HIV/AIDS in Vanuatu

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Introduction

In response to the global concern and the danger of the rapid spread of AIDS, the Government of the Republic of Vanuatu formed the National AIDS Committee (NAC) in September 1987 and formulated a Short Term Plan (STP) for the Prevention and Control of AIDS beginning in March 1988. In the same year the STD/HIV/AIDS Section was established. This section is currently linked to the Disease Control Unit within the Preventive Services of the Department of Health.

The STP program was successfully completed and provided the basic background for the first Medium Term Plan (MTP) which was finalised in November 1990 and became effective from 1991-1993. This MTP for HIV/AIDS Programme was implemented as STD, HIV and AIDS Prevention and Control Programme. In 1994 the MTP2 (1994-1996) was signed.

The current programme staff are a National STD/HIV/AIDS Programme Manager, an Assistant Coordinator and a Clerical Assistant. Only the Programme Manager is a full time Government employee. The remaining staff are daily-rated with limited job security. The programme has expanded to the point that all positions are needed to sustain activities and their effectiveness.

Risk situation

The National AIDS Programme (NAP) identified three major determinants and their underlying behaviours for the spread of HIV/AIDS and STD in Vanuatu. They are:

- Sexual contact with infected foreigners. Due to the increase opportunities for Ni-Vanuatu to travel outside their country and the increasing number of tourists visiting the islands, there is a potential for sex exploitation and for young people to try new experiences.
- People having multiple sex partners. This is due to social changes and using sex to gain status or money.
- Unsafe sexual practices. This is due to lack of awareness of the risks and knowledge about the use of condoms.

The increasing rate of STD in the country is associated with all three determinants. The MTP 2 (1994-1996) is focused on encouraging behaviour change in the target groups, providing skills to youth in making healthful life choices and resisting peer pressure, and strengthening the STD case management. There will be greater participation by NGO and other government departments in the delivery of the interventions planned.

The population most likely at risk are:

- Youths (13-25 years) who make up about 20% of the population
- Ni-Vanuatu who travel overseas for study, business, government work, conferences and other reasons. These people may engage in high risk behaviours while travelling and return home with STD or HIV infections, thus introducing the infection to the country.
- The clients seen in STD clinics, the majority of whom are in the youth group.
- People who exchange sex for money or status. Although a difficult group to identify and approach, this is an important group at risk.

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HIV/AIDS policy

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In 1993 for the first time Vanuatu National HIV/AIDS Policy was formulated by the Department of Health and presented to the Council of Minister for approval. The policy statement highlight four main areas:

- **Health and Safety:** It is the government policy:
  a) That blood given for transfusion are screened for HIV
  b) That be no isolation of HIV/AIDS patients.
  c) That HIV/AIDS patients are fully entitled to compas-

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sion and good general nursing care.
d) That people receiving first aid, emergency medical, surgical treatment and nursing care to be presumed as infected and standard precautionary measures taken.
e) That all health personal be trained to understand universal procedures for safety.

- **Confidentiality:** It is Government policy:
  a) That notification of cases of HIV/AIDS be made without disclosing names of HIV infected person..
  b) That all testing for HIV/AIDS is voluntary.
  c) That any partner notification necessary could only be made by the person with HIV.
  d) That a coding system be used - including other security measures.
  e) That no compulsion or force is used to persuade people to test for HIV/AIDS.
  f) That any person found to be HIV positive be informed under confidence by the doctor.
  g) That people who feel at risk will be encouraged to seek health advice.

- **Access to information Education and Training:** It is the Government policy:
  a) That information to the general public on HIV/AIDS be provided continually through all forms throughout the country.
  b) That education and training at all levels be organised to ensure that full population are fully aware and participate in the control and prevention of HIV/AIDS.
  c) That people with HIV/AIDS be guaranteed access to goods and services.

- **Discrimination:** It is Government policy:
  a) That there will be no breach of confidentiality.
  b) That any policies or laws implemented, deal with behaviour that spread the risk and not targeted at individuals or groups.
  c) That appropriate care, tolerance, compassion and support from the family and the community at large are essential toward people with HIV/AIDS.
  d) That family members, partners or carers of people with HIV/AIDS need to receive protection and respect.
  e) That legal protection be available as a final resource in preventing discrimination.

HIV/AIDS programme

Vanuatu's first National Health Development Plan 1992-1996 has the following objectives:

- To increase awareness and knowledge about STD, HIV and AIDS among sexually active men and women, school children, general public, Government Departments, private sectors, NGOs, Community Based Associations, communities and all health workers with emphasis of proper management of STD.
- To increase promotion of 'Safe Sex' practices, including condom use.
- To reduce the incidence of STD.

Technical support to the programmes is provided by two officers from the Preventive and Curative Services. The country is further sub-divided into five health districts of between 25,000 and 50,000 people. This is a manageable size in terms of transport, communication, supervision and supplies.

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The AIDS/STD Section extend its technical support to other Government Departments especially the Education, Youth and Sports Department, as well as Non-Government Organisations (NGO).

The NAP has an independent advisory body, known as the National AIDS Committee (NAC). The NAC is responsible for the overall direction of the programme especially social, religious and cultural issues. Members are representatives from Government Departments. The NAC convenes every 3 months, usually presided over by the Director of Health as the Chairperson.

Since the programme began, its most important achievement has been the accomplishment of a National HIV/AIDS policy. This policy will provide an effective tool in preparation for any eventual HIV or AIDS cases.

The programme is also keeping the people informed and aware, preparing the health workers and social workers for any cases that may eventuate. The Vanuatu NAP has established collaboration with the local NGO in combating AIDS. In the same way, we are looking forward to extend our collaboration with neighbouring countries in the Pacific and the international community.

Present HIV/AIDS situation

Vanuatu has reported no cases of HIV/AIDS. With the increasing mobility, the spread of the disease into Vanuatu is only a matter of time. Because HIV testing among high risk groups has been limited, it is possible that HIV infections may already exist in the population.

The increasing number of teenage pregnancies, gonococcal infections and low usage of condoms suggest a high potential for HIV transmission. Sexually transmitted Diseases (STD) cause a significant amount of morbidity and their presence can facilitate the spread of HIV/AIDS.

Vanuatu's close proximity to countries with high incidence of HIV such as Australia, New Zealand, Papua New Guinea and New Caledonia increase the risk of HIV infections. It is expected that HIV infection will be identified in Vanuatu within the next three to four years. It is anticipated that without an intensive programme for early diagnosis, appropriate treatment of STD and an increase in condom use, the rate of STD will continue to rise.

Existing legal framework

Parliament recently enacted the Public Health Act, No. 22 of 1994. This act deals with notifiable diseases. Since HIV/AIDS is a notifiable disease, this legislation provides a legal framework for HIV/AIDS. The relevant sections are section 18 - 21 under Part 3 of the Act. Considering the mode of transmission of HIV/AIDS, this legislation is inappropriate.

Given that the National Constitution of the Republic of Vanuatu makes provision for the basic human rights and privileges accorded to all individuals, the national policy on HIV/AIDS need to consider and formulate an appropriate legislation paying specific attention to:

- The need to adopt the universal procedures for safety in the health;
- The need to emphasize confidentiality in reporting and notification of HIV/AIDS cases;
- Guarantee of the basic services for people with HIV/AIDS; and
- That people with HIV/AIDS are not discriminated against.

The policy document seeks the support of the Council of Ministers to approve the formulation of an appropriate legislation to support the implementation of National HIV/AIDS policy and to provide protection and security for people infected. The present Public Health Act. No. 22 of 1994 will need to be amended to delete HIV/AIDS from first schedule to the Act in the event that a more relevant legislation is introduced providing for special circumstances required by HIV/AIDS care.

Current problems

- **Shortage of staff:** There are only three working full time, co-ordinating and implementing the AIDS Control Programme for the whole nation. At times it is very difficult to implement activities within the planned time-frame.

- **Lack of governmental financial support:** The only contribution given by the Government is the salary for the Programme Manager and the office building. The NAP is fully funded by the Global Programme on AIDS (GAP). Since GPA has already started cutting back, many of our activities which we have budgeted for are at a stand-still because there are no funds.

- **Lack of full time STD clinics:** At present there is only one full time STD clinic, which is not sufficient to cater for all the services required.

- **High prevalence of gonococcal infections:** The NAP has done an excellent job of raising the public's awareness and keeping the issue of HIV, AIDS and STD in the public eye. At the same time, however, there has been an increase in the number of STD cases and teenage pregnancies. The most affected group is the youth from 16 to 20 years.

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- **Poor monitoring of STD cases:** The health information system is not able to provide accurate data on STD. There are only two laboratories located in the two urban areas which are capable of confirming STD. The remote health facilities report STD as suspected cases only.

- **Blood tranfusion:** Although blood is screened before it is transfused, there are cases where blood is needed urgently especially remote areas for the tests to be done. The usual practice is for relatives of the patient to donate blood which is transfused straight away without screening. However District Hospitals are asked to order screened blood from either Vila or Luganville hospital for non-urgent transfusion. There is a National Blood Committee but it is not functioning.

- **Culture, religion and sex:** The NAP has carried out awareness campaigns on AIDS/STD prevention but the traditional and religious barriers towards sex education still persist.

Prospects

The second Medium Term Plan (1994-1996) outlines a three year programme of activities:

- **Educational interventions:** Being aware of the fact that the AIDS/STD Section is under-staffed and short of funds, we have taken a step to involve the NGO in educating the public. Since then these NGO have developed their own programmes reaching out to the rural communities. Most have established networks in the remote areas targeting out of school youths.

- **Strengthening STD case management:** The NAP is now preparing to train the health workers on the syndromic management of STD. The AIDS/STD Section is working on the development of an Information System for recording and collecting data. Reporting of STD will be based on clinical diagnosis rather than on laboratory findings.

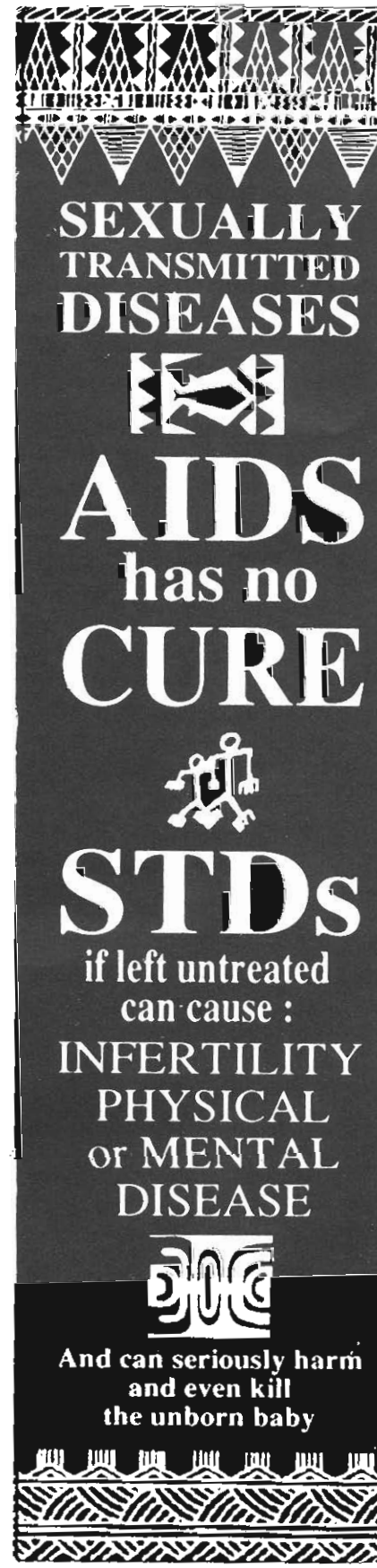
- **Blood safety:** The Safe Blood Committee is now on the process of being revitalised. It is about to meet regularly to review and make policy relating to unnecessary blood transfusions and to ensure a safe blood supply.

- **Cultural and religious barriers:** The main message we are preaching at the moment is for the institutions concerned (Church and Chiefs) to recognise AIDS/STD as a social issue rather than a health issue.

- Ongoing awareness programmes through media, posters, brochures, seminars, etc.

- **Promotion of condoms.**

- **HIV test kits:** Provision of HIV test kits in both urban laboratories including adequate supply of materials.

Conclusions

This paper has attempted to provide a brief overview of HIV in Vanuatu. Vanuatu urgently needs an appropriate HIV/AIDS legislation, firstly to support the implementation of the HIV/AIDS policy, and secondly to deal with the likely event of HIV/AIDS epidemic. □