

Survey Response Details

Response Information

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Response Details

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1) Country

Samoa (0)

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

Aaone Tanumafili National HIV/AIDS Capacity Support Officer

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7) Date of submission:

Please enter in DD/MM/YYYY format

13/04/2010

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8) Describe the process used for NCPI data gathering and validation:

This was done through an informal consultation with the SUNGO (Samoa Umbrella for Non-Government Organisations) Chief Executive Officer. SUNGO is overlooking the implementation of activities and such for all NGOs whose core function is advocating and promoting various strategies for prevention of HIV/AIDS in Samoa.

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

- Again NCPI Part B for NGOs that was facilitated by the SUNGO has been dealt with appropriately.

10)

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

- there is high potential misinterpretation of questions, especially with Part B of the NCPI. This is also the case with Part A. Questions are too complicated and not straight forward.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Aaone Tanumafili A.I, A.II, A.III, A.IV, A.V	

12)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	SUNGO	Vaasilifiti Moelagi Jackson - President SUNGO	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Samoa Family Health Association	Manu Samuelu	
Respondent 3	Samoa AIDS Foundation	Resitala	
Respondent 4	PLWHA	Peati Maiava	
Respondent 5	National Council of Churches	Rev. Maauga Motu	
Respondent 6	Samoa Red Cross Society	Namulaulu Tautala Mauala	
Respondent 7			
Respondent			

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14)

Part A, Section 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 (0)**Page 7**15) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)

Period covered:

2009 - 2010

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

0

17)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	No	No
Transportation	No	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*		

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18)

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?

- Ministries have their own budget to ensure implementation of their HIV activities. Other activities are funded by the Ministry of Health through various activities that they facilitates such as, Health Promoting Schools, Healthy Prisons, Healthy Workplaces, Healthy Markets, and others.

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	
d. Men who have sex with men	Yes
e. Sex workers	Yes

f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

21)

IF NO, explain how were target populations identified?

Target populations were identified in various studies and surveys undertaken previously and within the reporting period. Informations were also extracted from HIS, and PATIS of the Ministry of Health and the National Health Services. Also informations were gained from relevant NGOs and other government ministries whose part of their core business is to promote preventative measures for HIV and AIDS. All these information were gathered and gained from: - Second Generation Surveillance Survey 2008 for ANC and Youth and Transgender population - Demographic Health Survey 2009 - Health Information System - Patient Information System (PATIS) - Information from NGOs

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22)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Women; Youth/young people; People Living With HIV/AIDS; MSM; Hotel workers; Prisoners; Police Officers; Tertiary Students

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 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? | Yes |
| e. A monitoring and evaluation framework? | No |

25)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

- through various consultations during development of Policy and National Plan of Action.

27)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

28)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

29)

Part A, Section I: STRATEGIC PLAN

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 (0)

Page 15

30)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	No
c. Poverty Reduction Strategy	N/A
d. Sector-wide approach	Yes
e. Other: Please specify	

31)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

33)

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

Yes (0)

Page 18

34)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot

stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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35)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

- HIV testing and counseling is done on a voluntary basis.

36)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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37)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

- a. Women
- b. Young people
- c. Injecting drug users
- d. Men who have sex with men
- e. Sex Workers
- f. Prison inmates
- g. Migrants/mobile populations
- Other: Please specify

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38)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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39)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

- a. Women
- b. Young people
- c. Injecting drug users
- d. Men who have sex with men
- e. Sex Workers
- f. Prison inmates
- g. Migrants/mobile populations
- Other: Please specify Yes

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40)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

41)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

42)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

43)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current needs only (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

45)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

No (0)

46)

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

Yes (0)

Page 27

47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

- vulnerable groups eg: MSM - Youth (males/females) - Women

48)

Briefly explain how this information is used:

- as baseline information for developing new strategies in combating HIV and AIDS in Samoa with strong emphasis on vulnerable groups

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49) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)**(c) Is coverage monitored by geographical area?**

No (0)

Page 29

50)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

51)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

52)

Since 2007, what have been key achievements in this area:

- there is no report of activities for 2007 through UNGASS

53)

What are remaining challenges in this area:

- same as above

Page 31

54)

Part A, Section II: POLITICAL SUPPORT**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	No

55)

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

Yes (0)

Page 32

56)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1988

57)

2.2 IF YES, who is the Chair?

Name	Palanitina Tupuimatagi Toelupe
Position/title	Director General - Ministry of Health

58)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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59)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

14

60)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

3

61)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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62)

Part A, Section II: POLITICAL SUPPORT

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 (0)

Page 35

63)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- through consultations with stakeholders we have been able to draw their attention to their roles as implementers of activities pertaining to HIV/AIDS. The Ministry of Health has changed its roles now to more on regulatory, monitoring and evaluations of any health programs and this has been well received by stakeholders. We now have a National Plan of Action in place of which numerous consultations with the stakeholders has helped enforce and restrengthen our partnership on what we need to provide for our community in terms of services available, preventive measures, ensure social support, and others.

64)

Briefly describe the main challenges:

- Our sector partners are still trying to mould into their new roles and functions (althought not new to many) as implementers. The Ministry of Health is still also trying to adapt to their new roles and function as well.

65)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

66)

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

Yes (0)

Page 36

67)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 38

68)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

69)

Since 2007, what have been key achievements in this area:

- we have no report for 2007 for UNGASS

70)

What are remaining challenges in this area:

- as above

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71)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and

communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

72)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

73)

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

No (0)

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74)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

75)

2.1 Is HIV education part of the curriculum in:

primary schools? No
 secondary schools? Yes
 teacher training? No

76)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

77)

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

Yes (0)

78)

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

Yes (0)

Page 42

79)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Other populations
Stigma and discrimination reduction	Men having sex with men, Other populations
Condom promotion	Men having sex with men, Other populations
HIV testing and counselling	Men having sex with men, Other populations
Reproductive health, including sexually transmitted infections	Men having sex with men, Other

prevention and treatment

Vulnerability reduction (e.g. income generation)

Drug substitution therapy

Needle & syringe exchange

populations

Other populations

Injecting drug user, Other
populations

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80) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

- youth (females and males), and PLWHA

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81)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

7 (7)

82)

Since 2007, what have been key achievements in this area:

- no report for UNGASS for this period

83)

What are remaining challenges in this area:

- as above

Page 45

84)

Part A, III. PREVENTION

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

Yes (0)

Page 46

85)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

- through various surveys, studies, HIS, PATIS, and others.

86)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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87)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

88)

Since 2007, what have been key achievements in this area:

- we did not report for UNGASS for this period

89)

What are remaining challenges in this area:

- as above

Page 48

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

92)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

93)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- through various undertakings such as our SGS Survey in 2008, Demographic Health Survey in 2009, a Voluntary Counseling and Confidential Testing (VCCT) training conducted by Pacific Counseling and Social Services (PC&SS) in 2009 to cater for the needs of those infected with any STI or HIV.

95)

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

The majority of people in need

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	N/A
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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96)

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

Yes (0)

Page 52

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

- Drugs such as ART and others are supplied by the Fiji Pharmaceuticals and Biomedical Supplies through the Global Fund Project. - Condoms and other commodities from the UNFPA centre in Fiji

Page 53

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

Page 54

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)

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100)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

In progress (0)

Page 64

101)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

102)

5. Is there a functional national M&E Unit?

In progress (0)

Page 70

103)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly (0)

104)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

105)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

106)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

All data that pertains to HIV is referred to our Senior Medical Officer whose main role is to do with surveillance of Communicable Diseases. She oversees the collection and collation of data and making sure that there are no discrepancies involved

Page 73

107)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

Page 74

108)

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

Yes (0)

109)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

5 (5)

110)

Provide a specific example:

The Samoa Ministry of Health has recently developed and revised the existing HIV/AIDS Policy and NPOA 2003 in order to formulate another HIV/AIDS Policy and a National Plan of Action 2009-2013. This NPOA has been revised accordingly in order to accomodate more strategic actions based on results obtained from our M&E data.

Page 75**111) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

5 (5)

112)

Provide a specific example:

- proper allocation of resources mainly financial resources to assist with planned activities.

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113)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

5 (5)

114)

Provide a specific example:

- Expected Consistency of programs targeting HIV/AIDS by all sector partners

Page 77**115) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 82**116) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

5 (5)

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117)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

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118)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

-“The HIV/AIDS Policy 2009-2013 clearly emphasised these areas. - The Samoa Government is a signatory to CEDAW, CRC which also have provisions that protects people living with HIV/AIDS rights to everything like any other human being. Equal rights is a given to all citizens”

119)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

120)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

121)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Policies and Laws are on consultation level. these are lobbied by NGOs

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122)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

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123)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	No

124)

IF YES, briefly describe the content of these laws, regulations or policies:

These are described under the Ministry of Health Act and clearly Defined in the MoH HIV Policy.

125)

Briefly comment on how they pose barriers:

Some of the Policies were devised with lack of Civil Society Participation therefore, we as Civil Society find it hard to align with the MoH plans and programmes. Partnership in many ways are vocal instead of solidated and harmonized action. The result is overlapping and could be piece meal in effect.

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126) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

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127)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

HIV is a well promoted and activities are well funded for both Civil Society and the Ministeries. Human Rights Group as well take it in all forms of advocacy to enhance understanding of the public of the Human rights of those affected or living with HIV. Therefore whenever there is a question of HR, HiV is surely part of a number of the Government and Civil Society discussion orally or in print.

128)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

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129)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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130)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

People Living with HIV are encouraged as part although one is an HIV Ambassador. She is highly respected by the Samoa HIV Alliance of NGOs and she is part of the decision making process in Government and Civil Society Implementation Programmes.

131)

7. Does the country have a policy of free services for the following:

a. HIV prevention services

Yes

b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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132)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Samoa Aids Foundation and Samoa Family Health NGOs operate testing clinics and through the SUNGO network the word is passed around encouraging young people to go for testing and check or treatments at these clinics. Red Cross do Blood Transfusion Services, Blood Testing and operating a Blood Donors and Blood Bank. MoH works at similar lines Operating Clinics in Savaii and Upolu Pre Natal Women and Children.

133)

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

Yes (0)

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134)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

135)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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136)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

It is included although still need more work on this area and Financial Support.

137)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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138)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

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

This achieved by close collaboration and partnersh of all HiV Sector Focussed NGOs and Government Ministries. Eg. Ministries of Women, Youth, Education and Justice. With NGOs Women and Youth Groups, Mayors Groups, Church and the Private Sector NGOs and CBOs

139)

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

No (0)

140)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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141)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

142)

IF YES, describe the approach and effectiveness of this review committee:

We do have a Law Reform Commission. As we only have one active PLWHA they cannot be everywhere although their interest is represented by the President of Samoa Umbrella Organsation whose role is to represent all the interest of the members in the Committee. All NGOs or Civil

Society are kept informed for submissions that presented to the Commission by the Umbrella for a Civil Society combined voice. This goes for all issues that are promoted by the Members of SUNGO like environmental, HR, Youth, Gender, Law and Justice etc.

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143)

– **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**

Yes (0)

144)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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145)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)**

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

Yes and No – With Civil Society we keep a close links in sharing information and supporting each members under the umbrella. Although we have monitoring systems there is a lack of coordination between Government and NGOs although there is a lot of work and lobbying by Civil Society to improve the monitoring system. Eg. Civil Society are aware of lack of financial support for some of the HIV related case any yet they do not have the resource to make things better.

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146)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

147)

– **Legal aid systems for HIV casework**

No (0)

148)

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

Yes (0)

149)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

150)

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

Yes (0)

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151)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: Network, word of mouth, free distribution of condoms and iec materials. family and cultural support, drama and puppet road shows	Yes

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152)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

6 (6)

153)

Since 2007, what have been key achievements in this area:

Acceptance of PLWHV to join groups and be part of our Social life. The strong support given to everyone encouraging youth for testing. More church groups are taking up the promotion against HIV.

154)

What are remaining challenges in this area:

Old Traditions, Strong opposition from a number of church groups.

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155)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

6 (6)

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156)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

157)

Comments and examples:

Civil society has a place in all the national strategy and policy framework planning but we did not have the capacity to participate constructively and effectively until lately when SUNGO in the last 5 years had provided Capacity building for our members so that they can get engaged with decision making at all level productively.

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158)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

5 (5)

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159)

a. the national AIDS strategy?

5 (5)

160)

b. the national AIDS budget?

1 (1)

161)

c. national AIDS reports?

4 (4)

Page 106

162)

a. developing the national M&E plan?

2 (2)

163)

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

1 (1)

164)

c. M&E efforts at local level?

3 (3)

Page 107

165) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

5 (5)

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166)

a. adequate financial support to implement its HIV activities?

4 (4)

167)

b. adequate technical support to implement its HIV activities?

4 (4)

Page 109**168) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	25-50%
- Sex workers	51-75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI) *	51-75%
Home-based care	<25%
Programmes for OVC* *	25-50%

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169)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)**

Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

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170)

Part B, Section III: PREVENTION

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

Yes (0)

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171)

Part B, Section III: PREVENTION**Question 1 (continued)**

IF YES, how were these specific needs determined?

- through a national social marketing plan which significantly boost the confidence of young people to come forward to utilise services

172)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Monitoring of HIV prevention to be part of Village and Church Good Governance.	Agree

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173)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

174)

Since 2007, what have been key achievements in this area:

Good awareness of people.

175)

What are remaining challenges in this area:

Lack of monitoring System of inward and outward Travelling Population. CS are pushing for a law where everyone who is away from the country for over two months be tested with HIV.

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176)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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177)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

Through research and data collection from Clinic Users or during capacity building or awareness programs.

178)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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179)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

Page 117

180)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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181)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

3 (3)

182)

What are remaining challenges in this area:

There is no law although a lot of work on this area is supported by NGOs. It is not included in the Government Budget as there is no law.