

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Tuvalu (0)

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

Dr Stephen Mafoa Kaimoko Homasi

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

01/03/2010

#### Page 3

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

Coordinators were identified for Part A and Part B Part A was led by Dr Homasi on behalf of all Government stakeholders. Part B was led by Ms Eseta Lauti (Tuvalu Red Cross Society) on behalf of all the stakeholders from Non-Governmental Organizations.

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

Minor misunderstanding on the questions led to some disagreements however this were easily resolved with further consultation with the National HIV Coordinator

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

Misinterpretation of the questions was an issue however these were easily resolved prior to submission

**Page 4**

11) **NCPI - PART A [to be administered to government officials]**

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

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Public Health Department	Dr Nese Ituaso-Conway	A.I, A.II, A.III, A.IV, A.V
Respondent 3	HIV and STI Unit	Ms Felisetasi Manoa Afasene	A. I, A. II, A. III, A. IV, A. V
Respondent 4	HIV and STI Unit	Taufala Nia	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Parliament Office	Ms Lilipeti Tangisia	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Ministry of Education	Ms Temukisa Hauma	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Economic, Planning and Budget	Mr Niuatui Niuatui	A. I, A. II, A. III, A. IV, A. V
Respondent 8			
Respondent 9			
Respondent 10			
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

13)

**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	Tuvalu Red Cross Society	Ms Eseta Lauti	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Tuvalu Family Health Association	Ms Savali Kelese	B.I, B.II, B.III, B.IV
Respondent 3	Tuvalu Association of Non-Governmental Organization	Mr Toomu Hauma	B.I, B.II, B.III, B.IV
Respondent 4	Tuvalu Overseas Seamans Union	Mr Fepuali Kitiseni	B.I, B.II, B.III, B.IV
Respondent 5			
Respondent 6			
Respondent 7			
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**Page 5**

15)

**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**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)**

**Period covered:**

2009-2013

17)

**1.1 How long has the country had a multisectoral strategy?**

**Number of Years**

9

18)

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

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

**Page 8**

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

**Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

Planning, Finance

**Page 9**

20)

**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	No
e. Sex workers	No
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes

**Settings**

h. Workplace	Yes
i. Schools	Yes
j. Prisons	No

**Cross-cutting issues**

k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

22)

**Part A, Section I: STRATEGIC PLAN****Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2006

**Page 11**

23)

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

Seafarers Youths Women Children (in and out of school)

24)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

25)

**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

26)

**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**

27)

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

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

Non-Governmental Organizations are members of the National Coordinating Body (Tuvalu National AIDS Committee). The Ministry of Health ensures civil society participation in all its health programmes at national level

28)

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

Yes (0)

29)

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

Yes, all partners (0)

**Page 14**

30)

**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**

31)

**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 Yes
- c. Poverty Reduction Strategy Yes
- d. Sector-wide approach Yes
- e. Other: N/A

32)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	No

**Page 16**

33)

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

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

N/A (0)

**Page 17**

34)

**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**

35)

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

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**



Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	No

**Page 19**

36)

**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):**

The Ministry of Health conducted training and provided information to the Tuvalu Police Force on voluntary testing and counselling and the availability of treatment services in country. The Police Force has developed their own strategies to address HIV prevention and alleviating Violence Against Women.

37)

**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**

38)

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

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

No (0)

**Page 23**

39)

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

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

Yes (0)

**Page 24**

40)

**Part A, Section I: STRATEGIC PLAN****7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

41)

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

Yes (0)

**Page 25**

42)

**Part A, Section I: STRATEGIC PLAN****7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

43)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

**Page 26**

44)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

45)

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

Yes (0)

**Page 27**

46)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)**

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

Youth between the age of 15-24 (Behavioural surveillance) Women - Ante-natal mothers (Seroprevalence data) Men - Seafarers (seroprevalence data)

47)

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

Behavioural surveillance (youth) will allow comparison of any changes from baseline information to future information as a measure of prevention strategies for this population. Antenatal data will inform treatment guidelines for pregnant mothers for HIV and STIs Seafarer is a most at risk population in Tuvalu

**Page 28**48) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

49)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Islands Funafuti - Urban Nanumea Island - Rural Nanumaga Island - Rural Niutao Island - Rural Nui Island - Rural Vaitupu Island - Rural Nukufetau Island - Rural Nukulaelae Island - Rural Niulakita Island - Rural

50)

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

To develop targetted interventions to the islands

51)

**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**

52)

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

**Question 7.5 (continued)**

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

9 (9)

53)

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

PLWHI accessing treatment for the first time Availability of ARVs to Tuvalu Establishment of a National HIV and STI Unit Recruitment of HIV Program Officers to work fulltime to implement the NSP Availability of more funding for national activities Better coordination at national level through Tuvalu National AIDS Committee Political Commitment

54)

**What are remaining challenges in this area:**

Stigma and Discrimination HIV Education to expand to Outer Islands HIV Education to include older population who are missing out because the focus has been on the younger population HIV voluntary counseling and testing to expand to Outer Islands More PLHIV to access treatment

**Page 31**

55)

**Part A, Section II: POLITICAL SUPPORT**

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

56)

**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**

57)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1999

58)

**2.2 IF YES, who is the Chair?**

Name Ms Saini Malalau  
 Position/title RRRT Advisor/TANGO member

59)

**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?	No
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**

60)

**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

61)

**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

10

**Page 34**

62)

**Part A, Section II: POLITICAL SUPPORT**

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

**strategies/programmes?**

**Yes (0)**

**Page 35**

63)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

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

Coordination and harmonization of programs avoiding duplication of programs among Government and Non-Governmental organizations

64)

**Briefly describe the main challenges:**

None

65)

**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)

67

66)

**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	No

67)

**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**

68)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

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

7 (7)

69)

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

Political commitment by providing annual financial support (\$7000) for HIV treatment.  
Representation from the Office of the Speaker to Parliament on the Tuvalu National AIDS Committee (Parliament representation) Political Commitment at Pacific Regional level Governor General speaking out on HIV at the 2008 World AIDS Day Island Leaders speaking out on HIV at the World AIDS Day celebrations every year.

70)

**What are remaining challenges in this area:**

Proactive involvement from Members of Cabinet

**Page 39**

71)

**Part A, Section III: PREVENTION**

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

Yes (0)

**Page 40**

72)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- 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)

- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

73)

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

Yes (0)

**Page 41**

74)

**Part A, Section III: PREVENTION**

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

Yes (0)

75)

**2.1 Is HIV education part of the curriculum in:**

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

76)

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

Yes (0)

77)

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

Yes (0)

78)

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



**vulnerable sub-populations?**

Yes (0)

**Page 42**

79)

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

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

Targeted information on risk reduction and HIV education	Other populations
Stigma and discrimination reduction	Other populations
Condom promotion	Other populations
HIV testing and counselling	Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	

**Page 43**

80) **Part A, III. PREVENTION**

**Question 3.1 (continued)**

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

Seafarers are considered a risk population in Tuvalu because of their vulnerability to HIV. This population accounts for 73% of all cases of HIV in Tuvalu.

**Page 44**

81)

**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)

82)

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

HIV Testing of Seafarers: Mandatory testing for Seafarers (a requirement from their employer - German Shipping Company) was removed. However HIV testing is still offered whenever seafarers come in for medical examinations as required by the recruiting companies.

83)

**What are remaining challenges in this area:**

Review of National laws that affect HIV Policies Review of the National HIV testing policy Develop legislations relating to HIV and workplace

**Page 45**

84)

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

Yes (0)

**Page 46**

85)

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

Review of the National Programme through consultation with Tuvalu National AIDS committee.  
Review of annual implementation plans

86)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
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**

87)

**Part A, III. PREVENTION**

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

9 (9)

88)

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

1. Implementation of the Life-Skills program 2. The main religious denomination in Tuvalu Ekalesia Kelisiano Tuvalu (EKT) endorsing the National Program and actively participating in TuNAC and other key stakeholders, Tuvalu Association of Non-Governmental Organizations (TANGO) and Tuvalu Family Health Association (TuFHA) 3. Production of IEC in local language 4. Revise materials used for radio media 5. Expand Peer Education program and train more trainers on the program 6. Training of medical staff on Universal precaution and infection control 7. Training of counselors in Tuvalu with 2 staffs now enrolled in the Diploma of Counselling Course conducted on a distant learning basis.

89)

**What are remaining challenges in this area:**

1. Development of a behavioural change strategy for Tuvalu. This work is intended for 2010 2. Revision of the Secondary School curriculum and train teachers to deliver 3. Secure funding for life skills program 4. Devise condom distribution strategy

**Page 48**

90)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

**Page 49**

91)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

92)

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

Yes (0)

93)

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

Yes (0)

**Page 50**

94)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

These were determined through the review process of the NSP Implementation Plan Consultation with TuNAC and relevant stakeholders

95)

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

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

**Page 51**

96)

**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)

97)

**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**

98)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 4 (continued)**

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

1. ARVs 2. STI treatment drugs 3. Condoms 4. Family Planning Methods 5. HIV test kits

**Page 53**

99)

**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)

100)

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

1. ARVs available in Tuvalu through the Global Fund Program on HIV 2. PLHIV accessing treatment are receiving ARVs 3. Drugs for OIs are also available 4. HIV Unit established to address all HIV needs 5. Clinical Core Team trained to look after PLHIV

101)

**What are remaining challenges in this area:**

1. Shipment of ARVs from a pacific regional facility takes time

**Page 54**

102)

**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**

103)

**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**

104)

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

Yes (0)

**Page 65**

105)

**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:**

TuNAC conducted its first M&E assessment in 2009 and is in the process of finalizing it prior to its endorsement.

106)

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

No (0)

**Page 66**

107)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 5 (continued)**

**IF NO, what are the main obstacles to establishing a functional M&E Unit?**

The scope for M&E in the Tuvalu setting will not warrant the creation of a separate unit specific for this purpose. This work can be implemented by the current HIV program officers as part of their work to implement the NSP.

**Page 69**

108)

**What are the major challenges?**

1. Development of the M&E tool 2. Lacking local capacity for epidemiology work The tool has been developed now and it is due for use in 2010 after its endorsement by TuNAC

Page 70

109)

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

Yes, but meets irregularly (0)

110)

**6.1 Does it include representation from civil society?**

Yes (0)

Page 71

111) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

TuFHA - data collection and behavioural surveillance Tuvalu Red Cross - data collection, blood donation program TANGO - capacity building among NGOs

112)

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

Yes (0)

Page 72

113)

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

National database is managed by the Health Information and Statistics Unit (HISU)- Head of HISU based at Princess Margaret Hospital, Funafuti. They collect information (consolidated monthly returns) from all the 8 Outer Islands Medical Centers including Princess Margaret Hospital (Main Hospital)which includes information on STIs in general including HIV

114)

**7.2 IF YES, does it include information about the content, target populations and**

**geographical coverage of HIV services, as well as their implementing organizations?**

Yes, but only some of the above (0)

**Page 73**

**115) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

geographical coverage of HIV services (0)

**116)**

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	No

**Page 74**

**117)**

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

No (0)

**118)**

**Provide a specific example:**

This information is not available as the M&E plan for Tuvalu will be implemented in mid 2010

**119)**

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

This information is not available as the M&E plan for Tuvalu will be implemented in mid 2010

**Page 75**

**120)**

**Provide a specific example:**

This information is not available as the M&E Plan for Tuvalu will be implemented in mid 2010

**121)**

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



This information is not available as the M&E plan for Tuvalu will be implemented in mid 2010

**Page 76**

122)

**Provide a specific example:**

This information is not available now as the M&E plan for Tuvalu will start implementation mid 2010

123)

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

This information is not available as the M&E plan for Tuvalu will be implemented in mid 2010

**Page 77**

124) **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, but only addressing some levels (0)

**Page 78**

125) **Part A, Section V: MONITORING AND EVALUATION**

**For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at national level (0)

126)

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

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

**Page 80**

127)

**Part A, Section V: MONITORING AND EVALUATION**

**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81**

**128) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Development of M&amp;E Tool specific for the Tuvalu programme

**Page 82**

129)

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

Not available

130)

**What are remaining challenges in this area:**

This information is not available now as the M&amp;E plan for Tuvalu will start implementation mid 2010

**Page 83**

131)

**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**

132)

**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**

133)

**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 88**

**134) 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**

**135)**

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

**Question 4 (continued)**

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

HIV testing Policy - states the banning of any mandatory testing, and encourages VCCT. HIV Strategy - promotes human rights at the level of testing, treatment care and support

**136)**

**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?**

Yes (0)

**Page 90**

**137)**

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

**Question 5 (continued)**

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

1. Directly with the Office of the Magistrate 2. Directly with the National HIV Coordinator who will then register with the Office of the Magistrate

**138)**

**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**

139)

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

The involvement of Seafarers and youths (considered vulnerable and at risk groups in Tuvalu) in the development of the HIV testing policy.

140)

**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**

141)

**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:**

IEC distribution for public awareness Radio media awareness programs specifically on these policies Information to public on free treatment availability

142)

**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 93**

143)

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

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

Yes (0)

144)

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

Yes (0)

**Page 94**

145)

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

**Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

For Tuvalu, seafarers are known as the most at risk population. Policies are in place to provide them access to counselling, voluntary testing and treatment services

146)

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

No (0)

**Page 95**

147)

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

Yes (0)

148)

**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?**

No (0)

**Page 97**

149)

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

Yes (0)

150)

**– 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**

Yes (0)

151)

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

Yes (0)

**Page 98**

152)

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

**Question 12 (continued)**

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

RRRT Officer based in the Ministry of Home Affairs and Rural Development monitor and enforces human rights issues. The National HIV coordinator is the focal person who monitor and report on any human rights abuse of PLHIV Pacific Regional benchmarks are used for this purpose

**Page 99**

153)

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

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

Yes (0)

154)

**– Legal aid systems for HIV casework**

Yes (0)

155)

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

Yes (0)

156)

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

Yes (0)

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

Yes (0)

**Page 100**

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

**Question 15 (continued)**  
**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	No

**Page 101**

159) **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?**

7 (7)

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

- 1. Continuation support for a RRRT program responsible for all legal rights training in country including HIV
- 2. Recognition from the Government Legal Department for review of legislations

161) **What are remaining challenges in this area:**

- 1. Review of current laws to include HIV
- 2. Develop legislations related to HIV and workplace
- 3. Developm legislations that addresses issues specific for PLHIV

**Page 102**

162) **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?**

8 (8)

163)

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

1. Extensive legal rights training in 2008-2009 has generated interest from the legal department and civil society to revise laws related to HIV in Tuvalu. 2. RRRT Officer position moved to the Ministry of Home Affairs and Rural Development in 2009. This is likely to achieve more support from Government. 3.

164)

**What are remaining challenges in this area:**

None noted

**Page 103**

165)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

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

5 (5)

166)

**Comments and examples:**

1. Inviting key Government personnel to sit on their committees 2. More participation of Government workers in NGO work 3. Government always involve NGO participation in its development plans and most of the national projects including HIV, STI, Reproductive and Sexual Health.

**Page 104**

167)

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

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?**

5 (5)

168)

**Comments and examples:**



1. All relevant NGOs participated in the development of the National Strategic Plan on HIV. 2. 10/15 Tuvalu National AIDS Committee members are from NGO 3. The Ministry of Health always include civil society participation in all its health programmes including HIV 4. Ministry of Health encourages NGO participation in line with its Health Strategic Plan 2009-2019

**Page 105**

169)

**a. the national AIDS strategy?**

4 (4)

170)

**b. the national AIDS budget?**

4 (4)

171)

**c. national AIDS reports?**

3 (3)

172)

**Comments and examples:**

None noted

**Page 106**

173)

**a. developing the national M&E plan?**

5 (5)

174)

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

4 (4)

175)

**c. M&E efforts at local level?**

3 (3)

176)

**Comments and examples:**

None noted

**Page 107****177) 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)?**

4 (4)

**178)**

**Comments and examples:**

Most of the common faith based organization in Tuvalu are represented. The Tuvalu Overseas Seamans Union (TOSU) is also represented

**Page 108**

**179)**

**a. adequate financial support to implement its HIV activities?**

4 (4)

**180)**

**b. adequate technical support to implement its HIV activities?**

4 (4)

**181)**

**Comments and examples:**

1. There is a need for capacity building in developing proposal to seek funding from a wide range of funding agencies. 2. Funding is available and NGO must grab every opportunity to secure funding for their programs

**Page 109****182) 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%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	
- Men who have sex with men	
- Sex workers	
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%

Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	

**Page 110**

183)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

8 (8)

184)

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

1. Representation from the Parliament was formalized in 2009
2. Participation of NGOs in Pacific regional meetings on HIV
3. Participation of NGOs in TuNAC

185)

**What are remaining challenges in this area:**

1. Improving coordination among NGOs in Tuvalu to further improve program implementation

**Page 111**

186)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

**Page 112**

187)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

1. This was determined through consultation between NGOs and Government.
2. The review meetings of the HIV Implementation Plan

188)

**1.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	
Risk reduction for men who have sex with men	
Risk reduction for sex workers	
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**

189)

**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?**

9 (9)

190)

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

1. Peer motivation program implemented in 2009\ 2. Expansion of Peer education to Tuvalu Red Cross in 2008 3. Targetted programs for seafarers and their wives 4. KAP Survey to inform program development for HIV prevention

191)

**What are remaining challenges in this area:**

1. Expand HIV education program to the Outer Islands

**Page 114**

192)

**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**

193)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

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

This was determined through the review meeting of TuNAC and the review process of the implementation plan

194)

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

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

**Page 116**

195)

**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?**

9 (9)

196)

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

1. Advocacy Group was established to offer support to PLHIV
2. HIV testing referral systems in place between NGOs and Government National Laboratory

197)

**What are remaining challenges in this area:**

None noted

**Page 117**

198)

**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?**

No (0)