

Tackling the Pacific's high rates of chlamydia

Nicole Gooch

Treatment and testing for chlamydia and gonorrhoea are now taking place in 11 Pacific Island countries and territories, with funding from the Asian Development Bank (ADB) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM).

The programmes were first piloted successfully in Nauru, Solomon Islands and Cook Islands as an outcome of the second-generation surveillance surveys conducted in 2004 by the World Health Organization (WHO) and SPC, which found that chlamydia rates in young people in the Pacific were among the highest in the world. Data from more recent surveys suggests that up to 40% of pregnant women under the age of 25 may be infected with chlamydia in some Pacific Island countries.

Tonga set up its chlamydia testing and treatment programme in May 2009 with technical assistance from SPC. For Mele Katea Paea, the national HIV/STI programme coordinator at the Ministry of Health of Tonga, 'the most positive outcome so far has been being able to test STIs routinely, including opt-in HIV testing, at the Ministry of Health antenatal clinic.'

'The mums are happy to be tested and treated,' says Mele. 'When they book into the clinic, they are given a presentation on STIs and for most of them, it is the first time they have heard of chlamydia. Some of them even bring their husbands in later to be tested.'

According to Mele, the programme at the antenatal clinic is effective but constrained by limited human resources compared to the number of

women attending the clinic. The other areas that need strengthening are the provision of counselling for clients before testing takes place, and making sure that clients who test positive come back for treatment.

Mele is advocating for a national routine testing and treatment system to be implemented in Tonga at the Ministry of Health antenatal clinic, as well as in other clinics and in the outer-island hospitals, 'to guide and coordinate the work of all those responsible for testing and treatment and to improve monitoring and reporting processes. We need a national system that can guide how the process of recording and reporting should be done, who to report to on the data obtained from the testing and treatment, who to contact when drugs are out of stock, who to contact when test kits are running out, and so forth.'

Implementing HIV continuum of care in PICTs

Dr Alan Garvez (SPC)

In October 2009, as the HIV Treatment and Care Adviser for SPC's HIV & STI Section, I met with SPC's partners in Fiji to discuss the implementation of a new Pacific continuum of care (CoC) strategy for HIV in 11 Pacific

Island countries and territories (PICTs). Present at the meeting were representatives of WHO, the Oceania Society for Sexual Health and HIV Medicine (OSSHHM) and the Pacific Islands AIDS Foundation (PIAF).

A CoC strategy in the Pacific is essential to ensure that all partners coordinate their efforts efficiently so that people living with HIV have constant, long-term access to antiretroviral therapy (ART), and can also seek support from other

services, be it for medical treatment, counselling, or assistance with obtaining healthy food and shelter.

SPC and WHO have been working intensively on establishing CoC in the Pacific for a number of years. This work has included the introduction by WHO of a team approach to a hospital-based care framework for Kiribati, and the adoption of a hub-based framework in Fiji in 2005. SPC incorporated CoC in its HIV training in 10 PICTs in 2009.

However, a number of challenges have surfaced recently that the Pacific CoC partners hope will be addressed through the new strategy:

- ▶ a lack of terms of reference for HIV core teams, which means they are not recognised by the respective Ministries of Health and the teams cannot have a stake in the national health budget;
- ▶ the need for each country's CoC approach to have a clear

'A CoC strategy in the Pacific is essential to ensure that all partners coordinate their efforts efficiently'



role in relation to the national AIDS committee or the country coordinating mechanism;

- ▶ the need to identify the role of non-governmental organisations (NGOs) and civil society organisations in relation to the country's clinical team working on CoC; and
- ▶ capacity building for NGOs. NGOs have been actively involved in preventive counselling, but this role needs to be expanded to include counselling for ART adherence

as well as palliative care and provision of social support such as shelter, nutrition and transport.

The Pacific CoC strategy is currently being drafted and will be ready for implementation to begin in early 2010.

For more information, please contact Dr Alan Garvez, HIV & STI Section, SPC, ph: +687 26 20 00, email: AlanG@spc.int

More about continuum of care from Family Health International

In some areas of the Asia-Pacific region, HIV incidence continues to rise at an alarming rate – particularly among those who engage in high-risk behaviours. But most people who are living with HIV cannot access available care, treatment and support services. In addition, such services are seldom linked and coordinated in ways that optimise access and adherence to treatment.

The continuum of care is a strategy developed to organise and provide such services. Tailored to meet local needs and circumstances, CoC is defined as a network of linked and coordinated HIV care, treatment and support services that collaborating organisations provide.

A central challenge in CoC creation is bringing together partner organisations from different sectors to create a framework within which they can work together to coordinate programming and expand the provision of high-quality services.

Source: Edited extract from Family Health International, http://www.fhi.org/en/HIVAIDS/pub/res_CoC_toolkit.htm – retrieved from the Internet on 26 November 2009

Integrated antenatal HIV and STI counselling

Joe Cohen (PC&SS)

On 1 October 2009, Pacific Counselling and Social Services (PC&SS), in collaboration with the Fiji Ministry of Health (MOH), officially commenced HIV and STI counselling and testing services as part of an integrated antenatal care programme for women and their partners at the Colonial War Memorial (CWM) Hospital in Suva.

Outcomes to be achieved from the programme include more 'traditional' expected results, such as all women planning to give birth at the CWM Hospital being offered HIV and STI counselling and testing as part of routine antenatal care. As well, it is planned to introduce some novel ideas to promote the involvement of men in antenatal care and support of their partners, and promotion of wider protection of their unborn child from HIV and STIs, by encouraging partner testing and condom use for all sexual encounters during their partner's pregnancy and while she is breastfeeding.

Research suggests that many men feel excluded from hospital-based antenatal care. This, combined with cultural norms, has meant low participation and understanding by men regarding the whole pregnancy and after-birth process.

In an attempt to rectify this situation and to address high levels of congenital syphilis and the risk of parent-to-child transmission of HIV, all women undergoing HIV and STI pre-test counselling are offered a sealed envelope marked 'Men's Business' to pass on to their



Inauguration of the new counselling and testing facility at the CWM Hospital, Suva

partner. Inside the envelope is information regarding HIV and STIs and how men can play a major role in protecting their partner and unborn child during pregnancy and breastfeeding. There is also an invitation to be tested for HIV and STIs, an invitation for a session with a diploma-qualified male counsellor to discuss any issues surrounding the impending fatherhood, a supply of condoms and lubricant, and a card to be presented to receive free condom supplies for the duration of the pregnancy and while the child is being breastfed.

Only time will tell the effectiveness of this novel approach. Extensive qualitative and quantitative data are being collected to evaluate and inform this area of the programme. The purpose-built facility at CWM

Hospital includes seven soundproof cubicles, one larger room for training purposes and for giving HIV and STI information to larger groups, and two storage rooms for information, education and communication (IEC) materials and condom/lubricant supplies. Even the furniture has been custom built to take into account the comfort of clients, with extra-strong wide chairs being specially constructed.

The HIV counselling and testing facility is staffed by PC&SS employees, five of whom have diploma-level counselling qualifications and two of whom are accredited HIV test practitioners trained in the course developed by PC&SS and approved by SPC for use in 12 Pacific Island countries. The facility enables PC&SS, in collaboration with MOH, to offer a

Inside the envelope is information regarding HIV and STIs and how men can play a major role in protecting their partner and unborn child during pregnancy and breastfeeding.

counselling and testing services that meet the essential standards criteria adopted in principle by the region in June 2009. The heightened focus on including partners should add significantly to the overall numbers of people in Fiji tested for HIV and STIs, and provide information on safer-sex practices to many thousands of people every year.

holistic package of care and support. If a person is found to be HIV positive, diploma-qualified counsellors and social workers are able to join a health-care team that will offer a full range of services for the mother, child and significant others.

PC&SS now offers HIV and STI counselling and testing services in all three major divisional hospitals in Fiji as well as two subdivisional facilities. This means that approximately 80% of women who give birth in a year have access to HIV and STI

For more information, please contact Jo Cohen, Pacific Counselling and Social Services (PC&SS), Fiji, ph: +679 6650 482, email: familysupport@connect.com.fj

'Score': Vanuatu and Solomon Islands launch their first Pacific condom social marketing programme

Kelly Robertson (SPC) with Ginette Morris in Vanuatu (STC) and Gillian Oti in Solomon Islands (SIPPA)

What is it about?

Second-generation surveillance surveys conducted in 2004–2005 by SPC and WHO found high levels of STIs among young men and pregnant women in a number of Pacific Island countries, including Vanuatu and Solomon Islands.

Funded through an Asian Development Bank grant to SPC, and being run in collaboration with Marie Stopes International Pacific (MSIP), 'Score' is a new social condom marketing programme. It targets vulnerable youth groups in Vanuatu and Solomon Islands who need easy access to male and female condoms and lubricant, as well as the information and skills to actually use the condoms successfully in order to prevent HIV, other STIs and unwanted pregnancies.



Radio marketing for Score

The target group in Vanuatu is sexually active and young unmarried women, while in Solomon Islands the target group is young men who use alcohol and non-injecting drugs.

The condom product 'Score' was developed and branded for the local market after extensive consultations with each country's Ministry of Health, NGOs and 'target users'. The name 'Score' was chosen because of the popularity of football in Vanuatu and Solomon Islands. IEC materials were also specifically developed to raise awareness of sexual and reproductive health, including information on STIs, and to show people how to use and dispose of condoms properly.

Where is it happening?

MSIP is SPC's partner in Fiji, where MSIP has been running a social condom marketing programme since 2004, creating a brand called 'TRYTiME'. MSIP has partnered with Save the Children Vanuatu and the Solomon Islands Planned Parenthood Association (SIPPA) to implement the programme at country level. Initially 'Score' is being sold in Honiara and Port Vila, before expanding to other locations such as Gizo, Auki, Santo and Tanna. The condom social marketing programme was also launched in December 2009 in the Northern Pacific (in RMI, FSM and Palau), with funding through the Pacific Multi-Country Programs – Global Fund Round 7. The condom sold in the Northern Pacific has been branded 'Defender' after the popularity of basketball in the region.

Why?

To date only free condoms or commercial branded condoms have been available in most Pacific Island countries. 'Score' is different from these two choices in that the



Launch of Score in Vanuatu

condoms are marketed towards targeted youth with images from popular local culture, are coloured and studded, and include a packet of lubricant. The marketed product is sold as 3 condoms + 1 packet of lube in a small box with instructions in Bislama, Pidgin and English.

In Solomon Islands the price for 'Score' is SB6.00 and in Vanuatu it is 60 vatu. There is a small margin made that goes to the retailer or community-based distributor as an incentive to sell the condoms. MSIP and the in-country partners do not make a profit.

How?

'Score' is distributed through both formal and informal networks. In Solomon Islands the commercial distributor is Panatina Chemists and in Vanuatu it is Au Bon Marché. They sell 'Score' through their networks of pharmacies and supermarkets.

The informal distribution system is a network of peer educators and community-based distributors in each country. These distributors combine sexual and reproductive health awareness to target groups with the sale of condoms. They have been



trained by the in-country partners and given their first box of condoms for free. Once they sell the first box they are able to purchase a second at wholesale price and then sell to their customers at the recommended retail price, and retain the margin as an incentive to keep selling.

Currently only male condoms are being distributed, but it is expected that further research will be undertaken by MSIP on the feasibility of socially marketing female condoms. Until that happens, free female condoms will be distributed through the informal network alongside 'Score'.

When?

The product was launched in Solomon Islands in late August 2009,

and in Vanuatu in early September 2009. Product launches involved mass media campaigns, including radio and newspapers, to educate, raise awareness and change attitudes towards sexual and reproductive health issues. In Vanuatu, for instance, the Project Officer went on the local FM107 radio station 'talkback show' and callers could ring and ask questions about the 'Score' product and condom use in general, and sexual and reproductive health issues.

In both countries the product was also launched with a public event that included representatives of key stakeholders, including the Ministry of Health, NGOs and commercial distributors, as well as local bands and sponsors.

For more information, please contact Kelly Robertson, Grant Coordinator, HIV & STI Section, SPC, ph: +687 26 50 96, email: kellyr@spc.int

If you are interested in becoming a distributor of 'Score' condoms in Vanuatu or Solomon Islands, please contact:

- ▶ Ginette Morris, Vanuatu Project Officer, ph: +678 22794
- ▶ Gillian Oti, Solomon Islands Project Officer, ph: +677 22991