

# UNGASS COUNTRY PROGRESS REPORT

[Samoa]

*Reporting period: January 2008–December 2009*

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## II. Status at a glance

### (a) The inclusiveness of the stakeholders in the report writing process;

Samoa opted to do the UNGASS Report for this reporting period very late, however the contribution offered by sector partners and other ministries, have made a huge impact on the development of this particular report. Acknowledgement is going out to:

#### **Contributing organizations and partners:**

Ministry of Women, Community and Social Development (MWCSD)  
 Samoa Umbrella for Non-Government Organisations (SUNGO)  
 Samoa AIDS Foundation  
 Samoa Family Health Association  
 Samoa Red Cross Society

#### **Contributing individuals:**

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#### **CORE TEAM**

- Aaone Tanumafili – Principal HIV/AIDS National Capacity Support Officer

### (b) The status of the epidemic;

Samoa, like most Pacific Islands is now facing with the reality of the increasing number of its HIV cases since the first case detected in 1990. Although it considered itself as a low prevalence country with a total of twenty two cases up to December 2009 however, it is critical for Samoa to offer treatment, care and support to those known to be living with HIV while at the same time preventing its further transmission.

Samoa has now a cumulative number of twenty cases, with six more identified in this 2 year reporting period 2008-2009. The routes of transmission which accounted for this increase is Mother to Child Transmission and heterosexual. However, considering the dramatic increase of Sexually Transmitted Diseases especially Chlamydia<sup>1</sup> therefore poses a grave concern of how much we can do to minimize and contain the spread of these diseases. Simultaneously, it is through the same mode of transmission that HIV is transmitted from person to person, hence the short circuit of HIV transmission if the spread of STIs is not controlled.

Within this reporting period the Ministry of Health spearheaded the Second Generation Surveillance Survey for Ante-natal mothers, Youth (female and males) and Transgender in 2008. It was the second SGS carried out to determine the results of the SGS done in 2005 and to find any possibility for comparisons and differences that may have surfaced between two surveys. It was also highly invaluable to not only re-strengthen surveillance systems within the Ministry of Health, but also to gain more background information pertinent to behaviour change, the scope of STIs/HIV/AIDS intervention strategies in place, any significant increase of prevalence rates of STIs compare to 2005 results. Although only the SGS Survey results for ANC 2008 is endorsed, however, the picture it provides in terms of the increasing prevalence of STIs paints a dire need to put more emphasis on effective intervention strategies to address this dramatic increase at all levels.

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<sup>1</sup> SGS ANC Report 2009

The prevalence of STIs is high amongst those 25 years and below with 41% compared to 18% amongst those 25 years and over<sup>2</sup>. It was also found that at least 33% of ante-natal mothers tested had at least one STI including Hepatitis B<sup>3</sup>.

It is also imperative to mention that Samoa conducted its Demographic and Health Survey in 2009 which simultaneously assisted in consolidating and supporting results of the SGS Surveys, even-though the features and characteristics of both studies differed significantly. Again although the results are in a preliminary stage but their significance in providing a current situation of our STIs/HIV/AIDS in terms of knowledge, attitudes, practices and behaviour (KAPB), is highly regarded. It is an important study that will further assist in ways to inform strategies for improvement of our HIV/AIDS programs.

Although considered as a very sensitive issue to be widely discussed amongst our own people because of our cultural and religious beliefs versus sexual activities involved, somehow, Samoa has come a long way in raising awareness and changing behaviours of our people towards these issues. This is in through strong community mobilizations, lobbying for political advocacy and support, advocacy at church level and school levels, getting the attention of young and active people through all sorts of media and peer education programs, mobilizing young girls and women about their rights for their safety and health and many other programs carried out by our sector partners.

Nonetheless, it is obvious that despite of what we have done so far, the continued desire for more concerted and collective efforts from all our sector partners is even more important at this point in time. And as we present the core indicators stipulated in this report, we are also at the same time present a general overall picture of the HIV/AIDS epidemic in Samoa.

The core indicators are relatively for monitoring UNGASS progress are also appropriate on other grounds: 1) they will assess and evaluate the impact of our national response to HIV/AIDS epidemic 2) provide critical information of the effectiveness of our response at national and regional level, 3) outline the basis for monitoring the trend of the epidemic, related services and their outcomes, 4) guide our work in developing and designing appropriate intervention strategies to combat HIV/AIDS 5) will portray our level of commitment to the UNGASS, and 6) will show our commitment to the global response to fight HIV/AIDS.

This is the first time that Samoa is reporting its core indicators within the framework of UNAIDS guidelines. Therefore it is to be expected that there will be some limitations and deficiencies pertaining to some of the indicators that we will report on. For instance, data for a number of indicators is not available, some because the indicator is not relevant to the Samoan context eg: this is relating to IDUs or AIDS orphans. For many indicators, numbers are very small, and therefore not statistically valid. However, we take it into account that this report is an overall reflection of what we have done so far in our fight against HIV/AIDS, and what possible ways forward for more strategic actions deriving out of this report.

The main sources of funding for Samoa's HIV programs is multilateral namely, the Global Fund to fight HIV, TB and Malaria (Samoa is only eligible for HIV/AIDS and TB components, and is now in line for its Phase 2 Round 7), the Pacific Response Fund (pooled funding mechanism that supports the implementation of national and regional HIV strategic plans, mainly from New Zealand and Australia), and provisions from the SWAp Project (a pool of funds from various overseas donor agencies, and from the Samoa government) which all in all have helped lifted the platform for our HIV/AIDS interventions now and into the future.

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<sup>3</sup> Ibid pg vii

**(c) the policy and programmatic response;**

To control the impact of a potential HIV epidemic in Samoa, a National AIDS Coordinating Council (NACC) was established under the former Ministry of Health in 1988, to respond and dialog issues pertaining to the containment and alleviating this disease from Samoa. As the focal point for HIV/AIDS, the Ministry of Health therefore started setting policy standards and frameworks for a collective multi-sectoral response. The policies are subject to being reviewed and this has resulted to our current and existing policy as we have now for 2009. The Technical AIDS Committee (TAC) was established alongside the NACC in 1988 and its mandate to provide technical advise to the NACC for decision making on policy issues and others. They are also to manage and monitor the programmatic side of HIV/AIDS programs and suggest appropriate necessary actions to further strengthen our policy and programmatic response to HIV/AIDS through our multi-sectoral approach.

The high prevalence of Sexually Transmitted Diseases<sup>4</sup> and its subsequent impact on HIV/AIDS if untreated, flags a dire need to put emphasis on STI diagnosis and treatment and strengthen surveillance of sexual behaviour of the Samoan population<sup>5</sup>. It is also another step forward to be considered is the evolution of the Sexual Reproductive Health Policy (also in its final draft) which will place more strength on issues pertaining to minimizing the prevalence of STIs amongst the Samoan population.

With these developed policies in place, gives an indication of a strong emphasis and commitment from the government and its health sector partners to work in a more concerted effort towards a HIV free Samoa. Furthermore, the HIV /AIDS National Plan Of Action, while it focuses to reduce the spread and impact of HIV/AIDS, at the same time it is embracing people infected and affected with HIV in our communities. Technically the successful implementation of this policy relies on genuine partnership with our sector partners whose work will be guided by these policies.

More so, with its mandated roles and functions as a monitoring and regulatory body for all health programs around the country, the Samoa Ministry of Health has taken up a more proactive approach in making sure that HIV/AIDS programs delivered by its health sector partners are in line with national planned activities. The aim is to minimize fragmentation and duplication of programs overall. This role is carried out based on its approved Monitoring and Evaluation framework in place.

Health Sector Partners, both government organizations and non-government organizations are encouraged to take a more proactive comprehensive approach. The work of the Non-Governmental Organisations such as Samoa AIDS Foundation (SAF), Samoa Family Health Association (SFHA), and Samoa Red Cross Society (SRCS) has been remarkable in strategizing ways to combat the spread of HIV/AIDS. It is also mandated under this policy that NGOs are obliged to implement most of the activities and seek support from the Ministry of Health in terms of funding, current data and information and others. They are also obligated under this policy to collect data and information of their patients and present them to the Ministry of Health for collation and analyses in order to provide an overall situation of HIV/AIDS in Samoa.

The National Health Services (NHS) is the core service delivery point for all health care services in Samoa and HIV/AIDS treatment and care is one of its core functions. The Laboratory is responsible for any diagnostic procedures to ensure quality of HIV testing. The Public Health STI Clinic is under NHS jurisdiction and proper care and treatment is also offered to those who need

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<sup>4</sup> Second Generation Surveillance ANC Survey Report, 2008

<sup>5</sup> HIV/AIDS Policy 2009

it. The Pharmaceutical Services is also obligated to make sure that the essential drugs for treatment of HIV/AIDS is available and accessible at all times to STI/HIV/AIDS patients.

The Ministry of Women, Community and Social Development (MWCSD) places strong emphasis on women of Samoa and also developed a policy to enact some of the provisions stipulated in the CEDAW, with regards to “women’s rights to health and well being, elimination of any discrimination against women, and equality of men and women to any opportunities, and affirms the reproductive rights of women...”<sup>6</sup>. The Ministry of Education Sports and Culture (MESC) also play a vital role in incorporating Health and Physical Education into their Secondary Schools curriculum since 2008. With this subject in place students are taught on the basic fundamental reproductive health issues that relates to them and diseases associated if and when they do not properly care for their reproductive health systems. The Ministry of Police and Prisons (MOPP) also are very instrumental in prevention of HIV/AIDS. Under the HIV/AIDS policy they are mandated to undergo HIV screening tests if and when they are to be recruited to overseas peacekeeping missions. It is also the same procedure once they returned home, that they are obligated to undergo more tests.

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<sup>6</sup> “*Convention on Elimination of Discrimination Against Women*” cited on 24<sup>th</sup> March 2010, (<http://www.un.org/womenwatch/daw/cedaw/>)

**(d) UNGASS indicator data in an overview table.**

<b>National Commitment And Action Indicators</b>	
1. Domestic and international AIDS spending by categories and financing sources	Total HIV Funding for Samoa Government Jan 2008-Dec 2009 – US\$
2. National Composite Policy Index (Areas covered: prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation	Refer Annexes
<b>INDICATORS OF NATIONAL PROGRAMS</b>	
3. Percentage of donated blood units screened for HIV in a quality assured manner	Information from Laboratory
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	ART Register
5. Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission	ART Register
6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	Not available
7. Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know the results	Source: SGS Youth Report 2008
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	Source: SGS Youth Report 2008
9. Percentage of most-at-risk populations reached with HIV prevention programmes	Not available
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	Not applicable
11. Percentage of schools that provided life skills-based HIV education within the last academic year	Not available
<b>KNOWLEDGE AND BEHAVIOR INDICATORS</b>	
12. Current school attendance among orphans and among non-orphans aged 10–14*	Not Applicable
13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV	Source: SGS Youth Report 2008

transmission*	
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Data not available
15. Percentage of young women and men who have had sexual intercourse before the age of 15	Source: SGS ANC Report 2008
16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Source: SGS Youth Report 2008
17. Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	Source: SGS Youth Report 2008
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	Not Available
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Not Available
20. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	Not Relevant
21. Percentage of injecting drug users who report the use of a condom at last sexual intercourse	Not relevant
<b>IMPACT INDICATORS</b>	
22. Percentage of young women and men aged 15–24 who are HIV infected*	MOH Surveillance Office
23. Percentage of most-at-risk populations who are HIV infected	MOH Surveillance Office
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	MOH – Surveillance Office
25. Percentage of infants born to HIV infected mothers who are infected.	MOH – Surveillance Office

### III. Overview of the AIDS epidemic

Samoa is an independent island nation in the South Pacific Ocean which comprises of two major islands (Savaii and Upolu) that total approximately 1000 square miles. The population is approximately 180, 741 persons (2006 census) with an increase of 3% compare to the 2001 census<sup>7</sup>. Samoa has an estimated population growth rate of 0.5 % (also a drop from 1% as it was in the 2001 census) and a fertility rate of 4.2 per woman. The crude birth rate in the 2001 census was 29.0 per 1000 population compare to 27.3 per 1000 population in the 2006 census. According to the Samoa Bureau of Statistics, “population will continue to grow in the future even if birth rates drop. This is because the large number of younger persons today will eventually

<sup>7</sup> Samoa Bureau of Statistics – Census Report 2006.

enter the reproductive age group in the next ten or more years and this will increase fertility”<sup>8</sup>. This is important to note that if we continue to grow in numbers in the subsequent years, more concerted and collaborated efforts from our nation is required in our attempt to minimize and keep at bay the spread of STIs/HIV/AIDS in our country.

The prevalence of HIV in Samoa is very low, with the main mode of transmission being heterosexual. In December 2008 nineteen confirmed cases of HIV had been reported<sup>9</sup> Towards the end of 2009, three more new additional cases were found, adding up to twenty two current cumulative cases since the first case detected in 1990. In 2008-2009 two cases of transmission from mother to child were reported<sup>10</sup>. (*Refer Table 1*). Nine of these cases have passed away, and thirteen are still surviving. Ten out of these thirteen (77%) cases are accessing ARTs. Eight are receiving treatments from the government through the National Health Services/STI Clinic, and two are receiving treatments privately. Three out of thirteen cases are currently stable and are not yet on ART treatment.

**Table 1: Samoa Total HIV cases (including AIDS) by Year of Report and Age Group.**

Total	Agegroup (years)													Total		
	Year	0-4	5-Sep	Oct-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59		60+	U/K
1990								1m								1
1991																0
1992																0
1993																0
1994							1m									1
1995	1f						1f									2
1996	1m						1f									2
1997								1m								1
1998									1f							1
1999									1m							1
2000							1m			1m						2
2001							1m									1
2002																0
2003																0
2004																0
2005																0
2006																0
2007							1	1m, 1f	1m							4
2008	1m							1m, 1f								3
2009	2m						1f									3
<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>			<b>22</b>

Table extracted from the Surveillance Office – Samoa Ministry of Health (2010)

<sup>8</sup> Ipid pg 7

<sup>9</sup> Second Generation Surveillance for Ante-natal Mothers, 2008.

<sup>10</sup> Ipid pg 2



The National Health Services began screening all pregnant mothers through the ANC Clinic at the two of its main hospital, National Health Services and Malietoa Tanumafili II – Tuasivi at the big island of Savaii. Testing is also available at these two major hospitals; however, tests are all referred to National Health Services for further testing at the main laboratory. All confirmatory tests are currently sent to the laboratory in New Zealand.

HIV data is available for all, including the NGOs whose core business is HIV/AIDS to utilize to strengthen evolving programs, to the National Health Services for procurement of drug supplies, testing kits for STIs, important diagnostic materials and others. It is also made available to the Ministry of Health for policy development, health planning purposes, making adjustments, programmatic and technical decisions on how best we will monitor and regulate the spread of HIV/AIDS.

Anti-retroviral treatment is offered freely to HIV/AIDS patients, and is funded through the GFATM. These treatments together with STIs treatments namely for Chlamydia and gonorrhoea are to be accessed through the Fiji Pharmaceutical Services, which significantly play a regional role in supplying these commodities to the Pacific Island Countries. Treatments are to be released and administered to known patients upon the request of the treating physician free of charge.

#### **IV. National response to the AIDS epidemic**

More so, Samoa has definitely come a long way in developing national active groups and also adopting international agreements to formulate different policies and strategies to combat HIV/AIDS. Below is a list of Samoa Response to HIV/AIDS since 1987.

##### **The Samoa Response – Initiatives established since 1987**<sup>11</sup>

1. Health Promotion Council (2008)
2. Second Generation Survey (2008)
3. Samoa HIV AIDS Policy III part of SWAp consultancy (2008)
4. Ministry of Women Community and Social Development – Sexual Practices Study (2008)
5. Samoa Red Cross Society early blood donor recruitment and policy development
6. Samoa Family Health Association surveys and policies with support from UNFPA
7. SPC regional initiative for their contribution to The Pacific HIV AIDS Response
8. Ministry of Women Community and Social Development – Policy on Women and HIV AIDS, Convention on the Rights of the Child, and situation analysis for STIs
9. Samoa linking their efforts to UN-agreed MDGs
10. Samoa Demographic and Health Survey 2009

##### **• Prevention Approach**

The prevention of HIV/AIDS in Samoa is one of the priority issues for the Ministry of Health. A multisectoral approach towards the containment of the spread of HIV/AIDS hasn't been well evaluated over the past years. However, further work is in progress to have these realized with our mandated roles and functions as regulatory, monitoring and evaluation agency of all health related issues. In fact, since the first HIV case was detected in 1990, work started from then on to reduce and alleviate the spread of this disease. There are three major prevention methods known to prevent HIV/AIDS:

1. Abstinence – say no to unsafe sex or to sex
2. Be faithful – stick to one partner
3. Condom – use a condom if you fail to adhere to number 1 and 2.

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<sup>11</sup> Samoa Ministry of Health - HIV/AIDS Policy 2009

In this reporting period 2008-2009, Samoa has experienced a lot of changes with its prevention approach compared to previous years. A collective multi-sectoral approach has been taken towards preventing HIV/AIDS at all level. Various initiatives span from youth activities, such as peer education, outreach programs, comprehensive condom campaigns (carried out by NGOs and Youth Division of the MWCSD), and programs by MWCSD that focuses on 'women and HIV/AIDS' in our communities. Another significant change was made when the first National Social Marketing Plan was spearheaded by the HIV/AIDS section within the Ministry of Health where all sectors worked collectively to implement this plan. The plan was funded by the Global Fund for HIV/AIDS.

Other important steps forward was when the Pacific Counseling and Social Services (PC&SS) conducted its first training for our local counterparts (mainly nurses, NGOs and Private hospitals) on proper counseling knowledge and skills in order to be able to offer this valuable service to those who need it. A total of 16 locals were trained on this essential service.

Upon completion of this training, the Global Fund will be able to fund refurbishment of Voluntary Counseling and Confidential Testing (VCCT) Clinics around Samoa for these counselors to practice their gained knowledge and skills. This is a significant step forward to assist those who are affected by these diseases to go to for comfort and quality advises.

Special interventions are planned inline with our various national activities every year, such as promotion on ways to prevent STIs during our Independence Celebration, and Teuila Festival. Health Annual Events such as World Population Day, World AIDS Day are other avenues that we fully utilize to raise comprehensive awareness on issues pertaining to STIs/HIV/AIDS. The Faafafine Association also have active annual events such as "Miss Tuttie Fruity" that also raises awareness on HIV/AIDS from the homosexual perspective. MWCSD targets women and girls on their programs consistently. Sports bodies, such as our famous National Rugby 7s Team, play a vital role by promoting Safe Sex and other relevant messages locally and internationally. These annual events were co-funded by World Health Organisation, Global Fund and Government of Samoa.

Although condom promotion is active, through the work carried by peer educators, however the utilization rates are still very low. This poses a need to find ways to properly address barriers that hinders the effectiveness of condom utilization, such as cultural and religious values and taboos, and individual's personal views. Increasing the use of condoms is another effective way to prevent the transmission of STIs/HIV/AIDS, and these should be first and foremost advantages that our people must adhere to instead. According to SGS ANC Report 2008 "amongst the survey sample of 324, although 67% had heard of condoms, only ten percent of women had ever used one"<sup>12</sup>. This is a real threat considering the increasing number of STIs found in same survey, and women are accounted for this increasing number of STIs. More emphasis on condom promotion and distribution should be encouraged and addressing issues that hinders its distribution should be well addressed too.

Eventhough culture and religious beliefs are seen as barriers to effective prevention programs for HIV/AIDS, it could also be taken as avenues for more assertive efforts to gain more understanding from our people on these sensitive issues. A good example of this is when the Catholic church (local) is now slowly diverted from their beliefs that family planning (pertaining to condom use) is against biblical beliefs, but taking into consideration the fact that more and more young girls are faced with unexpected pregnancies, increased STIs, sexual abuse of young and vulnerable groups is a real threat to our physical, mental, social and spiritual capacities as human beings. It is a milestone to thrive on and one that needs to be strengthened constantly.

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<sup>12</sup> SGS ANC Report 2008

Work at the community level where our community leaders are decision makers of our societies needs to be strengthened. They are good advocates of any health issues because they hold power and authority within each village. Their understanding of HIV/AIDS and mode of transmission is important and getting them to make the right decisions on how to address these issues in their communities is even more important. Attitudes and perceptions is hard to change, but consistency and persistency in advocating for these issues will eventually alleviate stigma and discrimination.

Our prevention programs also places strong emphasis on mother to child transmission (MTCT). This is through health education and promotion carried out by our sector partners. This is very crucial because we have a couple of cases where this is happening. Again the policy statement on HIV/AIDS also encourages prevention of MTCT.

The support of our politicians is also to be commended as well. The government of Samoa now has activated a “Parliamentarian Health Advocacy Group” where health issues are dialog at the political level. This is another step forward for our prevention programs on HIV/AIDS because of the easiness of acceptance when open dialogs of sensitive issues are discussed at this level. Additional strategies and law enforcement to address prevention of HIV in all related areas will be dealt with and a common consensus is presumed easily reached.

- **Care, Treatment and Support,**

HIV testing is available at the main hospital, i.e., National Health Services and an average of nine thousand tests is done yearly. In 2008-2009 about 15,000 tests was done. Voluntary testing is offered to the general public whereas suspected cases are asked to undergo testing to confirm their status. Every pregnant mother who attends ante-natal clinics is offered STI or HIV tests.

SAF and SFHA clinics also conducted STI tests for their patients upon their patient’s consent and request. Specimens are sent to the National Health Services for testing. Anti-retroviral treatments are offered free of charge once a case is confirmed having HIV or AIDS therefore requiring treatment. STIs treatments are also offered free of charge by the public clinics, Private clinics. Information on patients or any members of the public voluntary undergoing tests are to remain confidential.

Home visits/care is offered to those who are HIV positive. A person living with HIV/AIDS works as an advocate and visits to these patients to counsel them with their drug regimen and providing them with the necessary support.

- **knowledge and behaviour change**

According to Samoa Demographic and Health Survey 2009 preliminary results, “the knowledge of AIDS is high in Samoa. More than 8 in 10 women and almost 9 in 10 men have heard of AIDS”<sup>13</sup>. Knowledge on HIV Prevention Methods is also fairly high – refer Figure 1 below

**Figure 1: Knowledge of HIV Prevention Methods (in %)**



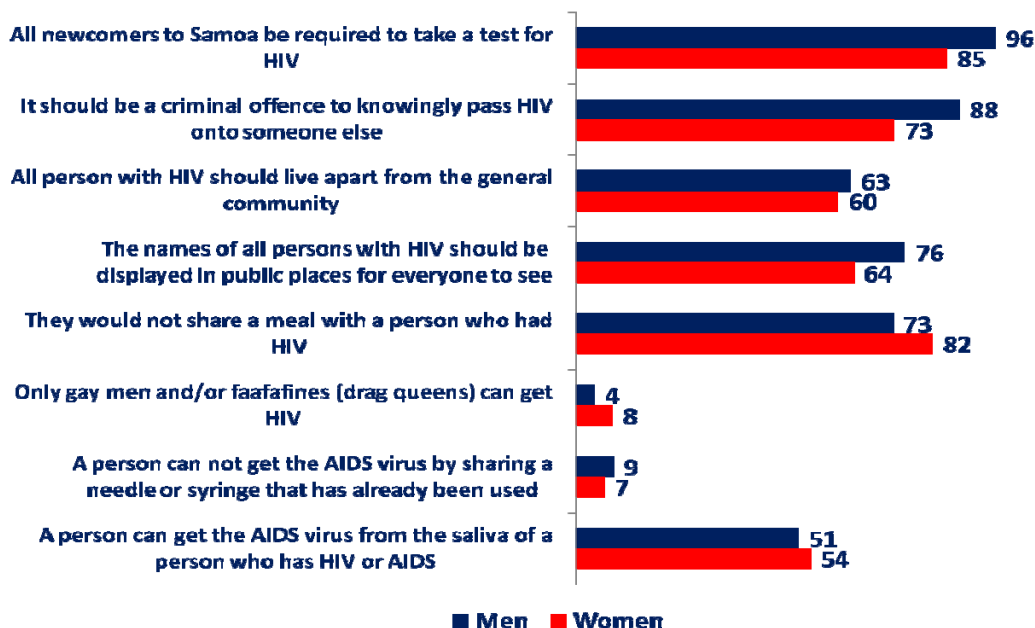
<sup>13</sup> Sa

**Figure 1: Adapted from the Samoa Demographic and Health Survey Report 2009 (preliminary results)**

Samoans have quite high knowledge on how to prevent HIV, and are well aware of these prevention methods. The rate is high amongst the male population, but slightly lower for the female population. Furthermore the DHS also found that amongst the age group 15-19, their knowledge of prevention methods on AIDS is low compared to those twenty years old and above. Those between ages 40 – 49 are more knowledgeable about ways to avoid getting AIDS <sup>14</sup>

Although knowledge of HIV prevention methods is high amongst our surveyed population, the behaviour change is not satisfying. Refer to Figure 2 below paints a different picture altogether, that misconception and stigma against people living with HIV/AIDS is high as well. According to Figure 2 below, 63% of men and 60% of women said that all people with HIV should live apart from the general population, whereas 76% of men and 64% of women indicated that names of all persons with HIV should be displayed in public places for everyone to see, 73% of men and 82% of women wouldn't share a meal with a person who had HIV. This is a classic example of misconception coupled with stigma that is obvious within our communities, that hinders our intervention programs from having an impact on changing behaviours and attitudes of our own people at large.

**Figure 2: Misconception about HIV transmission and Stigma towards people with HIV (in %)**



**Figure 2: adapted from the Demographic and Health Survey 2009 (preliminary results)**

<sup>14</sup> Ipid pg 20

In addition, 63% of women with no or only attended primary schools heard of AIDS compared to 95% of those with vocational and higher education<sup>15</sup>, an indication that behaviour change is hard to realize when most of our young people sustain very low knowledge on ways to prevent AIDS. It is probably the main cause of misconception and stigma because of difficulty to change behaviour of our young people.

This DHS Report (preliminary results) with the SGS Youth Report 2008, and SGS ANC Report 2008, should be stepping stones to more collaborative and collective efforts from all sector partners to work in partnership, to advocate for behavior change of our young people strategically.

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<sup>15</sup> Ipid pg 20

## V. Best practices

- **political leadership**

Our deputy Prime Minister; Honourable Misa Telefoni is taking a leading role in advocating for HIV/AIDS programs not just in Samoa but within the Pacific Region. This is a classic example of political commitment delegated to efforts in reversing the spread of this disease within our country; hence a good sign of political leadership at all levels. Hon. Misa Telefoni is also the Pacific AIDS Commission Chairperson within the Pacific Region.

Our government in its capacity has activated a **Parliamentarian Health Working Group** that dialog issues pertaining to any health related issues. Sexual Reproductive Health issues whereby HIV/AIDS is one of its components is certainly discussed in their deliberations and consultations which further highlights the support and the commitment shown by our political leaders. It also provides good opportunities for the Ministry of Health to lobby for political support of relevant policies, laws and regulations that further consolidates the rights of people living with HIV and AIDS to be well addressed and protected. Nonetheless, the rights of the general public to health and safety issues, when it comes to sexual activities. This is in terms of safeguarding their sexual health and well being rights, if a HIV/AIDS positive person is committing him/herself to sexual activities with a healthy person knowing his/her health status consciously.

- **scale-up of effective prevention programmes**

The Ministry of Health has through out the years see to the scale-up of prevention programs of HIV/AIDS. This has been realized through the hard work of its sector partners in promoting safe sex to young people/youth through comprehensive condom promotion programs, making wise decisions before committing oneself to unsafe sex through peer education outreach programs, Healthy Prisons intervention programs, Healthy Church programs, Healthy Workplaces programs and Health Promoting Schools programs.

- **capacity-building**

Investing and building capacity of our own people on issues related to HIV/AIDS is important at this juncture. More importantly it will strengthen their sense of ownership on HIV/AIDS and its related issues. This has been done through comprehensive multi-media campaigns that target the youth population in particular. The National Social Marketing Plan that was developed and designed in a way that allow our sector partners to share their views and expertise on various strategies put forward to mobilize and engage communities in our efforts to reduce and prevent HIV/AIDS. This was seen as a milestone so far, and will continue to further strengthen this significant plan for future programs of HIV/AIDS.

One of the most significant event that assisted in building capacity of our local counterparts, was the Counseling Training conducted by the PC & SS in 2009, that

## VI. Major challenges and remedial actions

Instructions: This section should focus on:

- (a) progress made on key challenges reported in the 2007 UNGASS Country Progress Report if any; (**none – since Samoa did not report for this round**)
- (b) **challenges faced throughout the reporting period (2008 – 2009) that hindered the national response**

- **H1N1 Influenza scare**

The progress on our programs has been hindered by the H1N1 influenza pandemic in the beginning of 2008 until the first quarter of 2009. The Ministry of Health took the lead in mobilizing the whole of Samoa's community in efforts to prevent and protect the health of the general population from this unfortunate pandemic. All programs that were planned for this certain time were put on hold whilst the Ministry of Health and all health workers concentrated on preventing and containment of H1N1 from affecting our people further.

- **Tsunami 29<sup>th</sup> September 2009**

On the 29<sup>th</sup> September 2009, another unfortunate circumstance occurred. A tsunami struck the north side of one of the main islands ie: Upolu and killing around 148 people. Again the Ministry of Health in collaboration with other government ministries took the leading role in making sure that proper and appropriate care and treatment is given to those affected with the public health division being at the frontline in disease prevention and mitigation strategies to avoid any disease outbreak. Unfortunately it has impacted on all interventional programs at all levels for other health related diseases that were considered as not so important at the time such as HIV/AIDS.

- **Late recruitment of HIV/AIDS staff under the Global Fund project.**

This was seen as one of the hindrances in implementing numerous HIV/AIDS programs in Samoa. Two local HIV/AIDS coordinators were recruited the end of 2009, and already Samoa was at the brink of being eliminated from the Global Fund round of preceding projects because of non-performance and under-utilisation of funds allocated for Phase 1 Period 1 – 4. Significantly, Samoa now has a chance to propose for more funds from GFATM and activities earmarked for Phase 2 will be implemented accordingly with our sector partners.

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

- **GF Fund Phase 2 approaches** – with the next round in place, Samoa is going to work conscientiously to gain the full support of the donor agencies such as GFATM, in order to move forward with HIV/AIDS programs in the near future.
- **Policy and National Plan of Action for HIV/AIDS 2009** - Samoa now has a NPOA and Policy that will guide the work of our sector partners, and provide means of monitoring and evaluating HIV/AIDS programs.
- **Multi-sectoral Approach** – The National Plan of Action in place will draw all sectors whose core business is HIV/AIDS to work collaboratively and collectively in order to achieve set targets of this plan. The Sexual Reproductive Health Policy will also be very instrumental in strengthening particular areas pertaining to HIV/AIDS and will be an overarching policy for all sexual health related issues.
- **Pacific Regional Strategy and Implementation Plan (Response Fund)** – Samoa will also utilize the funds allocated by the Response Funds to further assist with their developments in their fight against HIV/AIDS.
- **Parliamentarian Health Advocacy Group** – Our programs will target this very essential cohort of politicians. They are instrumental in supporting and endorsing certain policies and other important documents, when accurate information and data will

- Monitoring role of the Ministry to ensure implementation of activities are in line with the NPOA of HIV/AIDS and ensure harmonization and uniformity of sector partners activities to minimize and avoid duplication.

## **VII. Support from the country's development partners**

The Ministry of Health has been receiving funding support from both regional and international donor partners to assist in facilitating HIV/AIDS activities. These assistances offered have contributed significantly in the achievement of the UNGASS targets for this reporting period, ranging from technical assistance, financial assistance, capacity building trainings for local counterparts in upgrading knowledge on global issues pertaining to HIV/AIDS and facilitating their implementation that conform with local context, commodities for family planning and for other preventive measures, etc. These development partners are listed below.

- The Global Fund is dedicated to alleviate AIDS by focusing on eliminating stigma associated with HIV/AIDS
- UNFPA components and their contribution to minimizing the effects of STIs through commodities supplies and etc
- WHO in providing technical support and advise through various means such as financial assistance
- Secretariat for the Pacific Community (SPC) and Pacific Regional Strategy and Implementation Plan that assists in strengthening the implementation of national plans and very instrumental in facilitating pharmaceutical supplies for STIs/HIV/AIDS, and also supplies for testing materials required for these diseases.

## **VIII. Monitoring and evaluation environment**

As indicated in our NCPI responses the Ministry of Health is now the main agent for monitoring and evaluating of any health issues, including HIV/AIDS. However, currently our M & E system in place is an overall M & E system of all health issues, and consultation processes are in place to finalise this M & E manual. Samoa has no M & E specifically for HIV/AIDS, therefore poses a challenge of developing an M & E specifically for HIV/AIDS. This is important if we want to see the progress and developing more effective strategies to minimize and alleviating HIV/AIDS in Samoa.



**ANNEXES**

ANNEX 1: AIDS Spending

ANNEX 2: National Composite Policy Index questionnaire

ANNEX 3 : Programme Indicators

References: