HIV / AIDS Prevention and Capacity Development in the Pacific: Peer Education and Support Program Mapping Consultancy

Final Report

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1.0 Executive Summary

The purpose of the peer education and support program mapping consultancy was to undertake an assessment of national programs and/or organisations utilising the peer education methodology to work with identified HIV vulnerable populations in the Pacific region. The assessment identified the gaps and capacity building needs of the programs / organisations, which has fed into the development of a strategic framework for regional organisations like the Secretariat of the Pacific Community (SPC) to provide support to national peer education programs and behaviour change interventions.

An in-depth assessment of peer education programs working with identified vulnerable populations was conducted for ten selected countries—Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Republic of the Marshall Islands, Samoa, The Solomon Islands, Tuvalu, Tonga and Vanuatu. The assessment was required to address the following:

1. Identify whether referral systems are in place for HIV & STI clients, and if present, the referral points.
2. Identify the processes used to develop or recommend capacity development of existing staff and volunteer skills, knowledge and program development in relation to working with vulnerable populations.
3. Define strategies to improve the capacity of staff and volunteers.
4. Recommend strategies (including skills training) for delivering effective and needs based programs/interventions for vulnerable groups.
5. Identify other pertinent issues that may impact on the effectiveness of current programs, including consideration of (i) a code of ethics; and (ii) common difficulties in interventions focused on vulnerable or marginalized populations.

These have been achieved and are detailed in this report.

Assessing peer education programs involved four specific activities: examination of national strategies, and other relevant documentation; surveying and interviewing national organisations involved in peer education; and consulting with regional organisations involved in the delivery of HIV & STI services.

In undertaking the assessment it became evident that the term *peer education* is used throughout the Pacific region to describe many different activities and methodologies. The lack of a common definition, or understanding of what constitutes peer education, did make the assessment more challenging. It was decided that for the purposes of the review peer education would be defined as *an education program conducted by, and for, members of the same peer group; and a peer was someone from the same group, in which the group members identified with each other because of certain features they have in common*. It is a specific methodology that has a set structure and process. Using this definition does not mean that other forms of education described in the report (mostly community education) are not worthwhile or legitimate. It is acknowledged that much is being achieved via different methodologies, and that other forms of education actually assist peer education methodologies because they provide the context and 'set the scene'.

From the review of national AIDS & HIV strategies for peer education content a number of consistent themes were noted:

- Strategies often identify vulnerable populations but frequently there are no specific actions linked to the groups, or alternately, actions are targeted at generic groupings (men, women, youth) with vulnerable populations confined as a subset of the general community (women, including sex workers). There is often no specificity of targeting.
- The engagement of affected populations in the design and development of interventions as demonstrated by the national strategic plans is selective. Whilst many of the strategies identify a readiness to engage, support and accept people living with HIV / AIDS (PLWHA), and facilitate their role as advocates and partners, very little is evidenced to engage those populations at high risk of HIV prior to being infected.
- The majority of strategies lack clear guiding principles that outline an underlying framework for the strategy.

National AIDS & HIV strategies need to be reviewed in collaboration with regional partners, and there needs to be a stronger definition of who the stakeholders are when consultation is undertaken to ensure appropriate representation for the vulnerable and marginalised.

In the course of this assessment a number of issues were consistently identified across countries and organisations. Effective monitoring and evaluation (M&E) was a dominant theme. M&E was identified as one of the major weaknesses of most peer education programs. The great majority of organisations raised the challenge of ensuring quality of content within peer education programs, and of well targeted interventions directed at the appropriate vulnerable group with measurable outcomes that indicate changes in knowledge, attitudes and practice. There is a need to move beyond the simple process evaluation (head counting) most commonly used by programs and embrace broader measures of outputs and outcomes. There is a lack of clarity about the reporting systems used by individual programs, the relevance and measurability of indicators, and to whom and how they report.

Thirteen regional organisations were also involved in the review. The consultations added a regional perspective to the issues raised within individual countries.

Limited coordination at regional and national levels was consistently highlighted with little coordination in the delivery of activities resulting in multiple programs cutting across or competing with each other. Coordination, networking and possible standardisation are seen as desirable goals. There appears to be no standardisation of management systems for peer education programs, and no standardised system of networking, recruitment, training, data collection and reporting. Emphasis needs to be placed on developing the capacity of national networks because of greater relevance in country, and the ability to encourage better sharing of resources, experiences and knowledge. However, these national frameworks should be linked with a coordinated regional framework.

A critical need identified was to ensure that those most at risk are the target of effective interventions. This includes appropriate matching of peer educators to the intended target. Most peer education in the Pacific has traditionally targeted young people, indeed has become synonymous with youth education, with other vulnerable groups included as incidental recipients within the community. Consequently there is an over reliance on young volunteers to assume educational responsibility for a diverse range of populations. There is a further gap of how vulnerability is identified even within youth populations, which are often defined in countries with large age ranges. There are significant issues as to who constitutes a peer for whom, and who would be most effective in being a peer.

The solution for many countries has been to broaden peer education to community education, to include vulnerable populations within that broad community umbrella, and to multi-task their peer educators to provide multiple services for multiple groups. Consequently, many peer based strategies become exercises in community education.

Peer education in many countries is hampered by physical, demographic and social constraints. Consequently, a number of organisations have prioritised:

- Additional funding to provide more training (both recruitment and refresher) to enable remuneration of volunteers, to enhance outreach activities to cover wider geographical areas and target other vulnerable groups, and to establish sustainable systems.
- More effective and informative M&E systems that can guide the development of appropriate programs targeting those most at risk.
- Uniform resources, training curriculum and M&E practices across national and regional networks with particular emphasis on training resources that are appropriate for members of vulnerable groups and account for their particular needs.
- Greater national coordination of various peer education programs with greater flow of communication and joint planning, referral and follow-up systems. Governments should be a key component of any national network, providing a framework for peer education. These national frameworks should be linked to a regional framework. Where particular countries or territories are too small for a national network, organisations did prioritise a need to be connected with regional networks. Establishing regional networks for vulnerable groups has been important for communication and support.
- The need for skill development among peers to be able to participate in their own governance, management and strategic coordination activities. Facilitation skills training was considered a crucial component of peer education training and should be regarded as important as content. It was noted that few peer educators have acquired experience and skills in project management and evaluation.

However encountering these barriers is the reality for many countries—small populations dispersed over a large geographical distance, poorly resourced with limited transport and communication infrastructure. Set against this context the many issues and gaps cannot be easily resolved. These include training, recruiting, remunerating, and sustaining peer educators; maintaining enthusiasm and motivation; monitoring of activities; issues of identification of, and engagement with, vulnerable communities; exposure to discrimination and stigmatisation and ability to network with peers at a local and regional level.

The review has shown that peer education is occurring across the region and that the methodology is a valid one to educate vulnerable populations about HIV & other STI transmission and prevention. Much of the effort is very effective and there is potential in the use of peer education for an effective sustained response to HIV in the region.

2.0 Abbreviations and Acronyms

This list of abbreviations and acronyms does not include individual organisations from individual countries. These may be found in the individual country sections.

ABC	abstinence, behaviour change, condom usage
ACON	AIDS Council of New South Wales
ADRA	Adventist Development Relief Agency
ADB	Asian Development Bank
AFAO	Australian Federation of AIDS Organisations
AHD	adolescent health and development
AIVL	Australian Injecting and Illicit Drug Users League
AMFAR	American Foundation for AIDS Research
ANCP	Australian Non-government Program
ARH	adolescent reproductive health
ARHP	Adolescent and Reproductive Health Program
ASRH	adolescent sexual and reproductive health
AusAID	Australian Agency for International Development
BCC	behaviour change communication
CPG	community planning group
CSM	condom social marketing
CSO	community service organisation
CSW	commercial sex worker
FSM	Federated States of Micronesia
FSPI	Foundation of the Peoples of the South Pacific
FTE	Full-time equivalent
HIV	Human Immunodeficiency Virus
IEC	information, education, communication
ILO	International Labour Organisation
IPPF	International Planned Parenthood Association
KANGO	Kiribati Association of Non Government Organisations
KAP	knowledge attitude (aptitude) practices (perception)
KAPB	knowledge attitude (aptitude) practices (perception) behaviour
KHATBTF	Kiribati HIV AIDS Tuberculosis Task Force
LGBTI	lesbian, gay, bisexual, transgender, intersex
M&E	monitoring and evaluation
MMM	Mobile Men with Money
MoH	Ministry of Health
MPH	Masters in Public Health
MSCS	Most Significant Change Stories
MSIP	Marie Stopes International Pacific
MSM	men who have sex with men
NAC	National AIDS Council

NAPWA	National Association of People living with HIV / AIDS (Australia)
NGO	non-government organisation
NHS	National Health Service (UK)
NSW	New South Wales
NZAF	New Zealand AIDS Foundation
NZAID	New Zealand International Aid & Development Agency
OSSHHM	Oceania Society for Sexual Health and HIV Medicine
PCC	Pacific Conference of Churches
PE	peer education (and peer educator(s))
PhD	Doctorate in Philosophy
PIAF	Pacific Islands AIDS Foundation
PICT	Pacific Island Countries and Territories
PLWHA	people living with HIV / AIDS
PNG	Papua New Guinea
PRHP	Pacific Regional HIV / AIDS Project
PRISP	Pacific Regional Strategy Implementation Plan
PSDN	Pacific Sexual Diversity Network
RMI	Republic of the Marshall Islands
SPC	The Secretariat of the Pacific Community
SPOCTU	South Pacific and Oceanic Council of Trade Unions
STI	sexually transmitted infection
SW	sex worker
UNAIDS	United Nations AIDS Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
VCCT	voluntary confidential counselling and testing (Also VCT)
WHO	World Health Organisation
WLWHA	women living with HIV / AIDS
Y-PE	Youth Peer Education
YTYIH	Youth to Youth in Health

3.0 Summary of the project

The purpose of the peer education and support program mapping consultancy was to undertake an assessment of national programs and/or organisations utilising the peer education methodology to work with identified HIV vulnerable populations in the Pacific region. The assessment identified the gaps and capacity building needs of the programs / organisations, which has fed into the development of a strategic framework for regional organisations like the Secretariat of the Pacific Community (SPC) to provide support to national peer education programs and behaviour change interventions.

The specific objectives of the assignment:

1. In-depth assessment of peer education programs working with identified vulnerable populations in selected countries in the Pacific region—Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Republic of the Marshall Islands, Samoa, Solomon Islands, Tuvalu, Tonga and Vanuatu.
2. Identify whether referral systems are in place for HIV & STI clients, and if present, the referral points.
3. Identify the processes used to develop or recommend capacity development of existing staff and volunteer skills, knowledge and program development in relation to working with vulnerable populations.
4. Define strategies to improve the capacity of staff and volunteers.
5. Recommend strategies (including skills training) for delivering effective and needs based programs/interventions for vulnerable groups.
6. Identify other pertinent issues that may impact on the effectiveness of current programs, including consideration of (i) a code of ethics; and (ii) common difficulties in interventions focused on vulnerable or marginalized populations.

For complete details of the consultancy and project methodology see Appendices Two and Three. The consultancy commenced 20 January 2009 and concluded with the submission of the *Final Report* 20 April 2009.

The assessment of peer education programs involved four specific activities:

1. Review of national strategies and programs addressing vulnerable groups and using peer education methodologies and activities.
2. Review of other relevant documentation (e.g. national peer education policies).
3. Survey and interview of selected national organisations involved in peer education.
4. Interview of regional organisations supporting peer education activities in the region.

In the following sections and appendices each country is discussed using the information gathered from the above activities. There are common themes across the countries and they are investigated in the first parts of Sections 5.0 and 6.0. Discussions and recommendations specific to each country are also included the latter parts of Sections 5.0 and 6.0.

The mapping exercise generated much information that was reviewed and analysed to devise the recommendations laid out in this report. Due to the size and nature of the assessment the findings have been presented in several formats—this version, an abridged version of this report, and individual country reports—to be shared with relevant stakeholders.

4.0 Use of the term *peer education*

The term *peer education* is currently being used to cover many different activities and methodologies in the Pacific region. The historical context of peer education in the region details the evolution of this and is described in the next two paragraphs.

Peer education as a HIV prevention strategy / methodology was first introduced to the region between 1998-2000 when an intensive three-week peer education course was delivered by the Australian Federation of AIDS Organisations (AFAO) and the AIDS Task Force of Fiji (funded by AusAID). The course emphasized a one-to-one outreach model targeting sex workers, wheelbarrow boys and nightclub patrons, and provided high quality training with an emphasis on communication skills, record keeping and ethics. Rigid criteria were used to assess candidates and on-site training with strong follow-up was provided. The outreach project focussed on the dissemination of information, condom distribution and referrals to health services. The outreach workers provided this service in Suva for two years before presenting their program at the first Pacific Islands HIV/AIDS Conference organized by SPCs HIV & STI Section.

After the conference, a number of other organizations were keen to adopt the concept of peer education, and it became incorporated for example into the Adolescent Reproductive Health Program (later to become the Adolescent Health and Development (AHD) Program). Through the AHD Program, the original concept of peer education as a one-to-one contact through outreach has evolved and been adapted to suit resource and local capacity constraints. The length of training required to graduate as a peer educator has often been significantly reduced (in some cases down to only three days). Peer educators have then been posted to health centres with an expectation to present to groups on sexual and reproductive health, including HIV & STIs. They are often not provided with enough training for this role. Due to resource constraints in countries peer educators are also often required to take on coordination and other roles depending on the demands of the various organisations, health services and local communities.

Due to this evolution of peer education the term means different things to different individuals and organisations. Examples of what has been included in the catchphrase *peer education* include:

- Community education conducted by individuals who do not belong to the subpopulation being targeted.
- Awareness raising activities conducted by individuals who do not belong to the subpopulation being targeted (e.g. a 24 year old talking with school students).
- General condom distribution
- General resource distribution (pamphlets, posters and newsletters)
- Peer support (e.g. individuals with HIV meeting to support each other)
- Peer education trainers conducting community education themselves rather than training peers to conduct education with their own peers.

Much of this is falls outside the definition of peer education, so the assessment has been limited to the following definition:

The teaching or sharing of health information, values and behaviours by members of similar age or status groups.

Peer education therefore is an education program run by, and for, members of the same peer group; and a peer is someone from the same group, in which the group members identify with each other because of certain features they have in common. It is a specific methodology that has a set structure and process.

This does not mean that other forms of education or activities are not worthwhile or legitimate. It is acknowledged that much is being achieved through different methodologies, and that other forms of education actually assist peer education methodologies because they provide the context and set the scene.

Using this definition the information gathered through the assessment was analysed with the following ten criteria in mind:

1. The project **targets a vulnerable community** in the country. The intervention is well targeted. (Basis for this comes from the national strategy and from the feedback about what the vulnerable populations are in the country.)
2. **Governance.** The peers are involved in the way things are run and the decision-making. There is **engagement with the target population** in the design, implementation and evaluation of the project. There is engagement at some levels and constant attempts are made to pursue this engagement.
3. There is obvious **support** for the peer education project at an organisational and national level.
4. **Collaborative relationship** with other organisations who are undertaking HIV peer education based activities in the country so that there is no duplication (competition) of services.
5. **Recruitment strategies** for peer educators are appropriate, systematic, ongoing and sustainable. This includes developing defined marketing strategies. There is an accepted and celebrated **exit strategy** for peer educators.
6. There is initial and follow-up education for the peer educators. There is **sustainable capacity building** of peers.
7. **Referral systems** are in place to address the needs of the target population as things arise. This includes the ability to follow-up on whether anything happened as a result of the referral (did the person actually attend for VCCT), and an ability to assess whether the referring agency is effective and provides suitable service.
8. **Evaluation**. There are set outcomes. How is the **effectiveness of the project determined?** What agreed measures are in place to assess whether this project 'makes a difference' or not, and is there a defined mechanism to report against these? It is acknowledged that this is extremely difficult, however are there attempts to do this?
9. Monitoring. A code of behaviour is defined and followed. This includes a **monitoring mechanism for the knowledge, skills and conduct of peer educators**.
10. The project makes an **obvious and tangible impact**. Things that have changed as a result of the project being in existence are able to be discussed.

5.0 Discussion

5.1 Peer education references in national strategies

In analysing the peer education content of national HIV & AIDS strategies a number of consistent themes were noted.

5.1.1 Lack of specificity

Strategies often identify vulnerable populations but frequently there are no specific actions linked to a particular group, or alternately, actions are targeted at generic groupings (men, women or youth) with vulnerable populations confined as a subset of the general community (women, including sex workers). There is often no specificity of targeting. Similarly, peer education interventions are often referred to in a general sense with no particular target designated. Lack of identification of vulnerable populations in some strategies makes it difficult for local agencies to prioritise and design interventions without national acknowledgement of who is at risk.

Interventions are often targeted at young people without any differentiation made of subpopulations within youth culture. Without identifying particular subgroups of greater risk, there can be a tendency for peer education to target easy to access, highly receptive audiences rather than the more difficult to manage, yet higher risk group.

Vulnerable groups are mentioned in the strategies but specific groups such as commercial sex workers (CSW) and men who have sex with men (MSM) are notably excluded from particular national documents. Occupational groups are referred to, for example, police, seafarers and military, yet as with youth, there needs to be greater definition of the risk within these groups. High risk individuals comprise only a small subset and interventions are cost effective when directed at this subset. Targeting these individuals with appropriate peers, matched with respect to experience and background, is integral to the peer education process. Whilst identifying broad groupings may be useful for activity reporting and strategic planning, the development of targeted interventions needs greater understanding and defining of the context of risk (what, why, how, where).

Therefore a distinction needs to be made between vulnerable groups (occupational groups), and that subset which are marginalised (MSM, sex workers, transgender). Peer based activities are more easily designed and delivered to vulnerable occupational groups such as uniformed services than those that are legally and socially marginalised. This distinction needs to be acknowledged in national plans and actions designed accordingly.

5.1.2 Engagement of individuals within vulnerable populations

The engagement of affected populations in the design and development of interventions as demonstrated by the national strategic plans is selective. Whilst many of the strategies identify a readiness to engage, support and accept PLWHA and facilitate their role as advocates and partners, very little is evidenced to engage those populations at high risk of HIV prior to being infected. Whilst it is understandable and commendable that great efforts be made to establish supportive networks for PLWHA given their level of marginalisation, it would seem that these same efforts are often not as readily extended to other marginalised groups.

Collaboration as described in the national strategies is often with NGOs who administer peer education programs for targeted populations, and though peers are recruited and trained, the NGOs themselves remain separate to the vulnerable communities with few opportunities for the vulnerable groups to actively participate in decision making, planning and evaluation.

5.1.3 Guiding principles

The majority of national strategies lack clear guiding principles to outline underlying frameworks for the strategies. Examples of guiding principles that may be useful to assist the inclusion of peer education methodologies (among other things) include:

- Right of access to accurate and culturally appropriate education
- Principle of community partnership
- Inclusion and engagement of those most at risk and/or affected by HIV as collaborators in prevention efforts
- Inclusion of all marginalised and vulnerable populations in a spirit of partnership
- Confidentiality is paramount and maintained
- Strategies do not operate in the context of blame.

5.2 Scope of existing activities and interventions

Peer education activities were mapped in nine of the ten targeted countries as Nauru does not currently have any organisations undertaking HIV peer education. Twenty-three individual organisations responded to this mapping exercise.

5.2.1 Cook Islands

The current national strategy is the *National Strategy on the Response to HIV, AIDS & STIs 2008–2013*. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report. The national strategy demonstrates some strength when discussing peer education. Much of this is targeted toward young people; however other vulnerable populations are noted.

In the Cook Islands one organisation was identified as being involved in peer education and was interviewed: **Cook Islands Red Cross**. A full transcript of the interview is included in Appendix Twelve. There appears to be a slight disconnect between the national strategy and the peer education activities of the Red Cross program. The strategy highlights peer education for youth, migrant communities and tourist industry workers, yet the Red Cross program targets young people, MSM and transgender populations.

Other than process evaluation that measures activity outputs, there appears to be little monitoring of behaviour change over time. Nonetheless there appears to be a good system of communication between, and monitoring of, peer education activities.

Other than close collaboration with the Te Tiare Association for outreach to transgender and MSM, it is not clear to what extent peer educators recruited through the Red Cross program are appropriately targeted as genuine peers. The wide age range defined for youth (15–30 years) compounds this difficulty and blurs the boundary between peer education and general community education.

5.2.2 Federated States of Micronesia (FSM)

There are a number of strategies that cover the member states: *Pohnpei Strategic Plan, Kosrae Strategic Plan, Yap Strategic Plan and Chuuk Strategic Plan*. A detailed analysis of these strategies with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In FSM three organisations were identified as being involved in peer education and responded to surveys: **Adolescent Health and Development Program (Pohnpei), Chuuk State HIV Program and FSM Red Cross.** A full transcript of the interviews is included in Appendix Twelve.

A significant issue is the vast geographic spread of FSM and the implication this has on any attempts at coordinated program delivery and strategic planning. Coordination is of concern both between the states and between the organisations that are involved in peer education.

The small, scattered populations of FSM pose significant challenges to a number of programs:

- Difficulty in specifically identifying vulnerable populations
- Difficulty in communication and collaboration across programs, communities and states
- Difficulty in accessing remote, vulnerable communities
- Difficulty in retaining trained educators due to high population mobility.

Whilst some programs have made particular efforts in accessing vulnerable groups (sex workers) using appropriately trained peers, a number of programs target a very wide range of community groups. The lack of available resources within small communities necessitates that these resources be efficiently used for the whole community. Whilst this may run counter to the principle of peer education, it may be the most appropriate strategy given the limitation of resourcing.

5.2.3 Kiribati

The current national strategy is *Kiribati STI and HIV/AIDS Strategic Plan 2005–2008*. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In Kiribati four organisations were identified as being involved in peer education of which the first three responded to surveys: **Kiribati Red Cross, Adolescent Health and Development Program, Kiribati Family Health Association and Kiribati Association of NGOs (KANGO).** A full transcript of the interviews is included in Appendix Twelve.

Many of the components of an effective coordinated HIV peer education initiative are in place however confusion over the methodology does exist. At times community awareness and community based education activities are given the name of peer education although the specific activity may not be true peer education.

One significant area—common in other countries—is the need for effective monitoring and evaluation. There is an urgent need to devise a suitable monitoring tool that can engender greater accountability of peer education; to evaluate responses from the community; to better monitor peer education activities and to collect information from the community.

It is noted that there is a well organised network of NGOs involved in peer education. The network coordinates activities and avoids overlapping programs by designating particular villages to particular NGOs. However it is also noted that much of the activity described occurs in the main centre of Kiribati and there is a need to reach other parts of the country.

Payment for involvement in peer education is standard practice and appears to reap the benefit of continued involvement. An adverse outcome of payment for this type of activity is that the level of output may decrease as individuals are paid per session / activity rather than paid on outcome.

Groundwork for effective HIV peer education is in place and organisations are networked and collaborating on many initiatives.

5.2.4 Nauru

For this exercise the *Nauru Health Operational Plan 2008* was reviewed but there is no reference in it to peer education; identifying and targeting vulnerable populations; or the need to engage vulnerable groups in program design.

As there are currently no organisations involved in peer education three additional documents were reviewed:

- *Nauru National Youth Policy 2008–2015: A Vision for Quality of Life*
- *Pacific Regional HIV/AIDS Project (PRHP) Nauru Country Update 2003–2006*
- *Evaluation of Chlamydia Testing and Treatment Pilot, Republic of Nauru* by SPC and the Ministry of Health, Nauru, July 2008

An analysis of the documents is included in the Nauru country report.

Understandably when HIV was first identified within the Nauru community there was a strong urgency to dedicate national and community resources to address the potential health threat. It is equally understandable that the failure of the threat to materialise has led to a loss of motivation and commitment, with a resulting re-prioritisation of limited resources to other immediate health concerns.

This re-prioritisation should be viewed in the context of alarmingly high rates of other STIs such as Chlamydia. The implications for long term reproductive and antenatal health should urgently reinvigorate efforts to establish a new national task force, strategic plan, condom social marketing and peer education programs that address all STIs including HIV.

A public health and community infrastructure that has been established for the control of Chlamydia and syphilis could be easily adapted should HIV re-emerge.

5.2.5 The Republic of the Marshall Islands (RMI)

The current national strategy covers the period from 2006 to 2009. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In RMI one organisation was identified as involved in peer education and was interviewed: **Youth to Youth in Health (YTYIH)**. A full transcript of the interview is included in Appendix

Twelve. A low HIV prevalence coupled with the emergence of risk behaviours (transactional sex work, movement of seafarers etc.) present a window of opportunity for effective and well supported peer based initiatives.

While YTYIH conducts education among other populations, its primary focus is young people, hence most of its peer educators are young people. The national strategy highlights additional vulnerable populations but these are often targeted incidentally as part of the general community work of YTYIH. This cross over community education is very useful, but it is important that the vulnerable groups highlighted in the national strategy—MSM, PLWHA, sex workers and outer island residents—be targeted by dedicated peer based programs with recruitment from these target populations.

Discussions among key personnel imply that much of what is called peer education in RMI is more community education than true peer education. Capacity for development and support of true peer education is needed.

5.2.6 Samoa

Samoa is currently drafting its *National HIV and AIDS Policy & Plan of Action 2009* but it was not available to the consultants for review for the mapping exercise. Instead the *Strategic Plan for Responding to the Impact of HIV/AIDS on Women 2001–2005* has been used for this assessment. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In Samoa four organisations were identified as being involved in peer education of which the first three responded to surveys: **Samoa Red Cross, Samoa AIDS Foundation, TALAVOU Program (Ministry of Women, Community & Social Development)** and **Samoa Family Health Association.** A full transcript of the interviews is included in Appendix Twelve.

The development of a clear national strategy for HIV and other STIs is essential to address the needs of vulnerable groups in Samoa; and to establish the methods through which these needs may be met. Including a peer education methodology in this national strategy is warranted.

It is noted from feedback from regional organisations, as well as those in-country, that there is a strong collaborative network in peer education in Samoa. The impact of religion and tradition on the effectiveness of outreach programs into rural areas appears to be one of the significant challenges. The need for additional resources to support a greater geographical spread of programs was highlighted. A significant weakness of peer education programs was the difficulty of evaluating the quality of peer education interventions and the information being delivered.

Significantly, many of the programs described could be more appropriately described as community education, rather than peer education. The wide variety of target populations for some programs makes it difficult to conceive them as truly peer based.

5.2.7 Solomon Islands

The current national strategy is *The National HIV Policy and Multi-Sectoral Strategic Plan 2005–2010*. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In the Solomon Islands seven organisations were identified as being involved in peer education and were interviewed:

- Adolescent Health and Development Program
- Oxfam
- World Vision
- Save the Children
- Adventist Development Relief Agency
- Integrated Community Program
- Solomon Islands Planned Parenthood Association

A full transcript of the interview is included in Appendix Twelve.

The National HIV Policy and Multi-Sectoral Strategic Plan 2005–2010 sets out a solid framework for the conduct of peer education in the Solomon Islands. The document is inclusive of a number of vulnerable groups and presents a strong base for the development of effective peer education in the country.

Local organisations have utilised this strategic plan to coordinate their own work in peer education and a number of peer education programs were identified as particularly effective in engaging the participation of vulnerable populations and targeting specific at risk communities with appropriate peers. Young people (both in school and detached from education) and sex workers were particularly featured in a number of programs.

There appears to be a good level of networking and support between agencies, and some degree of coordination. Many of the programs however are limited in coverage, often concentrated around Honiara and rarely available in the outer islands. Similarly, there is an impression that while age based peer outreach was well resourced, there was an identified need for great targeting of other vulnerable groups, and consequently for resourcing and training to address this. There is a need for greater specificity in targeting strategies given the great diversity of interests and needs in communities.

Broader M&E of peer education programs is mixed. Given the level of existing M&E activities, coordination of mechanisms, standardisation of M&E approaches and development of robust M&E plans is possible.

5.2.8 Tonga

The current national strategy is the *Strategic Plan for Responding to HIV/AIDS and STIs in the Kingdom of Tonga 2001–2005*. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In Tonga three organisations were identified as being involved in peer education and the first two responded to surveys: **Family Health Association, Tonga National Youth Congress** and **Tonga Red Cross.** A full transcript of the interviews is included in Appendix Twelve.

The national strategic plan provides an example of a document that sets out a solid framework for the conduct of peer education. Its guiding principles highlight the need for

engagement of, and participation with, vulnerable groups; and the document is inclusive of a number of vulnerable groups. This presents a strong base for the development of effective peer education in the country.

The two organisations surveyed have sought to conduct their peer education programs within a model of best practice. This has included careful assessment of risk and needs, collaboration with local communities and vulnerable groups in the design and implementation of projects, careful evaluation with attention to the appropriate targeting of activities, close collaboration with other services and the integration of education with clinical service delivery.

Each organisation however has identified a wide set of target groups, it can therefore be assumed that much of the work must be kept at the level of community education in order to address a variety of demands and expectations. Support for continued coordination of existing peer education activities and building capacity to be able to reach more diverse populations is warranted. This includes involvement of populations on outer islands.

5.2.9 Tuvalu

The current national strategy is the *Tuvalu National Strategic Plan for HIV and AIDS 2008–2012*. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In Tuvalu two organisations were identified as being involved in peer education of which the first one responded to surveys: **Tuvalu Family Health Association** and the **National AIDS Council.** A full transcript of the interviews is included in Appendix Twelve.

The *Tuvalu National Strategic Plan for HIV and AIDS 2008–2012* offers a solid framework for the conduct of peer education in Tuvalu. The document is inclusive of a number of vulnerable groups and presents a strong base for the development of effective peer education in the country.

The size of Tuvalu's population presents both significant challenges and benefits when discussing HIV peer education. These challenges include the lack of information about vulnerable populations given their invisibility within a closed community; and the little that has been done to assess their level of risk to STIs. Additionally, the country is relatively isolated from other regional programs, both in terms of geography and communication, and this results in limited opportunities for peer educators to gain experience and knowledge through training and networking with other agencies and peer educators across the region. The small population imposes difficulties on achieving a local critical mass of expertise, further limiting training opportunities. Poor resourcing impedes access to regional training and skills.

In addition, the fear of exposure and stigmatisation within a small community creates great difficulties for any effective targeting of vulnerable groups such as sex workers and MSM.

However there are significant benefits for this small population. If an effective peer education methodology was coordinated across agencies, contact with, and broad coverage of the population would be achievable.

5.2.10 Vanuatu

The current national strategy is entitled *National Policy for HIV/AIDS and Sexually Transmitted Infections 2008–2012*. A detailed analysis of this strategy with reference to peer education appears as Appendix Nine with highlights of the strategy included in the individual country report.

In Vanuatu seven organisations were identified as being involved in peer education of which the first two responded to surveys: **World Vision, Wan Smolbag, Ministry of Health, Family Health Association, Young Peoples' Project, Save the Children** and **Oxfam.** A full transcript of the interviews is included in Appendix Twelve.

Despite the inability of a significant number of organisations to participate in the mapping exercise, the information received has demonstrated an effective and innovative delivery of peer and community based education in Vanuatu. The assessment suggests that Vanuatu has one of the strongest peer education programs in HIV in the region. A national network of organisations working in peer education exists and examples of collaboration and inter-agency referral are evident. Benefits of a functional network—coordinated guidelines and access to funding streams—are also evident.

It is noted that there are attempts to better coordinate service delivery—essential for the large number of programs operating in the country—and all seeking to deliver peer education. Funding was cited as a crucial issue, both with respect to training of peer educators and to remunerating them for their services.

5.3 Identification of gaps in methodology

5.3.1 Monitoring and evaluation

There is a critical need for stronger M&E systems. M&E was identified as one of the great weaknesses of most peer education programs. There is a lack of clarity about the reporting systems used by individual programs, the relevance and measurability of indicators, and to whom and how they report. Often M&E has been reduced to "head counting" or describing activities undertaken by programs or PE without any further analysis of the target population receiving the intervention, and how those activities translate to the level of outputs and outcomes i.e. the impact made upon knowledge, attitudes and behaviour. Most evaluation focuses on knowledge through the use of pre and post session surveys.

Recommendation One

Evaluation of peer education programs should move beyond process evaluation and activity reporting, to include a measure of outcomes with respect to behaviour change over time. A coordinated approach to effective evaluation across the region needs to be developed so that individual countries and organisations can draw on the expertise of this pooled knowledge.

There is a lack of baseline assessments of community behaviour which should be undertaken prior to program commencement to allow for accurate evaluation of behaviour change. Where behaviour change is measured the Most Significant Change (MSC) evaluation methodology is used, which is reported to provide useful information to programs, not only about medium term impact of

interventions, but concerning the needs and gaps in communities. However it is important that MSC is not used in isolation, but in combination with activity and output reports.

Key measures that are often not reported concern the ability of peer education programs to access those most at risk; proportion of peer educators who derive from vulnerable groups; the level of participation by these vulnerable groups in program design and evaluation as well as the program itself; and the extent to which interventions are adapted with respect to time and place to target particular vulnerable populations.

5.3.2 Coordination

Limited coordination at regional and national levels was consistently highlighted with little coordination in the delivery of activities resulting in multiple programs cutting across or competing with each other. Different sources of funding can create disorganisation. Whilst some countries have systems for local coordination between NGOs or with governments, coordination tends to decrease with increasing levels of hierarchy.

There appears to be no standardisation of management systems for peer education programs. There is no standardised system of networking, recruitment, training, data collection and reporting. Each country has its own network and mechanism for peer coordination but, with some exceptions, these systems are often weak. Donor requirements for reporting often mean that NGOs do not report to the national governments but use multiple systems of reporting across the region.

> **Recommendation Two**
> Formalised networking and coordination among the organisations involved in peer education in HIV in the region is warranted. Resourcing to support this coordination is important. The issue of inter-agency collaboration, communication and support between NGOs and Government should be addressed at national levels.

Collaboration across agencies appears to be strongest at the initial planning stage of projects but this momentum is often not maintained once programs commence.

Whilst there are opportunities for peer educators to come together for discussion and information sharing, it is important that decision makers and program managers meet as well to ensure that the issues and needs raised by educators can be responded to with practical support. This would also provide an opportunity to clarify for program managers the nature and requirements for effective peer education.

More emphasis should be placed on developing the capacity of national networks (rather than regional) because of greater relevance in country, and the ability to encourage better sharing of resources, experiences and knowledge. However, it was suggested that those smaller countries where only a few organisations operated would benefit from partnering with other NGOs on a regional level. Certainly the sharing of information across organisations was identified as an important task.

Establishing regional networks for vulnerable groups has been important for communication and support. Linking small vulnerable groups in small countries with other larger country

networks may be the most appropriate strategy rather than developing peer-based organisations within a country.

Governments need to show leadership and assume a greater coordination role, even in areas where it may not have expertise. The MoH needs to be multi-sectoral in its approach to ensure that even the marginalised are included in its planning and delivery. Consequently, there is a need to increase the support for national governments by establishing national frameworks for PE that are able to coordinate activity and planning, and to assume more responsibility for monitoring within countries. A single framework for PE should coordinate the multiplicity of agencies and facilitate all reporting through national governments. These national frameworks should be linked with a coordinated regional framework.

National HIV/AIDS strategies need to be reviewed in collaboration with regional partners, and there needs to be a stronger definition of who stakeholders are when consultation is undertaken to ensure appropriate representation for the vulnerable and marginalised.

5.3.3 Integration

Peer education has tended to be a standalone program, narrowly focussed on one area of intervention. It should be set within an integrated approach to health service delivery combining clinical services, counselling, and education. It is important that there be more comprehensive peer education that addresses a range of issues in social and personal development. However it should be recognised that any wider social integrated approach will create pressure for peer education to become community education and development.

Formalised networking and coordination among the organisations involved in peer education in HIV in the region is warranted. Resourcing to support this coordination is important. The issue of interagency collaboration, communication and support between NGOs and Government should be addressed at national levels.

Recommendation Three

Peer education should be set within an integrated approach to health service delivery combining clinical services, counselling, and education as peer education initiatives do not operate in a vacuum. Continued general community development is warranted, even if the purpose is only to support the specifically targeted peer education.

Referral systems are a key component of peer education with a need for close, practical links to clinical services for VCCT. Systems need to be considered for follow up and monitoring of referrals

Many peer educators have been incorporated into MoH facilities or NGOs where there is little understanding by program managers of the nature of peer education, and the intense support and monitoring it requires. Consequently peer educators must assume multiple responsibilities beyond the scope of their training. The nature of the parent organisation, its systems of service delivery, supervision and reporting will influence the activity of peer education and the direction it takes.

The shift from peer education to community education that has occurred in many programs has made peer education a means for organisations to work with a target group rather than engaging the target group as peer educators. Often peer education seems to comprise young people who reach out to a number of different vulnerable populations but without recruiting groups to become peer educators themselves.

5.3.4 Governance

Governance in this context may be understood to be a means in which the leading authority (those in the decision making roles) guide and monitor the values and goals of an entity through the development and implementation of policy and procedures. There are three areas of governance to be considered resulting from this mapping exercise.

Firstly, the strength and robust nature of governance structures within individual peer education organisations and programs varies across the region. A number of organisations have clear governance structures while many relied on the good will of those involved to 'keep the program going'. There are many examples where one organisation can learn from another and there are areas where joint effort to enhance governance practices can benefit all. The continuation of moves to policies and procedures that are based on systems rather than on personalities assists this process.

> **Recommendation Four**
> Upskilling in governance be included in any training and development package designed for those involved in peer education in the region. This is to include the proactive recruitment of peers to be involved in governance matters.

Secondly, coordination of peer education activities within individual countries and across the region has already been discussed in section 5.3.2. This coordination and collaboration will be assisted by the development of governance procedures for peer education networks across the regions. How is a network to be structured? Who can belong to a network? This is the second governance area to arise from this mapping exercise.

Thirdly, the mapping exercise highlighted the need for skill development among peers to be able to participate in their own governance, management and strategic coordination activities. The desire for more detailed, transparent and accountable structures was apparent in some organisations. This appears to be a part of the natural maturing process and to assist some assistance—possibly training in governance, management and strategic planning—may be warranted.

Governance matters plague all organisations and those involved in HIV peer education in the region are no different in this matter than any other. Attention to effective governance however can lead to greater positive outcomes, transparency, accountability and enhanced reputation.

5.3.5 Definition of peer education

As mentioned in Section 4.0 above the term *peer education* means different things to different individuals and organisations. Examples of what has been included in the catchphrase peer education included:

- Community education conducted by individuals who do not belong to the subpopulation being targeted
- Awareness raising activities conducted by individuals who do not belong to the subpopulation being targeted (e.g. a 24–year old talking with school students).
- General condom distribution
- General resource distribution (pamphlets, posters, newsletters)

- Peer support (e.g. individuals with HIV meeting to support each other)
- Peer education trainers conducting community education themselves rather than training peers to conduct education with their own peers.

Although much of this is not true peer education, it does not mean that these other forms of education are not worthwhile or legitimate. It is acknowledged that much is being achieved through different methodologies and that other forms of education actually assist peer education methodologies because they provide the context and 'set the scene'.

Recommendation Five
Peer educators need to be better supported to utilise their time effectively in delivering well targeted peer education rather than being increasingly burdened with other broader community responsibilities.

An outcome of the use of the term peer education to cover many types of education has been the dilution of time that peer educators are able to spend on their 'core business'. Tightly defining peer education allows peer educators to concentrate on a core set of tasks.

5.4 Identification of gaps in targeting vulnerable populations

An outcome of the mapping exercise was to identify gaps in targeting vulnerable populations in the region. The examination of national strategies highlighted a common set of vulnerable populations: youth, sex workers, MSM, seafarers and other individualised populations (e.g. those in remote areas, transgender, uniformed services and women). Regional strategies also highlighted similar populations. Through the mapping a key issue raised was the effectiveness of current peer education programs to target those most at risk. Often the focus of peer education was on coverage and participant numbers, rather than specificity of targeting.

Successful engagement of vulnerable, marginalised populations has required investment of time devoted to listening to and engaging with target groups to ensure that training and strategies are relevant to their needs. Particular attention should be given to the timing and location of interventions that is appropriate to the target group.

Many vulnerable groups are invisible so it can be difficult to recruit suitable peers for training. As a result many organisations aim broadly rather than specifically and behaviour change communication (BCC) strategies become broad rather than targeted, with the intention of capturing those most at risk within the wider community net. Consequently, many peer based strategies become exercises in community education. In larger countries it appears to be easier to identify and specifically target particular vulnerable communities and establish peer based groups. For smaller countries however specific populations are hard to identify for fear of stigmatisation, so in this instance, it may be appropriate to take a regional approach, linking those isolated vulnerable groups to other countries. Alternately, these populations may prefer generic community education or the utilisation of peer educators from an existing pool of young people. This may not be true peer education but it may be effective.

Recommendation Six
Careful review of (existing and planned) programs should be undertaken to ensure that they correctly access the target population that is most vulnerable, identify issues and address real needs, and are in line with local needs, priorities and the overall strategic direction.

Equally important is the need to avoid making assumptions concerning the preferences of populations, and that at all times consultation and engagement of the target group occur. There needs to be greater involvement of those most at risk in the reviewing of manuals and training.

Given these broad points of discussion, each vulnerable population is discussed in detail in the following sections. When responding to the survey almost all organisations indicated that they were targeting many vulnerable populations, however the following discussion limits itself to those targeted populations that were raised in detail through the interviews and survey responses. It is acknowledged this is a limiting mechanism but not all organisations provided information on all of their peer education initiatives.

5.4.1 Youth

The need to target young people with HIV prevention education was acknowledged by most national strategies; and the use of a peer education methodology to do so was generally accepted as appropriate. Almost all countries and programs involved in the mapping included youth as a target of their HIV peer education activities. However, a number of gaps were able to be identified.

A standard tight definition of the word *youth* is needed. This is an identified gap. A very broad definition of youth across the Pacific needs to be accounted for in program design. This raises issues of how peers are defined and recruited, particularly when ages may range from 15 to 30 years. Concerns were expressed that many peer based youth programs were in fact targeting persons between the ages of 20 and 30 whilst missing the more vulnerable adolescents. Targeting broad, mainstream populations was considered an "easy option" for young, inexperienced peer educators and convenient for achieving simple work plans.

Recommendation Seven
A regional network of organisations working in HIV peer education among young people should be developed for support and sharing of lessons learned.

Recommendation Eight
HIV peer education initiatives targeting young people need to account for the heterogeneity of this population by undertaking regular needs assessments among this group.

Additionally young people are not a homogenous group. For example, the needs of those in school differ vastly from those who have dropped out of school, and again differ greatly from those in remote areas without access to schooling, but this variation has not been translated into targeted peer education interventions for youth at risk. The lack of response to this heterogeneity is a second identified gap with this target population. Precisely which young people are at risk and why needs to be identified.

5.4.2 Sex workers

Involving sex workers in HIV peer education was also accepted as a legitimate strategy to reduce the spread of HIV in the Pacific. Sex workers were specifically mentioned in the national strategies of FSM (Kosrae and Chuuk), Kiribati, Tonga, Tuvalu and Vanuatu; and five of the ten countries surveyed had organisations that indicated involvement in peer education with sex workers. However sex work was often not easily identifiable in many countries due to its non-commercial or informal nature and labelling an activity 'sex worker peer education' was not conducive to making contact with this population. This was both because of the potential for stigma and discrimination and because many of those involved in sex work did not actually consider themselves sex workers.

> **Recommendation Nine**
> A regional network of organisations working in HIV peer education among sex workers should be developed for support and sharing of lessons learned.
>
> **Recommendation Ten**
> Methodologies to target sex workers with HIV peer education should be carefully defined as these will need to be specific according to the sex workers involved: commercial; transactional or opportunistic.

Strategies targeting sex workers are lacking in many countries due to limited data, assessment and behavioural surveys that specifically address these groups. Sampling methodology within small communities is a concern as they may not be sufficient to differentiate sub populations of risk. Nonetheless, these surveys are essential for establishing an M&E system.

5.4.3 Men who have sex with men

Involving MSM in HIV peer education was also accepted as a legitimate strategy to reduce the spread of HIV in the Pacific. Five of the national strategies specifically mentioned MSM: FSM (Chuuk), Kiribati, RMI, Solomon Islands and Tuvalu; and six of the ten countries had organisations or networks that indicated involvement in peer education. It is noted that MSM should not be necessarily identified as high risk, but there is a need to assess the extent and nature of risks, and whether the cultural context of MSM is supportive enough to mitigate against any risks.

While a number of organisations specifically targeted MSM with HIV peer education, many of them do not utilise peers that are MSM. The need to recruit MSM themselves to be involved in this peer education is important. This is an identified gap. The Pacific Sexual Health Diversity Network (PSDN) was an attempt to involve MSM in this way.

The PSDN is approximately two-years-old and attempts to support fledgling MSM networks in the region through grass roots community development. It was noted that this community development approach, while not direct peer education, will enable peer education to evolve within these populations over time. (An example of the Cook Islands was suggested as a specific successful case i.e. an MSM organisation had formed recently through the support and encouragement of the PSDN.) It was also noted that because of the size of—and obvious barriers for—MSM communities in smaller countries (e.g. Nauru, Tuvalu and Kiribati), it may be unrealistic to expect peer education to be sustained or even initiated in these countries

Recommendation Eleven
The existing regional network for MSM—the PDSN—should be supported to assist in the development of local MSM organisations.

Recommendation Twelve
Community development approaches that target life skills rather than HIV specifically should be supported among MSM.

without there being strong support from MSM regionally. In these cases, a regional rather than national program may be more appropriate.

It is noted that in many countries communities of MSM were organising their own networks, communities, activities in a voluntary capacity, and consequently, there now exists mechanisms to start resourcing peer education in this area.

However it is equally noted that sometimes governments will include vulnerable populations (e.g. MSM) in their national strategies and documents but actually do nothing about it. This is a second identified gap.

5.4.4 Fa'afafine, Fakaleiti

It is acknowledged that the term *transgender* is not fully appropriate when referring to those who are Fa'afafine or Fakaleiti. Transgender implies a move from one gender to another whereas those who are Fa'afafine or Fakaleiti have remained as one gender—a third gender. However some national and regional strategies refer to those who are transgender as a vulnerable population. Of note, only Tonga's national strategy refers specifically to Fakaleiti.

While only two countries highlighted those who were transgendered in their national strategies (Cook Islands and Tonga), three organisations indicated they were involved in peer education directly targeting Fa'afafine or Fakaleiti (in the Cook Islands, Kiribati and Vanuatu). However there was no indication among these organisations (or any other) why Fa'afafine or Fakaleiti were considered an at risk population. This is an identified gap.

Recommendation Thirteen
A project to establish HIV transmission risk factors among Fa'afafine and Fakaleiti should be developed to inform the implementation of peer education initiatives among this population.

Informal networks among Fa'afafine and Fakaleiti themselves appear to exist in some of the Pacific countries and this includes informal regional networks. Utilising these networks for the purposes of HIV peer education appears to be limited.

5.4.5 Seafarers

Seafarers were noted in eight national strategies as vulnerable populations, and on some occasions noted as the source of HIV infection in the country. Through discussions with organisations across the ten countries the need to work with seafarers constantly arose. However any work being undertaken appears to be as an extension of working with young people, or with sex workers, rather than recruiting seafarers directly, or targeting seafarers directly with peer

Recommendation Fourteen
A project to establish HIV transmission risk factors among seafarers should be developed to inform the implementation of peer education initiatives among this population.

education. Additionally, in some areas seafarers access organisations that offer 'open door' services. The lack of a coordinated approach to education of seafarers that is based on the need of the seafarers themselves is an identified gap.

5.4.6 Remote communities

There is a need to move HIV peer education initiatives from the main centres in each country to the remote areas. It is acknowledged that this is extremely difficult and is very resource intensive. A further barrier highlighted is the weakening of any M&E strategy that may be in place as activities move further away from the coordinating personnel. Despite this however there is a need to acknowledge the level of risk of HIV infection in some remote communities and to respond appropriately.

Of note, two national strategies—RMI and FSM (Chuuk and Yap)—specifically mentioned those living in remote areas as vulnerable populations. However, only one organisation based in Solomon Islands indicated they were undertaking peer education in remote areas.

No specific recommendation is made here as recommendations about working in remote areas is country specific and have been made in each of the country reports where relevant (and also included in the recommendations section of this report).

5.4.7 Women

All of the national strategies—except Nauru—indicate that women are a vulnerable population that require specific HIV prevention education. While many organisations that participated in the mapping target women as a result of involvement in peer education to other populations (e.g. youth, sex workers and those living in remote areas), no organisation had a specific program that targeted women themselves. A gap identified through this mapping exercise has been the need for specific peer education based strategies to target women themselves.

Any peer education directed toward women needs to distinguish and target those who are most marginalised and those who are discriminated against within women's network's themselves. Peer education amongst those most powerless may be the most effective.

5.4.8 Uniformed and occupational groups

Uniformed services (e.g. police and military), civil servants, taxi drivers and travellers are mentioned in a number of the national strategies. A term to cover these populations as well as their risk behaviour is *Mobile Men with Money* (MMM). Although acknowledged as a sub-population that needs to be aware of HIV risk factors, and of their own influence on the spread of the epidemic, there was little specific peer education activities targeted toward this population. Specific peer education for this population is an indentified gap.

5.4.9 People living with HIV / AIDS (PLWHA)

PLWHA were mentioned in many of the national and regional strategies. The context in which this sub-population was highlighted was for support and care rather than education or specific peer education.

Recommendation Fifteen
Development of strategies to ensure the active and meaningful participation of affected communities in the design and delivery of peer education is needed, especially inclusion of PLWHA.

Few organisations were targeting those with HIV with their peer education initiatives however some were involving these individuals in their activity. While it is acknowledged this may be extremely difficult to achieve, there is an identified gap of involvement of individuals with HIV in peer education programs.

5.5 Capacity

Although a significant number of gaps in peer education in the region have been identified, there already exists much capacity to address them. The first main recommendation (Section Six) highlights the need to develop a strategic framework; and sets out a 'ten step plan' to develop further capacity. The following four sections on training; recruitment and retention; code of ethics; and true involvement would support the framework.

5.5.1 Training

Effective training is a key to increasing the capacity to use HIV peer education methodologies. There are many content areas to address, some include:

- Knowledge of HIV and STIs among workers
- Knowledge of HIV and STIs among peers
- Knowledge of peer education approaches, rationale and theory
- Suggested methodologies for implementation
- Effective skills in M&E
- Skill training for trainers
- Skill training for trainers of trainers
- Knowledge in needs and situations of the vulnerable populations

Facilitation skills training was considered a crucial component of peer education training and should be regarded as important as content. It was noted that few peer educators have acquired experience and skills in project management and evaluation.

Recommendation Sixteen
Uniform training resources should be developed for use across the region that account for language and literacy variances.

Recommendation Seventeen
Core skills of peer educators and trainers of peer educators need to be enhanced across the region and move beyond content to incorporate facilitation, program planning and evaluation. There is a role for a coordinated approach to effective training in this area.

Recommendation Eighteen
Training programs need to be developed which accommodate the needs for peer educators recruited from other vulnerable populations currently not receiving peer based services.

Training relates directly to the next section on recruitment and retention. Retention of volunteers in the region is problematic given the level of training and capacity developed over time, only to be lost when many of the volunteers leave. A number of solutions were offered including the further development of peer education skills, motivation and performance that facilitate their entry into further study and career advancement.

However, it was also emphasized that the skills acquired by persons to become PE provide a valuable asset for their future, therefore the attrition of PE from an organisation

should never be considered a loss because the community as a whole gains from the acquisition of skills by these individuals. Peer education, by its very nature needs to be recognised as a transitional state, yet there has been a tendency for some agencies to consider it as a full time occupation for selected persons. It should be recognised that often the people who benefit from peer education are the PE themselves with respect to the education and capacity gained.

A number of resources and manuals have been developed to address peer education training and delivery in the region but their relevance and adaptability to vulnerable groups has been questioned. A need was identified for the review of peer education training manuals and programs in consultation with vulnerable populations.

5.5.2 Recruitment and retention

The need for strategies for effective recruitment and retention of peer educators was a common theme through the discussions with individual organisations involved in peer education. There are many examples of effective recruitment (including payment of stipends) and retention (including the utilisation of former peers as Alumni). Sharing of ways to achieve effective recruitment and retention would be a desirable outcome of any newly developed peer education network.

As indicated in the previous section, addressing training requirements would be a significant step in achieving desired recruitment and retention goals.

Much of the discussion about HIV peer education focussed on youth peer education and the need for an ongoing recruitment strategy because of the rapidity by which young people ‘age out’ of being peers. In essence this is about succession planning. For this discussion, succession planning may be defined as the ability to sustain longevity by ensuring continual refreshment of personnel at all levels of the peer education program.

The need for structured succession planning relates to two common themes in youth based peer education highlighted throughout the mapping exercise: (i) drop-out rates; and (ii) the ageing out process.

There is a natural (and sometimes necessary) drop-out rate among those who first join as youth peer educators. It was noted that a percentage of individuals who first train as peer educators move ‘through and out’ due to other commitments, including study and work. A way to contend with this has been to have structured and rigorous selection processes for attendance at training and effective structured follow-up and evaluation procedures. It was noted that selection processes for training, and the training itself, are key to successful peer education programs, with examples of ‘best practice’ that can be emulated elsewhere. Mentoring of newer members by more experienced members is one way in which some programs ensure sustainability.

Although the mechanisms to ensure effective succession are in place, the verbalization and documentation of structured succession planning, and the celebration of individuals moving through and out of the network (rather than viewing this as a negative that needs to be fixed), can add to effective succession planning.

Developing local, national and regional capacity in effective recruitment and retention of peers from all vulnerable populations is a priority.

5.5.3 Code of ethics

The need to establish a code of ethics for peer educators is another area in which capacity may be increased. Examples of the usefulness of such a code were raised in discussions with several organisations in several different countries. Ethical issues concerning the behaviour of peer educators are significant, for example poor modelling of behaviour within villages. This often reflects the inability of programs to monitor the activity of peer educators dispersed over a wide area. This has similarly raised concerns regarding the accuracy and quality of education content and whether initial training of peer educators clearly outlines their scope of practice and code of conduct.

Recommendation Nineteen
A standardised code of ethics for peer educators should be developed at a regional level that is simple, explicit and able to be locally adapted by organisations working in peer education.

It is acknowledged that a code of ethics will not mean that breaches in ethical behaviour are not made however it does have the capacity to provide a baseline from which behaviour is able to measured as acceptable or not acceptable.

5.5.4 True involvement

'When is a peer a true peer?' and 'how much say does a peer have in the development of the education program of which they are the recipient?' are two themes that arose consistently during the mapping exercise.

The need to engage peers from the actual targeted vulnerable populations has been highlighted in Section 4.0. However to gain true involvement of peers, organisations could go a step further. For uniquely effective programs, the involvement of peers in the governance, management and strategic coordination of activities is desirable. This may be very hard to achieve but is a worthy goal. The rationale for this is that peers, of their nature, are the ones that truly know the mechanisms by which their community is vulnerable to the HIV epidemic. Development of the capacity of peer educators to be involved in this more detailed level is warranted.

Recommendation Twenty
Peers should be resourced to contribute to the governance, management and strategic coordination of peer education programs targeting their community.

5.6 Conclusion to the discussion

This discussion has reviewed national HIV strategies; the scope of current peer education activities; gaps in peer education methodologies and in targeting vulnerable populations; as well as the need for building capacity. This has resulted in the above 20 recommendations. The following section adds to these recommendations by including a strategic framework and by including all of the recommendations from each country report. This provides a comprehensive approach to develop a more coordinated, sustainable and best-practice approach to HIV peer education in the Pacific region.

6.0 Recommendations

6.1 Strategic framework

The main output from the mapping exercise is the development of a strategic framework for HIV peer education in the Pacific region. This is laid out below as a ten point plan.

6.1.1 Standardisation

There is no consistent definition or methodology for peer education, but rather a range of different understandings. Peer education is often confused with community education. Different organisations conduct individual based or group based interventions according to their capacity and local context. Vulnerable, marginalised groups are often targeted as part of broader community education, and despite the diversity of target groups, most peer educators are mainstream young people.

All aspects of HIV peer education across the region, particularly training and systems of monitoring and evaluation, should move to a standardised approach (though set within the context as described in 6.1.2).

6.1.2 Monitoring and evaluation framework

M&E is by its nature difficult for peer education, particularly when set within the context of wide geographic coverage, scarcity of resources, and lack of capacity. Nonetheless it is acknowledged that key outcome measures can be developed and accurately measured (e.g. access to health services). However regional M&E systems are only meaningful if effective national M&E systems are operating and producing the information needed to inform or report against the regional framework. Any proposed framework, standards or networks should be developed firstly at the national level to ensure relevance and local ownership by those directly involved. There already exist a number of national HIV & STI strategic plans with M&E frameworks linked with the current PRSIP, although currently there is limited implementation of those national systems.

Support from regional organisations to build effective national M&E systems should be a priority.

6.1.3 Integration of service delivery with health services

Peer education that exists in isolation has much less chance of success than peer education that is integrated with the goals and activities of local services, especially local health services.

Integrated referral and follow up mechanisms for testing, counselling, STI checks etc are warranted.

6.1.4 Needs assessment

The mechanism to source the true needs of vulnerable communities and to identify the cause and context for a particular population's vulnerability is needed to better plan methodologies and interventions. Needs assessments, although difficult, are required.

6.1.5 Identification of target population

Assumptions have been made about target populations. Exact identification of the specific nature of the target population is warranted. A common strategy has been the broad use of young peer educators to attempt peer education among other vulnerable populations or even among diverse groups of young people.

6.1.6 Involvement of the target population

True engagement, consultation and meaningful participation of the target population at all levels of planning, implementation and evaluation is essential if any peer education is to be effective.

6.1.7 Sourcing, resourcing and training peer educators

Recruitment, training and up-skilling of peer educators to ensure "culturally" appropriate and relevant interaction with those most at risk, and to enable opportunities for those most vulnerable to become peer educators themselves, is essential.

6.1.8 Development of networks

Networks of those who work in peer education can take many forms:

- Networks of organisations within one country
- Regional network of organisations
- Networks of organisations working with one vulnerable population, e.g. sex workers or seafarers
- Networks of peer educators (nationally, regionally and population based).

Each of these offer benefits—particularly to smaller countries—by facilitating the sharing of ideas, experience and best practice, and be creating economies of scale for resource development and training. Networks are also critical for fostering support amongst peer educators, particularly working from and within stigmatised populations who may feel isolated in their own small communities.

6.1.9 Coordination of resources

Resourcing across vast geographical areas of small populations living in constrained socioeconomic circumstances is extremely difficult. The gap between the potential activity that can and needs to be undertaken compared to the amount of resourcing (funds, personnel, skills) available cannot be easily crossed. Rational allocation and prioritisation of resources, targeting populations, and mainstreaming (where appropriate) is essential. A mechanism to partially address this is the establishment of national and regional coordination of activities and resources that allows for a reduction of duplication, appropriate and relevant targeting, geographical equity, sharing and pooling of resources and training opportunities.

6.1.10 Action Research

Often during the mapping exercise, the lack of strong evidence guiding strategies and priorities was apparent. This included a lack of epidemiological, knowledge and risk behaviour data relevant to specific marginalised groups (sex works, MSM, transgender) as well as limited measures for sexual and reproductive health within a population. The limited framework for M&E has resulted in a significant lack of evidence of efficacy of interventions—including peer education methodologies across the region. A coordinated, integrated and

standardised HIV peer education approach offers an opportunity for action research that satisfies many of these gaps. Research is an essential component of this ten point strategic framework.

6.2 Recommendation from the overall discussion

Recommendation One
Evaluation of peer education programs should move beyond process evaluation and activity reporting, to include a measure of outcomes with respect to behaviour change over time. A coordinated approach to effective evaluation across the region needs to be developed so that individual countries and organisations can draw on the expertise of this pooled knowledge.

Recommendation Two
Formalised networking and coordination among the organisations involved in peer education in HIV in the region is warranted. Resourcing to support this coordination is important. The issue of interagency collaboration, communication and support between NGOs and Government be addressed at national levels.

Recommendation Three
Peer education should be set within an integrated approach to health service delivery combining clinical services, counselling, and education as peer education initiatives do not operate in a vacuum. Continued general community development is warranted, even if the purpose is only to support the specifically targeted peer education.

Recommendation Four
Up-skilling in governance should be included in any training and development package designed for those involved in peer education in the region. This is to include the proactive recruitment of peers to be involved in governance matters.

Recommendation Five
Peer educators need to be better supported to utilise their time effectively in delivering well targeted peer education rather than being increasingly burdened with other broader community responsibilities.

Recommendation Six
Careful review of (existing and planned) programs should be undertaken to ensure that they correctly access the target population that is most vulnerable, identify issues and address real needs, and are in line with local needs, priorities and the overall strategic direction.

Recommendation Seven
A regional network of organisations working in HIV peer education among young people should be developed for support and sharing of lessons learned.

Recommendation Eight
HIV peer education initiatives targeting young people need to account for the heterogeneity of this population by undertaking regular needs assessments among this group.

Recommendation Nine
A regional network of organisations working in HIV peer education among sex workers should be developed for support and sharing of lessons learned.

Recommendation Ten
Methodologies to target sex workers with HIV peer education should be carefully defined as these will need to be specific according to the sex workers involved: commercial, transactional or opportunistic.

Recommendation Eleven
The existing regional network for MSM—the PDSN—should be supported to assist in the development of local MSM organisations.

Recommendation Twelve
Community development approaches that target life skills rather HIV specifically should be supported among MSM.

Recommendation Thirteen
A project to establish HIV transmission risk factors among Fa'afafine and Fakaleiti should be developed to inform the implementation of peer education initiatives among this population.

Recommendation Fourteen
A project to establish HIV transmission risk factors among seafarers should be developed to inform the implementation of peer education initiatives among this population.

Recommendation Fifteen
Development of strategies to ensure the active and meaningful participation of affected communities in the design and delivery of peer education is needed, especially inclusion of individuals living with HIV.

Recommendation Sixteen
Uniform training resources should be developed for use across the region that account for language and literacy variances.

Recommendation Seventeen
Core skills of peer educators and trainers of peer educators need to be enhanced across the region and move beyond content to incorporate facilitation, program planning and evaluation. There is a role for a coordinated approach to effective training in this area.

Recommendation Eighteen
Training programs need to be developed which accommodate the needs for peer educators recruited from other vulnerable populations currently not receiving peer based services.

Recommendation Nineteen
A standardised code of ethics for peer educators should be developed at a regional level that is simple, explicit and able to be locally adapted by organisations working in peer education.

Recommendation Twenty
Peers should be resourced to contribute to the governance, management and strategic coordination of peer education programs targeting their community.

6.3 Recommendations from each of the 10 country reports

6.3.1 Cook Islands country specific recommendations

The recommendations are reprinted from the report on HIV peer education in the Cook Islands. The background to these recommendations may be sourced from this report.

1. The level of vulnerability within populations should be more precisely defined in the national strategy to ensure appropriate targeting with relevant peers.
2. Target populations prioritised within the national strategy and by the Red Cross Program should be synchronised to ensure a commonality of purpose.
3. The compartmentalisation of funding created by different donors and requiring different reporting schedules should be addressed with a view to establishing more streamlined reporting, that is inclusive of the National Government.
4. Mechanisms should be developed for evaluating the effectiveness of referrals to STI and HIV testing, whilst maintaining the need for confidentiality.
5. The Red Cross should continue to be supported in its peer education initiatives among young people and others in the Cook Islands.
6. Evaluation of peer education programs should move beyond process evaluation and activity reporting, to include a measure of outcomes with respect to behaviour change over time.
7. The development of the role of Alumni (peer educators who have moved out of the system) should be championed and shared with other similar programs regionally.
8. The systems developed locally, including codes of conduct and the involvement of young people in decision-making processes, should be documented and shared with similar programs regionally.
9. Support of fledgling peer education among 'hard to reach' populations (e.g. MSM and transgender) be formalised in funding and strategic development decisions.
10. Peer education initiatives do not operate in a vacuum. Efforts in the Cook Islands illustrate the need for continued community engagement and education in broader HIV education and prevention and the impact of these on the effectiveness of specifically targeted peer education activities. Continued general community development is warranted, even if the purpose is only to support the specifically targeted peer education.

6.3.2 Federated States of Micronesia country specific recommendations

The recommendations are reprinted from the report on HIV peer education in the Federated States of Micronesia. The background to these recommendations may be sourced from this report.

1. Formalised networking and coordination among the organisations involved in peer education in HIV is warranted. Resourcing to support this coordination is important. Coordination can lead to standardisation of approaches. The issue of interagency collaboration, communication and support between NGOs and Government should be addressed at a national level, and particularly in Pohnpei.
2. Coordination of state strategic approaches is warranted. This approach may provide an overall framework for each of the state strategies by establishing guiding principles for peer education, the identification and targeting of specifically defined vulnerable populations, and the need for engagement of those vulnerable groups in program design.

3. The broad range of target groups often cited for particular programs, both in type and age, should be reconsidered with respect to the resourcing, training, personnel and skills available for peer based activities
4. The challenge of populations spread a large geographical area should be urgently addressed through the enhancement of personnel and resources, the development of sustainable, local community initiatives and efficient mechanisms for communication between communities and workers.
5. Recruitment of peer educators should ensure appropriate matching with target groups.
6. Standardisation of the recruitment process of potential peer educators should move from a reactive to a proactive 'review and select' approach—for example, call for volunteers four times a year rather than rely on 'word of mouth'.
7. Efforts should be made to actively engage members of the target population in the management, design and delivery of the projects identified as peer based.
8. Mechanisms should be developed for evaluating the effectiveness of referrals to STI and HIV testing, whilst maintaining the need for confidentiality.
9. Evaluation of peer education programs should move beyond process evaluation and activity reporting, to include a measure of outcomes with respect to behaviour change over time.
10. Strategies to cope with (and celebrate) the high turnover of personnel in peer education programs should be developed, especially among those that target young populations.

6.3.3 Kiribati country specific recommendations

The recommendations are reprinted from the report on HIV peer education in Kiribati. The background to these recommendations may be sourced from this report.

1. The national strategy should differentiate between the different vulnerable groups, particularly with respect to occupational versus social groupings and interventions should be designed to specifically address these.
2. Those who are most marginalised should be involved in the consultation in strategic planning and the implementation of programs. These should include sex workers and MSM.
3. Clarification on the aim, purpose and essential methodology of peer education should be undertaken to engender a uniform understanding amongst organizations involved in this area and to foster a standardised approach to this methodology.
4. Efforts to identify the needs of those within vulnerable groups should be undertaken. This includes an assessment of the levels of involvement capable of individuals within these populations.
5. Outreach and support to individuals living with HIV in Kiribati should be enhanced. This includes advocacy roles within organisations.
6. Greater outreach to the outer islands is warranted.
7. Specific training for sex workers needs to be considered within the context of small communities.
8. If recommendations 5, 6 & 7 are unable to be fulfilled, special consideration for the needs of particular vulnerable groups is to be included within broader community education.
9. The restrictions imposed on peer education outreach due to the financial impost of remunerations should be addressed with enhanced funding or more efficient/effective targeting of PE activities at those most in need.

10. Monitoring and evaluation processes need to be addressed, including the development of evaluation tools appropriate to the unique constraints of Kiribati (geographic spread, literacy levels, limited supervisory staff).
11. Increased opportunities for refresher and recruitment training should be considered to meet the growing demand of volunteers and rapid attrition rates.

6.3.4 Nauru country specific recommendations

The recommendations are reprinted from the report on HIV peer education in Nauru. The background to these recommendations may be sourced from this report.

1. The development of a national HIV and sexual health strategic plan that identifies vulnerable populations, and incorporates peer education based methodologies amongst its set of responses is warranted. The *Pacific Regional HIV / AIDS Project (PRHP) Nauru Country update 2003–2006* previously noted the importance of this:
    - Development of a new national strategic plan that integrates HIV and STI control activities into existing community based programs.
    - A national plan developed in consultation with total community, inclusive of local community leaders and specifically addressing the most vulnerable groups such as the youth.
2. Proactive efforts—from within Nauru and from external sources—to develop links with regional HIV prevention and peer education partners is warranted.
3. Revitalisation of previously existing peer education activities that target populations vulnerable to HIV is warranted.
4. Peer education initiatives do not operate in a vacuum. The need for community engagement and education in broader HIV education and prevention is strong. Continued general community development is warranted, even if the purpose is only to support any specifically targeted peer education initiatives.
5. The original recommendations made at the conclusion of the *Evaluation of Chlamydia Testing and Treatment Pilot* be acted upon, specifically:
    - The program should continue and more actively recruit youth (15–19 years) and men. This could be achieved through outreach to these populations, for example at schools, men’s health check activities and workplace visits.
    - Community awareness of the program be increased through health promotion and outreach.
6. Training and up-skilling should be provided in-country rather than removing key personnel from the country1.
7. Given the high population rates of Chlamydia (and other STIs) a peer education program should be closely aligned with clinical service delivery to facilitate easy access to testing and treatment. The potential impact of Chlamydia on fertility rates and peri-natal health should be highlighted.
8. The very wide definition of youth (15–35 years) should be reconsidered with respect to its impact on program planning, targeting and resourcing and greater attention should be given to more precisely defining those sub-populations that present the greatest vulnerability to STI infection.

1 This was also noted in the report of the *Pacific Regional HIV / AIDS Project (PRHP) Nauru Country update 2003–2006*

6.3.5 Republic of the Marshall Islands country specific recommendations

The recommendations are reprinted from the report on HIV peer education in the Republic of the Marshall Islands. The background to these recommendations may be sourced from this report.

1. Vulnerable populations should be identified separately within the national strategy with specific interventions matched to each population. The grouping of target populations should be avoided.
2. Youth to Youth in Health should continue to be supported in its peer education initiatives among young people and sex workers in RMI.
3. Assistance with the development, implementation and adherence of protocols to increase the involvement of young people in the decision making processes of specific peer education initiatives should be undertaken. This includes governance.
4. Up-skilling in effective monitoring of peer education activities should be undertaken (acknowledging the inherent difficulty in this task).
5. Education on the importance (and implementation) of formative and summative evaluation should be undertaken among peer educators.
6. Peer education initiatives do not operate in a vacuum. Efforts in RMI illustrate the need for continued community engagement and education in broader HIV education and prevention and the impact of these on the effectiveness of specifically targeted peer education activities. Continued general community development is warranted, even if the purpose is only to support the specifically targeted peer education.
7. Recruitment, training and support to peers from other target populations—seafarers, MSM and outer island residents—should be undertaken.
8. Although the number is small, the development of specific peer based support (and ability to network) for individuals with HIV in RMI is warranted.

6.3.6 Samoa country specific recommendations

The recommendations are reprinted from the report on HIV peer education in Samoa. The background to these recommendations may be sourced from this report.

1. As a priority a national HIV & STI strategy should be developed with clear participation by vulnerable groups at all stages with clear utilisation of peer education methodologies.
2. Development of standardised, consistent and well targeted monitoring and evaluation mechanisms should be prioritised to ensure that the quality and relevance of peer education interventions can be assessed and knowledge, attitude and practices (KAP) outcomes measured.
3. Efforts to identify the needs of those within vulnerable groups should be undertaken. This includes an assessment of the levels of involvement capable of individuals within these populations.
4. Once identified, capacity development among vulnerable populations to be able to undertake peer education and, into the future, leadership roles within advocacy and support organisations is warranted.
5. Education and up-skilling in the precise methodology of peer education, and the roles and responsibilities of peer educators, is warranted both for peer educators themselves, and for members of the broader stakeholder organisations and community.

6. Peer education initiatives do not operate in a vacuum. Efforts in Samoa indicate the need for continued community engagement and education in broader HIV education and prevention and the impact of these on the effectiveness of specifically targeted peer education activities. Continued general community development is warranted, even if the purpose is only to support the specifically targeted peer education.
7. The issue of ongoing support and refresher training to be addressed, particularly with respect to high attrition rates. The concept of peer educators needs to be defined beyond those that are formal volunteers of an agency and include the broad membership of the target group and their informal social contacts.
8. Systems of following up referrals should be investigated. Models developed by other countries can provide guidance.
9. The impact of cultural and religious taboos on effectiveness of peer education and other HIV interventions, e.g. condom promotion needs to assessed and accounted for in program development.
10. The needs of rural communities, young offenders and the hospitality industry should be carefully assessed as a potential priority for interventions and appropriately resourced.
11. Outreach by relevant peers to sex workers should be prioritised.

6.3.7 Solomon Islands country specific recommendations

The recommendations are reprinted from the report on HIV peer education in the Solomon Islands. The background to these recommendations may be sourced from this report.

1. The national strategy should emphasise the need for partnership with, and engagement of, vulnerable stakeholders; the importance of peer education and training; and the specific targeting of interventions for specific groups.
2. A national system to facilitate greater coordination of peer programs across the islands should be considered as a priority, with particular attention to ensure inclusion of the complete cross section of vulnerable groups (rather than only youth) and sharing of strategies and interventions.
3. Projects within the Solomon Islands need to increase their coverage beyond the main island and prioritise the targeting of islands close to the border with Papua New Guinea; those islands with logging communities; and isolated communities.
4. Funded coordination and resource support should be provided to peer education programs to ensure that coverage extends beyond urban areas and includes remote areas of Solomon Islands.
5. Coordinated and uniform training resources and programs should be developed that target the complete set of vulnerable groups across all NGOs working in this area. Resources need to account for literacy levels.
6. A coordinated and uniform M&E framework that moves beyond process evaluation and measures outcomes should be developed as part of the coordinated network of peer education programs. Separate data collection for involvement of individuals from different vulnerable populations—youth, sex workers and MSM—is warranted.
7. Training of peer educators should extend beyond content in HIV and enhance skills in group facilitation, communication, program design and implementation, and M&E techniques.
8. Development of strategies to ensure the active and meaningful participation of affected communities in the design and delivery of peer education is needed, especially inclusion of individuals living with HIV.

9. Further development and coordination of referral pathways for clinical support and integration of this support into strategic plans for peer education initiatives is required.
10. Development of an inventory of HIV peer education providers—and other relevant service providers—for distribution to all stakeholders involved in peer training programs is a collaborative role that can be adopted by the Ministry of Health.

6.3.8 Tonga country specific recommendations

The recommendations are reprinted from the report on HIV peer education in Tonga. The background to these recommendations may be sourced from this report.

1. Support of existing peer education activities undertaken by local organisations is warranted.
2. Strengthening of existing collaborative links between organisations is recommended (especially in anticipation of expanding service delivery to vulnerable populations other than youth, sex workers and MSM and to populations in outer islands as noted below).
3. Education and up-skilling in the precise methodology of peer education, and the roles and responsibilities of peer educators, is warranted both for peer educators themselves, and for members of the broader stakeholder organisations and community.
4. Consideration should be given to implementing peer education to the outer islands.
5. Consideration should be given to implementing peer education with other vulnerable populations listed in the national strategy as well as those activities already targeting youth, sex workers and MSM.
6. Greater participation by the targeted vulnerable groups should be facilitated in the design, implementation and evaluation of peer education programs.
7. The broad scope of targeted populations for each organisation needs to be reconsidered with respect to the resourcing, training, recruitment and skills base of peer educators to ensure appropriate and effective targeting.
8. The creation of specifically targeted resources appropriate to each vulnerable group is needed.
9. Inequity of payment of peer educators between organisations involved in peer education within the same populations (youth) needs to be addressed so that this does not impact on volunteer capacity in any organisation.
10. Strategies to manage the high turnover of peer educators and for ensuring that an optimal level of skill and knowledge is maintained by new peer educators need to be developed.

6.3.9 Tuvalu country specific recommendations

The recommendations are reprinted from the report on HIV peer education in Tuvalu. The background to these recommendations may be sourced from this report.

1. Peer education among seafarers should be encouraged and continued.
2. Efforts to identify the needs of those within other vulnerable groups should be undertaken. This includes an assessment of the levels of involvement capable of individuals within these populations.
3. Outreach and support to PLWHA in Tuvalu should be enhanced. This includes advocacy roles within organisations.
4. Education and up-skilling in the precise methodology of peer education, and the roles and responsibilities of peer educators, is warranted both for peer educators

themselves, and for members of the broader stakeholder organisations and community.
5. Monitoring and evaluation processes need to be addressed, including the development of evaluation tools appropriate to the unique constraints of Tuvalu.
6. Formalised networking and coordination among the organisations involved in peer education in HIV is warranted. Resourcing to support this coordination is important so the mechanisms of interagency collaboration, communication and support between NGOs and Government may be addressed.
7. A system of networking and communication with other country peer education programs should be developed to provide support, in-service and guidance to local programs in Tuvalu.
8. A detailed assessment of the state of sexual and reproductive health amongst the population should be conducted, with particular focus on the most vulnerable populations.

6.3.10 Vanuatu country specific recommendations

The recommendations are reprinted from the report on HIV peer education in Vanuatu. The background to these recommendations may be sourced from this report.

1. Existing efforts in effective HIV peer education methodology should be applauded and reinforced, especially in the area of networking and coordination.
2. Though strong in many aspects, the national policy should be made clearer in its identification of specific vulnerable populations, peer education programs targeting these groups, and the nature of stakeholder engagement.
3. A system of networking and communication with peer education programs in other countries should be further developed to provide support, in-service and guidance to local programs based on lessons learnt in Vanuatu.
4. Education and up-skilling in the precise methodology of peer education, and the roles and responsibilities of peer educators, is warranted both for peer educators themselves, and for members of the broader stakeholder organisations and community.
5. Adequate funding for peer education programs should be addressed to ensure peer educators are supported and motivated in their work; that programs are sustained over the long term; that innovation be allowed to develop; and that sufficient capacity with respect to training and in-service be built into programs.
6. Attention should be given to those vulnerable populations currently not adequately targeted by HIV peer education including: taxi drivers, hidden Kava drinkers, young female sex workers and high school students.
7. Those who are most marginalised should be more involved in the consultation in strategic planning development and implementation of programs. These could include sex workers and MSM.
8. Systems to follow up referrals made between organisations need to be investigated. This includes mechanisms to evaluate the effectiveness of the referrals, especially those for STI and HIV testing. Similar processes developed in other countries could be instructive.