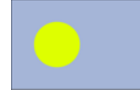




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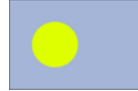
Country Name:	Republic of Palau		
Contact Person	Victor M. Yano, MD; Minister		
Organizational Name:	Ministry of Health		
Phone:	+680 488 5552	Fax:	+680 488 1211
Mailing Address	PO BOX 6027		
	Koror		
	Palau		
Email:	moh@palau-health.net		

Reporting Period: *January 2003-October 2005*



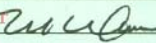


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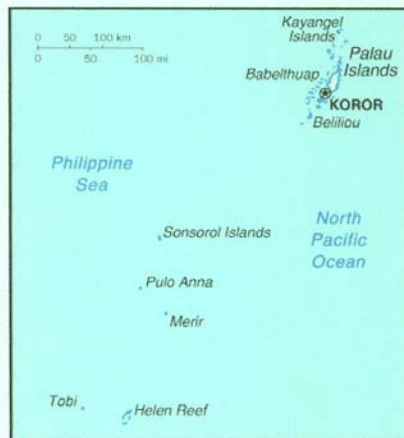


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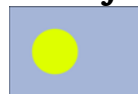
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Reporting Period: *January 2003-October 2005*





UNGASS Country Report – 2006 Republic of Palau



Status at a Glance

As an island nation in the southwest portion of the North Pacific Ocean, the Republic of Palau has a distinct composition of residents.

The general population of Palau consists of 19,129 persons (2000 Census) of which 55% are males and 45% are females. For both males and females the largest age group is the 25 – 44 year-olds with 42% and 37% of their gender, respectively. The second largest group for both occurs among 10-24 year-olds.

Thirty percent of the total population is comprised of migrant workers from the Philippine Islands, China, Taiwan, Japan, USA and various other countries. The majority of these individuals cluster in the adult working age group of 25 – 44 years of age (Table 2).

Table 1:
Distribution of the general population in the Republic of Palau, by age group and sex, 2000

Age group	Males		Females		Total	
	N	%	N	%	N	%
< 5	690	6.6%	618	7.1%	1,308	6.8%
5 – 9	856	8.2%	844	9.7%	1,700	8.9%
10 – 24	2,263	21.7%	2,016	23.2%	4,279	22.4%
25 – 44	4,405	42.2%	3,216	37.1%	7,621	39.8%
45 – 64	1,796	17.2%	1,388	16.0%	3,184	16.6%
65 +	440	4.2%	597	6.9%	1,037	5.4%
TOTAL	10,450		8,679		19,129	

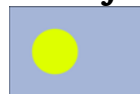
Source: 2000 Census, Republic of Palau

Since testing and surveillance were implemented in 1989, only seven persons have been identified as HIV-positive in the Republic of Palau. Given these small numbers, we will present cumulative prevalence case data for the Republic of Palau in the following tables. Since all of the cases are of Pacific Islander race, most tables and graphs will not include the race/ethnicity variable.

With these small numbers it is difficult to compare the ages and ethnicity of the cases to the total population. Although the recent identification of another female case suggests that there may be a disproportionate impact upon this subpopulation, the screening rate is also higher in this group. Increased testing among males will likely identify additional cases and demonstrate the true distribution in the population.

The geographic distribution of cases generally reflects that of the total population. All current cases reside in Koror, the main population center, as does 70% of the total population and approximately 90% of the population in those age groups.

Table 2:



HIV/AIDS diagnoses, by age group and gender, Republic of Palau, 1993 – 2004

Age group	Males		Females		Total	
	No.	%	No.	%	No.	%
< 5	0		0		0	
5 – 9	0		0		0	
10 – 24	0		0		0	
25 – 44	2	50	2	67	4	57
45 – 64	2	50	1	33	3	43
65 +	0		0		0	
TOTAL	4	100	3	100	7	100

Source: MOH BPH Communicable Disease surveillance

Table 3:
 HIV/AIDS diagnoses, by exposure category and gender, Republic of Palau, 1993 – 2004

Exposure Category	Males		Females		Total	
	No.	%	No.	%	No.	%
Male-to-male sex	1	25			1	14
Injection drug use						
Male-to-male sex and injection drug use						
Heterosexual contact (multiple partners)	2	50			2	29
Heterosexual contact with IDU			3	100	3	43
Mother with/at risk for HIV infection						
Other/unknown	1	25			1	14
TOTAL	4	100	3	100	7	100

AIDS cases in Palau have been characteristically diagnosed in late stages of disease. This has been due to either no diagnosis or diagnosis occurring outside of Palau with the person choosing to return home to die among family. The single locally acquired case identified to date was symptomatic but went unrecognized for some time.

The HIV cases have been characteristically diagnosed asymptotically as part of routine testing. These occurred during prenatal screening and subsequent case contact tracing.



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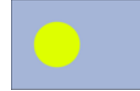


Figure 1:

Annual number of HIV diagnoses and incidence rates, Republic of Palau, 1993-2004
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Source: MOH BPH Communicable Disease Surveillance

The trends and changes are notable. The initial two cases, both males, are thought to have contracted HIV while residing elsewhere and most likely from MSM exposure. The appearance of recent cases among females suggests that transmission has not only occurred locally but is now within the heterosexual population.

Overview of the AIDS Epidemic

UNGASS concentrated low prevalence core indicators

Core Indicator 3: Percentage (most-at-risk populations) who received HIV testing in the last 12 months and who know the results

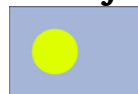
Although 95% to 99% of persons counseled agree to testing, for those persons who refuse testing the most common reason is perception of low or no risk. Many women who are monogamous believe that their partners are also monogamous. A more notable gap in the HIV testing rates is the lack of post-test counseling. Between 1999 and 2003 the overall rate has remained relatively constant, varying from 49% to 63% with the lowest levels occurring among blood donors and worried-well. If future data collection includes information on reasons for declining, education efforts can be focused to improve testing and return rates.

It is generally recognized that counseling and testing data represent approximately 20% to 50% of persons reported (detected) with HIV infection. This further substantiates our estimate of 5 or more HIV-positive persons yet undetected in Palau as we have discovered 3 out of 4 current cases through this means.

Trends in testing for the 2003 and 2004 are shown in Table 4. The general trend shows increasing acceptance for testing among those counseled (95% to 99%) and gradually increasing numbers of tested individuals receiving their post-test counseling. The largest gap is among blood donors who assume a negative test and little need for follow-up. Data has not been broken down into most-at-risk-group or by gender, therefore creating difficulties in assessing the HIV epidemic in Palau.

Table 4:

HIV Testing and Rate of Return for Results and Counseling (percent), by CTS Clinic Site, Republic of Palau, 2003 - 2004.



SITE	2003	2004	2003	2004
	<i>Number Tested</i>	<i>Number Tested</i>	<i>% Aware of their result</i>	<i>% Aware of their result</i>
HIV CTS	16	74	100%	82%
STD clinic	88	147	67%	82%
Sub Abuse Cl	9	0	33%	
Family Plan	4	2	50%	100%
Prenatal Clinic	347	298	89%	96%
TB clinic	3	4	67%	100%
Other Health Dept	10	10	80%	100%
Prison	81	1	0%	100%
College	0	0		
Private MD	0	0		
Blood Donor	524	488	38%	52%
Physical Exam	11	14	64%	93%
Outreach	1	40	100%	13%
Other	0	7		100%
TOTAL	1094	1085	55%	70%

Core Indicator 4: Percentage (most-at-risk populations) reached by prevention programmes

As of October 2005, no data is available for assessing the percentage of most-at-risk-populations reached by prevention activities.

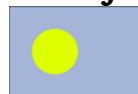
Core Indicator 5: Percentage of (most-at-risk population(s) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

As of October 2005, behaviour surveillance surveys are being conducted in men-who-have-sex with men.

Core Indicator 6: Percentage of female and male sex workers reporting the use of a condom with their most recent client



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Palau does not have a recognized industry that includes “commercial sex workers” but many will admit that a facsimile of such an ‘industry’ exists. There are several restaurants and bars where foreign women are employed as ‘companions’ to patrons. It is not formally admitted but generally understood that many of these women are imported for such positions without understanding the true expectations of the employers. Once here, they are ‘trapped’ in a bureaucratic situation where they cannot leave and they are forced to provide sexual services.

HIV screening prior to employment is mandatory but there has not yet been any formal process to screen these women on a periodic basis after arrival. This is another area where the strategic plan may focus on activities to include them in routine counseling and testing as well as general STD/HIV education.

Core Indicator 7: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner

Data on same-sex behaviors are not available in Palau. The only source of that information remains the Palau Health Survey conducted in 1990-1991 which provides a direct measure of the risk of acquiring or transmitting HIV by MSM activity. Results, stratified by age group, are shown in the following table.

Table 5:
Sexual Gender Preference among males*, by age group, Republic of Palau, 1990-1991.

Age Group	Heterosexual	Homosexual	Bisexual	Total	% Homo- or bisexual
0-9	0	0	0	0	0
10-29	152	1	4	157	3.1
30-49	194	3	7	204	4.9
50-69	77	3	1	81	4.9
69+	18	0	0	18	0
TOTAL	441	7	12	460	4.1

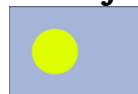
Source: Palau Health Survey, 1991.

* includes only males who claimed to have had at least one sexual experience in the previous year

No additional information regarding numbers of male sex partners, condom use or substance use was collected specific to this subpopulation. Those data are available only on the general population which primarily refers to heterosexual behaviors.



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As of October 2005, behavioural surveillance surveys are being conducted among men-who-have-sex-with-men, the results of which should be available in 2006.

Core Indicator 8: Percentage of injecting drug users who have adopted behaviors that reduce transmission of HIV, i.e., who both avoid using non-sterile injecting equipment and use condoms, in the last month.

In the 1991 Palau Health Study, an analysis of both the high-risk and random survey groups indicated that 2.3% of men and 0.5% of women between 20 and 59 years of age reported IV drug use in the previous 10 years. Of these, 38% had shared needles. Current data on injection drug use is not available as of October 2005.

As of October 2005, no current data for reporting year 2003-2005 is available on injection drug use in Palau.

Core Indicator 9: Percentage of (most-at-risk population(s)) who are HIV infected

As of October 2005, HIV Sentinel Surveillance Surveys (HSS) is being conducted in antenatal attendees and possibly uniformed services. These results will be available in 2006.

UNGASS generalized epidemic core indicators

Core Indicator 6: Percentage of HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission

In 2004, of the 259 women who delivered a baby, no HIV infected were among them. Palau has an established policy and procedures for antiretroviral regimen in pregnant women.

Core Indicator 7: Percentage of women and men with advanced HIV infection receiving antiretroviral combination therapy

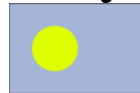
Table 6:

Patients with advanced* HIV infection receiving Anti-Retroviral Therapy (ART)			
Number receiving ART		Number with advanced HIV infection	
Female	Male	Female	Male
1		2	1

* As per WHO, advanced HIV infection is defined as AIDS clinical stage 3 or 4 or a CD4 count of less than 350



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50% of women with advanced HIV infection are receiving anti-retroviral therapy, whereas 0% of males are receiving anti-retroviral therapy in Palau. The perception of lack of confidentiality and fear of stigmatization are significant drivers of behavior. MOH staff are attempting to provide counseling and other services in a confidential manner to encourage the other HIV positive individuals to accept comprehensive care services.

In 2003 there were two HIV-positive individuals receiving care through the Republic of Palau Ministry of Health. By 2004 these two persons had advanced to AIDS and three more persons were identified: one diagnosed as AIDS and two as HIV-infected. One of these resides elsewhere while the individual with AIDS died within a short time. At the end of 2004 three persons remain under care at the Palau Ministry of Health. One other Palauan individual predominantly receives care in another Pacific Island jurisdiction but may choose to return home for treatment and care at some time in the future.

Primary medical care continues to be provided to these individuals at various levels, the extent determined primarily by the severity of illness and individual choice. Most of the primary and specialty services are available and have been provided as needed, including immunizations and TB skin testing as well as dental care. To date, hospitalization and end-of-life care has only been required for the late-diagnosed AIDS case.

The comprehensive services, including primary care, social counseling and nutrition guidance are currently provided by a few specially-trained staff. The rationale is to establish patient confidence in the confidentiality of the care provided in this small community and then gradually increase the circle of caregivers as the patient becomes more comfortable with the staff.

Core Indicator 9: Percentage of transfused blood units screened for HIV

In Palau, of the 289 units of blood transfused in 2004, 100% of those were screened for HIV using the Palau Ministry of Health Blood Transfusion Services.

National Response to the AIDS Epidemic

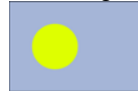
UNGASS concentrated low prevalence core indicators

Core Indicator 1: Amount of national funds disbursed by governments in low- and middle income countries

Table 7:



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Total Funds in US Dollars <u>spent</u> on all HIV/AIDS related activities and commodities in 2004	
Annual national funds spent on HIV/AIDS in 2004	\$ 48,377 (salary only)
Annual donor/grant funds spent on HIV/AIDS in 2004	\$ 325,437
Total Funds spent on HIV/AIDS in 2004	\$ 373,814

The Republic of Palau is has a Compact Agreement with the United States, and as such are eligible for funding under the CDC, Health Resource Services Administration, and other agencies of the U.S. Health Human Services.

Core Indicator 2: National Composite Policy Index

The following table outlines key areas in Palau’s HIV policy environment.

Data source name: National Composite Policy Index questionnaire

Data source type: Key informant interview s

Time Frame: 01 01 2004 to: 25 08 2005

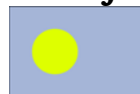
Frequency: year

As of date: dd mm 2005

A. Strategic Plan



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1. Country has developed multisectoral strategies to combat HIV/AIDS
2. Country has integrated HIV/AIDS into its general development plans
3. Country has a functional national multisectoral HIV/AIDS management/coordination body
4. Country has a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society
5. Country has a functional HIV/AIDS body that assists in the coordination of civil society organizations
6. Country has evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes
7. Country has a strategy that addresses HIV/AIDS issues among its national uniformed services (including armed forces and civil defence forces)

B. Prevention

1. Country has a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS
2. Country has a policy or strategy promoting reproductive and sexual health education for young people
3. Country has a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection
4. Country has a policy or strategy that promotes IEC and other health interventions for cross-border migrants
5. Country has a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities
6. Country has a policy or strategy to reduce MTCT

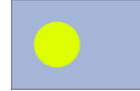
C. Human Rights

1. Country has laws and regulations that protect against discrimination people living with HIV/AIDS
2. Country has laws and regulations that protect against discrimination groups of people identified as being especially vulnerable to HIV/AIDS
3. Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations
4. Country has a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee

D. Care and Support



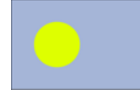
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1. Country has a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups
2. Country has a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups
3. Country has a policy or strategy to address the additional needs of orphans and other vulnerable children



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Key successes and challenges faced and actions needed to achieve the goals/targets

Prevention:

Key Successes in Palau:

- Increased condom distribution among high school students
- Availability of counseling, testing, referral, and care services
- Universal Precautions Policies and strict enforcement efforts
- Universal screening for pregnant women in place (PMTCT)

Key Challenges in Palau:

- High mobility of the population makes it difficult to engage in sustainable prevention activities
- Lack of role models in the community
- High risk behaviour

Care and Treatment

Key Successes in Palau:

- Availability of ARV
- Development of a ARV policy and guidelines

Key Challenges in Palau:

- Perception of limited confidentiality
- Sustainability of ARV as number of cases increases
- Laboratory test required for treatment monitoring

Knowledge and Behaviour Change

Key Successes in Palau:

- Over 90 percent of High School age children know what HIV is (YRBS data)

Key Challenges in Palau:

- Limited information on behaviour in risk groups
- Research was conducted almost 15 years ago and is in need of updating

Reducing the Impact of HIV in our Communities

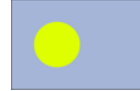
Key Successes in Palau:

- Government support of the Reportable Disease Surveillance System in September 2005

Key Challenges in Palau:



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- Stigma and discrimination
- High levels of homophobia

Support required from country's development partners

- Consideration for countries capacities to respond to reporting requirements; (ability and availability of human resources)
- Need for technical assistance
- Coordination of reporting requests; too many agencies needing different information

Monitoring and evaluation environment

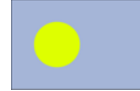
- This is a weak area for Palau
- Weakness is due to dependency on contract workers and consultants
- Lack of trained local people in this area
- Because of limited human resources, most of the effort goes to planning and implementing projects, and little effort is allocated to evaluating projects.

Annex 1: Consultation/preparation process for this national report

The UNGASS 2006 report was conducted with the support of UNAIDS Pacific and the Secretariat of the Pacific Community. The National Composite Policy Index was conducted in August 2005 with the support of the following organizations:

Ministry of Health
Palau Red Cross Society (representing the Global Funds PCCM)

The data collected for the survey was then collected via survey and vetted at a UNGASS Pacific region data workshop in October 2005. The report was then compiled and reviewed by the Ministry of Health.



Annex 2: Most-at-risk populations (MARP)

The Palau STD/HIV/AIDS Strategic Plan of 2000-2005 lists the following as most at risk population.

- Adult Palauan Women
- Adult Palauan Men
- Youth
- High School Students
- Men who have Sex with Men
- Male Foreign Workers
- Female Foreign Workers in High Risk Occupations
- Substance Abuse Clients
- TB Clients
- Health Care Workers
- Persons Living with HIV
- General Public