

## Tuvalu Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Dr. Stephen Homasi

**Postal address:**

Princess Margaret Hospital - Funafuti. Tuvalu

**Telephone:**

68820765

**Fax:**

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**E-mail:**

smkhomasi@gmail.com

**Describe the process used for NCPI data gathering and validation:**

The NCPI was done at a TUNAC meeting - Non government members got together and filled part II while government collaboratively filled part I

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

There were very few disagreements and after discussion, this was resolved

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

The NCPI was done in a single workshop rather than following the guidelines given- this was the most feasible way of doing it

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Felise Manoa Afaseini.	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Avanoa Homasi	Yes	Yes	Yes	Yes	Yes	Yes
SPC/ Was in government in 2010-11	Seini M Seluka	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Tuvalu Association of Non- Government Organisation	Annie Homasi	Yes	Yes	Yes	Yes	Yes
Tuvalu National Youth Council	Milikini Failautusi	Yes	Yes	Yes	Yes	Yes
Tuvalu Overseas Seaman Union	Tepeel Kitisein	Yes	Yes	Yes	Yes	Yes
Tuvalu Family Health Association	Miliana Simeona	Yes	Yes	Yes	Yes	Yes
Seven Day Adventist	Pauka P Maani	Yes	Yes	Yes	Yes	Yes
Tuvalu National Council of Women	Pulafago Toafa	Yes	Yes	Yes	Yes	Yes

### A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2009-2013

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

M & E component is effective. TUNAC has annual evaluation workshop at the end of every year and establish work plan for the

new year. A number of consultations and awareness programs on HIV and human rights in order to deal with the issue of stigma and discrimination of PLHA. Last year, a lot of TUNAC key stakeholders developed HIV work place policy. VCCT started in 2010 and working well within the main hospital and TUFHA. Sensitisation of MPs to the issue of HIV and getting their support to draft HIV legislation

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

-

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

**Included in Strategy    Earmarked Budget**

Yes	-
Yes	Yes
-	No
-	No
Yes	No
Yes	No
-	-

**Other [write in]:**

speaker's Office, Planning & Development, Media Department, TMTI

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

E.g. Education Department – Government funding for a curriculum that has HIV component in it. Women – on their gender programs Young People – partnership with NGOs working with youths, e.g. TNYC, TUFHA and Red Cross. Speaker's Office – arranged for HIV issue to be sensitized / presented to MPs Planning & Development – monitoring and reporting under MDG Goal 6 Media Department – sometimes air HIV radio programs free of charge TMTI – like the Education Department & partnership with NGOs working with youths.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

Yes

**People who inject drugs:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

No

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

Key populations were identified in accordance with their existence and vulnerability to getting HIV.

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Youths Seafarers Ante-natal mothers Seafarers' wives

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

**1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

Civil societies working in the area of HIV and STIs are members of TUNAC. A lot of them have their own budgets and work plans that follow NSP. Since 2009, chairmanship of TUNAC has been a CSO representative and still is. They were also participants in the workshop/consultation developing NSP and Draft HIV Policy. Tuvalu Red Cross Society every year recruits new blood donors.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

-

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, some partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

-

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

-

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

-

**Sector-wide approach:**

Yes

**Other [write in]:**

PRISIP

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

No

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

Yes

**Other[write in below]:**

-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

No

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

No

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

No

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

Yes

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

No

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

Yes, for pregnant mothers, seafarers, & youths.

**Briefly explain how this information is used:**

For planning, reporting and advocacy purposes.

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

By island (district).

**Briefly explain how this information is used:**

-

**5.4. Has the country developed a plan to strengthen health systems?:**

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

Clinic set up beside main hospital Staffs worked in HIV Unit Nurses in outer islands trained and updated on HIV issues, etc

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

2009 – 2013 NSP endorsed VCCT – qualified people in HIV Unit of main hospital and TUFHA Consultations on HIV and the Law done (public & MPs) HIV tests can be confirmed in country compared to before

**What challenges remain in this area:**

Funding – options limited and strict conditions, need better partnership with regional partners, especially CAG funding. Viral load test is not available in the country. HIV Law – unavailable of a legal drafter to draft HIV law for Tuvalu

## **A - II. POLITICAL SUPPORT AND LEADERSHIP**

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

Speaker – allowed a session on HIV, and HIV and the Law to be presented to MPs during their Induction Workshop

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Ms Annie Homasi, Chairlady of TUNAC

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

-

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

-

**Include people living with HIV?:**

No

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

Partnership in working with key vulnerable population, e.g. TUFHA & MOH working with youths. World AIDS Day – usually commemorated by all TUNAC members and it is also used as an avenue to check on progress of HIV activities in Tuvalu as per the demand from the public.

**What challenges remain in this area:**

There is an underground competitiveness between some key stakeholders. Funding is not sufficient to reach rural areas (outer islands).

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

0%

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

Yes

**Technical guidance:**

Yes

**Other [write in below]:**

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

7

Since 2009, what have been key achievements in this area:

Cabinet Ministers joining TUNAC in WAD Speaker's Office became a member of TUNAC

What challenges remain in this area:

MPs busy schedules Need more commitment from them at national level.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

-

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

N/A

Briefly explain what mechanisms are in place to ensure these laws are implemented:

N/A

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**  
-  
**Sex workers:**  
-  
**Transgendered people:**  
-  
**Women and girls:**  
-  
**Young women/young men:**  
-  
**Other specific vulnerable subpopulations [write in below]:**  
-

**Briefly describe the content of these laws, regulations or policies:**  
-

**Briefly comment on how they pose barriers:**

Buggery is still an offence under Penal Code Prostitution & Abortion are unlawful

## A - IV. PREVENTION

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:**

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

No

**Avoid commercial sex:**

No

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

Yes

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

Yes

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

-

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:**

No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**  
Yes

**Secondary schools?:**  
Yes

**Teacher training?:**  
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

6

Since 2009, what have been key achievements in this area:

Curriculums developed Teachers trained Education Dept a member of TUNAC

What challenges remain in this area:

Language – difficult to translate English to Tuvaluan especially IEC material, cultural sensitivity taboo

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Annual evaluation workshops

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**  
Strongly Agree

**Condom promotion:**  
Strongly Agree

**Harm reduction for people who inject drugs:**  
N/A

**HIV prevention for out-of-school young people:**  
Strongly Agree

**HIV prevention in the workplace:**  
Strongly Agree

**HIV testing and counseling:**  
Strongly Agree

**IEC on risk reduction:**  
Strongly Agree

**IEC on stigma and discrimination reduction:**  
Agree

**Prevention of mother-to-child transmission of HIV:**  
Strongly Agree

**Prevention for people living with HIV:**

Strongly Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Strongly Agree

**Risk reduction for men who have sex with men:**

N/A

**Risk reduction for sex workers:**

N/A

**School-based HIV education for young people:**

Strongly Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

7

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Strongly Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Agree

**Nutritional care:**

Strongly Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Strongly Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Agree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

Other [write in]:

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

No

**Please clarify which social and economic support is provided:**

-

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

-

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

Yes

**IF YES, for which commodities?:**

ARV Testing Kits

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

VCCT Confidentiality expected

**What challenges remain in this area:**

Access of people in the outer islands to facilities here at PMH

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

-

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - VI. MONITORING AND EVALUATION

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**

Yes

**Briefly describe any challenges in development or implementation:**

1. Key partners doing its on M&E 2. Not many people know how to do M&E in Tuvalu

**1.1 IF YES, years covered:**

-

**1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:**

Yes, some partners

**Briefly describe what the issues are:**

1. Activities targeting condom use are hard to do M&E 2. Not many people understand importance of M&E in their project activities

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

No

**HIV surveillance:**

Yes

**Routine programme monitoring:**

No

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

Yes

**3. Is there a budget for implementation of the M&E plan?:**

Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :**

-

**4. Is there a functional national M&E Unit?:**

Yes

**Briefly describe any obstacles:**

-

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:**

Yes

**In the National HIV Commission (or equivalent)?:**

Yes

**Elsewhere [write in]?:**

-

**Permanent Staff [Add as many as needed]**

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

HIV Coordination	Yes	-	2010
------------------	-----	---	------

HIV Program Office	Yes	-	2010
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HIV M&E Officer	Yes	-	2010
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**Temporary Staff [Add as many as needed]**

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-	-	-	-
---	---	---	---

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

Yes

**Briefly describe the data-sharing mechanisms:**

It depends on the partner itself whether it wants to share or not

**What are the major challenges in this area:**

1. Staff having too many jobs on top of the ones they are hired to do 2. Partners focus on implementation but neglect M&E

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

-

**6. Is there a central national database with HIV- related data?:**

No

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

Yes, but only some of the above

**IF YES, but only some of the above, which aspects does it include?:**

Case History of patients with HIV

**6.2. Is there a functional Health Information System?**

**At national level:**

Yes

**At subnational level:**

No

**IF YES, at what level(s)?:**

-

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

Yes

**8. How are M&E data used?**

**For programme improvement?:**

-

In developing / revising the national HIV response?:

-

For resource allocation?:

-

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

-

9. In the last year, was training in M&E conducted

At national level?:

-

At subnational level?:

-

At service delivery level including civil society?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

5

Since 2009, what have been key achievements in this area:

M&E workshops at the end of every year

What challenges remain in this area:

1. Partners to conduct their own M&E and to report to TUNAC 2. HIV Unit to collect all partners M&E report and to distribute to stakeholders

## B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

1

Comments and examples:

-

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

-

3.

a. The national HIV strategy?:

2

b. The national HIV budget?:

0

c. The national HIV reports?:

0

Comments and examples:

-

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

4

c. Participate in using data for decision-making?:

4

Comments and examples:

-

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex

workers, and faith-based organizations)?:

4

Comments and examples:

-

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

2

Comments and examples:

-

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

-

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

-

Transgendered people:

-

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

<25%

Clinical services (ART/OI)\*:

-

Home-based care:

-

Programmes for OVC\*\*:

-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

8

Since 2009, what have been key achievements in this area:

Draft policy is place Train the Trainers session

What challenges remain in this area:

-

## B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

-

## B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No  
**Prison inmates:**  
No  
**Sex workers:**  
No  
**Transgendered people:**  
No  
**Women and girls:**  
No  
**Young women/young men:**  
No  
**Other specific vulnerable subpopulations [write in]:**  
-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

No

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

-

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

-

**Briefly comment on the degree to which they are currently implemented:**

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

**2.1. IF YES, for which sub-populations?**

**People living with HIV:**  
-  
**Men who have sex with men:**  
-  
**Migrants/mobile populations:**  
-  
**Orphans and other vulnerable children:**  
-  
**People with disabilities:**  
-  
**People who inject drugs:**  
-  
**Prison inmates:**  
-  
**Sex workers:**  
-  
**Transgendered people:**  
-  
**Women and girls:**  
-  
**Young women/young men:**  
-  
**Other specific vulnerable subpopulations [write in]:**  
-

**Briefly describe the content of these laws, regulations or policies:**

-

**Briefly comment on how they pose barriers:**

-

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

Human rights Violence against women Maintenance funds for women who want to legally separate from their husbands

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

-

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

No

**6. Does the country have a policy or strategy of free services for the following?**

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

-

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

-

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities?

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

**Programmes in the work place:**

Yes

**Other [write in]:**

Programs for general public

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

1

Since 2009, what have been key achievements in this area:

-

**What challenges remain in this area:**

Scale up education and awareness among the general public

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

-

Since 2009, what have been key achievements in this area:

-

**What challenges remain in this area:**

-

## B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

**IF YES, how were these specific needs determined?:**

CMS Peer education Evaluation

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Agree

**Condom promotion:**

-

**Harm reduction for people who inject drugs:**

-

**HIV prevention for out-of-school young people:**

N/A

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

-

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

N/A

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Strongly Disagree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

-

**Other [write in]:**

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

Since 2009, what have been key achievements in this area:

Workplace policy HIV policy No new cases

What challenges remain in this area:

-

## B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Policy Legislation Training for all staff Availability of ARV Identification and activation of peer support group

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

-

ART for TB patients:

-

Cotrimoxazole prophylaxis in people living with HIV:

-

Early infant diagnosis:

-

HIV care and support in the workplace (including alternative working arrangements):

-

HIV testing and counselling for people with TB:

-

HIV treatment services in the workplace or treatment referral systems through the workplace:

-

Nutritional care:

-

Paediatric AIDS treatment:

-

Post-delivery ART provision to women:

-

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

-

Post-exposure prophylaxis for occupational exposures to HIV:

-

Psychosocial support for people living with HIV and their families:

-

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

-

TB preventive therapy for people living with HIV:

-

TB screening for people living with HIV:

-

Treatment of common HIV-related infections:

-

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

-  
2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

-  
2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

-  
2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-  
3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011??:

-  
Since 2009, what have been key achievements in this area:

-  
What challenges remain in this area:  
-

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