

## Samoa 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:**

Aaone Tanumafili

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

Consultation was carried out for all HIV/AIDS sector partners in Samoa. Data was collected and collated from all, and compiled by the Ministry of Health HIV/AIDS Office. A task force was initially activated within the Ministry of Health. Only specific technical people were invited to this task force to start collecting data. Data was collected from this task force and external stakeholders of HIV/AIDS. After compilation then all was sent to all involved stakeholders and task force members for consolidation and validation before submission for endorsement.

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

Consultation processes with the task force and with external stakeholders

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

- NCPI for NGOs - questions were interpreted differently to that of the NCPI for GOs.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Attorney General's Office	Ms Tiffany Nelson	No	No	Yes	No	No	No
National Health Services	Ms Serafi Moa/Registered Nurse - STI Public Health Clinic	Yes	Yes	No	Yes	Yes	No
National Health Services	Ms Avaia Tuilaepa - Registered Nurse - STI Public Health Clinic	Yes	Yes	No	Yes	Yes	No
National Health Services	Ms Lupe Isaia - Medical Lab Scientist	Yes	Yes	No	Yes	Yes	No
National Health Services	Mr Penaia Penaia - Snr Pharmacist	Yes	Yes	No	Yes	Yes	No
Ministry of Women, Community Social Development	Mr Vaialia Iosua - Principal for Women's Division	Yes	Yes	No	Yes	No	No
Ministry Women, Community and Social Development	Ms Angharad Toma - Snr Youth Officer	Yes	Yes	No	Yes	No	No
Ministry of Women, Community and Social Development	Ms Ame Lamositele Sio - Snr Youth Officer	Yes	Yes	No	Yes	No	No
Ministry of Police and Prisons	Mr Maotaalii Kaioneta - Sgt - Correction Division	No	Yes	Yes	Yes	No	No
Legislative Assembly	Ms Aliko Lavea - Snr Procedural Officer	No	Yes	Yes	No	No	No
Ministry of Health	Dr Saine Vaai-Nielsen - SMO/Surveillance Office	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr Tile AhLeong-Lui-SMO/Surveillance Office	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ms Adele Keil-Snr Planning Officer	Yes	Yes	Yes	Yes	Yes	Yes

Ministry of Health	Mr Andrew McCarthy - Principal Global Fund Officer	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ms Aaone Tanumafili - Principa National HIV/AIDS Capacity Support/Facilitator	Yes	Yes	Yes	Yes	Yes	Yes
UNAIDS	Mr Andrew Peteru - UNAIDS Liaison Officer for Samoa/Facilitator	Yes	Yes	Yes	Yes	Yes	Yes
TSF - UNAIDS	Mr Jim Mielke - UNAIDS Consultant for GAPR 2012/Facilitator	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
Samoa Red Cross Society	Mr Apineru Peniamina Wright - Program Manager	Yes	Yes	Yes	Yes	Yes
Samoa Plus	Mr Iosia Tiatia - Snr Officer Samoa Plus	Yes	Yes	Yes	Yes	Yes
Samoa Family Health Association	Ms Lusi Uelese	Yes	Yes	Yes	Yes	Yes
Samoa AIDS Foundation	Mr Resitara Apa - Acting Executive Director	Yes	Yes	Yes	Yes	Yes
Pacific Sexual Diversity Network (PSDN)	Mr Resitara Apa/Representative	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:**

2011-2016

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

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

There is an overall linkage to the Six(6) Building Blocks for a Health System (adapted from WHO) . there is also a linkage between the HIV/STI and Sexual Reproductive Health Policy.

1.1 Which government ministries or agencies

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

Samoa Ministry of Health

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	No
Yes	Yes
No	No
Yes	No
Yes	No
Yes	No
Yes	No

**Other [write in]:**

-

**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?:**

- Global Fund for HIV/TB - Pacific Islands Response Strategy Implementation Plan - Response Fund for STIs and HIV - Local Budget (government) – that caters for local staff salaries - UNPA funds through the Sexual Reproductive Health and Adolescent Health Development Projects

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

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

-

**People with disabilities:**

Yes

**People who inject drugs:**

-

**Sex workers:**

-

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

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

Yes

**HIV and poverty:**

-

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

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

Key populations were identified from the Samoa Demographic and Health Survey 2009, Second Generation Surveillance Survey Report on ANC Mothers 2008 & 2005 and others.

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

- People Living with HIV/AIDS - Transgender - Young unmarried women & men - School leavers - Adolescents and Youth - Women - Ante Natal - Men who have sex with Men - Sports People - Returning Police Officers

**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:**

The development of the multisectoral strategy is a collaborative effort of stakeholders with the MOH as the coordinating body. The strategy is drafted with technical input from stakeholders whether directly or indirectly involved in the implementation of HIV/Aids activities/programs. A consultative approach is the main avenue for the collection of

information and the use of available evidenced based data. Final drafts is again consulted with stakeholders before it is approved and endorsed by the Cabinet Development Committee (CDC). The strategy is representative of all societies in Samoa.

**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, all partners

**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]:**

-

**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:**

Yes

**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?:**

-

**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

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

Yes

**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?:**

Estimates of Current Needs Only

**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?:**

- Ministry of Women are spearheading the coverage of Women and HIV/AIDS Education programs - Sexual Reproductive Health covers both men and women of all ages - Adolescent Health Development Program covers young adults both, males and females - The Ministry of Health is the overall monitoring agency of all health sector activities

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

- For reviewing intervention strategies - For policy and planning formulations - For resource allocation

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

-

#### 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:**

Samoa has the Health Sector Plan 2008-2018 that has identified key strategic areas on health that needs to be achieved in the next 10 year period. The aim and vision of this document is to improve the health of the Samoan population and Samoa's health system. Samoa's health sector plan is divided in the 6 building blocks which includes the 3 areas mentioned above. Numerous activities have been conducted over the year to improve and strengthen the service for HIV/AIDS, improved the knowledge and skills of health professionals in the care and treatment of HIV/AIDS patients, HIV/AIDS peer educators in the promotion of awareness and prevention programs and the availability of medication for those who have been infected with HIV/AIDS in Samoa.

**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?:**

7

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

This year saw the continuous support for PLWHA through treatment and care. Drugs were provided to them for free. This year onwards as well, was the establishment of some Advocacy Groups such as Women In Leadership Advocacy. A group made up of only female Chiefs Executive Officers of both government and State Owned Enterprises that dialog issues of STIs and other diseases with their focus on working women in Samoa. The establishment of this group was borne out of the results of the Second Generation Surveillance Survey Report for ANC mothers in 2008, where pregnant mothers were found to be highest group of women to have at least one or two STIs. This is such an opportunity to promote and prevent STIs among women in our communities.

**What challenges remain in this area:**

The continuous support and sustainability of high level advocacy groups. This is essential in pushing forward the implementation of activities in all communities.

## 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.):**

Yes

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

The Samoa Parliamentarian Advocacy for Healthy Living (made up of several politicians and Chief Executive Officers of selected Government Ministries) and the Women in Leadership Advocacy (WinLA) (made up of all female CEOs, Managers of both government sector and the public sector) are spearheading advocacy for all health issues. STIs is one of those issues being discussed in these high level groups. In fact the WinLa was established to address the issue of increasing STIs among pregnant women in Samoa as reported by the SGSS Report on ANC mothers in 2008 and 2005. Both high level advocacy groups have demonstrated effective leadership that could have profound positive impacts on interventions underway. Some of the undertakings of these advocacy groups were visits to all VCCT clinics on a few occasions. One of the recent cabinet ministers still holds a chairperson position with ICAAP. The recent high level meeting in New York 2011 was attended by the Minister of Health and he spoke about the importance of political involvement in all HIV/AIDS interventions at national level. This is evidence of political commitment.

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

Yes

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 Palanitina Tupuimatagi Toelupe - Director General/CEO - Ministry of Health - NACC Chairperson

**Have a defined membership?:**

Yes

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

12

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

3

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1

**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:**

Part of the Term of reference of the National AIDS Coordinating Council is to look at both Governance and Policy issues, both in Govt and NGOs. Any policy issues or governance issue is dialog in this council and make policy decisions to remedy any emerging situation that HIV/AIDS programs encounters. Policy discussions were made for the better flow of activities in both NGOs and GOs. All issues brought forwards by the Technical Advisory Committee that needs instant response to is done at this level. NACC have approved Samoa's access to funds from the PIRSIP – Response Funds for STIs/HIV and AIDS programs. Have approved the National HIV/AIDS Policy 2011-2016 and gave it to the Cabinet for their endorsement. The Ministry of Health of Samoa's role is to Monitor, Evaluate, Regulate and to Finance the sector. So duplication is minimized.

**What challenges remain in this area:**

Continuous funding mechanisms in place when Global Fund and Response Fund come to a closure in June 2013. Both funds greatly assist in financing activities of sector partners and procurement of essential drugs and testing kits for People Living With HIV/AIDS and other STIs Continuous funding mechanisms in place when Global Fund and Response Fund come to a closure in June 2013. This will greatly assist in financing activities of sector partners and procurement of essential drugs and testing kits for People Living With HIV/AIDS and other STIs

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

60%

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?:**

-

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

-

**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?:**

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

Establishment of the Women in Leadership Advocacy for Healthy Living The National Health Services have indicated their advocacy and working with political level however, their work from the laboratory that goes to political level for support is unclear despite the understanding that laboratory is providing all these reports for political support of their work to the management level The Community Nursing is also affiliated their work for political support The Ministry Of Police and Prisons indicated that recruitment of police officers for peace-keeping missions is made known to government for their support. This includes constant testing for all recruited for HIV and AIDS is supported by the government. HIV/AIDS education for prisons and juvenile centers are main focus of the government hence their awareness at political level is very much high. The Legislative indicated that government is very supportive of strengthening HIV/AIDS program at all levels hence the STIs/HIV/AIDS as one of the SPAGHL's focus. The Attorney General indicated that the government has legal obligations towards ensuring that national existing laws are in-line with international conventions that the Samoa is a signatory of. Lobbying for policy advise from the government on issues whether such is legal or not is an ongoing process with the Attorney General's Office The Ministry of Women Community and Social Development has a cabinet approved National Youth Policy (and STIs is one of the issues addressed in this policy) . This policy has a Plan Of Action that targets HIV/AIDS, SRH issues for young people, hence their advocacy at political level is high.

**What challenges remain in this area:**

Sustainability and commitment of these high level advocacy groups is essential at all times

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**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?:**

Yes

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

Being signatory to several international human rights conventions, such as the CEDAW and CRC, Samoa is obligated to oblige to these conventions as part of their commitment to elimination of any sort of discrimination towards another human being. The constitution also stipulates the same in a general perspective.

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

- Convention on the Rights of the Child is advocated in Samoa communities by other government organizations – in this respect the Rights of the Child to Health is also advocated - CEDAW as well is advocated in communities by respective government organizations and Rights of Woman to Health is emphasized at all levels.

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

- Widely implemented particularly by the Ministry of Women, Community and Social Development and the Ministry of Police and Prisons and other NGOs such as Samoa Victim Support Group. .

**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:**

Yes

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

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

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

## 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:**  
 No

**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?:**

No

**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:**

Through the Adolescents Health Program, Samoa's Health Sector have partnered with the Ministry of Education through the Curriculum Division, to include the Sexual Health as part of the Physical Health Subject that is taught in the Secondary Schools, and as well as the Teachers Training Course in the National University. Through the Non-Governmental-Organizations, we target the village youth groups, women's groups and the Matai Councils. SFHA – Training of Teachers on lifeskills and Sexual Reproductive Health. UNESCO – Pilot Attitudinal survey- targeting parents if they feel Sex education is appropriate to be taught and if so how should it be taught. The Catholic education – is in the process of developing and Sex Education Module

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

<b>IDU</b>	<b>MSM</b>	<b>Sex workers</b>	<b>Customers of Sex Workers</b>	<b>Prison inmates</b>	<b>Other populations</b>
No	Yes	No	No	No	general population
No	No	No	No	No	-
No	Yes	No	No	No	general population
No	No	No	No	No	general population
No	Yes	No	No	No	general population
No	Yes	No	No	No	general population
No	No	No	No	No	general population
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?:**

10

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

The Development and the Endorsement of the National HIV/AIDS and STI Policy. Endorsed 2011 and Launched in Feb 2012 Establishment on WinLA (Women in Leadership Advocacy Group) this group advocated for health issues pertaining to Women (Target Group is the Working Women) Launch of Village Health Fair – Village to Village Road shows with the Main Objective of Promoting Healthy Samoa. Target Population – Stay Home Population.

**What challenges remain in this area:**

Funding – Samoa like any other country are having issues with sustaining of program after Aid finishes. Currently all the Donors that are contributing to the National HIV program are closing up in 2013 leaving the HIV Program to fend to sustain current activities. Funds that Care for PLWHIV / PLWTB and PLWSTI and by 2013 Samoa will lose the Funding it receives from GFR7. Samoa will then have to prioritize the program so that it can still provide essential services to the PLWHA and sustain testing and treatments for STI patients etc

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

Yes

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

- GAP Analysis of funding mechanisms - Sector consultations - Technical meetings by specific technical committees.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

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:**

Strongly Agree

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

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:**

-

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

Strongly Agree

**Risk reduction for sex workers:**

Strongly Agree

**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?:

8

## 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:

- Using the current and the existing guidelines on HIV Testing Algorithm treatment and care for positive people - ARV provided and CD4 routine tests for PLWHA

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

- Support groups for PLWHA - With the CD4 machine tests for PLWHA are now done locally and HIV Algorithm to confirm tests instead of sending specimens overseas for confirmatory tests. HIV confirmatory testing in country (2 rapid tests) - PLWHA now constantly know their CD4 count - VCCT testing improved with Chlamydia testing in country

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):**

Agree

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

Agree

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

Agree

**Nutritional care:**

Neutral

**Paediatric AIDS treatment:**

Agree

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

Agree

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

Agree

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

Agree

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

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:**

Agree

**Other [write in]:**

Police recruits fir overseas missions have access to HIV testing before departing.

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

Yes

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

There is only support for ARVs from the Global Fund, and the government subsidizes the importation of ARVs

**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?:**

From the GF/SPC coordination and the UNFPA Sexual Reproductive Health and AHD programs. The UNFPA procured commodities such as condoms, while the GF procure treatments for PLWHA

**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?:**

6

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

- Improved CD4 testing in 2010 - HIV Testing Algorithm being done locally since November 2010 - Continuous support by GF in procuring ARV treatments

**What challenges remain in this area:**

- PLWH need more information about HIV and AIDS - Counseling as integral part of HIV/AIDS treatment and care - Difficulty in contact tracing and follow up - Non-adherence to drugs and testing - Procurement of PPEs becomes an obstacle at times - There is no dedicated or allocated Physician to manage the STI Public Health Clinic

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

N/A

**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:**

- HIV+ children are being given constant care with regards to their treatments

**What challenges remain in this area:**

- We haven't any challenges at the moment until these kids enter school in the near future.

## **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:**

The MOH Monitoring and Evaluation manual was multisectoral consulted before it was finalized.

**1.1 IF YES, years covered:**

2011-2018

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

Yes, all partners

**Briefly describe what the issues are:**

- Being the overarching ministry in M&E of the sector partners activities, all sector partners activities are monitored and evaluated by the MOH

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:**  
Yes

**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?:**

In Progress

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

Yes

**Briefly describe any obstacles:**

- Human resource that specifically collect data on different activities and evaluate the success of activities implementation by all sector partners

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

**In the Ministry of Health?:**  
Yes

**In the National HIV Commission (or equivalent)?:**  
No

**Elsewhere [write in]?:**  
-

Permanent Staff [Add as many as needed]

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

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?:**

-

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

- The staff of the Strategic Development and Planning Division (SDPD) is responsible for this. However data are also analysed by the Surveillance Office of the MOH before passing it to the SDPD for validation by the Health Information Analyst. These data goes to end users for utilisation. Also data is used by the SDPD to formulate policies and plannings for the MOH and her

health sector partners.

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

- Fragmentation of data from sector partners in terms of data recording and collating - Some Sector partners are reluctant to provide data or report data to main M&E unit

**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?:**

Yes

**IF YES, briefly describe the national database and who manages it.:**

the HIV data is collated by the STI Public Health Clinic. Since Samoa is a low prevalence country hence data is collated and compiled by this clinic. The STI Public Health Clinic provide this data to the Ministry of HEalth for validation processes.

General information regarding HIV program implementation is collated by the NAtional HIV/AIDS Officer central within the MOH.

**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, all of the above

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?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

-

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

Main challenges - updating the collection of data from sector partners. Some partners provide their data on time and some do not. changing templates that partners use to submit their information to the MOH.

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

**At national level?:**

No

**At subnational level?:**

-

**At service delivery level including civil society?:**

No

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

Yes

**IF YES, describe what types of activities:**

The training and consultations facilitated by the SDPD of the MOH. This was inclusive of all health sector partners. Continuous collecting of STI/HIV/AIDS data from all the VCCT clinics and final data from the Laboratory for validation processes. For M&E of HIV AIDS training is yet to be implemented. There is still alot of work to be consulted prior to implementing an M&E training for HIV/AIDS specifically. We need to ensure that M&E for this program does not go against the endorsed NAtional M&E of the MOH for all her sector partners.

**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:**

- Staff being trained on M&E tools by the UNAIDS in 2011.

**What challenges remain in this area:**

- Developing a separate M&E for HIV/AIDS program alone.

## **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?:**

2

**Comments and examples:**

- HIV/AIDS commission in the Pacific (Misa Telefoni) - Samoa Faafafine Association have the Prime Minister as the patron for their association. Other activities that involves most parliamentarians have been granted full support from political leaders. - Samoa Red Cross Society and PLWHA, have coordinated work at political level on several instances - The Samoa Family Health Association always provide their Strategic Plan, to cabinet to approve and for their awareness. - Samoa AIDS Foundation/Pacific Sexual Diversity Nnetwork : the work of NGOs to the political level has been effective throughout the years. There has been a lot of lobbying and advocacy at political level for the last 2 years.

**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)?:**

3

**Comments and examples:**

Reasons: Samoa Red Cross indicated that the National AIDS Coordinating Committee do not produce these documents for their awareness (budget wise) Samoa AIDS Foundation indicated that their lapse in getting these documents is because of the changing participants from their organization from time to time to attend these meetings and consultations

3.

**a. The national HIV strategy?:**

3

**b. The national HIV budget?:**

1

**c. The national HIV reports?:**

3

**Comments and examples:**

3.a – strategies refer to NACC members roles and responsibilities but not as per area of HIV and national response carried out by stakeholders - Stakeholders work does not reflect in the NACC 3.b – currently the GF/RF/SRH-UNFPA/AHD-UNFPA fund HIV/AIDS activities. Government catered for salaries of those looking after these projects except GF/RF coordinators. NACC is aware of funds for SAF, NHS and its reflected in the budget – SAF gets SAT30,000 annually from the government SAF – has to declare their expenses in their annual reports and the government is aware of this – hence the SAF getting financial support from government. The MOH knows that NGOs receive \$\$ from other international orgs but how much they receive is not known. 3.c – MOH annual report – need to have a look at this and see what it covers in terms of activities raised by stakeholders

4.

**a. Developing the national M&E plan?:**

2

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

:

2

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

3

**Comments and examples:**

4.c – support from the media (news items etc) on health research findings etc Is the media reporting high rates of STIs constantly? This was a question that was asked and everyone responded that there are incidences that the media do not obtain exact information for awareness. And if they do, there are certain protocols to adhere to before releasing any health research findings and facts. The Ministry Of Health – use media for constant emerging health issues eg: other CDs except STIs HIV/AIDS Data Management issues – All the clinics that deals with STI are all captured by the laboratory when specimens are delivered for testing. Other clients information are obtained from the STI Public Health clinic and these are provided to the MOH for analysis. After the analysis is finalized the MOH then provide these data to international agencies for funding purposes and other aids. SAF – used the media particularly with the local newspaper. They have held workshops with the media re: appropriate terminology to use in reporting eg: sex workers as vulnerable groups.

**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)?:**

5

**Comments and examples:**

Faith Based Organisations – represented by the NCC also responded that they have done some work with vulnerable groups as well. For eg: young unmarried women and likeskills for these women. The Catholic church schools is integrating Sexual Health in their curriculum\*\* NGOs have expressed a lot of work being done in this area.

**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?:**

4

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

5

**Comments and examples:**

Through the Ministry of Health the government provide funding for resources for Samoa AIDS Foundation of SAT30k. The Samoa Red Cross hasn't asked for any funding so far, but they have received funding from elsewhere. Their VCCT was refurbished under the GF project via MOH. The SFHA receive a vehicle from the SWAp Program through the Ministry of Health. This vehicle will assist very much with their intervention programs. Their VCCT was also refurbished by the GF project. PLWHA – Peati asked for the CD4 tests to be consistent and that was done immediately. In fact there is CD4 machine available locally for their tests. Lab - received a lot of technical support re: trainings etc Nurses – training for nurses on treatment and care for PLWHA /Counseling trainings for nurses from different health centres. Counseling in the nursing profession is not for everyone – specific ones for their specific area of work. Pharmacy also received assistance from the GF in procuring drugs for STIs, and ART for PLWHIV More over the SFHA – nurses are trained on STI management, and counseling skills The PLWHA also received trainings from both local and overseas on how to care for them. They have also received assistance with their CD4 count, and technical assistance regarding their drugs regimens.

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

**People living with HIV:**

>75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

-

**Sex workers:**

>75%

**Transgendered people:**

>75%

**Testing and Counselling:**

25-50%

**Reduction of Stigma and Discrimination:**

>75%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

25-50%

**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?:**

5

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

SAF - Communication between SAF and MOH in terms of financial assistance (\$30,000.00)/ Member of the NACC so as the other NGOs Technical training opportunities on HIV/AIDS – Regional/local (Counseling training/SRH training/political high level meetings) Nurses training overseas (nurses working with the NGOs) PLWHA – actually have a say /voice in the NACC with re: issues pertaining to them Pacific Network for PLWHA – Peati attended as a HIV/AIDS Ambassador for Samoa / also a member of this committee.

**What challenges remain in this area:**

Issues of beauracracy with the local authorities! NGOs - Funding problems – NGOs – instability issues with funding (an ongoing prob) - Do not get latest information from the government (MOH) re: development of certain documents for HIV/AIDS – and also giving back the analysis of information submitted to users

## **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:**

Eg: engagements with health campaigns of Samoa Parliamentarian Advocacy Group for Healthy Living.

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

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

There are laws that stipulates the human rights of any individual in Samoa and such law also addresses discrimination of any form. Law reforms Commission are working to ensure that such are enforces - Government Strategy for the Development of Samoa address these as well - Government policies in place also address discriminatory behaviours - Police as law enforcers

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

Yes

**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:**

- Widely 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?:**

Yes

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

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

No

**Young women/young men:**

No

**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:

-

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

Yes

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

That PLWHA have the right to fair treatment care and support. That they have the right to protection of their information by the authorities directly involved with their treatments and such.

**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?:**

Yes

**IF YES, briefly describe this mechanism:**

That the Ministry of Police and Prisons enact this responsibility to ensure that such cases of discrimination are addressed and sought help to alleviate any incidences of this sort.

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?:**

- ART – for all PLWHA - HIV related care and prevention – Pregnant mothers (all)

**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?:**

-

**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:**

Currently the policy on HIV/AIDS has been launched which addresses such. This policy is a consulted document by all sector partners that have a crucial contribution to HIV/AIDS

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:**

- There is only treatment facility for PLWHA. Equal access to all is encouraged and those who are using these services are given attention to their treatment, care and support at all times.

**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:**

Yes

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

Yes

**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:**

No

**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]:**

the ANZ Bank has a policy that does not allow discrimination in their workplaces

**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?:**

7

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

- Improve understanding and acceptance of HIV in Samoa - Introduction of GF that procured ARVs for PLWHA -

**What challenges remain in this area:**

- Cultural/religious barriers - Community perception / stigma and discrimination - Use of condom -

**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?:**

8

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

- Law reform in process to decriminalize sodomy

**What challenges remain in this area:**

- Enforcement of legislation on CRC and CEDAW (traditional Samoa context – this is not acceptable)

## **B - IV. PREVENTION**

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

Yes

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

- Through a series of Consultations / workshops / trainings

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

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:**

Disagree

**IEC on stigma and discrimination reduction:**

Strongly Disagree

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

Strongly Agree

**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:**

Agree

**Risk reduction for sex workers:**

Strongly Disagree

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

Strongly Agree

**Universal precautions in health care settings:**

Disagree

**Other [write in]:**

Women - Gender based initiatives to be mainstreamed in prevention programs pertaining to power-relations in society -

Neutral Men - single/married to be involved in interventions - Neutral

**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?:**

8

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

- There has been a lot of media campaign implemented eg: the using of local published magazines such as Talamua to market preventions of STIs. - TV ads on air - During World AIDS Day – health sector partners for HIV/AIDS were involved mostly with the planning of this event. - Women in Leadership Advocating for Healthy Living was established in 2010 – this group of females in high positions came together to dialog issues of STIs amongst working women in Samoa.

**What challenges remain in this area:**

- Education for young populations should be strengthened - Stigma awareness programs should be scaled up - Consolidated package for TOT on HIV/AIDS still delay because of unavailability of funding

## **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:**

Treatment - ARV provided - CD4 – for PLWH Care - Before CD4 – inconsistency with follow up. - November 2010 CD4 follow up every 3 months (currently)

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

- Now with the CD4 machine – tests done locally and the HIV Algorithm to confirm tests locally instead of sending overseas - Viral load – determine by the physician - Positive people need to understand their CD4 and viral load count

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

N/A

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

Strongly Agree

**Early infant diagnosis:**

Disagree

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

Agree

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

N/A

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

Disagree

**Nutritional care:**

Strongly Disagree

**Paediatric AIDS treatment:**

Agree

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

Agree

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

Strongly Disagree

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

Strongly Disagree

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

Disagree

**Sexually transmitted infection management:**

Strongly Disagree

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

N/A

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

N/A

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

Agree

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

N/A

**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?:**

6

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

Improved CD4 testing in 2010 to date, which allows the PLWHA to undergo testing every three months and know their CD4 count straight away. - HIV Testing Algorithm training conducted by SPC for lab technicians, and clinicians. - Continuous Procurement of ARVs, funded by Global Fund.

**What challenges remain in this area:**

- HIV+ people need more information about HIV and AIDS - Counseling as an essential part of HIV treatment, care and support is not available at all times. - Contact tracing is still an issue - PMTCT is not well explained and adhere to - Non adherence to drugs and testing - Procurement of PPEs - No dedicated physician dedicated to the Public Health Clinic

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

No

**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:**

- Preparing for when we do have HIV+ orphans

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**Source URL:** <http://aidsreportingtool.unaids.org/2014/samoa-report-ncpi>