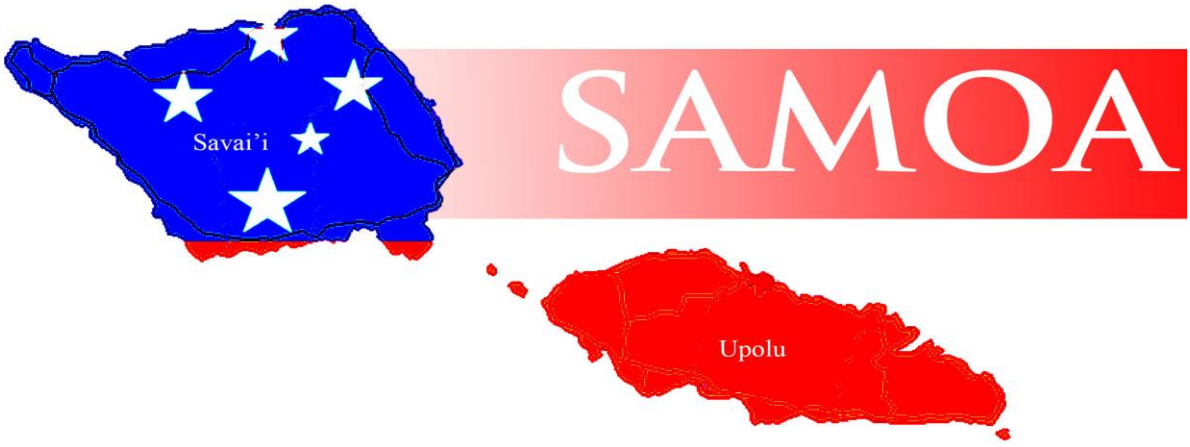
Government of Samoa

GLOBAL AIDS RESPONSE PROGRESS REPORT 2015

REPORTING PERIOD: JANUARY - DECEMBER 2014



UNAIDS

Statement by the Ministry of Health

This is Samoa's fourth Global AIDS Response Progress Report since 2011, evidence of Samoa's commitment to the global response to HIV/AIDS and adhering to the *"Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS"* adopted by the United Nation member states at the high level meeting held in New York 2011.

The Global AIDS Response Progress Report is a highly regarded report with an in-depth analysis of core indicators that provides insight into our national efforts to alleviating HIV/AIDS through collective Prevention initiatives and programs to Treatment and Care, Enabling Environments and Program Management.

STIs (other than HIV) cause considerable mortality and morbidity in both adults and newborns. In addition, STIs facilitate the transmission of HIV infection. While the number of Samoa's HIV cases is low, Sexually Transmitted Infection Diseases (STIs) prevalence remains high. The increasing prevalence of these preventable STIs affects our young, active and productive populations.

STIs/HIV and AIDS if not prevented and controlled, can impact negatively on the health of our people and profoundly debilitate our developing healthcare system.

While much has been done through the work of our stakeholders, more strategic interventions needs to be done to avoid and alleviate further transmission of these preventable diseases. Samoa's national response is multi-sectoral and premised on several guiding policy documents endorsed by our government.

i. Strategy for the Development of Samoa 2012-2016
ii. Health Sector Plan 2008-2018
iii. National HIV/AIDS Policy and Plan of Action 2011-2016
iv. National Sexual Reproductive Health Policy 2011-2016, to name a few.

Samoa, like all the other Pacific Island Countries enjoys the generous financial support received over the years from both international and regional partners.

The work carried out by our key stakeholders (National Health Service (NHS), Samoa family Health Association (SFHA), Samoa Red Cross (SRCS)) and our partners namely MWCSD, MESC, MoPP, is to be commended. Community Based Organisations and Faith Based Organisations have also contributed greatly in the fith against HIV/AIDS.

The ongoing treatment and support offered by the NHS is greatly appreciated. Likewise, the Ministry of Health also acknowledges the contributions of all individuals who have made an impact to our national response to HIV/AIDS.

May this report provide more strategic direction to our fight against HIV/AIDS in the coming years.

Faafetai,

Mae'e Ualesi Falefa Silva
Acting Director General/CEO
Samoa Ministry of Health.

MINISTRY OF HEALTH
GOVERNMENT OF SAMOA

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I. STATUS AT A GLANCE

In this reporting round to Global AIDS Response Progress Reporting, Samoa's country report covers the period of January – December 2014. This is the 4th time Samoa has submitted an overarching report and to this global mechanism, so as to show support towards our Global fight to ending further transmission of HIV and AIDS globally, thus saving more lives.

This country report was prepared in an effective consultative manner. A consultation was held with our Sexual Reproductive Health stakeholders that encompass both HIV/AIDS and SRH representatives. Given that there was very limited data that could respond to all different sets of indicators given, the focus of this report is directed in its narrative section which provides a complete outlook of Samoa's response to HIV/AIDS nationally.

The Indicator data in the overview table is provided for clarification of data obtained for some indicators but most of these indicators are relevant but cannot be determined due to unavailability of data.

(a) Status of the epidemic;

The incidence and HIV infection in Samoa remains very low with only 23 cumulative cases of HIV since 1990. For this reporting round January – December 2014, there were no new confirmed cases reported, although there is one PMTCT case who in this reporting period, is currently undergoing confirmatory tests.

HIV/AIDS Epidemiological Profile as of the 31st December 2014.

- First case of HIV – **1990**
- Cumulative Cases of HIV+ 1990 – 2014 – **23**
- Deceased HIV cases – **11**
- People Living with HIV - **12**
- Treatment and Care – **12** *(**10** treated at the National- Health Services – with assistance from Global Fund Facility & **2 cases** on private treatment)*

Of the ten (10) cases on treatment supported by Global Fund Facility, four (4) are adult male, two (2) are infant male and four (4) are adult female. The two (2) cases on private treatment are both adult male.

The main mode of transmission is through sexual activities. Of the 12 PLWH one is a returned citizen from overseas, 2 cases of mother to child transmission, and the rest is through sexual intercourse. There is no known case of male sex with men (MSM) transmission detected, and any cases of transmission through blood transfusion.

Although Samoa is a country with low prevalence of HIV, but the increasing number of STIs, particularly chlamidya over the years remains major concern.

(b) HIV and STI statistics

Sexually Transmitted Infection Diseases is still a problem in Samoa. As reported in the last GARPR 2013, the continuous increase of STIs poses a threat on the prevention of HIV given its common mode of transmission ie: sexual intercourse. Several studies in the past years[i] confirmed this dramatic increase with Chlamydia in particular, is found to be prevalent amongst ante-natal mothers mainly with the age group between 25 – 35years old.

HIV prevalence as stated before is very low in Samoa. The first recorded case was detected in 1990 and from then on the cumulative number of cases still stands at 23 with 12 cases died and 11 still alive to date.

Table 1: Samoa total HIV cases by year of reporting

Date Registered	0-4	20-24	25-29	30-34	35-39	40-44	50+	Total
1990					M (d)			1
1994				M (d)				1
1995	U (ds)		F (d)					2
1996	M (d)		F (d)		M (d)	F		4
1999					M (d)			1
2000		M (d)				M		2
2007			M	M, F, M (d)				4
2008	M			M(d), F				3
2009	M (d), M		F	F				4
2013							M	1
Total								23

Key: M – Male; F – Female; d – deceased; U – sex unknown;

There was no reported new HIV case in 2014.

HIV testing among the population is critically low, when taking into consideration the increasing STIs that Samoa have. For this reporting period, only about 6189 tests were done, and 82% of total tests are made up of females of whom most are ante-natal mothers, and only 18% is made up of males, 0.2% is made up of those registered as unknown gender, i.e those whose gender was not recorded during visit to the clinics. Overall there was ≤ 3% of the total population being tested for HIV in 2014.

Table 2: HIV Tests: Period January – December 2014.

JAN - DEC 2014 HIV TESTS				
age	**males**	**females**	**unk gender**	**total tests per age group**
0-4yrs	6	9		**15**
5-9yrs	4	4		**8**
10-14yrs	4	18		**22**
15-19	121	568	3	**690**
20-24	243	1437	6	**1683**
25-29	192	1174		**1366**
30-34	151	826	1	**977**
35+	339	810	4	**1150**
unk	69	204	19	**278**
Total tests per gender	**1129**	**5050**	**33**	**6189**

Source: National STIs Surveillance Data Jan – December 2014.

Table 3: STIs Prevalence in Samoa 2012-2013 and Chlamydia prevalence Jan-June 2014

STIs Prevalence 2012-2014	
HIV	0%
Syphilis	0.2%
Hep B	3%
Hep C	1%
Gonorrhoea	6%
Jan – June 2014 Chlamydia	25%

- Prevalence of Hep B infection amongst all tested at TTMH Lab for STIs from 2012-2014 is approximately 3%.
- This has included patients from populations such as antenatal; immigration; sexually transmitted infection clinic; private and hospital clinics; SFHA; NKF patients; blood donors and others.
- Prevalence for Chlamydia in 2014 could not be established due to PCR machine breakdown mid-2014. This has greatly affected the determining of Chlamydia prevalence in this reporting period.

(c) Policy and programmatic response

Samoa Ministry of Health, being the National Focal point for HIV/AIDS, has the responsibility for the strategic oversight and acts as the Monitoring and Evaluation entity for the country's response to HIV/AIDS. Samoa's National Strategic Plan for HIV/AIDS covers the period 2012-2016, and a review of this National Strategic Plan and Policy is due to take place mid-2015.

Furthermore, under the Ministry of Health, a National AIDS Coordinating Council (NACC) was established in 1987. This is an equivalent to the Country Coordinating Mechanism (CCM). In 1988, a Technical AIDS Committee (TAC) was established as the working arm of NACC. TAC is tasked to provide technical advice to the

NACC on policy, to manage and monitor the programmatic aspects of HIV/AIDS interventions, and to suggest appropriate actions to further strengthen policy and programmatic response to HIV/AIDS through a multi-sector approach.

Overall, the Ministry of Health provides clear policy guidance and relevant, technical assistance, to ensure HIV/AIDS and STI interventions are delivered in accordance within national policies and appropriate frameworks, and to minimize fragmentation and duplication of programs.

A Health Sector Monitoring and Evaluation (M&E) framework was operationalized in 2010, which includes some indicators relevant to HIV/AIDS and STIs. A specific M&E framework for HIV/AIDS is yet to be developed in order to truly measure the progress of all HIV/AIDS related programmes.

(d) Inclusiveness of the stakeholders in the report writing process

The preparation of the 2015 Global AIDS Response Progress Report (GARP) for Samoa was facilitated and compiled by the Ministry of Health (MoH), with relevant government ministries and non-government organization (NGO) partners involved in the response to HIV/AIDS and STIs in Samoa.

Collection of data for this report was carried out in conslutation with various stakeholders. A Sexual Reproductive Health Stakeholders Meeting carried out on March 16th also garnered information from our health sectors and partners that all contributes to our national response to HIV/AIDS. Refer Annex 1 – List Activities for SRH/STIs/HIV/AIDS 2014)

2015 GAPR Team (MOH)

Ms Aaone Tanumafili	Principal HIV/AIDS National Capacity Support Officer, Health Sector Coordination, Resourcing and Monitoring Division (HSCMRD) ***(contact person for this report)***
Mr Andrew Peteru	UNAIDS Liaison Officer, Samoa

Stakeholders Contribution implemented submission of reports on activities implemented 2014:

i. Ministry of Women, Community and Social Development
– Division for Youth and Division for Women.

ii. Samoa Family Health Association

iii. National Health Services
- Public Health Clinic (HIV/AIDS Patient Register Summary)
- Laboratory Services (National Surveillance STIs Data)
- Pharmaceutical Services (ARV Drugs Supply Record)

iv. Ministry of Education Sports and Culture (Update on SRH and School Curriculum)

v. Ministry of Police and Prisons (STIs activities for inmates and new police recruits)

vi. EFKS - Youth Director

vii. Methodist Church – Youth Director

viii. Samoa Red Cross Society

ix. PLWHA

x. Ministry of Health

Indicator Overview Table

Target		Indicators	Value	Source	Comments
Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015	*Indicators for the general population*	1.1 Young People: Knowledge about HIV Prevention*	0	None	Indicator relevant but data is not available
		1.2 Sex Before the Age of 15	0	None	Indicator relevant but data is not available
		1.3 Multiple sexual partners	0	None	Indicator relevant but data is not available
		1.4 Condom Use During Higher Risk-Sex*	0	None	Indicator relevant but data is not available
		1.5 HIV Testing in the General Population	≤3%	National STIs Surveillance Data	The 3% is made up of ANC attendees in 2014, with a small portion attributed to male population.
		1.6 HIV prevalence in young people	0.003% per 1000 population	HIV/AIDS Register	Age Group taken from HIV/AIDS register between 0 – 39years old
	Indicators for sex workers	1.7 Sex Workers: Prevention programmes	0	None	Indicator relevant but data is not available.
		1.8 Sex Workers: Condom Use	0	None	
		1.9 Sex Workers: HIV Testing	0	None	Indicator relevant but data is not available
		1.10 Sex Workers: HIV Prevalence	0	None	Indicator relevant but data is not available
	Indicators for men who have sex with men	1.11 Men who have sex with men: Prevention programmes	0	None	Prevention programs carried out that target MSM but data cannot be determined.
		1.12 Men who have sex with men: Condom Use	0	None	Indicator relevant but data is not available
		1.13 Men who have sex with men: HIV Testing	0	None	Indicator relevant but data is not available
		1.14. Men who have sex with men: HIV Prevalence	0	None	Currently there is no known case of a positive MSM
	Testing and Counselling	1.15 Number of Health facilities that provide HIV testing and counselling services	1 and 2	Accredited VCCT clinics	There is only one testing facility in Samoa ie: national Laboratory Services, and 2 accredited VCCT clinics in operation.
		1.16 HIV Testing in 15+ (from programme records)	5866	National STIs Surveillance Data 2014	Total number of those 15+ years old recorded as having a HIV test.
	Sexually Transmitted	1.17 Sexually Transmitted Infections (STIs)		National STIs Surveillance Data	Hep B prevalence throughout the noted period is static at 3% out of total tests

	Infections		**STIs Prevalence 2014** **HIV** **0%** **Syphilis** **0.2%** **Hep B** **3%** **Hep C** **1%** **Jan – June 2014 Chlamydia** **25%**	2014 (NHS/MOH)	carried out that period. Chlamydia tests for the months of Jul-Dec did not occur due to technical problems at the time.
		1.17.1 Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at first ANC visit	100%	National STIs Surveillance Data 2014 (NHS/MOH)	
		1.17.2 Percentage of antenatal care attendees who were positive for syphilis	0.2%	National STIs Surveillance Data 2014 (NHS/MOH)	All cases are made up of ANC attendees.
		1.17.3 Percentage of antenatal care attendees positive for syphilis who received treatment	100%		It is mandated to provide treatment for those infected to protect mother and baby from any preventable complications
		1.17.4 Percentage of sex workers with active syphilis	0	None	Indicator relevant but data is not available
		1.17.5 Percentage of men who have sex with men (MSM) with active syphilis	0	None	
		1.17.6 Number of adults reported with syphilis (primary/secondary and latent) during the reporting period	0	None	Indicator relevant but data is not available or not recorded..those RPR+ are not identified whether it is primary, secondary or latent during reporting period)
		1.17.7 Number of reported congenital syphilis cases (live births and stillbirth) during the reporting period	None	None	Indicator relevant but data is not available
		1.17.8 Number of men reported with gonorrhoea during the reporting period	3%	National Surveillance Data 2014 (NHS/MOH)	
		1.17.9 Number of men reported with urethral discharge during the reporting period	0	None	Indicator relevant but data is not available
		1.17.10 Number of adults reported with genital ulcer disease during the reporting period	0	None	

Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015	2.1 People who inject drugs: Number of needles/IDU	NA	NA	Indicator not relevant
	2.2. People who inject drugs: Condom Use	NA	NA	Indicator not relevant
	2.3 People who inject drugs: Safe Injecting Practices	NA	NA	Indicator not relevant
	2.4 People who inject drugs: HIV Testing	NA	NA	Indicator not relevant
	2.5 People who inject drugs: HIV Prevalence	NA	NA	Indicator not relevant
	2.6 People on opioid substitution therapy	NA	NA	Indicator not relevant
	2.7 NSP and OST sites	NA	NA	Indicator not relevant*****
Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths	3.1 Prevention of Mother-to-Child Transmission	100%	ANC register/PLWHA Register	
	3.1 a Prevention of mother-to-child transmission during breastfeeding	100%	ANC register/PLWHA register	
	3.2 Early Infant Diagnosis	100%	PMTCT register	
	3.3 Mother-to-Child transmission rate (modelled)	0	None	
	3.3 a Mother-to-child transmission of HIV (based on programme data)	2 paediatric cases at the time of this reporting	PLWHA Register	
	3.4 Pregnant women who were tested for HIV and received their results	100%	National Surveillance Data 2014 (NHS/MOH)	
	3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	NA	None	Indicator relevant but data is not available
	3.6 Percentage of HIV-infected pregnant women who had a CD4 test	100%	PLWHA CD4 Count Register	
	3.7 Infants born to HIV-infected women receiving ARV prophylaxis for prevention of Mother-to-child-transmission	1	HIV/AIDS Register	There is one PMTCT case currently undergoing tests to determine his HIV status. During this reporting round he is still clinically well.
	3.9 Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	1	HIV/AIDS Register	
	3.10 Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit	100%	HIV/AIDS clinic register	
	3.11 Number of pregnant women attending			

	ANC at least once during the reporting period			
Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015	4.1 ART coverage (adults and children)* , including Number of eligible adults and children who newly enrolled on antiretroviral therapy during the reporting period	100%	HIV/AIDS Register	
	4.2 HIV Treatment: 12 months retention	100%	HIV/AIDS Register	
	4.2b HIV Treatment: 24 months retention	100%	HIV/AIDS Register	
	4.2c HIV Treatment: 60 months retention	100%	HIV/AIDS Register	
	4.3 Health facilities that offer antiretroviral therapy	1	Accredited VCCT Clinic	Only the Public Health Clinic can provide ART for PLWHA
	4.4 ART stockouts	None	ARV Stockout report 2014	
	4.5 Late HIV diagnoses	None	None	
	4.6 HIV Care	100%	HIV/AIDS Patient Register	All those LWHA are receiving treatment as needed
	4.7 Viral load suppression	None	VL register	
Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015	5.1. Co-Management of Tuberculosis and HIV Treatment	NA	NA	
	5.2 Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB control	1	Public Health Clinic	
	5.3 Percentage of adults and children newly enrolled in HIV care (starting isoniazid preventive therapy (IPT))	NA		
	5.4 Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	NA		Only when directed by physician
Target 6. Close the resource gap	6.1 AIDS Spending - Domestic and international AIDS spending by categories and financing sources	International Contribution is 96% (SAT2.7m) while National Government contributed only 4% (SAT115, 500.00)	Financial Report on AIDS Spending – stakeholders	International is made up of Global Fund for HIV, UNFPA – SFH/FP, SFHA-IPPF,
Target 7. Eliminating gender inequalities	7.1 Prevalence of Recent Intimate Partner Violence (IPV)	NA	Not available	Prevalence is not known for this reporting period.

Target 8. Eliminating stigma and discrimination	8.1 Discriminatory attitudes towards person living with HIV	NA	NA	Indicator relevant data is not available
Target 9. Eliminate Travel restrictions	Travel restriction data collected by Human Rights and Law Division at UNAIDS HQ, no data collected needed	NA	NA	
Target 10. Strengthening HIV integration	10.1 Orphans and non-orphans school attendance*	NA	NA	
	10.2 Economic support for eligible households	NA	NA	

II. OVERVIEW OF THE AIDS EPIDEMIC

Samoa is a low HIV prevalence country with a prevalence rate (%) of 0.015[1], with a cumulative number of 23 PLHIV since the first known case in Samoa was recorded in 1990. By 2008, eighteen PLHIV (15 adults and 3 infants) had been recorded, with four new persons reported in 2009. The most recent case was in 2013, an adult male who was infected overseas and returned home to stay.

The number of registered HIV cases remains the same, i.e. 23 confirmed cases with 17 males and 6 females. 21.7% of these cases are children <10 years old.

Of the 23 cases, 11 are deceased, including 3 infants < 6 years old. Routine and mandatory HIV testing is currently being instituted for all pregnant women presenting for antenatal care (ANC) services in Samoa.

Ten PLHIV currently receive Antiretroviral Therapy (ART) under the Global Fund Facility (GAFTM) coordinated by the MoH, while two are accessing their treatment privately. One Prevention of Mother to Child Transmission (PMTCT) for this reporting period is yet to confirm his status, as he is waiting his last confirmatory testing at 18months. This is apart from one successful PMTCT reported in 2013 GARPR.

The continuous high presence and dramatically increasing rates of Chlamydia and its subsequent implications for the spread of HIV/AIDS is alarming, and highlights the need to continuously improve STI diagnosis and treatment to strengthen surveillance of sexual behaviour of the Samoan population. Although it was noted that the trend of Chlamydia Infections decreased in 2013 to 24% but the first six months of 2014 saw an increase to 25%. The last half ie: July – December 2014, cannot be determined due to technical problems at our main testing facility (National Surveillance and IHR; MOH.

There were no specific studies carried out during reporting period that could further assist in determining the current HIV/AIDS epidemic in Samoa. Samoa's only source of information pertaining to data is provided by the National Laboratory as the only testing facility for HIV/AIDS and other STIs. Information on intervention programs are collected from SRH&HIV/AIDS stakeholders.

[1] National Surveillance STIs Surveillance Data 2014; MOH/NHS

III. NATIONAL RESPONSE TO AIDS EPIDEMIC

A. PREVENTION, CARE, TREATMENT AND SUPPORT

i) PREVENTION

Samoa's first known HIV+ case was recorded in 1990 Over the years policies were developed, National Strategic Plans were designed, and National Councils and Technical Committees were established to plan out the architecture of our national HIV/AIDS response[2] . To date, a considerable number of initiatives responding to HIV/AIDS in Samoa are well underway. These are summarised in a table 4 below.

Table 4 – Summary of Activities implemented by Stakeholders Jan – December 2014

Name of Organisation	Programs implemented	Target Population	Partner Org
Ministry of Police & Prisons	STIs/HIV/AIDS training for police force both Upolu and Savaii	Police force (males/females)	SFHA MOH
Samoa Family Health Association	• School Awareness programs • STIs screening/testing and treatments • ANC care services • Counselling services • Training programs • Mobile service clinic • Condom distribution	• Youth (young people both in & out of school) • Men and Women • People with disabilities • Vulnerable groups (eg: prisoners)	• MESC • MWCSD • MoPP • MoH • SRCS • Nuanua o le Alofa (people with disability partner organisation) • Samoa Faafafine Assc • IPPF
Ministry Education, Sports and Culture	• Staff health screening program • SPAGHL School inspection • Health Promoting School Curriculum Review of Year 1-Year 13 Physical and Health subject	• School teachers • MESC staff • Students	• MoH • SFHA • SRCS

[2] Samoa Global AIDS Response Progress Report 2011, 2013.

	• Teachers training on SRH issues • School Nurse Programs		
National Health Services - Integrated Community Health Services	• STIs Management and Care • ANC Care Services (Identifying problems in late booking and early booking in first trimester is encouraged) • Family Planning Services • School Health Programs	• ANC women • Family Planning Users both men and women • School children	• MoH • MESC • UNFPA
Aoaoga KErisiano Metotisi (Methodist Church Christian Education)	• Integration of SRH/STIs/HIV/AIDS issues into Annual Youth Pacific Youth Forum • Religious Youth Activities	• Youths • Other church youth groups	• MoH
Samoa Congregational Church Youth Work Department	• Planning and integration of youth programs with the inclusion of SRH issues	• Youths • Other church youth groups	• MoH
Samoa Victim Support Group (SVSG)	• Sexual and Reproductive Health Programs for young female victims of sexual abuse	• Young females	• MoH • MWCSD
Samoa Red Cross Society	• Blood Drive Initiative • Peer Education Programs • Condom distribution	• Youths • Churches	• NHS • SFHA
Samoa Faafafine Association	• Public Awareness through public pageants • Vocational training for faafafines	• Faafafine	• SFHA • MoH
Ministry of Women, Community and Social Development (Division for Women)	• Programs on Social Protection awareness • Young Women's girl rising forum	• Maluafou College students • Tafaigata inmates • Female students from Mataaevave,Tuasivi, Amoa, Don Bosco, Palauli and Vaiola (these are colleges in Savaii)	• SFHA • MoH • WinLA • MCIT • UNWOMEN • UNDP
Ministry of Women, Community and Social Development (Division for Youth)	• Peer Education Training for both Upolu and Savaii • SRH Outreach program for Seventh Day Adventist Church Independence Youth Camp • SFHA – Youth Friendly Services & Mobile Clinic • Young Couples Program for Solosolo and Lotopa villages • Fathers and Sons program at Saleapaga village • Media Campaign and awareness raising programs on STIs/HIV,	• Upolu and Savaii youths • Solosolo and Lotopa Young Couples • Fathers and Sons of Saleapaga	• SFHA • MoPP • Human Rights Advocate (Ms Annie Laumea) • Samoa National Youth Council

	Domestic Violence targeting youths in schools, and young people in communities		
Ministry of Health	• VCCT M&E site visits quarterly • SRH M&E quarterly visits to track utilisation of family planning commodities, and others • Stakeholders meeting every 6 months • TAC/CDCC meetings • National Healthy Lifestyle Week with STIs/HIV and AIDS being part of the promotion package • STIs/HIV and AIDS Awareness raising during Secondary Schools Smokefree Tournament • SIDS health promotion booth with health sector partners • Commemoration of World AIDS Day • Strategic and policy advise on issues surrounding HIV/AIDS •	• Community Health Centres • VCCT clinics • SRH&HIV/AIDS Stakeholders • General Public • SIDS delegates	• SFHA • SRH&HIV/AIDS Stakeholders • Divisions within the MoH ie: Health Protection andEnforcement, Health Sector Coordination Monitoring and Resourcing Division, ICT&HIS Division, Strategic Policy and Planning Division, IHR and National Surveillance Division and everyone at MoH • MoH Management
National Health Services • Laboratory Services • Pharmaceutical Services • Communicable Disease – Public Health Clinic • Primary Health Care - Community Nursing	• Testing for STIs and HIV • CD4 tests for PLWHA • Facilitate Viral load tests for PLWHA • ARV supplies for PLWHA • STIs treatments for positive cases • DOTS for PLWHA • Counselling Services • Supplies of Family planning commodities	• PLWHA • General public • ANC Care Attendees • Clinicians	• MOH – IHR & National Surveillance Division • MOH – Health Protection and Enforcement Division (Health Education and Promotion Services) • PLWHA Representative • Donor partners namely UNFPA, GF and WHO

Beyond the National AIDS Coordination Committee (NACC) and the Technical AIDS Committee (TAC) composition that included multi-sector partners from government ministries and non-government and civil society sectors, the donor partners ie: Global Fund to fight AIDS, TB and Malaria (GFATM) provided financial support to allow Health Sector partners from government ministries and non-governmental organizations (NGOs) to become more actively engaged in the HIV/AIDS and STI response in Samoa. NGOs such as the Samoa Faafafine Association (SFA), Samoa Family Health Association (SFHA), and Samoa Red Cross Society (SRCS) have been remarkable in strategizing ways to combat the spread of HIV/AIDS, including (i) addressing vulnerable groups such as men who have sex with men (MSM); (ii) mobile clinics promoting safer sex and distributing condoms; (iii) and ensuring safe blood is provided to the blood banks. Red Cross continues to advocate for safe blood donors thus contributing to a greater pool of voluntary blood donations (VNRBD). The majority of blood provided is from family replacement donors. All blood donors are continuously screened for HIV, syphilis, HepB, and HepC.

Samoa National HIV/AIDS Policy and Plan of Action 2012-2016 is the guiding document of all sector's and stakeholders' interventions. This policy links with the National Sexual Reproductive Health Policy and Plan of Action 2011-2016 that also highlights the need for stringent approaches to reversing increasing STIs targeting the ANC mothers in particular and young people as well.

- *Formal launch of the National HIV/AIDS Policy and Plan of Action 2011-2016 in 2012.*
- *Formal launch of the National Sexual Reproductive Health Policy and Plan of Action 2011-2016 in 2012*

Over the years gender awareness programmes have increased opening up the opportunities to more openly addressing sensitive issues of sexual behaviour and related underlying factors affecting risk and vulnerability to HIV and STIs. Despite this, gender inequality and in particular sexual and domestic violence remain a problem that is commonly highlighted in the media to date.

In order to address these issues from a health perspective, open dialogue through community consultations throughout the year, healthy lifestyle advocacy at the political level, the inclusion of the church in health dialogue processes with the youth and communities are the mainstay of interventions carried out. Building partnerships and affiliation with the Ministry of Education Sports and Culture using the Health Promoting Schools approach, in order to gauge in the attention of young and active people at secondary and tertiary level education.

Mass media campaign and peer education programs that mobilizes young girls and women about their rights for their safety and health, inclusion of men in discussion of sexual reproductive health issues with emphasis on STIs/HIV and AIDS, the strong involvement of Samoa Faafafine Association in many other activities that targets faafafine populations is crucial, and many other programs carried out by the sector partners.
In 2013, both HIV/AIDS and SRH came together and established their own set of stakeholders instead of two programs having their own separate sets. The underlining objective is for both components to work together

and complementing each others, and do programs together to avoid duplication of activities and program fragmentation. This will also allow for provision of strategically planned and well-coordinated technical support that both programs can offer to its stakeholders

Despite these efforts, an entity dedicated solely to the fight against HIV/AIDS does not exist after the programmes carried out by the Samoa AIDS Foundation and Samoa Plus ceased since 2012.

List of SRH & HIV/AIDS Stakeholders

1. Ministry of Health – Chairperson of SRH & HIV/AIDS Stakeholders
2. Samoa Family Health Association – Executive Director
3. Samoa Faafafine Association – Chairperson
4. Ministry of Education, Sports and Culture (CEO, Curriculum Development Unit Rep)
5. Ministry of Police (Commissioner, Rep from Domestic Violence Unit, Rep from Community Program Unit)
6. Ministry of Women, Community and Social Development (Division for Women Rep, and Division for Youth Rep)
7. National Health Services – Integrated Community Health Services, STIs/HIV and AIDS Clinical Nurse
8. Samoa Law Reform Commission – CEO
9. Samoa Red Cross Society – Executive Director
10. Ministry of Health – ACEO Health Protection and Enforcement Division, ACEO Strategic Policy, Planning Division; ACEO Health Sector Coordination Resourcing and Monitoring Division and ACEO Health Information Systems & ICT Division, ACEO IHR & National Surveillance Division
11. Congregational Christian Church – Youth Director
12. Methodist Church – Youth Director

Peati Maiava remains the only PLHIV who has publicly declared her HIV status continues to work with other PLHIV under the SRCS and is represented on the NACC on behalf of PLHIV. PLWHA representation on NACC and not part of SRH and HIV/AIDS stakeholders is to do with confidentiality and privacy issues.

The NGOs namely the Samoa Family Health Association (SFHA) and Samoa Red Cross Society (SRCS) are active in implementing many HIV/AIDS and STI interventions, and can seek support from the MOH for funding, current data and information, and technical training, This resource/policy and strategic development, monitoring versus implementer' type of relationship is emphasized in the Health Sector Plan. The *Health Ordinance 1959 MOH Act* and *NHS Act 2006* articulates this relationship with regards to the expectation that sector partners will implement, record and report data to ensure progress against national health targets and health-related policies is informed by evidence.

The Ministry of Women, Community and Social Development (MWCSD) has developed a *"Strategy: For the Reproductive and Sexual Health of women of Samoa 2014-2018"* with the emphasis on further advocating the

SRH rights of women of Samoa in line with the CEDAW. This strategy is premised on previous policies that the MWCSD had in the past years.

The Ministry of Education Sports and Culture (MESC) also plays a vital role in incorporating Health and Physical Education into their Secondary Schools curriculum since 2008. The latest update on the progress towards realising that fundamental reproductive health issues are included in the school's curriculum and is scheduled to take place in 2015. This review of the current curriculum will take into account SRH as a whole to be taught in schools, and the need to have it a compulsory subject rather than as an optional subject. UNFPA and UNESCO are also currently working towards addressing this area with the MESC.

Police officers do not undergo mandatory HIV or STI screening before or after their overseas peacekeeping missions, whereas seafarers have a structured process for HIV, syphilis, HepB. Ministry of Police also conducted several health interventions with the assistance from the Ministry of Health and SFHA on activities highlighting STIs/HIV and AIDS for new police recruits in both Upolu and Savaii.

The Ministry of Health and its' health sector partners also used the opportunity during Small Islands Developing States Conference (SIDS) to promote safer sex, and prevention of STIs transmission and HIV/AIDS by coordinating a health booth where IEC materials, condoms and give away souvenirs (t-shirts) with messages of STIs are promoted

The primary sources of funding for Samoa's HIV programs for this reporting period are from: (i) the Global Fund to fight AIDS, TB and Malaria (GFATM) (ii) funding from UNFPA for the Sexual and Reproductive Health (SRH) program and Adolescent Health Development (AHD). The AusAID has earmarked SAT2m for SRH programs, highlighting the increasing prevalence of STIs that needs dire attention from all different health sector partners. The government of Samoa assisted tremendously in financing human resource for HIV/AIDS program, and some activities are well mainstreamed into the MOH budget at the end of 2013.

Even though there are many intervention programs implemented by our sector partners in such prevailing conservative contexts, there is still a lot more efforts that needs to be directed at changing behaviour of our people.

ii) CARE, TREATMENT & SUPPORT

The public funded National Health Service (NHS) is the main service delivery point for all health care services in Samoa, including for HIV/AIDS care and treatment. The NHS laboratory is responsible for all diagnostic procedures to ensure quality of HIV testing. It is also involved in external quality assurance (EQA programmes) which ensures the quality of all tests done in the laboratory. The Communicable Diseases Public Health Clinic is also under the NHS jurisdiction and proper care and treatment for HIV/STI is also offered free of charge to those who require it.

Treatments of STIs are offered free of charge by the Public Health Clinic at the NHS, SFHA clinics. Towards the end of 2014, presumptive treatment of STIs offered to all visiting ANC mothers, a strategy responding to increasing STIs in Samoa began its implementation in most District Hospitals in both Upolu and Savaii. Full implementation of this strategy in all health centres is yet to come into fruition.

Patients' information regarding voluntary testing and counselling remains confidential. Homecare visits for those HIV+ are offered free of charge. These visits encompass health education talks, ARV drug regimen sessions, and offering support where necessary.

Continuing VCCT monitoring visits are conducted every 3 months. The objectives behind these visits are to ensure that i) clinics that were refurbished under GF support are well maintained, ii) determining the treatment rates of STIs in Samoa iii) furnish IEC materials for all healthcare centres and iv) tracking of utilisation of Family planning commodities. Reports of these visits are submitted to MoH management for strategic advise and so forth.

Counselling services remain a challenge to date. Those who were trained in 2009 by the Pacific Counselling and Social Service (PCSS) of counselling capacities are either being re-designated to other areas of the healthcare system, or have left the service for other opportunities.

Treatment guidelines for both STIs and AIDS are to be drawn for the updated versions of the Oceania Society for Sexual Health and Medicines (OSSHM). The OSSHM Guidelines 2013 provided assistance in terms of treatment and care in all STIs and HIV/AIDS.

CD4 counts for 2014 were done consecutively every 4 months for all ten (10) registered HIV+ cases at the Public Health Clinic. CD4 counts tests are done at the National Laboratory. There were no viral load tests carried out in this reporting period for cases except for one (1) paediatric case whose CD4 count dropped to 196c/ml. This particular case's CD4 count was firstly noted in 2013 and viral load test was carried out immediately on the 12 Dec 2013. His ARV regimen altered significantly to second line treatment, but not until he received it on August 2014. There is a noted delay in receiving his treatments.

ANC care for HIV+ mothers is offered at all healthcare centres. For in the case of PPTCT, Samoa still does mpt have any policies or guidelines addressing this issue, but utilise WHO guidelines and policies as guiding principles in these areas. . In case of any emerging case of MTCT, authorities are alert and preventive measures are practiced. Prophylaxis had not been administered on pregnant women with HIV due to a range of logistical and non adherent purposes.

Nutrition care for PLWHA is not addressed in the current National Nutrition Policies; however, health talks on proper nutrition care for PLWHA is given on one to one consultation with anyone who requires it.

Breastfeeding issues with HIV+ mothers is covered under the Baby Friendly Hospital initiative extensively, but there still need a lot of work to ensure that these are carried out efficiently.

All ANC visiting mothers both public and private healthcare facilities are mandated to undergo HIV testing on first visit. Results are all treated confidentially, and pre and post counselling are offered when required by a mother.

There is only one dispensing clinic for ARV treatments and that is the Public Health Clinic. In cases of common STIs such as Chlamydia, treatments are offered in all healthcare facilities with a prescription from the physician on board.

To date there is no known case of TB/HIV co-infection reported.
ARV and STI treatments are generously provided for free of charge under the Global Fund for HIV facility.

B. KNOWLEDGE AND BEHAVIOUR CHANGE

Although there is a lot being done from prevention to treatment, care and support, knowledge and behaviour change still remains as our biggest challenge like with every other health issues.

Literacy level of Samoa people as noted in the 2011 Population Census report among the age group 15-24 is 97.9% overall, with 97.2% for males and 98.7% for females[3]. The assumption is, that with the high percentage of literacy level among our young population, their levels of understanding messages on STIs/HIV/AIDS prevention should also be high. l. The increasing rates of STIs especially Chlamydia however tells us otherwise.

CHLAMYDIA Jan - June 2014

Age Groups	Total Tests Males+Females + Unk Gender	Total Detected Males+Females + Unk Gender	%
0-4 yrs	1	0	0
5-9 yrs	7	0	0
10-14 yrs	15	1	7
15-19 yrs	304	98	32
20-24 yrs	985	303	31
25-29 yrs	795	186	23
30-34 yrs	525	104	20
35+ yrs	414	70	17
unknown	320	87	27
TOTAL	**3366**	**849**	**25**

Table 2: Reported cases of Chlamydia Jan-June 2014

[3] Samoa Population Census Report 2011.

Table 3: CHLAMYDIA JAN _ JUNE 2014 BY GENDER

Age Groups	Males	detected	%	Females	detected	%	Unk Gender	detected	%
0-4 yrs	0	0	#DIV/0!	1	0	0	0	0	#DIV/0!
5-9 yrs	0	0	#DIV/0!	7	0	0	0	0	#DIV/0!
10-14 yrs	0	0	#DIV/0!	15	1	7	0	0	#DIV/0!
15-19 yrs	18	4	22	286	94	33	0	0	#DIV/0!
20-24 yrs	33	12	36	950	290	31	2	1	50
25-29 yrs	13	7	54	781	179	23	1	0	0
30-34 yrs	11	1	9	513	103	20	1	0	0
35+ yrs	14	3	21	400	67	17	0	0	#DIV/0!
unknown	14	5	36	268	70	26	38	12	32
TOTAL	103	32	31	3221	804	25	42	13	31

Source for Table 2 & 3: National Surveillance STIs Data 2014, NHS Laboratory/MoH

Notably, 33% of the positive Chlamydia cases in 2014 were between the ages of 15-19 followed by 31% between the ages of 20 – 24. It is assumed with the stable increase in STIs in these age brackets it is assumed that for the last six (6) months of 2014 the rates will remain the same.

The 'Unknown' age bracket is a concern as the inability to record age of those being tested and found positive could somehow provide overall accurate total number of tests per age group as well as infection rate per age group.

HIV testing is significantly very low as reported earlier, despite many efforts in mobilizing the communities through several interventions that testing and treatments are offered for FREE of charge to anyone who needs it.

Prevention programs need to strengthen emphasis on parent to child transmission (PTCT) health education and awareness programmes carried out by the sector partners in particular.

Interventions are targeting the general public as information on our high risk and most vulnerable populations apart from ANC mothers and young people still remains insufficient. Information on sex workers; be it any through paid sex or other means are not recorded and widely invisible. Alcohol consumption amongst young people is increasing[4], and such incidences on paid sex or otherwise revolved around alcohol abuse is an assumption until data is available to clarify the situation.

Drug use is not recorded although there are instances of drug related crimes reported on the media.

[4] NCDs STEPs Survey 2014.

The Fa'afafine community is quite visible and has an established association that caters for the needs of fa'afafines in Samoa. The Samoa Faafafine Association held several vocational trainings for all members on issues of human rights, gender equality and so forth. Lesbians do not enjoy the same popularity and self-support as the Faafafine do and are largely hidden within the Samoan society.

Addressing needs of PLWHA is largely being carried out by Peati as the only PLWHA who has disclosed her status, via her employment with Samoa Red Cross Society.

A myriad of activities carried out by various stakeholders should at least have made notable progress in at risk behaviour, but this seems to be not the case. It is hoped that the Demographic and Health Survey 2014 will yield some positive feedbacks on behaviours of our people to STIs /HIV and AIDS.

Target 1. Reduce sexual transmission of HIV by 50 percent by 2015

1. Prevention of sexual transmission of HIV

During this reporting period, responses on all the indicators pertaining to Target 1 could not be determined as data was not available. The Demographic and Health Survey 2014 results are yet to be analysed of which all indicators from 1.1 – 1.11 have been included.

1.1 HIV Testing/VCCT

HIV testing is mandatory for all ANC mothers during their first visit to any ANC clinics, be it private or public facility. There are only two (2) accredited Voluntary Counselling and Confidential Testing facilities in Samoa; One is housed at the Samoa Family Health Association and one at the National Health Services as part of the Public Health Clinic. All healthcare centres (public owned) that offer ANC services have allocated an area in their facility as a VCCT. Patients are counselled appropriately when required.

HIV testing for 15-49 age groups (2014)

Total Females/Males	6134 (100%)
Males 15-49	1115
Females 15-49	5019

Data is extracted from the National Surveillance STIs Data 2014 (NHS/MOH)

It is noted that mostly females made up 82% of the total number of those being tested at any healthcare facilities, and the assumption is, is that most females are ANC visiting mothers. It is mandated that all ANC mothers must undergo HIV testing to ensure positive health conditions for both mother and child.

Males made up only 18% of the total number tested in 2014, a very low testing rate of our male population.

Overall for HIV testing amongst the general population is significantly low.

HIV testing captured here is not representative of the whole country per se as data are only from the National Health Service Laboratory, the only testing facility in country.

1.2 Condom promotion and distribution

There is no clear data on condom distribution during reporting period. Condoms are procured under the UNFPA facility every year and distribution prevalence is never accurate, as facilities who distribute condoms do not have records of how many condoms they'd given out.

Condom promotion is advocated by the NGO sectors, NHS ANC clinics and Ministry of Health as one of the preventive measures for STIs/HIV and AIDS. Promotion on media is seldom ever happened due to cultural and religious perspectives.

1.3 Programmes for mobile populations/seafarers

Indicator relevant, unfortunately data are not available to respond to indicator.

1.4 Blood Transfusion

Indicator relevant, unfortunately data are not available to respond to indicator.

1.5 Programmes for men who have sex with men

Indicator relevant, unfortunately data is not available to respond to indicator.

1.6 Programmes for sex workers and their clients

Indicator relevant, unfortunately data is not available to respond to indicator.

1.7 Programmes for transgender people

Indicator relevant, unfortunately data is not available to respond to indicator.

1.8 Programmes for children and adolescents

Programs are in place for children and adolescents in general. Youth Friendly Services which offer a variety of health information on adolescent health in particular SRH, STIs/HIV and AIDS are in place in all public healthcare facilities, and NGOs namely the SFHA. The National Youth Council also builds capacities of young people on issues of economic development and linking it to health overall.

1.9 Community mobilization

Programs that mobilise communities is ongoing. Our stakeholders and very instrumental in strategising effective activities targeting several sectors of our communities from their own perspectives.

1.10STI diagnosis and treatment

STIs diagnosis and treatment are offered for free to anyone who is found to be harbouring any STIs. National Surveillance for STIs Data showed that syphilis (RPR) amongst ANC care attendees from Jan-Dec 2014 with the age group 25+ is 0.1% out of the 6517 total of ANC care attendees in the noted time period.

Percentage (%) **Percentage of ANC care attendees who were positive for RPR**	**ALL** 0.1	**<25** 0	**25+** 0.2
Numerator **Number of ANC care attendees who were tested positive for RPR**	7	0	7
Denominator **Number of ANC care attendees who were tested for RPR**	6517	2443	4074

National STIs Surveillance Data 2014, (NHS/MOH)

This is a positive sign that syphilis (RPR) infection is low amongst the ANC care attendees

Behaviour change programmes

A myriad of behaviour change programs being implemented by our stakeholders, but unfortunately data is not available to respond to the indicator. The Indicator can be reported in the next round of reporting once the DHS 2014 report is published.

Target 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths

3. Prevention of mother-to-child transmission

In this reporting period, there was only one case of PMTCT but is expected to give birth in 2015. Preventive measures according to WHO/OSSHM guidelines of PMTCT is well adhered to in our PMTCT case.

3.1 ARVs for PMTCT

ARV for PMTCT is well administered, and 100% assured.

3.2 Non-ARV-related component of PMTCT

Indicator not relevant

Target 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015

4. Universal access to treatment

Samoa still enjoys a 100% Universal access to treatment for all PLWHA which is support by Global Fund for HIV facility.

Total Disaggregated by Sex

Percentage (%) Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	**Total**	**Males**	**Females**
	100	**100**	**100**
Numerator Number of adults and children currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO standards) at the end of the reporting period.	**10**	**6**	**4**
Denominator Estimated number of eligible adults and children (using national eligibility criteria)	**10**	**6**	**4**

Disaggregated by Age Group

Percentage (%) Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	<15	15+
	100	100
Numerator Number of adults and children currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO standards) at the end of the reporting period	2	8
Denominator Estimated number of adults and children living with HIV	2	8

Note: There are two (2) HIV+ adult cases are not reported here as their treatments are privately supported. The two (2) cases made up the total number of our national number of HIV+ cases of twelve (12) to date.

4.1 Pre-ART care and palliative care

Palliative care is always offered during pre-ART phase for those tested positive for HIV.

4.2 Adult antiretroviral treatment

A 100% of adult ART treatment supported and offered.

4.3 Paediatric antiretroviral treatment

A 100% of paediatric ART treatment supported and offered.

4.4 Support and retention

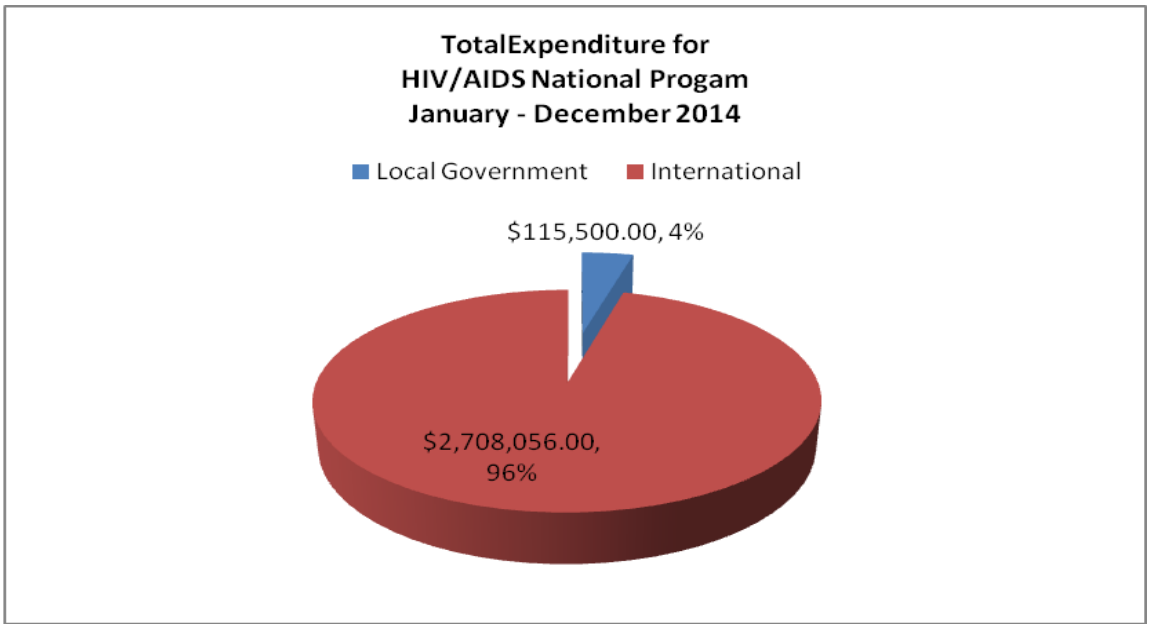
Support and Retentions is 100%.

Target 5. Reduce tuberculosis (TB) deaths in people living with HIV by 50 percent by 2015 TB

Indicator cannot be reported as Samoa has no known HIV case that received treatment for both TB and HIV this reporting period.

Target 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US$22-24 billion in low- and middle-income countries

	TARGETS	Local Government	International
1	Reduce Sexual Transmission	$1,000.00	$83,105.00
3	Eliminate new HIV infections among children by 2015 and substantially reduce AIDS related maternal deaths		$2,500.00
6	Close the resource gap	$114,500.00	$2,592,801.00
7	Eliminating gender inequalities		$28,150.00
8	Eliminating stigma and discrimination		$1,500.00
10	Strengthening HIV integration		
	TOTAL	**$115,500.00**	**$2,708,056.00**



Part of the SAT$2, 708, 056.00 is attributed to the cost of the Primary Health Care infrastructure where the Public Health Clinic is going to be accommodated to the cost of $2.5million Samoan talā hence the significant increase for International assistance. The local government attributed mostly to catering for Human Resource for HIV/AIDS through salaries and other logistical costs.

Target 2 – Reduce transmission of HIV among people who inject drugs by 50% by 2015 is Not Applicable
Target 4 - Reach 15m PLWH with lifesaving ART by 2015 is supported by Global Fund through "in-kind" means.
Target 5 - Reduce tuberculosis (TB) deaths in people living with HIV by 50 percent by 2015 TB is Not Applicable.

6. Governance and sustainability – SAT$2, 757, 108.87

The local government contributed SAT$114, 500.00 catering for HIV/AIDS human resource in particular whilst SAT$2.6m is contributed to proper infrastructure to be in place for people who requires the services of a Public Health Clinics in all aspects.

6.1 Strategic information – SAT$5000.00

Samoa is committed to ensuring that strategic information is well developed based on evidence based information gathered from well implemented studies/research results.

6.2 Planning and coordination – SAT$10, 587.36

Planning and coordination is a crucial part of the overall program, and a minimal amount of SAT$10, 87 is allocated to ensure that program operation is running smoothly.

6.3 Procurement and logistics – SAT$2, 500.00

Procurement and logistics is mostly covered under planning and coordination part of the program. Procurement in terms of drugs supplies and lab consumables are well coordinated. Drugs and lab consumables are provided through in-kind support by Global Fund, and Samoa through its counterpart finance only pays for landing fees and other logistics involved.

6.4 Health systems strengthening – SAT$2, 739, 021.51

Health System strengthening is of utmost important. With proper systems in place could provide a clear outlook of what needs to be done, and where effective strategies could be drawn from for more positive impact of our national programs. Health a system strengthening provides support to ensures that our health systems are effective, efficient and reasonable, hence Samoa invested in ensure that proper infrastructure are in place as part of our health system strengthening. The new Primary Health Care building will house the Public Health Clinic and all issues pertinent to STIs/HIV and AIDS are to be dealt with appropriately once this building in completed.

Other health systems strengthening components are human resource for HIV/AIDS. Samoa is still facing with very few people working for the HIV/AIDS program. It has been highlighted in previous reports the issue of human resources for this particular program. NGOs also faces the same scenario. However, given our increasing rates of STIs over the years, our local government should also look into ensuring that we have sufficient human resources for HIV/AIDS in case of a possible HIV/AIDS explosion in the near future.

There are no provisions for developing a specific M&E for HIV/AIDS program; therefore this should be of highest priority in the coming years. Measuring the impact of national programs is impossible with the current indicator stipulated in our Health Sector M&E Operational Manual.

Target 7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV

Indicators pertaining to this target are relevant, unfortunately cannot be reported due to absence of national baseline data. However, studies have shown that gender inequality is quite common and becoming a real problem in Samoa. A research was done amongst Pacific Island Countries in April, 2014, by the UNFPA called "Population and Development Profiles – Pacific Island Countries", revealed that non-partner violence is prevalent in Samoa[5], while child sexual violence is relatively low. Data needs to be collected and reported of different types of violence, or abuse in any form at a national level.

Faafafine community in Samoa are well accepted in our society. Faafafine (transgender) although very visible and vocal in their own way, they are also being faced with problems from particular the males of our

[5] "Population and Development Profiles – PICs"; 2014; UNFPA.

communities. Sexual abuse, with physical abuse that these people experience are not properly recorded. Measures needs to be formalised in order to gauge in a clear perspective of issues facing these groups.

Target 8. Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms

Target 8 – cannot be responded to without data to support it.

Target 9. Eliminate HIV-related restrictions on entry, stay and residence

Samoa as a sovereign country has its own laws and policies in place for protection of its own people from being infected with the HIV virus from a foreigner. Anyone entering the country should declare his/her HIV status, but they are not stopped from entering and staying in Samoa for a short time.

Same procedures are done in other countries of the world, and so in Samoa. This is to ensure that our health authorities are alert of any new incoming HIV+ case and what needs to be done with regards to his/her tests, treatment, care and support while in Samoa.

Laws and policies only apply when a HIV+ person is found to be knowingly engaged in sexual activity with any local without protection.

Target 10. Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts, as well as to strengthen social protection systems

Target 10 cannot be responded to as there are no known orphans in Samoa.

Synergies with development sectors

10.1 Social protection

There are several initiatives supported by the government and development partners to ensure social protection of Samoa citizens.

10.2 Gender programmes –

Several gender based programs had been conducted targeting Faafafine populations, Women, Children and Men. These programs are conducted by our stakeholders, namely Ministry of Women, Community and Social Development. The MWCSD heavily involved with advocacy of human rights among children, and women of Samoa pushed for several crucial legislations and policies that ensures that our children and women entertains the same rights as any other human being. Their work is guided by the Convention of the Rights of a Child and Convention on the Elimination of any sort of Discrimination against Women (CEDAW) that Samoa ratified in the past years.

A recent initiative being passed by the government under the Constitution Amendment to include introduction of a 10% quota of women representatives into the National Legislative Assembly, a move which saw a successful acceptance of our women into politics a role dominated by our male counterparts only.

10.3 Education

The government endorsed compulsory education for every child of Samoa, and is on track to achieving universal primary education as one of the MDGs targets.

MESC is planning a review of the school curriculum to include SRH subject as one of the compulsory subjects to be taken by every child in Secondary level education, and not as an option. Comprehensive Sexuality Education is part of this review.

HIV+ children are allowed to attend school of their choice without fear of being discriminated. If and when a HIV+ child is reported to have been discriminated in their school, a call for counselling between teachers, parents of positive child and counsellor is recommended. Like all other children, HIV+ children have the right to proper education like every other child.

10.4 Workplace

Policies stipulate that HIV+ people have the same rights to employment any other non-HIV person without discrimination.

10.5 Synergies with health sector

The Health Sector is in a better position to encounter any emerging new HIV+ case. As for the current HIV+ cases that Samoa has, the work undertaken by the health sector in terms of treatment, care and support is to be commended. Although there are caveats in the system like any other system, the health sector ensures that PLWHA are well taken care of. Together with its NGO partners, work related to HIV/AIDS interventions are well coordinated.

IV. Best practices

Just as there is no one size fits all solution to the challenges that our national program on HIV/AIDS encountered from time to time, but the on-going support at all levels made it all possible.

Although there was a lot that was carried out in 2014, but in terms of interventions, similar activities were implemented when checking against 2014 GARPR.

i. Political leadership is very crucial in preventing further transmission of HIV/AIDS in Samoa. An example of this political leadership is Samoa's commitment and being one of the signatory to the Political Declaration on HIV/AIDS declared in a high level meeting in New York 2011. In a local context, the drive by the Samoa Parliamentary Advocacy Group for Healthy Living (SPAGHL) continues to be part of the advocacy program on prevention of STIs/HIV and AIDS within their own political group and within their constituencies.

ii. Supportive policy environment plays a crucial role in the up-scaling of HIV intervention from clinical intervention to preventive measures that are suitable to all who are HIV+ and to the general public at large. The existing National HIV/AIDS Policy informs various strategies in place. To complement this policy are the National Sexual and Reproductive Health Policy and Infection Control Policy which both play vital roles in the overall prevention of these preventable disease.

iii. Integration of Sexual Reproductive Health and STIs/HIV and AIDS Work-Plans – The integration of two programs was a strategic move that guarantees national program success over the years, despite funding opportunities that both programs receive. The UNFPA as the main funder of SRH component, and Global Fund HIV for HIV/AIDS component complement each other while working towards the same goal. The first initiative was pulling together our national stakeholders, and carrying out M&E activities together.

iv. Scale-up of effective prevention programmes is a collaborative work of our stakeholders. Samoa Faafafine Association is active in implementing activities for faafafine goups. A public faafafine pagent was held infront of the government building for everyone to see. This is evidence of faafafine being clearly accepted and as an integral part of our society. For the program it is seen as an opportunity to gauge in more of this group in our future intervention programs.

v. Infrastructure development – the Health Sector Wide Approach Program invested in a new building for the Primary Health Care program. This new facility will also accommodate the Public Health Clinic, ANC care clinic and others. The merging of these clinics will allow for more patients to come in for testing and treatment, and all visiting ANC mothers will find it easy to attend the Public Health Clinic for treatment of any STIs and clinical advise.

In addition it will greatly assist in solving the issue of non-treatment of positive STI cases noted in past years as a result of the distant locations between these clinics.

V. Major challenges and remedial actions

(a) progress made on key challenges reported in the 2013 Country Progress Report;

i. Increasing STIs is still a challenge in the background of our HIV/AIDS intervention.

- It is anticipated that the GF NFM phase will pay greater attention in identifying our high risk and most vulnerable populations. This is the only best way to refocus attention to much needed areas of interventions and who exactly needs STIs/HIV and AIDS services the most.

ii. Data management became a real problem in this reporting period. The Data Support Officer was re-designated to another position leaving collecting, recording and reporting of STIs Surveillance data in a vague position.

- The NHS needs to re-advertise the position of data support officer sooner to avoid data unreported.

iii. M&E framework for HIV/AIDS national programs still hasn't been established yet.

- Ministry of Health as the leading agency in M&E should start looking at developing a M&E for HIV/AIDS in order to determine the impact of national programs implemented by all stakeholders, and health sector partners.

(b) challenges faced throughout the reporting period (–2014) that hindered the national

i. The issue of insufficient baseline data to support most GARPR indicators.

- Absence of data that is significantly high in this reporting period. Almost 80% of core indicators cannot be responded. The problem is related to insufficient studies/research/surveys conducted at national level on STIs/HIV and AIDS amongst specific populations in Samoa.

ii. National AIDS Coordinating Council as the Country Coordinating Mechanism should meet often to discuss remedial actions to issues above.

iii. Time constraints in filling online data and writing the narrative report versus other commitments to other crucial health issues.

iv. Little or almost no concrete research conducted on several issues, such as gender equality, transgender or faafafine population, and other imperative HIV/AIDS related issues.

(c) Concrete remedial actions that are planned to ensure achievement of agreed targets.

i. Ensure quality data are collated and analysed for next GARPR round

ii. Ensure that NACC conduct quarterly meetings and be informed of issues priority to HIV/AIDS National Program.

iii. Advocate for a M&E for HIV/AIDS program should be developed and all stakeholders should be part of developing of this M&E.

iv. Advocate for more intervention programs targeting most at risk and vulnerable populations.

VI. Support from the country's development partners (if applicable)

Global Fund is the main funder of Samoa's national HIV/AIDS programs. The UNFPA puts emphasise on SRH issues with family planning being one of the main initiatives supported. The IPPF supports mostly the work carried out by the SFHA, and International Red Cross Society injected funds for Samoa Red Cross Society work for HIV/AIDS.

The ultimate objective of these donors is in line with what our government had as its vision in its Strategy for the Development of Samoa (SDS 2012-2016) ie: "Healthy Samoa". Taken from this vision the development partners are vigilant on where the country needs are and assist in achieving that vision, at the same time achieving targets for a HIV/AIDS free Samoa.

VII. Monitoring and evaluation environment

As reported in the previous GARPRs the Ministry of Health is the primary agency responsible for M&E of health sectors activities, including that of HIV/AIDS. Current M&E Operational Manual bear few indicators for HIV/AIDS, however, there is still a need to develop a M&E for HIV/AIDS programs and to be drawn fromvthe existing M&E Operational Manual.

In this regard, a Samoa requires a TA to develop a M&E framework specifically for HIV/AIDS, and while at the same time during his/her TA assignment should also build capacities of our local staff on M&E aspects and the importance of being able to analyse information required to provide clear perspectives of our National HIV/AIDS program.

ANNEXES:

ANNEX 1 – Stakeholders Consultation.

The consultation process was conducted in a meeting format with the Ministry of Health being the chairperson. Most of SRH & HIV/AIDS Stakeholders Partners were all involved in this process.

Annex 2 – Photos of World AIDS Day 2014 Official Commemoration
Snapshots of our stakeholders participation

[1] Second Generation Surveillance Survey Report on ANC Mothers 2006 & 2008; SPC, Suva; Fiji.

References:

1. NCDs STEPs Survey Preliminary Result, 2014.
2. Population and Development Profiles – PICs; 2014; UNFPA.
3. Samoa Population Census Report 2011
4. Second Generation Surveillance Survey for ANC mothers Report; 2005 & 2008

World AIDS Day 2014 Commemoration followed by a stakeholders Workshop on STIs/HIV and AIDS.

Hon. Tuitama Leao Dr Talalelei Tuitama
Hon. Minister of Health

Rev. Nuuausala Siaosi & Hon. Minister of Health

Leausa T Dr Take Naseri (DG – MoH) &
Chairperson National Council of Churches

Members of the NGO Community and MoH staff

Releasing balloons with messages of hope for a HIV Free Samoa

Hon Minister of Health, Director General of Health & WHO Rep

Development Partner Representative – HE NZ High Commissioner

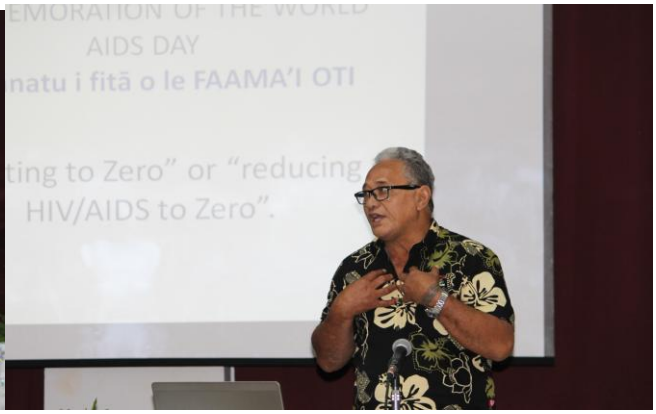
Representative from the Ministry of Police & Prisons

Group photo of Stakeholders and participants to the commemoration of WAD 2014

Stakeholders workshop after official opening

Ms Aaone Tanumafili Taveuveu
National Principal HIV/AIDS Capacity Support Officer presenting on the current situation of STIs and HIV in Samoa

Mr Ulisese Tapuvae - Samoa Family Health Association – NGO perspective on STIs/HIV/AIDS in Samoa



Ministry of Women, Community and Social Development – presenting on Community perspective & approach to STIs/HIV and AIDS.

Toleafoa Dr Viali Lameko – Physician for PLWHA & Communicable Diseases
Public Health Clinic – presenting on challenges to the clinical management of HIV & STI

UNAIDS rep, and health sector partners ie: NHS & MOH

MoH Management staff and with Samoa National Kidney Foundation General Manager (in black shirt)

MoH ladies and gentlemen