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Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

THE PACIFIC SEXUAL HEALTH WORKFORCE CAPACITY BUILDING PROGRAM

End of Program Report

January 2018



Oceania
Society for
Sexual
Health and
HIV
Medicine

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Cover photos (L-R):

HIV and STI training piloted in Kiribati with Clinical Mentors **Dr. Dashika Balak** and **Dr Lavenia Gaunavinaka** (November 2017)

Dr. Sam Fullman conducts country assessments and in-country mentoring (September 2017)

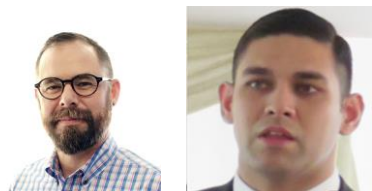
Transgender health advocates from six Pacific island countries converge at 2-day workshop in Fiji aimed at strengthening collaboration on transgender rights and health and inform the development of a transgender health training package and technical brief (December 2017)

Welcome

Over the last eight months, our organisations have established a significant new program to enhance the clinical capacity of health care workers providing clinical and public health services in eleven Pacific countries. Many of these countries struggle to provide high-quality HIV, tuberculosis and other sexual and reproductive health services due to significant structural challenges including low health literacy, highly distributed populations and underdeveloped health infrastructure. HIV prevalence in these countries is generally low, but with high levels of STIs and a very mobile population mean there is an ever looming risk of an expanding HIV epidemic. By establishing mentoring relationships between key staff in each country and a pool of ASHM/OSSHMM Pacific Mentors, the Pacific Sexual Health Workforce Capacity Building Program uses a highly adaptive and flexible approach to building clinical capacity, supported by a 'telehealth' initiative and updated and improved clinical resources.

Mentors conducted assessments of eight of the eleven countries, visiting the country to meet key personnel and assess the services available. As well as laying the foundation for mentoring relationships, these visits helped draw a picture of the unique challenges faced by these small countries, as the reports below demonstrate. The clinical experience of health workers in each country is different, as are the structures within which they are working, but all share a commitment to providing the best possible care for people with HIV, tuberculosis (TB), sexually transmitted infections and key populations. Notwithstanding this, there are significant challenges: some countries lack good diagnostic technology or strong surveillance systems, and there is a lack of consistency in clinical practices across the region.

Those mentoring relationships are ongoing and our organisations will continue to build on this early work to develop and refine processes that link health workers to their colleagues in other countries, and ensure improving clinical outcomes across the Pacific.



Scott McGill and Dr Jason Mitchell

On behalf of the program partners

*Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and
Oceania Society for Sexual Health and HIV Medicine (OSSHMM)*

Contextual Background

The countries included in the project have low prevalence generalised HIV epidemics or, in a few cases, have never recorded any HIV diagnoses. Sexually-transmissible infections (STIs) are common, with some countries having relatively high rates of STIs. Rates of HIV testing are low, usually confined to antenatal testing which may or may not have been standardised. Many countries have laws criminalising key populations (men who have sex with men [MSM], transgender people and sex workers) and there are few protections against discrimination. At least one country (Palau) is considering a law that would criminalise HIV transmission.

The delivery of medical services varies between countries, and is often hampered by vertically-structured services which may be inaccessible to or unwelcoming of members of key populations. Health care workers report being fatigued from overwork and from the need to respond to international development agency visits. There is a lack of coordination between international agencies and possibly some duplication of effort as a result.

The use of clinical guidelines varies between countries and in some cases within countries, resulting in inconsistent application of best-practice HIV, TB and STI clinical care and sexual health medicine across the region. Most countries have acceptable expertise in HIV diagnosis and first-line treatment, but identifying treatment failure and switching to optimal second-line regimens may be an issue. There is very limited capacity to deal with complex HIV cases, drug-drug interactions or comorbidities beyond TB.

Few countries have established a targeted approach to engaging key populations in their HIV response and there are high levels of stigma and discrimination within health workforces.

Project Background

The Regional Capacity Building Initiative for HIV is a joint ASHM-OSSHMM initiative to provide mentoring, training and resources to health professionals working in HIV, TB and STIs in eleven Global Fund-supported Pacific countries: Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of the Marshall Islands, Samoa, Tonga, Tuvalu, and Vanuatu. The project is supported by the Principal recipient of the Global Fund grant, managed by UNDP and jointly implemented by ASHM and OSSHMM, with ASHM acting as the sub-recipient of the grant.

OSSHMM is a membership-based professional society representing the interests of health care workers working in the areas of HIV, sexually transmitted infections and sexual health in the smaller s (PICTs). Established in 2007 and headquartered in Suva, Fiji, OSSHMM has 170 members in 16 Pacific Island Countries and Territories.

ASHM is a professional, not-for-profit, member-based organisation based in Sydney, Australia. Its mission is to support the health workforce in Australia, New Zealand and Asia-Pacific to achieve the virtual eradication of HIV, viral hepatitis and sexually transmissible infections. ASHM has over ten years' experience working in the Pacific to build the capacity of health care workers and professional societies.

“It’s about passion. It’s really moving to be able to meet with the local health workers, to laugh and learn with them.”



Dr Sam Fullman
Fiji-based Clinical Mentor
TB specialist in HIV, and
Sexual Reproductive Health

The project was developed to support health care workers in the eleven countries through gaining a deeper understanding of each country's response to HIV, TB and sexual health, and establishing a pool of 'Pacific Mentors' based in Fiji to deliver training and direct mentorship to health professionals in Pacific countries. Clinical mentoring is a well-established method for supporting the scale-up of HIV clinical services in resource-constrained settings. For small Pacific countries with low HIV caseloads, clinical mentoring can help maintain up-to-date knowledge in HIV clinical care, assist local healthcare workers manage more complex cases, and build valuable professional relationships between mentors and mentees as well as between mentees and fellow health professionals in other Pacific countries. In combination with traditional technical training and capacity development workshops, clinical mentoring programs provide an efficient, flexible way to support locally-developed service delivery models while retaining the autonomy of health professionals in each country.

The clinical mentoring model is designed to facilitate *south-south* collaboration between Pacific countries, a paradigm that posits developing countries as agents of action rather than mere participants in a donor-recipient relationship.

This approach moves away from the '*fly-in-fly-out*' approach that characterised earlier models for capacity development, and centralises supporting the expertise and capacity development of each country's exiting health workforce.

As well as providing direct professional support to health workers, the clinical mentoring model developed for this project is designed to facilitate south-south collaboration between Pacific countries, a paradigm that posits developing countries as agents of action rather than mere participants in a donor-recipient relationship. With their greater expertise in HIV care, the Fiji-based mentors provide collaborative and culturally-appropriate clinical leadership and technical expertise that supports the autonomy and capacity development of the project countries, supported and guided by their Australia/PNG-based colleagues. This approach moves away from the 'fly-in-fly-out' approach that characterised earlier models for capacity development, and centralises supporting the expertise and capacity development of each country's exiting health workforce.

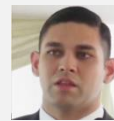
To support the program, HIV and STI training packages have been updated to support HIV core teams to enhance clinical expertise in HIV medicine and STIs, as well as a novel training package on transgender health for Pacific health workers developed in collaboration with trans people from across the region. A further objective is examining the feasibility of non-traditional communication methods such as online health forums and webinars to connect health care workers with mentors and each other as internet services in the Pacific improve. Further, the project aims to support the updating and development of technical resources to provide culturally appropriate guidelines for management of HIV, HIV/TB and STIs based on sound evidence.

Project Outcomes

1. Establishment of a pool of Pacific Mentors

The central objective of the project is the establishment of a pool of OSSHHM mentors, based in Fiji and supported by ASHM mentors based in Australia and Papua New Guinea. Seven Fiji-based clinicians with a range of experience in HIV, sexual health and infectious diseases were recruited, including specialists in paediatrics, obstetrics and tuberculosis (Doctors Dashika Balak, Saiasi Caginidaveta, Raape Diege, Sam Fullman, Lavenia Gaunavinaka, Ravi Naidu and Mere Sigawale). These Pacific Mentors are supported by four experienced ASHM mentors (Doctors Janet Knox, Arun Menon, John Millan and Kimberley Oman).

“The best way is to engage from the very beginning and get the local health workers to lead.”



Dr Jason Mitchell
OSSHHM

A training and planning meeting for Pacific Mentors was held in Lami, Fiji from 4 to 7 July 2017. The meeting, facilitated by the project staff and mentors, clarified roles and responsibilities, developed the mentoring model and started the process of developing country profiles for the eleven project countries. The training included a focus on developing mentoring skills as well as clinical updates on HIV, opportunistic infections, STIs, TB and viral hepatitis.

At the same meeting, an assessment tool and mentoring report template was developed, to be used for country visits, logistical and financial reporting processes were refined, and planning commenced for the country visits.

A further meeting was held in Pacific Harbour, Fiji from 7 to 9 December 2017. This meeting reviewed the country assessments undertaken to date, refined the mentoring model and arrangements for ongoing collaboration, and discussed training needs and developed curricula for the core team and transgender health training packages. In conjunction with the mentors' meeting, a regional transgender health training meeting was held, bringing together 16 transgender health advocates from six Pacific island countries to strengthen collaboration on transgender rights and health and inform the development of the transgender health training package and technical brief.



Seven Fiji-based clinicians with a range of experience in HIV, sexual health and infectious diseases were recruited, including specialists in paediatrics, obstetrics and tuberculosis.

Pictured above: A training and planning meeting for Pacific Mentors was held in Lami, Fiji from 4 – 7 July 2017

2. Country assessments and in-country mentoring

Building on the findings of the Pacific Multicultural Mapping and Behavioural Study, in-country assessment visits were conducted between July and December to those project countries where at least one HIV case was known to be under management (countries and territories with no HIV case load were assessed remotely via telephone/email communication, and two countries remains to be assessed in 2018). Using a standardised assessment reporting template, the assessments identified local successes and challenges in HIV, sexual and reproductive health and TB management, as well as knowledge gaps and training and capacity development needs for each country.

The visits helped establish mentor-mentee relationships with local health workers, provided an opportunity to review challenging cases, and sought to identify local challenges and construct a tailored response that meets the needs of the country in a culturally sensitive way. A 'twinning' approach was used, with one ASHM mentor and one OSSHHM mentor working together to conduct each visit, an approach that demonstrated the clinical mentoring model in action.

The country visits collected valuable information about the unique health infrastructure and clinical challenges faced by each of these small countries, and established valuable personal relationships between mentors and health professionals in each country. Mentors also assessed the communications capacities of each country to identify the most effective and appropriate way to provide ongoing support, as well as to support future telehealth initiatives.

The format of each visit was tailored to local needs in collaboration with local contacts. Typically, each visit included observation and review of HIV case management, provision of advice on challenging cases where needed, visits to and assessment of public and NGO-run clinical facilities, as well as LGBTI organisations in some countries. Courtesy visits were paid to health ministry staff in most countries, and core team training sessions were piloted in Vanuatu, Kiribati, Tonga and Cook Islands.

From each visit, a report was produced using the template developed at the training and planning meeting, incorporating a summary of the local situation in each country, its capacity development needs and recommendations for further action. These reports, which have been provided to health ministry focal points in each country and to UNDP, form the basis of the country summaries in this report.



A 'twinning' approach was used, with one ASHM mentor and one OSSHHM mentor working together, an approach that demonstrated the clinical mentoring model in action.

Above: Dr. John Millan and Dr. Sam Fullman visiting a clinic in Palau (Sep 2017)



The country visits collected valuable information about the unique health infrastructure and clinical challenges faced by each of these Pacific countries.

Above: Dr. Kimberly Oman and Rd. Dashika Balak conduct visits in Kiribati (Sep 2017)



Visits established valuable personal relationships between mentors and health professionals in each country.

Above: Dr. John Millan and Dr. Sam Fullman conduct capacity assessments in HIV, STI, Viral hepatitis and TB in Belau National Hospital in the Federated States of Micronesia (Sep 2017)

3. Updating of training packages

To support the capacity needs of the project countries, the core team training package on HIV and STI management was updated. The modular package is designed to be adaptable to the different needs of different countries, and is suitable for trainees from across the health professional spectrum, including nurses and technicians as well as clinicians. HIV and STI training update was conducted in Vanuatu, Kiribati, Tonga and the Cook Islands, with very positive improvements between pre- and post-training knowledge recorded in each case. The Cook Islands training included training on the use of rapid duo HIV and Syphilis testing kits. In 2018, the intention is that web-based versions of some modules will be made available through the Pacific Open Learning Health Net hosted by the World Health Organisation.

A training package in transgender health for Pacific health care workers has been developed in partnership with the Pacific Sexual and Gender Diversity Network, drawing on an in-person consultation with trans health and rights advocates from five of the project countries as well as Fiji. In addition to increasing clinical expertise in trans health, the package is designed to help break down stigma against trans people in health care settings. It incorporates modules on human rights issues for trans people in the Pacific as well as comprehensive HIV prevention, treatment and support, stigma and discrimination, body modifications, and working with gender-diverse children and young people.

“It made me realise how we are always complaining but seeing their situation and challenges [in other countries] made me realise that what we have is much more. It made me more passionate about my job.”



Dr Dashika Balak
Fiji-based Clinical Mentor
HIV & SRH Clinician



A core team training package on HIV and STI management was developed – with a modular package designed to be adaptable to the different needs of different countries, and suitable for trainees from across the health professional spectrum, including nurses and technicians as well as clinicians.

HIV and STI training has been piloted in Vanuatu (as pictured left from training in Port Villa with Health Ministry participants in November 2017), Kiribati, Tonga and the Cook Islands, with very positive improvements between pre- and post-training knowledge recorded in each case.

4. Investigating alternative communication strategies

A cornerstone of the project being the nurturing of stronger south-south co-operation, we investigated the feasibility of greater use of internet-based ‘telehealth’ initiatives to support the mentoring relationships and create professional linkages between countries. Each in-country visit included assessment of each country’s internet infrastructure and availability of suitable computer equipment within health facilities. At present, availability of reliable and affordable internet infrastructure, especially the high-speed internet required for real-time communications such as live video streaming, is limited. The feedback received from key personnel in the project countries was that email and telephone remain the preferred communications media in most countries. In response, the program will continue to be based primarily on one-to-one communications with a view to incorporating technologies such as webinars and online forums when equitable access is available.

5. Update and develop HIV, STI and SRH resources and tools based on agreement from in-country assessments

In response to the findings of the in-country assessments and the training and knowledge gaps identified in the project countries, we have advanced the development of new guidelines and flowcharts for management of HIV, HIV/TB and STIs. These resources build on existing OSSHHM, ASHM, WHO and CDC guidelines and are tailored to meet local cultural and clinical circumstances. Development and endorsement of these resources will be finalised in 2018, in collaboration with key contacts in each of the project countries.

Additionally, the project has developed a series of technical briefs covering transgender health and clinical care, stigma and discrimination, clinical mentoring and barriers to achieving cascade of care in the Pacific. These technical briefs will help guide our future work.

“Determining the optimum models for HIV and STI services in for the small and geographically scattered nations in the Pacific is challenging. These nations are different in many ways, and the approach in each nation will vary out of necessity.

One of the greatest challenges is related due to the need to maintain clinical expertise in the face of low HIV caseloads and many competing demands in small and geographically scattered populations.

With the low HIV caseloads, found in most of the Pacific, HIV services cannot be stand-alone.”



Dr. Kimberly Oman
ASHM Clinical Mentor to the Pacific
ID Physician

6. On-going remote mentorship

“One of the major strengths of this program is the on-going support provided to Pacific health workers and the collaboration and learning which takes place between the Pacific, Papua New Guinea and Australian clinical mentors and health workers.”



Michelle O'Connor
ASHM International
Program Advisor

The program is focused on providing an accessible and on-going source of technical support for health workers in the Pacific countries. Health workers in each country are encouraged to contact the Pacific and ASHM mentors should they seek further advice or assistance. The most common method used has been through emails. This has proved successful with two countries seeking assistance in the past 3 months on the management of two complex cases of HIV. In response ASHM and Pacific mentors were able to provide advice on adjusting the PLHIV's treatment regime including moving to third line treatment in one case and seek further advice from a paediatric HIV specialist at Sydney Children's Hospital.

ASHM mentors are also dedicated to building the skills and expertise of the Pacific mentors. One way this has taken place is through monthly mentor teleconferences in which case management and country visits discussed.

Country summaries

1. Cook Islands

The Cook Islands is a small island country in the south Pacific, comprising 15 islands with a combined population of about 17,000 people. The HIV incidence is very low, with only four HIV diagnoses having been made to the end of 2015. There is an estimated 500-850 MSM and transgender/*akava'ine* people in the country. Homosexual sex is illegal. ASHM and OSSHHM Mentors Dr Janet Knox and Dr Dashika Balak conducted a mentoring visit and core care team training between the 10th and 15th December. The country report is currently being reviewed by the Cook Islands Ministry of Health.

2. Federated States of Micronesia

A federal parliamentary republic situated in the western Pacific, the Federated States of Micronesia is comprised of the states of Yap, Chuuk, Pohnpei and Kosrae. The population is about 105,000. The country has a low prevalence generalised epidemic, and a small population (estimated at 340 in Chuuk and Pohnpei) of transgender people and MSM.

Pacific Mentors Dr Sam Fullman and Dr John Millan conducted the country assessment, visiting Pohnpei and Chuuk between 25 – 29 September 2017. There are 12 known HIV cases in the country, three of which are lost to follow-up and five currently on ARVs. The mentors met with coordinators and programme managers in each location, including physicians, as well as laboratory and pharmacy personnel. A combined CME/CNE training session was conducted in each location, covering best practices in TB and HIV, including case studies. The visit established strong rapport between the mentors and local health workers.

Local services use a combination of CDC and WHO (OSSHHM) guidelines, leading to some confusion. There are strong links with the Hawaii AIDS Education Center in Hawaii and they are used as a reference point in complex or challenging cases. As a federal country, there is a tendency for each state to operate autonomously and supporting better communications between states, and between the country and mentors, will be a key objective of the telehealth initiative.

A review of guidelines to ensure best practice and appropriateness for the country was recommended, along with intensive training in HIV, STIs, viral hepatitis and TB. Further support for the HIV test program is needed, and the establishment of a clinical support network with in-country mentors for health workers in the country is recommended.



Capacity assessments were conducted in HIV, STI, Viral hepatitis and TB. A combined CME/CNE training to health care workers covering best practices in TB and HIV, including case studies.

Pictured: Dr. John Millan and Dr. Sam Fullman conduct CME/CNE training in Belau National Hospital in the Federated States of Micronesia (Sep 2017)

3. Kiribati

Kiribati, located in the central Pacific south of the Marshall Islands and north of Tuvalu, is a country of about 110,000 people spread over 33 atolls and islands. About half the population live on the most populous atoll, Tarawa. Kiribati has a low-prevalence generalised HIV epidemic, with 61 cases identified to date, of which about 40 have died. Despite the low numbers, Kiribati has the highest HIV prevalence of the small Pacific countries. Kiribati has a world-class Marine Training Centre providing training for commercial seafarers, who contribute considerably to the country's economy. The country has a small *binabinaine* (transgender/MSM) population. Male homosexual sex is illegal.

Pacific Mentors Dr Kimberly Oman and Dr Dashika Balak conducted the country assessment from 31 July to 2 August 2017, visiting Tungaru Central Hospital, the TB and HIV clinics, as well as the Marine Training Centre, the Kiribati Family Health Association and representatives of BIMBA, a local transgender organisation. Both TB and HIV services are delivered centrally from Tungaru Central Hospital, with two doctors and a number of nurses. Most services are delivered through the TB clinic. At the time of visit, eight HIV patients were being treated with ARVs.

Seafarers are universally tested for HIV as part of their training at the Marine Training Centre and on their return from overseas engagements. To date, no positive tests have been returned.

The mentors were impressed with the quality of care being offered in Kiribati, with nurses principally involved in STI management, supported by the doctors where necessary. The country is developing new national HIV and STI guidelines, and rolling out hepatitis B treatment. These developments provide an opportunity to improve patient outcomes by combining support for several diseases in a streamlined way.

Kiribati has a good model which engages nurses in STI care but HIV and TB remain centralised.

Dr Dashika Balak
Fiji-based Clinical Mentor
Pictured with HCW after training (Sep 2017)



As with other countries, the geographical isolation of some islands together with the low HIV caseload are the key challenges. Stigma and confidentiality were identified as issues. Kiribati has a good model which engages nurses in STI care but HIV and TB remain centralised. There are occasional stock-out issues for HIV test kits and some pharmaceuticals, and some concerns about lab equipment breakdowns. A greater engagement with key populations (MSM, transgender people and sex workers) would improve the quality of care.

4. Palau

Palau is a small island nation in the Northern Pacific, with a population of about 21,500. The reported HIV incidence in Palau is low, with 10 cases reported since 1989. Palau has a small MSM and transgender population. Male homosexual sex has been legal since 2014. The country is reportedly considering a law that would criminalise HIV transmission and/or exposure.

Pacific Mentors Dr Sam Fullman and Dr John Millan visited Koror, Palau from 20-22 September 2017 for a three-day visit. They visited Belau National Hospital, meeting with clinical and laboratory staff, and paid courtesy visits to the Directors of Clinical services, Public Health and Nursing. Palau currently has fewer than five HIV cases, with three patients on ARVs. The country follows CDC guidelines for HIV management, and has good diagnostic and laboratory technology thanks to CDC funding.

The visit established strong personal links between local health workers and the mentors, with recommendations for further training on the WHO based national HIV and STI guidelines in a culturally and medically appropriate way.

Palau's low HIV caseload is a key challenge, making it difficult for the health workforce to remain up to date with medical developments. It is recommended that intensive HIV, STI, hepatitis and TB training be provided to address knowledge gaps, either in Koror or elsewhere in Micronesia. Better communication between health workers is needed, and it is recommended that a clinical support network or health forum be established to address this, along with HIV prescriber training either in PNG or another northern Pacific country.

Palau's low HIV caseload is a key challenge, making it difficult for the health workforce to remain up to date with medical developments.

Dr John Milan

ASHM Clinical Mentor to the Pacific

Pictured with HCW Belau National Hospital (Sep 2017)



5. Republic of the Marshall Islands

It was recommended that a clinical support network be established to increase collaboration within the country and with Hawaii-based CDC support as well as OSSHHM mentors.

Dr Sam Fullman

Fiji-based Clinical Mentor

Pictured with HCW addressing syndromic management of STIs, via education and training in the Republic of the Marshall Islands



The Republic of the Marshall Islands (RMI) is a country in the north-west Pacific, spread across 29 coral atolls, with a population of about 53,000 people. The country has a low-prevalence generalised HIV epidemic, with a cumulative total of 28 diagnoses to the end of 2015. There is a small community of about 100-150 *kakkwol* (transgender/MSM).

An in-country assessment was conducted by Pacific Mentors Dr John Millan and Dr Sam Fullman from 2–6 October 2017, visiting Majuro and Ebeye. They met with clinical and public health staff in both locations, and with laboratory and pharmacy staff in Majuro. Local NGOs WUTMI and Youth to Youth were also visited.

The mentors also conducted combined CME/CNE sessions in Majuro and Ebeye, covering best practices in HIV and TB management.

The visit established good personal links between health workers in RME and the mentors, and the training was well received. The country has clinical guidelines based on the WHO guidelines, adapted for local cultural requirements. The development of telehealth initiatives will help support personnel in RMI to collaborate on management of HIV, TB, sexual health and reproductive health matters. It was recommended that a clinical support network be established to increase collaboration within the country and with Hawaii-based Hawaii AIDS Education Centre support as well as OSSHHM mentors. Greater outreach to primary care services outside the main hospitals is needed to support the rollout of point-of-care testing.

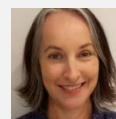
6. Samoa

The Independent State of Samoa consists of two main islands and eight smaller islets located in the south Pacific. The population is about 190,000. HIV incidence is low, with a cumulative total of 24 cases. The country has a large transgender (*fa'afafine*)/MSM population, estimated at 25,000–30,000. There are an estimated 400 female sex workers. Homosexual sex is illegal.

Pacific Mentors Dr Saiasi Caginidaveta and Dr Janet Knox conducted a country assessment visit from 2–6 October 2017. They met with senior staff at the Ministry of Health, clinicians, laboratory and nursing staff, and visited the Lalomanu District Health Centre, Samoa AIDS Foundation and Samoa Family Health Association. There are currently nine HIV cases under management at the Communicable Diseases Clinic, eight of whom are on stable ART. The remaining patient is a complex case with multiple drug resistance, and mentors were able to provide input into that patient's management plan. An informal Q&A session was conducted with mentors and hospital staff as part of the regular weekly meeting.

Local health workers and ministry staff identified data collection as an area that needed improvement, and work is proceeding in this area to improve processes. Antenatal screening is commonplace but better quality control mechanisms are needed to ensure universal screening. Local staff identified a need for better STI clinical training. A very high rate of Chlamydia infection is cause for concern and a strategy for addressing this needs to be developed. At present, STI screening is largely limited to antenatal settings, however further investment in laboratory equipment and staff would be needed before testing could be expanded. Better referral pathways and staff training are also needed for hepatitis B due to the high rate of HBV sAg positivity in the country.

In Samoa, there is a very high rate of Chlamydia infection is cause for concern and a strategy for addressing this needs to be developed.



Dr Janet Knox
ASHM Clinical Mentor
Sexual Health Specialist

7. Tonga

The Kingdom of Tonga is a Polynesian archipelago of 169 islands with a population of about 107,000 spread across four island groups, each of which has a hospital. The country has a low-prevalence generalised HIV epidemic – there are currently only four known HIV cases under care in the country, one of whom is on ART. An estimated 100 of the population identify as *fakaleiti/leiti* (transgender) or MSM. Homosexual sex is illegal.

Pacific Mentors Dr Kimberly Oman and Dr Dashika Balak conducted the country assessment from 7–10 August 2017, visiting the capital, Nuku’alofa, on the island of Tongatapu, which is served by Vaiola Hospital. They met with key staff at the hospital’s Communicable Diseases Outpatient Department, pharmacy and laboratory, as well as NGO staff at the Tonga Family Health Association and the Tonga Leitis Association.

The mentors were impressed with the level of communication and interaction between the four main hospitals in Tonga, and the level of education of key clinical staff. There is an active HIV core team, and clinical guidelines have been developed. Antenatal testing is performed routinely, and there are good laboratory services with capacity to do confirmatory testing and viral load tests. There are only a handful of TB cases diagnosed, and an active DOTS program for treatment. Staff turnover is an issue, due to limited career pathways and advancement opportunities within the public health sphere.

While HIV screening is offered to all sexual health patients, the rate of refusal is high. Of the four known HIV cases, two have refused treatment, creating the possibility of complex cases in years to come. It is recommended that opportunities be explored for placement of core team capacity building both in-country and through placements in Fiji, along with clinical support for the rollout of hepatitis B treatment. The development of a Pacific-wide online clinical forum would assist with complex case management.



“In Tonga, HIV services are looked after by a senior clinician in the Tongan Public Health Division who, along with public health related work, is an active clinician looking after tuberculosis, sexually transmitted infections, and many other infectious diseases, including typhoid. There is an isolation ward where inpatients with resistant infections are looked after.”

Pictured: Rd. Kimberly Oman and Rd. Dashika Balak visit HIV core team in Tonga, which includes representation from paediatrics, OBGYN, pharmacy, internal medicine, and the laboratory, along with the HIV coordinator and the SMO for communicable diseases (Sep 2017)

8. Vanuatu

The Republic of Vanuatu is an archipelago of 82 islands in the South Pacific, with a mostly-Melanesian population of about 270,000. The country has a low HIV prevalence, with only nine cases recorded. There are an estimated 2000 female sex workers, and about 600 MSM/transgender people.

Pacific Mentors Dr Arun Menon and Dr Raape Diege conducted a country assessment from 28 August to 1 September 2017. They met with the HIV/STI/TB Co-ordinator at the Ministry of Health, clinicians at the Port Vila and Espiritu Santo hospitals, and staff of the KPH/Kam Pusem Hed (‘Come take a look’) clinic run by Wan Smol Bag in Port Vila, and the Port Olry Clinic on Espiritu Santo. During the visit, mentors were able to provide a review of HIV and OI management, and a review of HBV/Syphilis management on Santo.

There are currently seven known HIV cases; treatment/management plans are in place. As with other countries, the low number of cases makes it challenging to maintain expertise in HIV medicine. The NGO clinics are well run and provide an excellent range of services. There is a need for greater capacity within the hospital clinics, better communication between sites, and greater consistency in the clinical guidelines employed in the country. A review of pre- and post-test counselling practices was recommended.



In Vanuatu, there are currently seven known HIV cases; treatment/management plans are in place. As with other countries, the low number of cases makes it challenging to maintain expertise in HIV medicine. The NGO clinics are well run and provide an excellent range of services.

Pacific Mentors Dr Arun Menon and Dr Raape Diege conducted a country assessment with various clinicians, including the HIV/STI/TB Co-ordinator at the Ministry of Health, and clinicians at the Port Vila and Espiritu Santo hospitals.

Conclusion

At the conclusion of the establishment phase of this project, a number of themes emerge. For all countries, the low HIV case load, often spread out over a large geographical area, presents a significant challenge. While some countries had good management of STIs and TB, for clinicians who only occasionally see HIV patients, maintaining expertise is difficult. The Pacific Mentors conducted highly effective and tailored formal and informal training sessions on request, and have established strong personal links with key staff to provide advice and referral pathways for complex cases. Specific training needs have been identified and mentors continue to provide one-to-one support via phone or email.

Further training has been recommended for most countries, either delivered in-country, on a regional basis or via placement to higher-caseload countries such as Fiji or PNG. In particular, a regional HIV and sexual health training workshop for countries in the northern Pacific is strongly recommended. A flexible and collaborative approach has been taken to ensure training needs are met in a way that is appropriate for the country and individuals involved. Identifying training needs and linking clinicians and other health workers to training will be an ongoing process for ASHM, OSSHHM and the mentors.

A range of different clinical guidelines (WHO, ASHM, OSSHHM and CDC) are in use in different countries, and in some cases there is inconsistent application of guidelines in-country. OSSHHM and ASHM are redeveloping some clinical resources and flowcharts with a view to encouraging greater consistency while ensuring each country's guidelines are culturally and clinically appropriate for the country.

The quality of data collection varies, with some countries having more rigorous processes than others. There is insufficient data on key populations for most countries. Further work is urgently needed in this area to enhance our understanding of and ability to respond to emerging HIV and STI epidemics in the Pacific.

Stigma and discrimination remain major barriers to engagement in care, especially for key populations including MSM, transgender and young people. Greater awareness and education of health workers is needed to reduce stigma and increase service utilisation by vulnerable groups, as is the removal of structural barriers such as laws criminalising homosexual sex which still exist in some countries.

The logistical challenges of providing clinical mentoring support to such a large number of low-prevalence countries are considerable, especially given the limited access to fast internet in the region. This project has nonetheless successfully established strong mentoring relationships which we expect to have significant impact on the quality of care provided in Pacific countries, along with the positive impact of the technical documentation being developed as part of the project scope.

“HIV and sexual health care in the Pacific is challenging in terms of the high levels surrounding stigma and discrimination in many countries.

People are diagnosed late or do not take their medication as prescribed. This has resulted, in some places, in drug-resistant HIV—which poses a challenge in countries where resources are marginal at best for HIV.

The success of this project has truly come from working with locally-based organisations to develop our mentors.”



Dr. Arun Menon
ASHM Clinical Mentor to the Pacific
Sexual Health Specialist

For more information on

THE PACIFIC SEXUAL HEALTH WORKFORCE CAPACITY BUILDING PROGRAM

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