

**THE SECOND
PACIFIC REGIONAL STRATEGY
ON HIV AND OTHER
SEXUALLY TRANSMISSIBLE INFECTIONS**

IMPLEMENTATION FRAMEWORK AND PLAN

2009–2013

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Executive Summary

Introduction

PRSIP II is the implementation plan for the second Pacific Regional Strategy on HIV and other Sexually Transmissible Infections (2009–2013). The primary focus of the implementation plan is the capacity and resource needs of Pacific Island countries, which it will address through improved coordination, collaboration and partnerships between national HIV, STI and public health programmes and regional organisations.

The focus on STIs — a key risk factor for acquiring HIV — is an important element of the strategy.

Goal and structure

The goal of both the Regional Strategy and PRSIP II is to reduce the spread and impact of HIV and other STIs, while embracing people living with and affected by HIV in Pacific communities.

The implementation plan covers six broad thematic areas — three related to the delivery of improved services, and three related to programme management and support.

Each of the six themes has an objective, outcomes and outputs. To assist regional partners and donor-funded projects in determining the contribution their work will make to the implementation plan, broad activity groups are included under each output.

The diagram on page X shows how each thematic area of the strategy contributes to its goal.

Improved service delivery

The three thematic areas related to the delivery of improved services are:

1. prevention programmes;
2. diagnosis, including counselling and testing; and
3. systems and services for HIV- and STI-related care, treatment and support.

Programme management and support

The three thematic areas related to programme management and support are:

1. leadership and the enabling environment;
2. strategic information and communication; and
3. governance and coordination of the response to HIV and STIs.

How the regional strategy implementation plan will work

Country level planning and coordination

Two sub-regional PRSIP planning teams — one covering the northern half of the region and one covering the southern half — will provide ongoing, direct support for country level activities.

Based on their national HIV strategic plans, representatives from each country's HIV coordination mechanism (including government, civil society and affected communities) will be invited to present their current implementation plan to an annual or biennial sub-regional forum of national delegates and regional partner organisations.

Activity funding and opportunities for regional development partner assistance will be discussed, and unfunded priorities for submission to the Pacific Regional HIV and STI Response Fund will be identified

Regional partner activity planning and coordination

The specific individual activities of regional partners and donor-funded projects will be guided by national strategic plans and negotiated, implemented and monitored in partnership with national coordinating bodies.

Overall governance and technical advisory mechanisms

PRSIP Coordinating Group

The roles and responsibilities of the Response Fund Committee are strongly guided by and aligned with the needs of the Regional Strategy and PRSIP. The Fund Committee includes representatives of all relevant PRSIP stakeholders. It is proposed that the Fund Committee should also take responsibility for higher order oversight of the Regional Strategy and PRSIP, as the PRSIP Coordinating Group.

Technical Advisory Group

An independent technical advisory group will provide specific advice and assistance to the PRSIP Coordinating Group on the technical basis for the overall strategic directions of PRSIP and the Response Fund.

Regional Strategy Working Group

Detailed activity planning and coordination for regional partner organisations will be conducted through a joint annual planning meeting of the Regional Strategy Working Group.

Budgeting and resource requirements

Financial resources to fund the Regional Strategy include: the HIV and STI Response Fund; regional and multi-country projects (e.g. Global Fund, Asian Development Bank); operating budgets of regional development partners; and national budgets attached to national strategic plans.

SPC's Finance Section will be responsible for detailing the requirements, availability and shortfalls in financial resources.

It is envisaged that as the Response Fund becomes established and matures, it will become the single regional funding avenue for the Regional Strategy. Regional and global funding instruments and development partners will be encouraged to structure their support in line with PRSIP, and direct their financial assistance through the Response Fund.

Performance assessment

PRSIP II will take a strategic approach to performance monitoring that combines:

- a) increased technical assistance to countries to strengthen their monitoring, evaluation and reporting capacity (including reporting against international agreements such as the United Nations Millennium Development Goals (MDGs), the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and Universal Access (Global Initiative);
- b) periodic monitoring at the impact level (5 indicators) and outcome level (12 indicators), supplemented by a small number of strategic output indicators (5);

- c) periodic monitoring of expenditures in different aspects of the response to HIV (2 indicators); and
- d) periodic (mid-term and end-of-strategy) evaluations that will analyse the routine monitoring information, and contextual and qualitative information about overall PRSIP performance (5 indicators).

Reporting to stakeholders and donors

The PRSIP Coordinating Group will develop and approve a communication strategy to ensure that all stakeholders are kept informed of achievements under the Regional Strategy, funding eligibility, and other issues and developments.

Reporting outputs include:

- Annual (or biennial) joint work plan
- Annual meeting report of the PRSIP Coordinating Group
- Two six-monthly reports on PRSIP progress (January to June and July to December)
- Annual performance assessment report (January to December)
- Final review and completion report.

Reports will tabulate progress against intermediate and higher order indicators for which, scheduled data collection and analysis has been undertaken during the reporting period.

Reports will also provide a more analytical perspective on observed achievements, including cross-cutting aspects of the Regional Strategy such as gender; the involvement of affected communities; risk management; sustainability; the performance of monitoring and evaluation (M&E) systems; procurement; and, where relevant, environmental impact.

Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Ssyndrome
ASHM	Australasian Society for HIV Medecine
CT&S	Care, Treatment and Support
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
NGO	Non-Governmental Organisation
NSP	National Strategic Plan
OSSHMM	Oceania Society for Sexual Health and HIV Medicine
PAF	Performance Assessment Framework
PHP	Public Health Programme (SPC)
PICTs	Pacific Island countries and territories
PLHIV	People Living with and affected by HIV
PRSIP	Pacific Regional Strategy Implementation Plan
RSWG	Regional Strategy Working Group
SPC	Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
STI	Sexually Transmissible Infection
TAG	Technical Advisory Group
TB	Tuberculosis
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
WHO	World Health Organization

The Pacific Regional Strategy on HIV and other STIs Implementation Plan and Framework for 2009–2013

1 Overview

1.1 Background

As part of objective 6.1 of the Pacific Plan, leaders endorsed the Pacific Regional Strategy on HIV as a coordinated approach to addressing the challenges posed by HIV infection and other STIs in the Pacific region. In 2004, the Pacific Island Forum leaders endorsed the first Pacific Regional HIV/AIDS Strategy for all 22 Pacific Island countries and territories. This strategy and its implementation plan (PRSIP) formed the cornerstone of the regional response to HIV and attracted significant donor support, most notably from AusAID, NZAID, France, the Global Fund to fight AIDS, Tuberculosis and Malaria, and the Asian Development Bank (ADB). Key achievements under this regional strategy include:

- Increased engagement in HIV issues by Pacific Island political and community leaders;
- An increased focus on prevention in vulnerable groups such as young people and sex workers;
- Increased availability of peer support and anti-retroviral treatment for people with HIV infection;
- Greater access to voluntary counselling and testing for HIV.

In 2007, Pacific Island Forum leaders endorsed and approved the extension of the Regional Strategy and its implementation plan for a further five years, from 2009 to 2013. The Regional Strategy provides an overarching framework for the region's approach, and a platform to bring together all stakeholders involved in the delivery of services in the area of HIV, AIDS and other STIs to member countries and territories.

This Implementation Plan for the second Pacific Regional Strategy on HIV and other STIs (PRSIP II) aims to strengthen regional approaches to halting and reversing the spread of HIV infection through improved coordination, collaboration and partnerships between regional organisations and national programmes, and a strong focus on capacity and resource needs at the country level.

During this five-year period, a focus on STIs — a key risk factor for the transmission of HIV in the Pacific — is being added.

1.2 Goal and purpose

The goal of PRISIP II is to reduce the spread and impact of HIV and other STIs, while supporting people living with and affected by HIV (PLHIV) in Pacific Island communities.

The primary purposes of the PRISIP II are to:

1. increase the capacity of Pacific Island countries and territories (PICTs) to achieve and sustain an effective response to HIV and other STIs;

2. strengthen coordination at the regional level;
3. mobilise resources and expertise to assist individual PICTs with achieving their national and international targets for HIV and other STIs;
4. assist PICTs with reporting on their Millennium Development Goals (MDGs), United Nations General Assembly Special Session on HIV and AIDS (UNGASS) and Universal Access targets.

The Regional Strategy has two parts, each with three themes.

Part I — HIV and other STI Programme Delivery

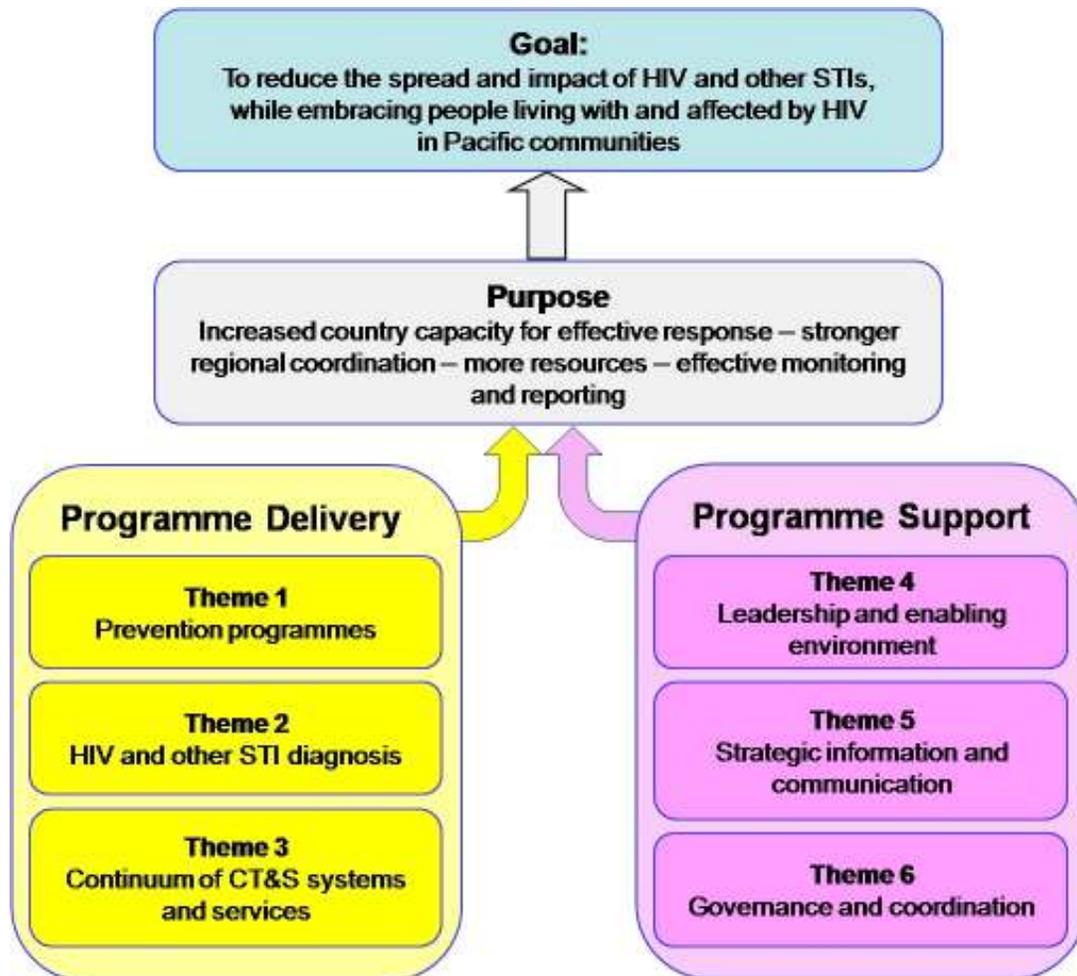
- 1) Prevention programmes;
- 2) HIV and other STI diagnosis; and
- 3) Continuum of care, treatment and support (CT&S) systems and services.

Part II — Programme Support

- 4) Leadership and enabling environment;
- 5) Strategic information and communication; and
- 6) Governance and coordination.

2 The framework

The figure below provides a graphic snapshot of the Pacific Regional Strategy on HIV and other STIs. It shows how the various components of the strategy — its goal, purposes, two main programme areas and their sub-themes — are organised and linked to one another.



Under PRSIP II, each of these six primary themes has an objective, outcomes and outputs. (Objectives and key outcome areas are described in Section 3, and are described in more detail in the framework in Annex I).

To assist regional partners and donor-funded projects to determine the contribution that their work will make to the implementation plan, the framework also identifies broad activity groups that will contribute to each output. However, specific individual activities will be guided by national strategic plans (NSPs) on HIV and STIs and negotiated, implemented and monitored in partnership with national coordinating bodies.

3 The six PRSIP themes

Theme 1: Prevention programmes

The objective of this theme is to support national and regional efforts to prevent the spread and minimise the impact of HIV and other STIs on individuals, families and communities.

The theme seeks to achieve four outcomes.

Outcome 1.1 — People in PICTs (including members of key populations) have the information, behaviour and skills to help prevent the transmission of HIV and other STIs.

This includes:

- Behaviour change communication capacity;
- Prevention among key populations (e.g. migrant, mobile and displaced populations, sex workers, men who have sex with men, and people living with and affected by HIV – PLHIV, and youth);
- Prevention among young people; and
- Community programmes to increase people’s resistance and resilience to the HIV epidemic.

Outcome 1.2 — Parent-to-child transmission of HIV in PICTs is prevented.

This includes:

- Policies and guidelines on the prevention of parent-to-child transmission of HIV;
- Capacity to prevent HIV among women and girls (UNGASS “Prong 1”);
- Sexual and reproductive health (SRH) services for women living with HIV and their partners (UNGASS “Prong 2”); and
- Capacity for health workers to prevent parent to child transmission during the antenatal, perinatal and postnatal period (UNGASS “Prong 3”);
- Antiretroviral therapy, prophylaxis against opportunistic infections and other aspects of CT&S for pregnant and breast feeding women living with HIV, their partners and their children.

Outcome 1.3 — People in PICTs have ready access to male and female condoms and lubricant, and the information and skills to use them, in order to prevent the transmission of HIV and other STIs.

This includes:

- Condom promotion and social marketing;
- Regional procurement and supply management systems for reproductive health commodities; and

- National capacity for forecasting, supply management, storage and distribution of reproductive health commodities.

Outcome 1.4 — Transmission of blood-borne viruses in healthcare settings in PICTs is prevented.

This includes:

- Safe blood transfusion services; and
- Standard precautions in healthcare settings, including managing potential exposure incidents.

Theme 2: HIV and other STI diagnoses

The objective of the second theme is to increase the early detection of HIV and other STIs to reduce further infections and facilitate timely treatment.

This will be achieved through two outcomes.

Outcome 2.1 — People in PICTs have access to effective prevention counselling in relation to HIV and other STIs, including voluntary confidential counselling and testing for HIV.

This includes:

- National protocols, systems, and standards for HIV and STI prevention and test counselling;
- Prevention and test counselling capacity;
- Information and mobilisation campaigns on HIV and other STIs testing and treatment; and
- Integration of counselling and testing into broader health services (e.g. for sexual and reproductive health–SRH, adolescent health, tuberculosis (TB) and outpatient departments).

Outcome 2.2 — National and regional laboratory services in PICTs have improved capacity to provide testing and treatment monitoring in relation to HIV and other STIs.

This includes:

- Laboratory quality management systems for LabNet Level 1 and Level 2 laboratories;
- Reference laboratory capacity for HIV confirmatory testing, CD4 cell count and viral load estimation;
- Level 1 laboratory capacity (skills, equipment and standard algorithms).

Theme 3: Continuum of treatment, care and support systems and services

The objective of the third theme is to strengthen the capacity of PICTs to provide an adequately resourced continuum of CT&S for people living with and affected by HIV and other STIs.

This will be achieved through four outcomes.

Outcome 3.1 — PLHIV in PICTs have access to evidence-based CT&S

This includes:

- Guidelines and national frameworks for CT&S;
- Guidelines for collaboration between TB and HIV programmes;
- Training in HIV medicine and care through regional medical and nursing educational institutions;
- Regional peer support network for HIV healthcare workers;
- National HIV care teams;
- Quality assurance;
- Support networks for PLHIV; and
- Financial and other assistance to PLHIV and their families.

Outcome 3.2 — People in PICTs have access to evidence-based services for the detection and management of other STIs

This includes:

- STI diagnosis and treatment capacity (skills, equipment and consumables for STI diagnosis and treatment, excluding counselling, which is covered under Outcome 2.1);
- Informational resources for the management of STIs;
- Quality assurance for the management of STIs; and
- Monitoring of gonococcal antibiotic resistance.

Outcome 3.3 — HIV and STI diagnosis and treatment services are linked to broader SRH services

This includes:

- Linking and integrating SRH, STI and HIV services;
- Involvement of civil society organisations in providing community-based SRH services; and
- Male involvement in SRH.

Outcome 3.4 — PICTs have access to cost-effective, efficient regional mechanisms for procuring and supply drugs and other commodities in relation to HIV and other STIs

This includes:

- Maintaining and supporting a regional procurement and supply management mechanism for antiretroviral drugs and other STI treatments.

Theme 4: Leadership and enabling environment

The objective of the fourth theme is to achieve commitment and engagement from leaders in key sectors to address the challenges of HIV and other STIs.

This will be achieved through three outcomes.

Outcome 4.1 — Regional and national leaders have the knowledge and advocacy skills to mobilise their constituencies and communities for a scaled-up response to HIV and STIs in the Pacific

This includes:

- Integration of HIV and STIs into leadership training programmes;
- Work with parliamentarians;
- Support for trained leaders in the church, media, business sector, uniformed services and sports; and
- Incorporation of HIV, AIDS and STIs into the curricula of training institutions for those sectors.

Outcome 4.2 — PLHIV, policy-makers, civil society organisations, and healthcare, legal and judicial professionals in the Pacific have the knowledge and understanding to work for the protection of human and legal rights in relation to HIV

This includes:

- Understanding of HIV and AIDS, and related human and legal rights among key stakeholders;
- Reform of laws and policies related to HIV and AIDS;
- Reform of laws and policies addressing gender inequality; and
- Reform of laws and policies to ensure that national laws and policies define and protect access to prevention and treatment, especially among key populations

Outcome 4.3 — PLHIV are engaged and involved in all aspects of the response to the HIV epidemic in the Pacific

This includes:

- Leadership, advocacy and public speaking capacity;
- Organisational and resource mobilisation capacity;
- Delivery of presentations and programmes by PLHIV; and
- Employment of PLHIV by organisations involved in the response to the HIV epidemic.

Theme 5: Strategic information and communication

The objective of the fifth theme is to strengthen planning, monitoring, evaluation, surveillance, research and information sharing at the national and regional levels.

This will be achieved through two outcomes.

Outcome 5.1 — PICTs have improved capacity to monitor, conduct research into and report on the HIV epidemic and other STIs in the Pacific

This includes:

- Second generation surveillance surveys, estimations and projections;
- Availability of reliable data, including routine national level surveillance;
- Research capacity and conducting research, including into patterns of vulnerability to HIV and other STIs, barriers to prevention and CT&S, and the impact of HIV; and
- Monitoring progress towards global commitments and agreements.

Outcome 5.2 — Communication strategies of PRISP members are coordinated and complementary

This will involve:

- PRISP members periodically undertaking harmonisation of their communication strategies.

Theme 6: Governance and coordination

The objective of the sixth theme is to attain good governance and effective coordination of regional and national HIV and STI responses. It has three key action areas.

This will be achieved through four outcomes.

Outcome 6.1 — PICTs have improved capacity to plan, fund, manage, implement and monitor their multisectoral response to the HIV epidemic and other STIs, in accordance with the UNAIDS "Three Ones" principles

This includes providing regional support for:

- Multi-sectoral national strategic plans (the "First One");
- National and territorial governance and coordination bodies (the "Second One");
- Government M&E capacity (the "Third One");
- National implementation capacity; and
- Civil society capacity.

The last two areas of support are sometimes collectively referred to as the "Fourth One".

Outcome 6.2 — Pacific Regional Strategy implementation and monitoring is effective, efficient, timely and based on the best available evidence

This includes:

- An independent technical advisory group (TAG);
- A regional strategy working group (RSWG);
- Joint periodic (annual or biennial) work planning; and
- M&E.

Outcome 6.3 — Regional partnerships and networks are established and supportive of the response to the HIV epidemic in the Pacific

This includes:

- Civil society networks and partnerships;
- Governmental partnerships; and
- Mainstreaming HIV and STI into regional organisations.

Outcome 6.4 — Financial resources for PRSIP are mobilised, allocated and monitored

This includes:

- Resource mobilisation, allocation and tracking; and
- Coordination of donor support.

4 Governance and technical advisory mechanisms

4.1 PRSIP Coordinating Group

A Fund Committee has been established to oversee the operations of the Pacific Regional HIV and STI Response Fund 2009–2013. It is proposed that the Fund Committee also takes responsibility for higher order oversight of the Regional Strategy and PRSIP, as the PRSIP Coordinating Group.

The roles and responsibilities of the Fund Committee are strongly guided by and aligned with the needs of the Regional Strategy and PRSIP. In addition to financial monitoring and approving of the allocation of funds, the Fund Committee will be responsible for identifying key investment and result areas for the Response Fund, based on PRSIP; and regular reporting to Forum Leaders, donors, SPC's Committee of Representatives of Governments and Administrations (CRGA) and the public.

The Fund Committee already includes representatives of all relevant PRSIP stakeholders: sub-regional delegates from Melanesian, Micronesian, Polynesian and francophone PICTs; non-governmental organisations (NGOs) and civil society organisations; delegates representing affected communities (i.e. PLHIV), young people and gender-related aspects; development partners; and donors.

Formally expanding the Fund Committee's terms of reference to harmonise with higher level strategic monitoring of PRSIP would minimise the inherent duplication of effort associated with separate PRSIP and Fund Committees operating in parallel.

In accordance with Theme 6 of the Regional Strategy, establishing the PRSIP Coordinating Group would be an important step towards having a single strategic and coordinating body for the response to HIV in the Pacific — a practical expression of the UNAIDS "Three Ones" principles.

4.2 Technical advisory group

An independent TAG will provide specific advice and assistance to the PRSIP Coordinating Group on the technical basis for overall strategic directions of PRSIP and the Response Fund.

Options are currently being explored to establish a TAG to undertake technical appraisal of submissions to the Response Fund and advise the Fund Committee. Because the TAG will be guided primarily by the Regional Strategy and related priorities in the national and regional responses to the HIV epidemic, greater efficiency will be gained by the TAG also taking

responsibility for advising the Coordinating Group on PRSIP and, more broadly, on the Regional Strategy.

The TAG will potentially include both Pacific-based and international experts. It will make use of currently available research and performance data, including those generated through the UNAIDS Commission on AIDS in the Pacific.

5 Planning, budgeting and resource requirements

5.1 Planning and coordination

Initial general planning for the first two years will be conducted on a northern and southern sub-regional basis.

Based on their HIV national strategic plan (or equivalent), government and NGO representatives from each country's HIV coordination mechanism will present their proposed two-year implementation plan to a sub-regional forum comprising national delegates and regional partner organisations. Activity funding through national sources and opportunities for regional development partner assistance will be discussed, while unfunded priorities for submission via the TAG to the Response Fund will be identified.

Further, more detailed activity planning and coordination will be conducted through a joint annual planning meeting involving the Regional Strategy Working Group and other partners.

5.2 Budgeting and financial resources

Financial resources to fund the Regional Strategy will derive from a number of sources:

- a) the Pacific Regional HIV and STI Response Fund;
- b) donor funding streams associated with regional and regional multi-country projects (e.g. the Global Fund, Asian Development Bank);
- c) operating budgets of regional development partners (e.g. SPC's HIV/STI Section and other SPC sections, UN agencies, regional international NGOs); and
- d) national budgets attached to national strategic plans themselves (or, where there is not a current national strategic plan, the budgets for relevant aspects of the national development plan or equivalent document).

SPC's Finance Section will be responsible for developing the requirements, availability and shortfalls in financial resources (Outcome 6.4).

It is envisaged that, as the Response Fund becomes established and matures, it will become the single regional funding avenue for the Regional Strategy. Regional and global funding instruments and development partners will be encouraged to structure their support in line with PRSIP, and direct their financial assistance through the Response Fund.

6 Performance assessment

6.1 Monitoring and evaluation (M&E)

To ensure that progress against relevant indicators can be monitored, a performance assessment framework (PAF) for PRSIP II has been developed (Annex II).

The approach to performance assessment differs from the more complex and resource intensive approach used for monitoring PRSIP I (which focused more on input and activity monitoring than on the measurement of outcomes and impacts). PRSIP II will take a more strategic approach that combines:

- a) scaled-up technical assistance to countries and PRSIP implementing partners in order to strengthen their M&E and reporting capacity (Outputs 5.1 and 6.1);
- b) periodic monitoring and reporting at the impact (5 indicators) and outcome level (12 indicators), supplemented by a small number (5) of strategic output indicators; and
- c) periodic monitoring of expenditures in different aspects of the response to HIV, using cross-cutting expenditure categories.

Developing and supporting country capacity for M&E of the response to the HIV epidemic and other STIs, and reporting against international agreements (e.g. MDGs, UNGASS) remain an integral part of the PRSIP II PAF. This includes supporting and strengthening the linkages between community, national and regional responses, and a phased approach to increasing M&E knowledge, skills and other aspects of capacity (Outcome 5.1), including the development of monitoring skills that will be useful in areas other than the response to HIV.

Monitoring of responses will increasingly be driven by the national and community-based programme needs, with an increased emphasis in strengthening routine surveillance and programme monitoring.

The Monitoring and Evaluation Reference Group (MERG) will assist in ongoing refinement of performance assessment aspects of PRSIP II.

6.2 Quality assurance and qualitative assessment

Routine data collection

Where appropriate, all routinely collected data will be disaggregated by gender and age group.

The Regional Strategy will also support national and community-based programmes to monitor the performance of activities in relation to informed choice, access and related aspects of human rights, and to the needs of affected communities (including PLHIV) and other key populations.

Periodic independent reviews

A mid-term review of the implementation plan will be conducted in 2011, and an end-of-term review or evaluation is planned for 2013.

These reviews will analyse the available quantitative information gathered routinely under the PAF, plus available contextual information about overall PRSIP performance relative to the thematic objectives. In particular, review teams will assess PRSIP II implementation in relation to

gender, affected communities (PLHIV and other key populations), and the performance of governance and technical advisory mechanisms.

Selected implementing partners will assist the review team with data collection on four qualitative outcome indicators and one output indicator that will supplement routine monitoring information.

The findings and recommendations of the reviews will be reported through the PRSIP Coordinating Group to all stakeholders, and will continue to inform activity development and planning by the RSWG and national level and other programmes.

7 Risk management

It is important that the PRSIP Coordinating Group takes a structured approach to addressing current, emerging and potential risks. It is recommended that risk monitoring, assessment and management are included as a standing agenda item for all Coordinating Group meetings.

Given the remoteness and small population of many partner countries, affordability and cost-effectiveness will be critical and binding constraints to the proposed programme. This constraint will be addressed through the partnership approach inherent in the Regional Strategy (i.e. donors and development agencies in partnership with PICTs, and PICTs in partnership with each other). In this way, the interests of various stakeholders should gradually merge, with mutual responsibility and accountability for achieving the Regional Strategy's outcomes.

Routine six-monthly and annual reporting should also include a discussion of lessons, emerging issues and problems during the current year of implementation, and the level of risk that these issues present to the achievement of the Regional Strategy and PRSIP objectives.

Lack of interest or engagement by other donors or funding instruments in supporting the response to HIV in the Pacific through PRSIP and the Response Fund, will present a challenge to the Regional Strategy and its PICT partners, but not an insurmountable one (and, in fact, this risk has been encountered and managed before). PRSIP concepts and themes are inclusive ones and are targeted at high priority aspects of the response to HIV and STIs in the Pacific; the outcomes and impact of other donor inputs are likely to be consistent and compatible with the PRSIP PAF. In the meantime, the Response Fund is amenable to implementation with only Australian and New Zealand donor support, and is likely to steadily promote a framework for Pacific leadership and stronger systems for service delivery and programme support. This, in turn, will steadily promote an environment where other donors are likely to see the benefits of the harmonisation of inputs.

It is possible that not all partner countries will be able to generate data to help them identify needs and plan interventions through PRSIP. A key role of the RSWG and the M&E team at SPC will be to assist countries with collecting, collating and analysing data on their national response and needs, and project future needs for technical and financial support. Technical agencies should be adequately resourced to bring in additional expertise if this is identified as a critical capacity constraint.

A comprehensive risk analysis, identifying the principal risks by thematic area and outcome, is included at Annex III. The analysis will be regularly updated as part of the continuous monitoring process.

8 Reporting and communication

8.1 Reporting to stakeholders and donors

A reporting format will be developed to ensure that progress against relevant indicators can be monitored; this will generally be done on an annual or biennial basis.

The principal internal reporting requirements for the Regional Strategy are:

- Annual (or biennial) joint work plan
- Report on the annual meeting of the PRSIP Coordinating Group
- Two six-monthly reports on PRSIP progress (January to June and July to December)
- Annual performance assessment report (January to December)
- Final review and completion report.

The performance assessment framework outlines reporting on strategic outputs, outcomes and impact indicators that have been reviewed by the MERG and are essential to measuring the regional response.

The semi-annual and annual progress reports will tabulate progress against intermediate and higher order indicators in the PRSIP II PAF for which scheduled data collection and analysis have been undertaken during the reporting period.

The reports will also provide a more analytical perspective on the observed achievements relative to intended outcomes and outputs, including:

- dimensions of implementation related to gender, PLHIV and other affected communities, and other key populations;
- risk management and sustainability;
- the performance of M&E systems;
- where relevant, cross-cutting aspects of development such as procurement and environmental impact.

8.2 Communication strategy

With the assistance of SPC's HIV/STI Section Communication Officer, the PRSIP Coordinating Group will develop and approve a communication strategy to ensure that all stakeholders are kept informed of developments, funding eligibility and achievements under the Regional Strategy.

8.3 Financial reporting

Financial records will be used to report on two aspects of programme implementation (under Outcome 6.4; two outputs to be derived from audit reports).

Additional information will be available through audits and financial reports of the Response Fund.

8.4 Internal SPC Public Health Programme reporting

To facilitate monitoring, analysis and comparison of the use of resources channelled through the Response Fund and the SPC Public Health Programme (PHP), reporting and financial analysis will be fully compatible with SPC's existing and evolving systems.

Where regional projects and programmes are required to report on alternative expenditure (input) categories, such as Global Fund's Service Delivery Areas or SPC's Joint Country Strategy Expenditure Categories, the information system used to monitor PRSIP will have the capacity to link or extrapolate this information from the WHO "building blocks" categories.

The structure and activity groupings of PRSIP II are already well harmonised with the SPC PHP priorities: health system strengthening, health financing and economics, legislation, human resources for health, infrastructure, communication, partnerships and research. The multi-sectoral nature of the response to HIV in the Pacific aligns well with the 'whole of government' strategy of the PHP.

Annexes

- I PRSIP II framework
- II Performance assessment framework
- III Risk analysis and risk mitigation strategies