobility increases the risk of exposure to HIV and other STIs, a factor Tuvaluans share with other communities in the South Pacific.

The small population is an advantage in the sense that activities can be achieved easily. With the arrival of the new inter-island vessel, Manufolau, this will improve the distribution of education packages to the outer islands. However, the geographical challenges associated with achieving interventions across the country cannot be overstated. As could be expected, there is a tendency for many activities to take place on Funafuti alone as this is where the bulk of expertise and funding resides, while the outer islands remain relatively poorly serviced. Training activities for health workers require considerable amounts of funding, whether they take place on Funafuti or the outer islands. Travel and accommodation costs are a significant component of all training initiatives throughout the Pacific.

Media and communication

Communication has been much improved, with the new Telecom system reaching the outer islands, although it was disabled for several months in 2007 due to a lightning strike on the main

tower in Funafuti. Telephones and fax machines are operational on all of the outer islands and there is a plan to introduce internet services in the near future. The islands are serviced by two marine vessels, the MV Nivaga II and MV Manufolau, and trips between the outer islands, as well as trips to Funafuti, are more frequent since the Manufolau was commissioned.

Radio Tuvalu is the most important and widely used form of media that reaches the entire nation. There is a local newspaper that is published on a monthly basis, but is not widely distributed. HIV and STI awareness messages are frequently played on air and there are special radio programs on health issues that cover a broad range of relevant topics. There is no local TV in Tuvalu and few people have receivers for satellite TV.

Education

Tuvalu's school retention rate is very high up to the age of 15 years. The Department of Education has developed a health science curriculum for primary schools across the country. This includes general education about health and introduces students to reproductive and sexual health. There was some hesitation on the implementation of this curriculum in its initial testing phase, but it has been accepted and is now taught at all primary schools in Tuvalu. Similar packages are being developed for secondary schools. The Department of Education is working with the Department of Health on a Life Skills program for Tuvalu's two secondary schools, Motufoua and Fetuvalu. Although the development of the curriculum is important , there is a need to train teachers in the delivery of the health science program.

Tuvalu Maritime Training Institute trains an average of 20 young men per year. The school has a specific subject on HIV and AIDS that is taught throughout the course. This subject was introduced in 1999 and there is a need to review this package in the near future.

There may be a need to reduce the entrance requirements to allow more of the out-of-school youths to undertake this training.

Sociocultural issues

Tuvalu is a fairly conservative Polynesian society where open discussion of sexual matters is still inhibited by custom. Public education programs – seen as an important means of addressing the HIV threat - have had to work around traditional constraints in order to reduce prejudice against people with HIV and other STIs and to change public attitudes towards the practice of safe sex methods.

Such programs have been implemented mainly by non-governmental organisations such as the Tuvalu Family Health Association (TUFHA), which is funded principally by IPPF; the Tuvalu Association of NGOs (TANGO), which has received funding from AusAID and SPC; and the Tuvalu Red Cross, funded mainly by UNICEF.

There are difficulties in getting HIV and sexual health awareness messages approved by the elders because of their strong religious beliefs. Like many other Pacific nations, Tuvalu has adopted conservative Christian religious beliefs and values over the past century and a half. This factor has been a major obstacle to the open discussion of topics such as sexual health and the causes of HIV across the country, particularly in the outer islands.

Despite this, attitudes are changing. In 2002, at the General Assembly of the Ekalesia Kelisiano Tuvalu (EKT), the main denomination in Tuvalu, declared its interest in HIV and AIDS and offered its help in preventing the spread of HIV in Tuvalu. This has been a great achievement since the church was one of the main organisations that was initially critical about open discussion of sexual health issues. The Church is now helping with sexual health counselling and public education on HIV through its sermons.

Alcohol abuse is a problem throughout Tuvalu and a significant cause of the behaviours that increase the risk of HIV transmission. There is now a second nightclub in the downtown area on Funafuti, which has become a popular entertainment spot for young people. Condoms are not widely distributed to these places. The lack of less risky night-time entertainment for young people is an ongoing issue, and drunkenness among youth will remain a problem while this is not addressed.

Economic issues

The principal form of employment for men in Tuvalu apart from government service, is working in the merchant navy. Many families throughout the country are dependent on the wages of seafarers working overseas. The Government also receives a significant amount of money - $4 million annually - from the employment of these seafarers on foreign vessels. As such, they are a critical part of Tuvalu's economic framework.

However, as the current HIV epidemiological data demonstrate, these seafarers account for 70% of the country's HIV cases. Should this pattern of infection continue and either the availability or willingness of Tuvaluan men to join the merchant navy be reduced, the economic implications could be significant, both locally and nationally.

Legal and human rights

A HIV Policy has been devised to ensure the rights of people who are either infected or affected by HIV. This policy has been approved by Cabinet and is now widely distributed for implementation.

Partnership

The Tuvalu National AIDS Committee (TUNAC) is the main body co-ordinating HIV activities across the country. This includes activities within the Ministry of Health, as well as among implementing partners in non-governmental (NGO) faith-based (FBO) and community based (CBO) organisations. These same organisations are actively involved in HIV-related interventions, which comprise the TUNAC membership. The secretariat positions change each year among the member agencies.

Another success has been the transfer of leadership of TUNAC from the Ministry of Health to NGOs, enabling TUNAC to develop into an independent body, rather than a department of the Ministry. The Tuvalu Association of NGOs (TANGO) was made CDO for Tuvalu co-ordinating in-country activities. This allows for better co-ordination of activities and improved participation of stakeholders. TANGO has been working with the Pacific Regional HIV Project to strengthen the capacity of communities to address HIV issues, particularly in the design of education materials that communicate in the Tuvaluan language and cultural context.

The Tuvalu Red Cross Society has focussed on education programs and life skills training for seafarers and their wives, but the impact of these programs on behaviour and attitude can be difficult to monitor. The 2006 sero-surveillance study of seafarers suggests that their behaviour and attitudes have been slower to change, possibly because of their older age.

Youth in Tuvalu

The 2005-2006 BSS survey of young people aged 15-24 found that 84% reported both correct knowledge of HIV prevention and no incorrect beliefs about HIV transmission. Furthermore, 71.6% reported having accepting attitudes towards people living with HIV.

The BSS survey of young people aged 15-24 found that 43% of young people had been sexually active before the age of 18. Only 14% of girls surveyed said they had their first sex before they were 18, while for boys, this figure was 62%. Only 20% of first sexual encounters involved the use of a condom. This survey also found that 1.5% of male respondents had ever engaged a sex worker. This may be largely explained by the fact that commercial sex is virtually unknown in Tuvalu, so possibly only those who had travelled internationally would have had such an experience. However 51% of young men and 13% of young women respondents acknowledged having a non-commercial partner.

While engagement of sex workers is relatively unusual, apart from among the seafarers, male-to-male sex was more common. Nearly 14% of male respondents in the youth study acknowledged having had sex with a male partner at some time in their lives, and 8% said they had had sex with a male partner within the previous 12 months.

Tuvalu's population is relatively young with just over one-third (36.4%) aged less than 15 years. Youth (15 to 24 years) also make up 20 percent of the national population. A 1999 study found that knowledge of HIV and STI prevention in general is poor in this population . However, more recent findings indicate a considerable improvement in young people's knowledge of HIV and STIs.

Social changes in Tuvalu have included an increase in alcohol abuse among youths, teenage pregnancies, and the number of young people engaged in risky sexual behaviours, particularly on the main island of Funafuti. Urban drift and increased international travel all contribute to the growing risk of transmission of HIV and other STIs in Tuvalu. The pace of social change has a major impact on young people's health and wellbeing. Young people in urban Funafuti face many challenges - negotiating growing consumerism; changing social values; access to the culture of modernity associated with music videos; overt sexuality that conflicts with their own culture; and self-image issues – and these are compounded by the problem of alcohol abuse. Over the past 10 years, new nightclubs have been established, sexual activity among the young is becoming more common and condoms are still not readily available. It is also evident that many young people still don't take the threat of AIDS and STIs seriously.

Youth living on the outer islands have less access to information compared with those on Funafuti and condoms are even less available to them. Teenage pregnancy is an ongoing problem in Tuvalu and on the outer islands, young people are getting married at an early age. There is a large number of adolescents who do not complete their schooling, and stay at home. They have no real source of income and often get married young.

There are no vocational schools to act as safety nets for those who do not progress to higher education. Girls suffer most from a lack of opportunity for developing a trade whereas the boys have another chance to enter the maritime training institute. However, in recent times, the entry requirements at the maritime school have become quite demanding, with the result that school dropouts find it difficult to qualify.

Introduction

A repeated pattern throughout the NSP is the development of strategies to guide subsequent interventions. The reader will notice that many outputs are prefaced by studies to inform a specific strategy, for example, behaviour change. This is done to ensure that Tuvalu's response to HIV is evidence-based rather than predetermined or ideologically driven. The NSP recognises the human resource constraints that so comprehensively challenge low-population countries like Tuvalu. Accordingly, the studies and other activities that precede those specific strategies in the Priority Areas will often be undertaken by short-term advisors with extensive Pacific experience, ably supported by key Tuvaluan personnel.

As all Tuvaluans are fiercely proud of their national heritage and culture, it is imperative that the new NSP respects and reflects cultural sensitivities while at the same time acknowledging the challenges HIV presents to Pacific Island nations. The reality of HIV challenges all traditional cultures in complex and threatening ways. This National strategic Plan offers a realistic appraisal of the epidemic and proposes a measured response that is both comprehensive and culturally sensitive. Engagement by non-governmental, faith-based and community organisations is a critical component of this NSP.

The human resource constraints in Tuvalu must be acknowledged in this document. With a population hovering around almost10,000 across nine islands, it is almost inevitable that the burden of the national HIV response will fall to a few key people. The nature of government service in small Pacific Island Countries and Territories is that individuals often have several responsibilities, which in larger countries would be undertaken by any number of people. Much is asked of these individuals and the strategy for responding to HIV must take this into account. It would be easy to set the goals too high, to have unrealistic targets for the NSP in Tuvalu. It is essential that care be taken to make human resource capacity the most significant limiting factor when determining Monitoring and Evaluation frameworks.

What follows is a description of the key priority areas and outputs of the **HIV Strategic Plan for Tuvalu 2008 – 2012.**

Priority Area 1: Achieving an enabling environment

The basic reason for having this issue as the first Priority Area is the recognition that, without the appropriate level of political commitment and policy support, little progress will be made in HIV prevention and care. There is much evidence from around the globe to show that well-crafted NSPs have failed due to a lack of high-level government commitment to a comprehensive HIV response. Informing politicians and their advisors of the complexities of the epidemic, while vitally important, is too often overlooked. Politicians have enormous competing demands for their attention. Well-funded interest groups with ready access to politicians can skew priorities away from sound public health policies. Awareness of the need to engage in educating political leaders is now a recognised component of effective HIV response. Priority Area 1 consists of four outputs:

1. **High-level commitment to the HIV response evident.** This output is aimed at ensuring that the response is supported at the highest level in Tuvalu by well-informed political leaders. Political leadership on HIV is effectively a precondition for the development of sound policy.
2. **A strategy for the reduction of stigma and discrimination against people infected with and affected by HIV devised and implemented.** Although there has been no evidence

as yet of discrimination towards people with HIV in Tuvalu, this may simply be due to the low numbers there. This output acknowledges the potential for stigma and discrimination to undermine HIV prevention and care efforts across the country.

3. **Policies, legislation and traditional laws that discriminate against vulnerable populations including women, sex workers and men who have sex with men be reviewed and amended.** Appropriate policies that underpin the enabling environment are an essential part of an effective HIV response. This output will entail a comprehensive review of policy and legislation that might inadvertently give rise to discrimination, along with recommendations for changes that bring such policies and legislation into line with Tuvalu's international human rights obligations.

4. **Monitor human rights violations against people living with HIV and their family members.** Again, the low HIV numbers in Tuvalu have meant that human rights violations have not been reported with any frequency. This output will monitor the situation experienced by people infected with and affected by HIV and deliver a comprehensive response.

Priority Area 2: Prevention of HIV and other STIs

This is a comprehensive priority area that encompasses all elements of HIV prevention in the community. Although most of the South Pacific region could be said to have a nascent epidemic, with the exception of PNG, HIV has been active in the Pacific long enough to necessitate treatment for people who have progressed from the latter stages of HIV infection to AIDS. Nonetheless, prevention efforts must not be allowed to lapse. With the constant progress of new generations of young men and women entering their sexually active years, the task of HIV prevention will never be complete. Despite the work of numerous government and non-governmental agencies to date, there has been an increase in the prevalence of STIs throughout the Pacific, including in Tuvalu. While some of this increase can be explained as a result of improved surveillance, an increasing STI prevalence carries with it the concomitant heightened risk of HIV.

With this in mind, prevention measures will be more effectively integrated with other components in the overall response. In addition, the activities aimed at preventing infection will themselves be better integrated. To achieve this, most major interventions will be informed by preliminary social research in an attempt to make them specific and relevant to the actual community needs.

1. **Behaviour change strategy developed.** Given the complexity of achieving effective behaviour change in any community, a thorough study will be undertaken to ensure that whatever interventions are undertaken, they meet the needs of the highly specific and unique situation. This study will inform the BCC strategy for Tuvalu.

2. **Strategy for HIV and STI prevention among Tuvalu youth devised and implemented.** The burden of HIV infection continues to fall heavily on the youth of the world. With almost half of all new infections across the globe every year among people aged 15 to 24, Tuvalu recognises the urgency of providing its youth with the necessary knowledge and skills to prevent infection. Proposed activities include enhanced HIV and sex education in schools, an out-of-school HIV awareness program and peer education.

3. **Prevention strategies aimed specifically at vulnerable groups designed and implemented.** Such measures are seen as a cornerstone of an effective response in low-prevalence settings such as Tuvalu. Seafarers are among the Pacific's most vulnerable population sub-groups and Tuvalu is no exception. Although sex work is not as common in Tuvalu as it is in some other Pacific Island nations, it does happen and may become more common. These are among the groups that need specific interventions based on good information.

4. **Increased condom and lubricant use among the sexually active population.** This is one of the most urgent and cost-effective measures that can be taken in small countries to prevent the spread of sexually transmitted infections including HIV. Condoms are currently not widely available throughout Tuvalu, nor are they widely used by young people. Changing community attitudes to condom use will be a major challenge for the Tuvalu HIV response.

5. **Safe blood supply maintained throughout Tuvalu.** Although the blood supplied at Princess Margaret Hospital (PMH) is screened for viruses including HIV, this is the only health facility in Tuvalu that can offer this service. Activities to enhance this service include an increased emphasis on maintaining confidentiality of test results and assessing the viability of a system of non-remunerated voluntary blood donation.

6. **Universal precautions implemented in health care facilities and other relevant settings throughout Tuvalu.** Once again, this has already been implemented in the PMH, but there is a need to ensure that universal precautions are practiced routinely in all health care settings throughout Tuvalu.

7. **Post exposure prophylaxis policy (PEP) developed and implemented.** Princess Margaret Hospital has a PEP policy, but it requires updating. All health personnel will be trained in this policy over the life of this NSP.

8. **Effective Voluntary and Confidential Counselling for HIV and STI Testing (VCCT) and management available throughout Tuvalu.** VCCT is an essential component of any HIV response. At present, the only location for HIV testing is the PMH, but there are plans to expand this. Such measures will require training for relevant personnel and appropriate, dedicated counselling space.

Priority Area 3: Treatment Care and Support

With the epidemic now more than two decades old in the South Pacific, there is a clear need to provide treatment, care and support to those people infected with or affected by HIV. Much of this is a new area for Tuvalu. While many of the Priority Area 3 interventions will involve improving the capacity for relevant services in the Princess Margaret Hospital and its outlying clinics, there is a strong community based element to the component as well. HIV infection does not require constant intervention by medical or health personnel. Much of the care is done by families and other members of the community. In a culture like Tuvalu's where family is perhaps the principal social support framework, over-medicalising care is neither necessary nor feasible. However, family members and other community-based carers need the necessary training and support to enable them to provide what is required by people with HIV. Most importantly they need to know that the community as a whole is supporting them, rather than engaging in destructive responses that result in discrimination and ostracism. At the same time, health professionals must be equipped to deal with the challenges of HIV infection. This will require some upgrading of facilities and skills to ensure that people with HIV and their families are guaranteed the right to confidential and effective medical care. Accordingly, this priority area will deliver:

1. **A comprehensive national policy for treatment, care and support for people living with HIV.** This will provide carers with the necessary guidelines outlining their responsibilities and will help people with HIV better understand what their rights and entitlements are.

2. **A trained multi-disciplinary HIV care team operating in Tuvalu's main hospital.** This will ensure there is capacity at the PMH to deliver a comprehensive package of social, clinical and psychological care for people living with HIV.

3. **Health facilities adequately resourced to enable treatment and care of people with HIV.** Without the necessary resources, effective care is not possible. Accordingly, this output will seek to ensure that relevant health facilities have adequate staffing, medicines and other resources to address the needs of people with HIV.

4. **Comprehensive program of community-based support available for HIV infected and affected people.** Effective HIV treatment entails much more than clinical care in hospital. Empathic community support is essential to the wellbeing of anyone with a life-threatening illness and HIV is no exception. This output will provide support for the development of a program of home-based care for people with end-stage HIV should the need arise.

5. **Strategy for the reduction of stigma and discrimination against people infected with and affected by HIV devised and implemented.** Although there has been no evidence as yet of discrimination towards people with HIV in Tuvalu, this may simply be due to the low numbers there. This output acknowledges the potential for stigma and discrimination to undermine HIV prevention and care efforts across the country.

6. **Effective management of STIs on each island of Tuvalu.** At a population level, the prevalence of STIs such as syphilis, gonorrhoea and chlamydia can have a significant impact on the spread of HIV in a community. For an individual, the presence of an existing STI can considerably increase the likelihood of transmission of HIV during sexual intercourse. Activities under this output will enable personnel in health facilities on every island to develop the skills for comprehensive STI diagnosis and management. This will include the basic elements of STI management including counselling about safe sex, condom promotion, chemotherapy and contact tracing.

7. **Laboratory support for HIV and STI diagnosis and management enabled in the Princess Margaret Hospital.** Although the PMH already has the capacity for HIV diagnostic testing, it cannot perform confirmatory testing. Under this output, the viability and potential for use of rapid HIV testing will be examined, as will the viability of confirmatory testing. Capacity to undertake tests for the most common STIs will be enhanced through laboratory staff training and the procurement of necessary equipment and consumables.

8. **Comprehensive program of prevention of parent-to-child transmission (PPTCT) of HIV implemented.** It is imperative that all health workers understand that comprehensive PPTCT entails much more than simply the provision of anti-retroviral therapy to women in labour. Primary prevention of child infection, or the principle that preventing the mother from becoming infected is the best way to prevent the infection of infants is a critical measure and will be implemented under this output.

9. **Male circumcision practiced widely throughout Tuvalu.** Circumcision is already a cultural practice in most of Tuvalu. It may be necessary to examine whether there are specific islands where it is not practiced that might need further encouragement.

10. **Effective referral system between Tuvalu's TB and HIV programs.** The potential health threat posed by twin epidemics of HIV and TB requires improved linkage between the two programs. There are several measures that can be taken to ensure that patients receiving treatment in either program are cross-referenced and referral between them is automatic.

Priority Area 4: Program Management

1. **Effective multisectoral engagement in the NSP.** Tuvalu needs broad sectoral engagement in the HIV response if it is to succeed. Although this is a universal requirement across all countries, it is particularly an issue in Tuvalu where human resources in the health sector are stretched thin. To date, the health sector has led the response, but other sectors must actively engage in the HIV response for it to be effective.

2. **Improved co-ordination and management of the national HIV response.** This output requires a solid commitment to the HIV effort and involves the recruiting of personnel devoted to managing and advancing the HIV response in Tuvalu. Activities will ensure the NSP is reviewed annually and this review informs annual planning. The HIV secretariat will be strengthened with dedicated support personnel, thereby reducing the current reliance on personnel with significant responsibilities in other full-time roles.

3. **Comprehensive program of HIV and STI surveillance and research implemented and annual figures disseminated.** Tuvalu will establish a program of second-generation surveillance for HIV and other STIs across all islands. HIV sero-surveillance will be undertaken in Funafuti only, but behavioural surveillance and STI sero-surveillance can be developed throughout the islands.

4. **One national monitoring and evaluation framework designed and implemented.** This output reflects the UNAIDS principle of "The Three Ones" and will enable Tuvalu to more easily monitor progress in both its national HIV response and within the Pacific Region. Monitoring activities will be ongoing and will inform annual reviews of the NSP implementation.

5. **Evidence-based planning undertaken on an annual basis.** This output is fully integrated with the previous two. Annual planning will be based on trends in surveillance data and the outcomes of the preceding annual review of the NSP.

6. **Tuvalu's national HIV response adequately resourced.** With the recruitment of a dedicated officer in the HIV Unit, regional and other international funding sources can be routinely tracked and applications submitted. This will help to secure funding for the various components of Tuvalu's NSP.

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
Priority Area 1 - Achieving an enabling environment																					
Output 1.A	**High level commitment to HIV response evident**																				
	1.A.1	Present final draft NSP 2008-12 to the TuNAC , DCC then Cabinet for endorsement																TuNAC, MOH	Funafuti	NSP 2008 – 12 endorsed	Official status of NSP
	1.A.2	Organise HIV and STI technical briefings for the Health Minister and the MoH executive committee and general information for other government sectors twice a year																TuNAC, Media Dept	Funafuti	Information dissemination mechanism in place	Briefing reports
	1.A.3	Publish summary of recent developments in HIV responses for distribution to political leaders at all levels twice a year																PMH, TuNAC	Funafuti	Annual Health and HIV Responses Reports	Official status of HIV Responses Reports
	1.A.4	Lobby leaders, policy makers and senior officials in regards to a review of HIV-related policies																TuNAC	All islands	Report documents	Listings of people lobbied
	1.A.5	Involve political leaders and other notable public figures to actively engage in high profile events such as World AIDS Day																TuNAC	All islands	Number of leaders supporting HIV issues in public	Public activity reports
Output 1.B	**Monitor human rights violations against people living with HIV and their family members**																				
	1.B.1	Develop an advocacy strategy to address stigma and discrimination																TuNAC	Tuvalu	Advocacy strategy document	Official status of ASD
	1.B.2	Identify community leaders, celebrities, AIDS champions and other key people and train them in advocacy for reducing stigma and discrimination in the community																TuNAC	Tuvalu	Number of key people trained in advocacy	Training reports

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	1.B.3	Draft national legislation for prevention of stigma and discrimination for presentation to law makers																TuNAC	Tuvalu	Legislation document	Official status of LD
Output 1.C	**Policies, legislation and traditional laws that discriminate against vulnerable populations including women, sex workers and MSM reviewed and amended**																				
	1.C.1	Assess existing policies & legislation to identify those discriminating against vulnerable populations including women, sex workers and MSM																TuNAC	Funafuti	Report documents	Status reports
	1.C.2	Draft revised policies to protect their human rights in accordance with international law to which Tuvalu is a party																TuNAC and AG Office	Funafuti	Revised policy documents	Status reports
	1.C.3	Present revised policies to supportive members of parliament who will champion their progress through parliament																TuNAC	Funafuti	Revised policy documents	Presentation/ Consultation report
	1.C.4	Lobby parliamentarians and other key power brokers for the passing of human rights-based HIV policies																TuNAC	Funafuti	Human rights-based HIV policies passed in parliament	Listings of people lobbied
Output 1.D	**Monitor human rights violations against people living with HIV and their family members**																				
	1.D.1	Workshop conducted for relevant parties to develop a human rights monitoring mechanism																TuNAC	Funafuti	Human rights monitoring mechanism established	Workshop reports
	1.D.2	Awareness programs informing the public that there is a mechanism that addresses human rights issues																TuNAC and Media	All islands	News releases, brochures	Program reports

Ref	Description	Activities	Timing																Activity implementer	Location	Indicators	Indicator measurement method
			2009												2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
Priority Area 2 - Prevention of HIV and other STIs																						
Output 2.A	**Behaviour Change strategy developed**																					
	2.A.1	Design National behaviour change Strategy						■	■	■	■	■	■	■					TUFHA, Tuvalu BCC working group	Funafuti	Strategy document	Strategy document
	2.A.2	World AIDS Day campaigns in each island										■	■	■					MOH	All islands	WAD photos & report	Report from activities
	2.A.3	Identify and train celebrity AIDS Advocates and champions				■			■										TUFHA	Funafuti	HIV Champion activities	Agreement with AIDS Celebrity champion
	2.A.4	TA for life skills program design																	TuNAC and MOE	Funafuti	TA recruited	TA contract
	2.A.5	Design “life skills” training program for teachers, health workers, community leaders, NGO personnel, young people and other suitable key players incorporating communication, negotiation skills, sexuality, Gender respect and responsibility, and safe sex			■	■	■	■	■										MoE, MoH, TUFHA	Funafuti	Training program curriculum	Life skills training document
	2.A.6	Implement “life skills” training program based on design (see 2.A.5)								■	■	■	■						MoE, MoH, TUFHA	Funafuti	Report from pilot program	Training workshop reports
	2.A.7	Train church leaders and church groups to integrate HIV/STI into their routine work and church activities- Sermons						■	■										TUNAC	Funafuti	Training activity reports	Training activity reports
	2.A.8	Train community groups in the Stepping Stones approach to community education							■				■		■	■	■	■	TUFHA, MOH	Funafuti	Training activity reports	Workshop reports
	2.A.9	Implement stepping stones program across the community								■	■	■	■	■	■	■	■	■	TUFHA, TANGO, MOH	Funafuti, Vaitupu, Nui and Nukufetau	Stepping Stones activity reports	Activity reports

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	2.A.10	Produce (print/record/make) culturally specific/ sensitive HIV and STI behaviour change materials																TUFHA, TANGO, MOH, MOE	Funafuti	STI BCC Materials	List of Materials
	2.A.11	Devise national distribution strategy for BCC materials																TUFHA, TANGO, MOH, MOE	Funafuti	Distribution strategy	Strategy document
	2.A.12	Design and implement campaign to educate the community about risk behaviours like tattooing and other traditional practices																MoH, TUNAC	Funafuti, Nanumea, Nanumanga, Niutao	Campaign activity reports	
	2.A.13	TA for media strategy																TUNAC	Funafuti	TA recruited	TA contract
	2.A.14	Devise media HIV strategy																TA and TUNAC	Funafuti	Strategy document	Strategy document
	2.A.15	Train media personnel in basic HIV and STI knowledge, advocacy skills and methods for reducing stigma & discrimination																TA and TUNAC	Funafuti	Media training activity report	Workshop reports
	2.A.16	Design, produce and adopt media kits that can help them to communicate effectively with the public																TA and TUNAC	Funafuti	Media kits	Media kits
	2.A.17	Write and broadcast a series of radio messages on HIV and STIs (with help from WSB)																MOH, TUFHA and TUNAC	Funafuti and national broadcast	Radio messages	Broadcast list
	2.A.18	Devise and deliver HIV and STI messages using performing artists																TUFHA and TUNAC	Funafuti, Nukulaelae and Niulakita	Performance photos and reports	Performance reports
	2.A.19	Arrange for the broadcasting of relevant documentaries on TV when there is a national channel																TUNAC and Media Dept	Funafuti	TV documentaries	
	2.A.20	Support media outlets to ensure full coverage of national, regional and other relevant HIV events																TUNAC and Media Dept	Funafuti	Media reports	# press releases
	2.A.21	Support radio stations to air panel discussions and educational radio programs on HIV-related topics																TUNAC and Media Dept	Funafuti and national broadcast	Radio programs	# radio programs

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	2.A.22	Arrange with Telecom and design mobile phone spot messages for all to prevent HIV/ STI and advertisement of VCCT services.																			
	2.A.23	Design messages highlighting HIV-related services and activities																PMH & TUFHA	Funafuti	Brochures and radio messages	Messages
	2.A.24	Distribute messages highlighting HIV-related services and activities																PMH & TUFHA, Media Dept	Nationwide	Number of radio messages, brochure distribution lists	# messages directed at public
Output 2.B	**Strategy for HIV and STI prevention among Tuvalu youth devised and implemented**																				
	2.B.1	TA for youth studies																TUNAC	Funafuti	TA recruited	TA contract
	2.B.2	Undertake appropriate studies to develop the youth strategy																Nat Council of Youth, TUNAC, EKT	Funafuti, Nukulaelae, Vaitupu and Niutao	Study report	Study reports
	2.B.3	Develop a youth HIV strategy																Youth Council, TUNAC, EKT	Funafuti	Strategy document	Strategy document
	2.B.4	Develop/adapt a peer education training manual																TUFHA, Youth Council, MoE	Funafuti	Training manual	Peer education manual
	2.B.5	Identify, train/ retrain youth peer education teams																TUFHA, Youth Council, MoE, EKT	Funafuti, Vaitupu and Nanumea	Training workshop reports	Workshop reports
	2.B.6	Devise Peer Educator support mechanisms																TUFHA, Youth Council, MoE, EKT	Funafuti	Support program documents	Mechanisms
	2.B.7	Adapt existing peer education support materials																TUFHA, Youth Council, MoE, EKT	Funafuti	Peer education materials	List of peer education materials
	2.B.8	Monitor peer education activities																TUNAC	Funafuti, Vaitupu and Nanumea	Monitoring reports	Activity monitoring reports

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	2.B.9	Establish a national committee to make recommendations regarding HIV education in schools (under NAC)																MOH, MOE, TUNAC	Funafuti	Recommendations report	Committee membership list & TOR
	2.B.10	Review school-based HIV and sex education (Family Life Education) curricula from other Pacific countries and those already existing in Tuvalu																MOE, TUNAC	Funafuti	Review report	Review report
	2.B.11	Undertake advocacy to counter opposition to HIV and sexuality education in schools																TUNAC	Funafuti	Advocacy program reports	Advocacy reports
	2.B.12	Review/ Produce materials to support the teaching of HIV & Sexuality in Tuvalu schools																MOH, MOE, TUNAC	Funafuti	New teaching materials	Review report
	2.B.13	Train secondary teachers for pilot implementation of HIV and Sexuality curriculum in selected schools																MOH, MOE, TUFHA and TANGO	Funafuti	Training workshop reports	Training reports
	2.B.14	Implement pilot program of HIV education in two secondary schools over a 6 month period																MOE	Funafuti	Pilot program in selected schools	Pilot program report
	2.B.15	Evaluate pilot implementation of HIV & Sexuality curriculum and make necessary changes to the curriculum or the approach used																TUNAC	Funafuti	Evaluation report	
	2.B.16	Train teachers and parents for nationwide implementation of HIV & Sexuality curriculum																TUFHA and MOH	Tuvalu	Training workshop reports	Training reports
	2.B.17	Distribute supporting materials for curriculum to schools throughout Tuvalu																MOE		Distribution lists	
Output 2.C	**Prevention strategies specifically targeting vulnerable groups designed and implemented**																				
	2.C.1	TA for KAPB studies with vulnerable groups																TUNAC	Funafuti	TA recruited	TA contract
	2.C.2	Undertake KAPB studies to inform behaviour change strategies with vulnerable groups																TUNAC	Funafuti, Vaitupu, Nanumea and Niutao	KAPB study reports	Study report

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	2.C.3	TA for BCC materials development																TUNAC	Funafuti	TA recruited	TA contract
	2.C.4	Design, pre-test, publish and distribute culturally specific BCC materials for vulnerable groups																TUNAC, MOE, MOH, TUFHA	Funafuti and nationwide	BCC materials	BCC materials list
	2.C.5	Implement peer education program for sex workers to provide condoms and safe sex education																TUFHA, TUNAC	Funafuti	Peer education activities	Peer education activity reports
	2.C.6	Review seafarers HIV education campaign																Maritime college, TUNAC	Funafuti	Education campaign activity reports	Review report
	2.C.7	Design HIV prevention campaign for entertainment venues where risk behaviours are known to be prevalent																TUFHA, TANGO	Funafuti	Campaign strategy	Design document
	2.C.8	Distribute condoms and information on HIV in entertainment venues																TUFHA	Funafuti, Niutao and Vaitupu	Entertainment venue reports	Outreach reports
Output 2.D	**Increased condom and lubricant use among the sexually active population**																				
	2.D.1	TA for condom studies in Tuvalu																TUNAC	Funafuti	TA recruited	
	2.D.2	Undertake national baseline study to identify rates of condom use, together with attitudes towards condom use (see surveillance activities)																TUFHA and TA	Funafuti, Vaitupu, Nukufetau & Nanumaga	Study outcomes	
	2.D.3	Undertake study to determine quality and availability of condoms and lubricant in Tuvalu																TUFHA and TA	Funafuti, Vaitupu, Nukufetau & Nanumaga	Study outcomes	

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	2.D.4	Devise condom promotion strategy incorporating condom social marketing (CSM) based on preliminary research, - condom procurement, storage and distribution; condom quality assurance; community education on condom use; measures to counter potential opposition to condom promotion; and concurrent promotion of personal lubricant																TUFHA and TA	Funafuti, Vaitupu, Nukufetau & Nanumaga	CP strategy	Condom promotion strategy
	2.D.5	Secure funding for CSM																TUFHA and TUNAC	Funafuti	Amount of funds secured	Budget reports
	2.D.6	Engage suitably experienced agency to manage CSM / lubricant promotion and commence program																TUNAC	All islands	CP campaign activities	CSM agreement
	2.D.7	Routinely monitor CSM activities, particularly: condom availability; lube availability; condom / lube quality; condom/ lube cost; community attitudes to condoms; condom use; and lubricant use																TUFHA	All islands	CSM data	Activity reports
	2.D.8	Improve availability of good quality condoms and lubricant throughout Tuvalu including the outer islands																TUFHA	All islands	Condom availability	Survey report
	2.D.9	Engage in targeted condom and lubricant distribution campaign for identified vulnerable groups																TUFHA	Funafuti, Vaitupu and Nukulaelae	Condom use among vulnerable groups	CP activity reports
	2.D.10	Engage in advocacy for condom promotion to counter opposition to the campaign																TUFHA	All islands	Condom advocacy campaign	Advocacy activity reports

Ref	Description	Activities	Timing																Activity implementer	Location	Indicators	Indicator measurement method
			2009												2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
Output 2.E	**Safe blood supply maintained throughout Tuvalu**																					
	2.E.1	Implement strategy for maintaining safe blood supply in the hospital incorporating appropriate integration of blood collection, testing, labelling, storage and delivery																	PMH	Funafuti	Safe blood supply strategy	Blood supply records
	2.E.2	Train all lab technicians in testing and other relevant technical skills, reporting results and laboratory management																	PMH	Funafuti	# lab staff trained	Training reports
	2.E.3	Procure adequate supply of HIV and other BBV testing kits																	PMH	Funafuti	Availability of HIV and other BBV test kits	Hospital records
	2.E.4	Procure all necessary laboratory equipment to ensure a safe blood supply																	PMH	Funafuti	Availability of necessary lab equipment	Equipment register
	2.E.5	Devise and implement an effective system for ensuring blood specimen test results remain confidential																	PMH	Funafuti	Confidentiality protocols	Confidentiality operational plan
	2.E.6	Identify and engage a suitable agency with capacity to implement all elements of a non-remunerated blood donor supply system																	TUNAC, PMH	Funafuti	Agency recruited	Agreement
	2.E.7	Ensure all blood sample HIV test results are recorded in national sero-surveillance data																	PMH	Funafuti	HIV test recording and reporting procedures	National sero-surveillance data
	2.E.8	National campaign to increase voluntary blood donation																	TRC	Funafuti	Number of blood donation campaigns	Campaign reports and blood donation records
	2.E.9	TA for establishing a blood bank on Funafuti																	TUNAC, PMH	Funafuti	TA recruited	
	2.E.10	Establish national blood bank at PMH																	PMH, TRC	Funafuti	Blood bank established	

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
Output 2.F	**Universal precautions implemented in health care facilities and other relevant settings throughout Tuvalu**																				
	2.F.1	Undertake a study of traditional practices that might enable blood-borne transmission of HIV or other BBVs (eg tattooing)																TUNAC	Funafuti, Vaitupu and Nui	Study undertaken	
	2.F.2	Develop a strategy to change dangerous traditional practices to prevent transmission of HIV																TUNAC	All islands	Strategy developed	
	2.F.3	Train tattooists and other traditional health practitioners in safe practices and waste disposal																TUNAC	All islands	Number of relevant people trained	
	2.F.4	Train health workers in universal precautions																PMH	All islands	Number of HWs trained	Training reports
	2.F.5	Provide funding (necessary supplies) for all health facilities enabling them to practice universal precautions																MOH	All islands	Funds available for UP implementation	Budget reports
	2.F.6	Devise safe and effective medical waste disposal strategy																MOH	Funafuti	Waste disposal strategy	Strategy document
	2.F.7	Implement medical waste disposal strategy																MOH	All islands	Waste disposal methods	Waste management reports
Output 2.G	**Post exposure prophylaxis policy developed and implemented**																				
	2.G.1	Develop post-exposure protocols for health care and community settings																PMH	Funafuti	Post exposure protocols	Protocol document
	2.G.2	Train relevant health personnel in PEP																PMH	Funafuti	Number of HWs trained in PEP	Training reports
	2.G.3	Equip hospital for PEP interventions																PMH	Funafuti	Availability of PEP materials	Equipment inventory
	2.G.4	Monitor PEP																PMH	Funafuti	PEP protocols implemented	PEP reports

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
Output 2.H	**Effective, voluntary and confidential counselling for HIV and STI testing and management available throughout Tuvalu**																				
	2.H.1	Review and adapt WHO/ UNAIDS guidelines on voluntary, confidential counselling and testing (VCCT) for use in Tuvalu																TUNAC	Funafuti	Adapted guidelines	Adapted guidelines
	2.H.2	Identify suitable VCCT locations																TUNAC	Funafuti	VCCT sites	VCCT plans
	2.H.3	Adapt/refurbish counselling rooms to ensure adequate facilities and privacy																PMH	Funafuti	VCCT facilities	Available facilities
	2.H.4	Train selected health workers from each island in voluntary and confidential HIV counselling																PMH	Funafuti	Number of HWs trained	Training reports
	2.H.5	Implement VCCT service																PMH and TUFHA	Funafuti	Availability of VCCT	VCCT service reports
	2.H.6	Provide IEC and other behaviour change materials to support VCCT																MOH and TUFHA	Funafuti	Availability of relevant materials in VCCT sites	Distribution lists
	2.H.7	Undertake study to determine attitudes to HIV and STI counselling																TUNAC	Funafuti	Study undertaken	
	2.H.8	Design and implement community awareness campaign to promote use of HIV and STI counselling centres																TUFHA	Funafuti	Campaign activities Campaign reports	
Priority Area 3 – Treatment Care and Support																					
Output 3.A	**A comprehensive national policy for treatment, care and support for people living with HIV developed**																				
	3.A.1	Procure TA to review and finalise the national policy and strategy for HIV treatment and care development																TUNAC	Funafuti	TA recruited, policy document developed	TA contract

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	3.A.2	Disseminate policy to health care professionals and other relevant personnel																MOH	All islands	Number distributed, number of health care professionals implementing policy	Policy distributed
Output 3.B	**A trained multidisciplinary HIV care team operating in Tuvalu's main hospital**																				
	3.B.1	Undertake study of HIV-related care and support needs throughout Tuvalu																TUNAC	Funafuti, Vaitupu	Needs analysis report	Needs analysis report
	3.B.2	Update guidelines for the clinical care of people living with HIV in Tuvalu and implement (TA)																PMH HIV team	Funafuti	TA recruited, completed Guidelines	TA contract
	3.B.3	Design ART strategy for Tuvalu																PMH HIV team	Funafuti	Strategy document	Strategy document
	3.B.4	Disseminate training needs analysis for medical and multidisciplinary care of people with HIV and devise training program																PMH HIV team	Funafuti	Needs analysis report distributed, and training report	Needs analysis report
	3.B.5	TA for training to relevant health workers in relevant treatment sites																TUNAC	Funafuti	TA recruited, and training report	TA contract
	3.B.6	Train health workers in diagnosis and management of key opportunistic infections																PMH HIV team	Funafuti and Vaitupu	Number of training conducted, training report	Training reports
	3.B.7	Integrate HIV and STI treatment into nursing curriculum and in-country training for health workers																MOH	Funafuti	Curriculum (document) that includes HIV and STI treatment, and in-country training report	Nursing curriculum document
	3.B.8	Evaluate multidisciplinary teams approach after one year of operation																TUNAC	Funafuti	Evaluation report	Evaluation report

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	3.B.9	Assess availability of trained HIV counsellors who can support people infected and affected by HIV																TUNAC	Funafuti	Number of trained HIV counsellors	Number of trained counselors
Output 3.C	**Health facilities adequately resourced to enable treatment and care of people with HIV**																				
	3.C.1	TA for ARV requirement estimates																TUNAC	PMH	TA recruited	TA contract
	3.C.2	TA for estimating ARV & opportunistic infection requirements and design procurement and distribution strategy accordingly																TUNAC	PMH	TA recruited, procurement report	TA contract
	3.C.3	Design ARV distribution strategy																PMH	PMH	Strategy document	Strategy document
	3.C.4	Procure adequate ARV and other medicines for opportunistic infections																PMH	PMH	Procurement reports	Procurement report
	3.C.5	Identify and procure additional equipment and facilities required to provide ART in the outer islands																PMH	PMH	Procurement reports, Medical Centre (outer islands) consolidated reports (CMR)	Procurement report
	3.C.6	Add ARVs to the Essential Drugs List (EDL)																PMH	PMH	EDL document listing ARV	EDL report
Output 3.D	**Comprehensive program of community-based support available for HIV infected and affected people**																				
	3.D.1	Establish peer support network for people infected and affected by HIV																National HIV support group, Church, TUFHA	Funafuti	Peer support network established	Peer support network report
	3.D.2	Design a home-based carers training and support program																All medical centres, PMH, HIV team	Funafuti	Home based care program	Home based care program
	3.D.3	Deliver home based carers training																All medical centres, PMH	Funafuti	Number of training on Home based care	Training reports

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	3.D.4	Engage the religious community in care and support initiatives																TUNAC	Funafuti	Training report	
Output 3.E	**Strategy for the reduction of stigma and discrimination of people infected and affected by HIV devised and implemented**																				
	3.E.1	Design a community advocacy program to reduce stigma and discrimination																TUNAC and TUFHA	Funafuti	Community advocacy program, IEC material developed	Advocacy program report
	3.E.2	Involve community leaders, celebrities, AIDS champions, religious leaders and other key people in advocacy for reducing stigma and discrimination in the community																TUNAC	All islands	AIDS campaigns? Campaign reports?	AIDS campaigns reports
	3.E.3	Draft national legislation for prevention of stigma and discrimination for presentation to law makers																TUNAC	Funafuti	National legislation	National legislation document
Output 3.F	**Effective management of STIs on each island of Tuvalu**																				
	3.F.1	Develop STI management training strategy for health workers based on WHO STI treatment protocols																Public Health Dept	PMH	Strategy on STI management for health workers	Strategy document
	3.F.2	Undertake a STI training needs analysis in Tuvalu																Public Health Dept	Funafuti, Vaitupu Nukulaelae and Nukufetau	Needs analysis report	Needs analysis report
	3.F.3	Deliver training to outer island clinicians in effective STI management of prevalent STIs incorporating: syndromic management; contact tracing; chemotherapy; Counselling about safe sex; and condom use advice																Public Health Dept	All islands	Training reports ? number of training conducted	Training reports

Ref	Description	Activities	Timing																Activity implementer	Location	Indicators	Indicator measurement method
			2009												2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	3.F.4	Train hospital doctors, nurses and other health professionals in comprehensive STI management																	PMH and Public Health Dept	All islands	Training reports, and number of health professionals trained	Training reports
	3.F.5	Establish a STI model clinic in Funafuti that offers comprehensive standardised STI treatment that can be used as a training facility																	PMH & TUFHA	Funafuti	STI model clinic	STI model clinic
	3.F.6	Incorporate STI case recording and reporting within the national surveillance program																	MOH	All islands	National Surveillance program incorporating STI	National STI surveillance system
	3.F.7	Train all health workers in STI case recording and reporting procedures																	PMH	All islands	Training report	Training reports
Output 3.G	**Laboratory support for HIV and STI diagnosis and management enabled in the Princess Margaret Hospital**																					
	3.G.1	Undertake a review of HIV and STI laboratory testing policy and procedures in Tuvalu (TA)																	HIV team, Laboratory	PMH	TA recruited, HIV testing policy document	TA contract
	3.G.2	Assess the cost-effectiveness and other implications of implementing HIV confirmatory testing in Funafuti(TA)																	HIV team, Laboratory	PMH	TA recruited	TA contract
	3.G.3	Devise and implement a procurement plan for all necessary equipment, reagents and consumables to enable an ongoing program of STI testing in the outer islands																	PMH Pharmacy/ Laboratory, HIV team	Funafuti	Procurement plan	Procurement plan
	3.G.4	Revise testing policy regarding use of rapid tests, ELISA tests and confirmatory testing based on review findings and recommendations of Pacific Regional Strategy																	PMH, Laboratory, HIV team	PMH	Review report	Review report

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	3.G.5	Procure necessary equipment based on revised testing policy																PMH Pharmacy, HIV team	PMH	Procurement report	Equipment inventory
	3.G.6	Train laboratory staff in approved forms of HIV & STI																PMH laboratory	PMH	Training report	Training report
	3.G.7	Train laboratory staff in ART monitoring techniques such as CD4 counts and viral load counts																PMH Laboratory	PMH	Training report	Training report
	3.G. 8	Ensure policies are in place to maintain confidentiality of HIV results																HIV team, TUNAC		HIV Policy in place	HIV policy document
Output 3.H	**Comprehensive program of prevention of parent to child transmission of HIV implemented**																				
	3.H.1	Inform NAC and other relevant personnel on latest PMCT developments and international policy recommendations																HIV team	Funafuti	TUNAC report/ minutes	TUNAC meeting minutes
	3.H.2	Finalise PPTCT policy for Tuvalu																TUNAC	Funafuti	Policy document	Policy document
	3.H.3	Disseminate strategy and train health workers in implementation																All Medical centres	Funafuti	Numbers distributed	Number of Strategy document distributed
	3.H.4	Provide community education about the importance of primary prevention of infection in women of childbearing age																Public Health, TUFHA	All islands	PPTCT Education program	PPTCT workshop reports
	3.H.5	Implement PPTCT policy across Tuvalu																Public Health	All islands	PPTCT Policy implementation report	Implementation report
	3.H.6	Incorporate HIV counselling at ante natal clinics																PMH, HIV team	Funafuti	ANC HIV records/ reports	ANC HIV reports
	3.H.7	Inform NAC and other relevant personnel on latest PMCT developments and international policy recommendations																HIV team	Funafuti	Repetition of 3H1	

Ref	Description	Activities	Timing																Activity implementer	Location	Indicators	Indicator measurement method
			2009												2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
Output 3.I	**Male circumcision practiced widely throughout Tuvalu**																					
	3.I.1	TA to undertake survey of circumcision prevalence and practices among males in Tuvalu																	TUNAC	Funafuti	TA recruited	TA contract
	3.I.2	Identify cultural or other obstacles to universal acceptance of male circumcision																	TUNAC	All islands	Problematic cultural taboos, religious beliefs identified HIV	
	3.I.3	Undertake circumcision promotion among health workers, religious leaders and other key individuals																	TUNAC	All islands	Health promotion report	Circumcision records
Output 3.J	**Effective referral system between Tuvalu's TB and HIV programs**																					
	3.J.1	Develop strategy for referral system between TB and HIV programs																	PMH	PMH	Strategy document	Strategy document
	3.J.2	Provide VCCT service to TB patients																	PMH	PMH	TB program/ referral report	TB reports
Priority Area 4 – Program Management																						
Output 4.A	**Effective multisectoral engagement in the NSP**																					
	4.A.1	Engage all government sectors in the Response to HIV/AIDS																	TuNAC	Tuvalu	Government sectoral plans	Activity reports
	4.A.2	Work closely with other non-state actors																	TuNAC	Tuvalu	Regular meetings' minutes	List of NSAs
	4.A.3	Facilitate NAC meetings every two months to monitor progress on NSP																	TuNAC	Funafuti	Regular meetings' minutes	NAC meeting minutes
	4.A.4	Provide media briefing on the NAC's role and the NSP, with periodic updates																	TuNAC	Funafuti	Number of media/press releases/ reports	Update reports

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	4.A.5	Update NAC members on HIV development in Tuvalu and the region																TuNAC, PMH HIV team	Funafuti	Number of meeting reports	Update reports
	4.A.6	Mainstream HIV interventions across sectors rather than introduce vertical HIV initiatives																TuNAC	Tuvalu	Number of sectors working on HIV interventions	Activities report
Output 4.B	**Improved coordination and management of the national HIV response**																				
	4.B.1	Recruit personnel to support the secretariat																TuNAC	Funafuti	Personnel engaged	Contract document
	4.B.2	Equip the secretariat with adequate resources to function effectively																TuNAC	Funafuti	Functional Secretariat	Resources sort/ available
	4.B.3	Hold review workshops each year to analyse progress on the plan																TuNAC	Funafuti	Workshop reports	Workshop reports
	4.B.4	Hold planning workshop each year with broad representation from stakeholders																TuNAC	Funafuti	Workshop reports	Workshop reports
Output 4.C	**Comprehensive program of HIV and STI surveillance and research implemented and annual figures disseminated**																				
	4.C.1	TA to assist with a comprehensive program of second generation surveillance drafted																TuNAC	Funafuti	TA recruited	Contract
	4.C.2	Identify national sero surveillance sites																PMH	Funafuti	Sites identified	List of sites
	4.C.3	Equip and train personnel for sero-surveillance in each site																PMH	Funafuti	Trained personnel	Training report
	4.C.4	TA for develop system for reporting sero-prevalence data to national HIV surveillance office																TuNAC	Funafuti	Reporting system developed	Draft report
	4.C.5	Ensure adequate funding for ongoing national sero surveillance activities																TuNAC	All islands	Number of proposals funded	Resources available

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	4.C.6	Identify key target groups for behavioural surveillance																TuNAC & TUFHA	Funafuti, Vaitupu, Nukulaelae & Nanumea	Number of key target groups identified	List of key target groups
	4.C.7	Finalise and distribute instruments for behavioural surveillance																TUFHA	Funafuti, Vaitupu, Nukulaelae & Nanumea	Availability of BS instruments	Report documents
	4.C.8	Train personnel in behavioural surveillance in each site																TUFHA	Funafuti, Vaitupu, Nukulaelae & Nanumea	Number of qualified personnel	Training reports
	4.C.9	Implement SGS in sentinel sites																PMH & TUFHA	All islands	# sites undertaking SGS	Surveillance reports
	4.C.10	Disseminate surveillance data regularly																PMH, TUNAC	All islands	Data availability	Report documents
Output 4.D	**One national monitoring and evaluation framework designed and implemented**																				
	4.D.1	Identify & recruit an M&E specialist																TuNAC	Funafuti	Working M&E specialist	Contract docs
	4.D.2	Devise monitoring and evaluation framework for the NSP with clear indicators																TuNAC & TA	Funafuti	M&E Framework document in place	M&E framework
	4.D.3	Recruit a suitable person to undertake monitoring and supervision activities																TuNAC	Funafuti	Suitable person recruited	Contract docs
	4.D.4	Review the NSP annually to assess progress against targets																TuNAC	Funafuti	NSP review reports	Consultation convened
	4.D.5	Draft annual plan every year after completing annual review of current year																TuNAC	Funafuti	Annual plan document	Draft report
	4.D.6	Identify & recruit an evaluation specialist																TuNAC	Funafuti	Evaluation specialist in place	
	4.D.7	Undertake mid term review of NSP																TuNAC	All islands	Review reports	

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	4.D.8	Include the HIV programs of NGOs and private sector agencies in planning and monitoring activities																TuNAC	All islands	Number of multi-sectoral HIV programs	Consultation reports
	4.D.9	TA to train M&E officer in CRIS database																TuNAC	Funafuti	M&E Officer trained	
	4.D.10	Develop a national database for sero and behavioural surveillance enabling regular review and analysis of trends in the epidemic																PMH HIV unit	Funafuti	National database document	
	4.D.11	Provide M&E training for NAC secretariat, focal personnel and NGOs																TuNAC	Funafuti	M&E training reports	Training program
	4.D.12	Develop and maintain a current map of all HIV response activities, incorporating the work of all players: government and non government agencies																TuNAC	Funafuti	Map produced	
Output 4.E	**Evidence based planning undertaken on annual basis**																				
	4.E.1	Collate and analyse implementation data of the current program																TuNAC	Funafuti	Implementation data reports	Implementation data reports
	4.E.2	Conduct a national workshop to develop a new annual plan																TuNAC	Funafuti	Workshop reports	Workshop reports
Output 4.F	**Tuvalu's national HIV response adequately resourced**																				
	4.F.1	Identify & recruit 1 staff for HIV unit																TuNAC	Funafuti	Staff recruited	Contract documents
	4.F.2	Provide training for national level HIV Unit coordinators and staff																TuNAC	Funafuti	Training reports	Training program
	4.F.3	Seek funding for additional health staff to deliver HIV-related (PMTCT advisors; counsellors; antenatal clinic nurses; STI clinicians) interventions in the Funafuti hospital																TuNAC	Funafuti	Funds available	Funds proposal developed

Ref	Description	Activities	Timing															Activity implementer	Location	Indicators	Indicator measurement method
			2009											2010	2011	2012	2013				
			J	F	M	A	M	J	J	A	S	O	N	D								
	4.F.4	Develop and implement training plan for health professionals																PMH	Funafuti	Training plan developed	Draft training plan developed
	4.F.5	Advocate for funding allocations for HIV activities from national budget																TuNAC	Funafuti	Funding allocated in the National budget	Budget submissions documents
	4.F.6	Identify major and minor national, regional and international funding sources																TuNAC	Funafuti	List of funding agencies	Funding Research Report
	4.F.7	Develop fundraising strategy to enable NSP implementation																TuNAC	Funafuti	Funding strategy in place	Funds proposal developed
	4.F.8	Encourage and support partner agencies to apply for funding for HIV interventions																TuNAC	Funafuti	Number of partner agencies funded	List of proposal submission