

Survey Response Details

Response Information

Started: 3/25/2010 4:05:03 PM

Completed: 3/28/2010 5:59:00 PM

Last Edited: 3/29/2010 6:20:55 PM

Total Time: 3.01:53:57.0030000

User Information

Username: ce_TO

Email:

Response Details

Page 1

1) Country

Tonga (0)

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

Mele Katea Paea

3) Postal address:

Ministry of Health P.O. Box 59 Nuku'alofa TONGA

4) Telephone:

Please include country code

+676 23200 ext. 1505 +676 7752192

5) E-mail:

paeamele@gmail.com

6) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

Page 3

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

Started with key stakeholders' responses to NCPI questionnaires, followed up with appropriate officials in the health sector and other relevant organisations (both government and non-government), sent back the data to relevant forums for comments, and then submitted finally to CCM sub-committee and the national CCM.

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

Disagreements were addressed by referring 'specific questions' to people in charge. For example,

confirmation whether the country has a HIV and STIs policy was referred to the Ministry of Health. Similarly, legal questions on 'human rights' were referred to Crown Law Office.

9)

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

Data submitted was valid and understandable.

Page 4

10)

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	Mr. Siutaka Siua, Principal Pharmacist	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Sr. Sela Paasi, Chief Nursing Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Health	Dr. Siale 'Akau'ola, Director of Health	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Health	Mr. Viliami Pakalani, Senior Medical Scientist	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Health	Mr. Sitanilei Hoko, Senior Medical Scientist	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of Health	Dr. Malakai 'Ake, Chief Medical Officer Public Health Ward	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Health	Mele Katea Paea, National HIV/STI Program Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministry of Police	Liliola Raass, Senior Police Officer	A.I, A.II, A.III, A.V
Respondent 9	Ministry of Youth, Training, Employment, and Sports	Emele Latu, Senior Staff	A.I, A.II, A.III, A.V
Respondent 10	Crown Law Office	Mr. 'Aminiasi Kefu, Solicitor General	A.II, A.III, A.IV
Respondent 11	Ministry of Health	Dr. Toakase Fakakovikaetau, Paediatrician Specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Ministry of Health	Dr. Veisia Matoto, Physician	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Ministry of Health	Dr. 'Ana 'Akau'ola, Obstetrician and Gynaecologist	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Ministry of Health	Mr. Saia Penitani, Assistant Health Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Ministry of Health	Dr. Louise Fonua, Medical Officer	A.I, A.II, A.III, A.IV, A.V

Respondent 16	Ministry of Health	Ane Ika, Principal Medical Scientist	A.IV, A.V
Respondent 17	Ministry of Education, Women Affairs, and Culture	Seini Launga, Senior Staff	A.II, A.III
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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	Tonga Family Health Association	Amelia Tipaleli Hoponoa, Capacity Development Organisation Coordinator	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	Tonga Lady Association (TLA)	Joey Mataele, President and Founder TLA	B.I, B.II, B.III, B.IV
Respondent 3	Tonga Lady Association	Agabe Tuinukuafe, TLA member	B.I, B.II, B.III, B.IV
Respondent 4	Tonga National Youth Congress	Polikalepo Kefu, senior staff	B.I, B.II, B.III, B.IV
Respondent 5	Tonga Football Association	Lydia Soakai, senior staff	B.I, B.II, B.III, B.IV
Respondent 6	Broadcom	Katalina Tohi, Deputy General Manager	B.I, B.II, B.III, B.IV
Respondent 7	Tonga Red Cross Society	Silongo Fakasi'i'eiki, senior staff	B.I, B.II, B.III, B.IV
Respondent 8	Free Church of Tonga (FCT)	Siueli Finau, President FCT Youth	B.I, B.II, B.III, B.IV
Respondent 9	Salvation Army	Savelio Lavelua, Team Leader	B.I, B.II, B.III, B.IV
Respondent	Tonga Family Health	Dr. Selina Fuimalehi	

Respondent 10 Tonga Family Health Association

Checkbox® 4.6
Dr. Selina Fusiinafua, Executive Director

B.I, B.II, B.III, B.IV

- Respondent 11
- Respondent 12
- Respondent 13
- Respondent 14
- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

Page 5

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 - 2013

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

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	No
Education	Yes	No
Labour		
Transportation		
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*		

Page 8

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?

There is fund available from AusAID and NZAID under 'Response Fund Stream I' for implementation of NSP (2009 - 2013) priority activities. The allocation is around \$100,000 TOP annually and activities to be funded are decided by the Country Coordinating Mechanism (CCM) for HIV and STIs.

Page 9

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	No
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	No
i. Schools	Yes
j. Prisons	No
Cross-cutting issues	
k.HIV and poverty	No
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	No

20)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

21)

IF NO, explain how were target populations identified?

Through doing other activities such as collecting data from other departments, patients coming in for other ailments, and so forth.

Page 11

22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Adolescents, Pregnant women, Men who gave sex with men, men and women in uniform, seafarers, school dropouts, deportees, young and extensive travel.

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?	Yes

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:

Organised through their participation in the Country Coordinating Mechanism, 'Key Stakeholder Committee', 'National HIV/STI Treatment Core Team', and other relevant forums.

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, some 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	
c. Poverty Reduction Strategy	Yes

- d. Sector-wide approach
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	
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	
Other: Please specify	

Page 16

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	No
Care and support	Yes
Other: Please specify	

Page 19

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 is mandatory to all 'men and women in uniform' under public service organisations.

36)

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

No (0)

Page 21

37)

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?

No (0)

Page 23

38)

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?

No (0)

Page 25

39)

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?

No (0)

40)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

41)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

42)

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

Yes (0)

Page 27

43)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

Pregnant women

44)

Briefly explain how this information is used:

Use for Global Fund Programmatic Report

Page 28

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

No (0)

Page 29

46)

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

47)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

48)

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

Launched the 'Kingdom of Tonga NSP for HIV and STIs, 2009 - 2013' during 2009 Tonga World AIDS Day.

49)

What are remaining challenges in this area:

To increase implementers' understanding of the current NSP focus areas and to encourage key stakeholders to use NSP as the guiding tool for implementation of HIV/STI activities

Page 31

50)

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	
Other high officials	Yes
Other officials in regions and/or districts	

51)

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

52)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1987

53)

2.2 IF YES, who is the Chair?

Name	Hon. Dr. Viliami Tau Tangi
Position/title	Deputy Prime Minister and Minister for Health

54)

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?	
include the private sector?	Yes
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

Page 33

55)

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

15

56)

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

7

Page 34

57)

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

58)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

The country has established a 'Key Stakeholder Committee' where officials from both government and non-government organisations are coming together to discuss main agendas and issues related with national responses to HIV. Another achievement here is more effective national coordinating body, CCM (Country Coordinating Mechanism).

59)

Briefly describe the main challenges:

Data collection and its availability for interventions, lack of community awareness programs due to stigma, cultural and traditional barriers.

60)

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

Please enter the rounded percentage (0-100)

0

61)

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

62)

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

No (0)

Page 38

63)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

8 (8)

64)

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

Increase funding to Tonga from external sources such as Global Fund and Response Fund.

65)

What are remaining challenges in this area:

Political leaders to involve more integration with the public and non-government organisations.

Page 39

66)

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

67)

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)
- g. Avoid commercial 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)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

68)

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)

Page 41

69)

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)

70)

2.1 Is HIV education part of the curriculum in:

primary schools?
secondary schools? Yes
teacher training?

71)

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

Yes (0)

72)

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

Yes (0)

73)

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

74)

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, Sex workers, Clients of sex workers, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	Other populations

Page 43

75) 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".

pregnant women, seafarers, youth, men and women in uniform, school drop-outs, and deportees.

Page 44

76)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

8 (8)

77)

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

Only one reported positive HIV case since 2007.

78)

What are remaining challenges in this area:

To promote voluntary testing, professional and friendly environment for testing, social stigma, and user friendly services.

Page 45

79)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

80)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

From youth and ante natal 'Second Generation Survey, 2008', evaluation and recommendations of various workshops, recommendations from community, monitoring meetings on STI management, and data collection.

81)

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	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	N/A
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	N/A

Page 47

82)

Part A, III. PREVENTION

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

9 (9)

83)

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

same as achievements mentioned above.

84)

What are remaining challenges in this area:

as above.

Page 48

85)

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

86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

87)

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

Yes (0)

88)

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

Yes (0)

Page 50

89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Through various workshops conducted for the development of the current National Strategic Plan for HIV and STI, 2009 - 2013. This was also supported by SGS survey (2008), and recent data collected on HIV and STI testing.

90)

2.1 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	N/A
Nutritional care	Agree
Paediatric AIDS treatment	N/A
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	

Page 51

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

92)

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

93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ARV drugs for STI including ciprofloxacin, azithromycin, ciprofloxacin, augmentin, ceftriaxone (and others), condoms, and so forth.

Page 53

94)

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?

8 (8)

95)

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

Formation of the 'National HIV and STI Treatment Core Team' as a focal point for multiple care of all

people living with HIV and AIDS. Another achievement is the increase financial assistance from external sources on STI drugs. Recent emphasis on significance of 'HIV testing and counseling' is under the current NSP focus area of 'Treatment, care, and support'.

96)

What are remaining challenges in this area:

Need more coordination, recording and reporting of treatment data.

Page 54

97)

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)

Page 57

98)

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

99)

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

Yes (0)

Page 65

100)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

N/A

101)

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

No (0)

Page 69

102)

What are the major challenges?

lack of M&E technical support in the field of HIV and STI.

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?**

No (0)

104)

6.1 Does it include representation from civil society?

No (0)

Page 71

105)

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

No (0)

Page 73

106)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

107)

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

No (0)

108)

Provide a specific example:

N/A

109) **What are the main challenges, if any?**

N/A

Page 75

110) **Provide a specific example:**

N/A

111) **What are the main challenges, if any?**

N/A

Page 76

112) **Provide a specific example:**

N/A

113) **What are the main challenges, if any?**

N/A

Page 77

114) **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 78

115) **10.1 In the last year, was training in M&E conducted**

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	

Page 79**116) Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

25

Page 80

117)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

Page 82**118) 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)

119)

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

Development of M&E framework for the current NSP is partially completed.

Page 83

120)

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.)**

No (0)

Page 84

121)

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

No (0)

Page 86

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?

No (0)

Page 88123) **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)

Page 89

124)

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

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

Under 'Focus Area 3' (Creating an enabling environment) of the current strategic plan, 2009 - 2013, there is an objective for 'protection and promotion of the human rights of HIV-affected communities'. The outcome is to have 'rights approach used for affected communities'. Key actions to achieve these objectives including commitments to maintain the rights and confidentiality of PLWH and their families, raise community awareness about human rights, and others.

125)

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)

Page 90

126)

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)

Page 91

127)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

MSM, and men in funiform.

128)

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

Page 92

129)

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:

1) HIV Prevention – free distribution of condoms by Tonga Family Health Association, Tonga Lady Association, Tonga National Youth Congress, Minsity of Health to Hotels & night clubs 2) Awareness programs – including churches, communities, schools, youth groups. 3) Counseling 4) Testing 5) STI drugs available from Ministry of Health

130)

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

Yes (0)

Page 95

131)

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

No (0)

132)

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)

Page 96

133)

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?

No (0)

Page 97

134)

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

No (0)

135)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

136)

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

No (0)

Page 99

137)

– Legal aid systems for HIV casework

No (0)

138)

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

No (0)

139)

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

No (0)

140)

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

Yes (0)

Page 100

141)

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: please specify	

Page 101

142)

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?

0

Page 102

143)

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?

3 (3)

Page 103

144)

Comments and examples:

Advocacy for leaders' program, and seminars and awareness program.

Page 104

145)

Comments and examples:

Effective involved in formation of the current NSP, 2009 - 2013

Page 105

146)

a. the national AIDS strategy?

5 (5)

147)

b. the national AIDS budget?

4 (4)

148)

c. national AIDS reports?

2 (2)

Page 106

149)

c. M&E efforts at local level?

0

Page 107

150) **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)?

3 (3)

151)

Comments and examples:

'Key Stakeholder Committee' include everybody

Page 108

152)

a. adequate financial support to implement its HIV activities?

4 (4)

153)

b. adequate technical support to implement its HIV activities?

4 (4)

Page 109

154) **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	<25%
- Men who have sex with men	51-75%
- Sexworkers	<25%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI) *	25-50%
Home-based care	
Programmes for OVC* *	

Page 110

155)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

5 (5)

Page 111

156)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

157)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

From the current NSP and SGS surveys (2008)

158)

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	
Prevention of mother-to-child transmission of HIV	
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	
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	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	

Page 113

159)

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?

7 (7)

Page 114

160)

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)

Page 115

161)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

In the current NSP

162)

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	Agree

through the workplace

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

Other: please specify

Agree

Page 116

163)

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?

7 (7)

Page 117

164)

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?

N/A (0)