SAMOA

MSM Country Snapshots – Country Specific Information on HIV, men who have sex with men (MSM) and transgender people (TG)

AUGUST 2010

VERSION 2

I. THE CURRENT SITUATION

Epidemiology

• There is no official size estimate for MSM and TG in Samoa.

• Studies of male youth and male STI clinic attendees in 2004-05 have found proportions of men having ever had sex with other men ranging from 7% to 21.8%. The proportions of men who had sex with other men in the last year ranged from 4.2% to 14.7%. (References: 2,9)

• In 2004-05, 2 people out of the 12 reported cases of HIV in Samoa contracted HIV through male-to-male sex. (9)

Behaviour, Knowledge and Social Research relating to HIV

• In 2004-05, none of the 4.2% of men who reported male-male sex in the past 12 months used a condom at the last occasion of sex with another male. (9)

• In a survey of 300 youth (170 males) in 2004-05, 3.5% of the males had multiple male partners in the past 12 months. (9)

• In the survey of 101 STI clinic attendees in 2004-05, none of the 71 men in the study reported having sex with a man for money or gifts. (9)

Legal Situation and Law Enforcement Authorities

• Sex between males is illegal. Prohibited activities include: “indecent acts between males”, regardless of consent; sodomy; and the “keeping of any premises used as a place of resort for the commission of indecent acts between males”. (8)

• There are no laws protecting MSM/TG. (4)

• The Crimes Ordinance 1961 Section 58N prohibits impersonation of females by males. (8)

• The legal system has been classified as “prohibitive in lower degree” or “moderately repressive” for MSM/TG. (3,8)

MSM Community, other Social Research and Stigma/Discrimination

• There is no published information about the MSM and TG community in Samoa.

Quick Facts Box

| Estimated number of MSM & TG | Unknown |
| Latest country-wide HIV prevalence estimate for MSM & TG | 2 out of 12 people |
| Number of times higher than national prevalence | NA |
| Male-male sex is legal or illegal | Illegal |
| MSM-specific program line in NSP | No Strategic Plan |
II. THE RESPONSE TO HIV

Government Response

- Samoa currently does not have a National Strategic Plan for HIV, although a plan is in development. (6)
- Samoa was part of the Global Fund to Fight AIDS, Malaria and Tuberculosis Round 2 and 7 Multi-Country grants for the Western Pacific. It is not clear whether any funds in these grants went to MSM programs or activities. It does not appear that Samoa has ever received funds directly from the Global Fund. (5,6)
- In 2010, Samoa produced its first UNGASS report. However, it did not include any data on MSM. (10)

Community-based Response

- There is currently no published information on the MSM community response to HIV in the Solomon Islands.
- There appear to be two main community based organisations working with MSM: the Samoa AIDS Foundation, and the Samoa Fa’afafine Association.

Strategic Information

- There is very little in the academic literature on MSM/TG in Samoa.
- HIV is a notifiable infection, and data on gender and “sexual history” is collected with reports of positive HIV tests. (9)
- The surveillance does not include behavioural surveillance. (9)

Health System

- There are no specifically MSM-friendly sexual health clinics in Samoa. (1)

National and International Networks

- Samoa is represented in the “Pacific Sexual Diversity Network” for organisations working with MSM and TG in the Pacific sub-region. The secretariat of the PSDN currently sits with the Samoa AIDS Foundation. (7)

III. THE RESULTS

- There is no information available about the coverage of prevention, treatment, care and support for MSM, the resource needs and gaps, or the effectiveness of prevention efforts.
IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex workers.
- National strategic plan should include a costed comprehensive response for MSM and TG.
- More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.
- Scale up MSM-friendly VCT and sexual health screening centers.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination toward PLHIV in MSM communities.
- Specific prevention activities should focus on transgender people.

V. REFERENCES

All references are available at:

www.apcom.org/snapshots2010.html

Contact details of the UNAIDS Pacific office in Fiji are available at:
