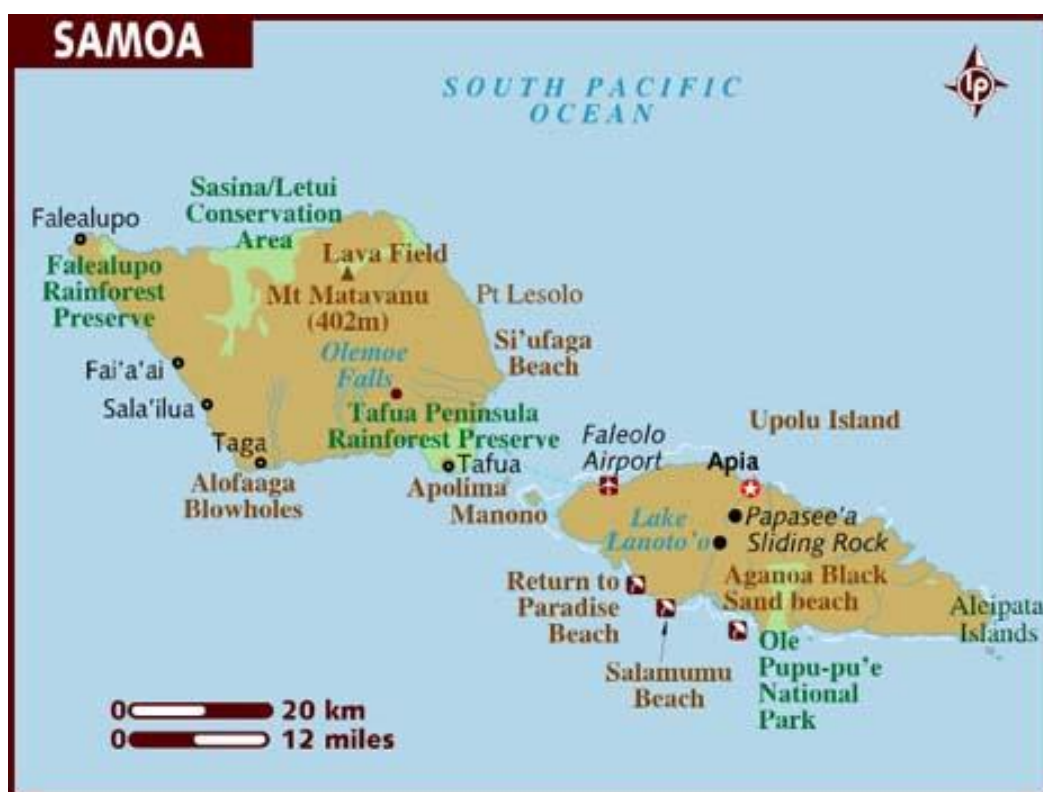


## Global AIDS Reporting Progress Report 2013 Samoa



Reporting Period: January – December 2013

31 March 2014

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# 1. Introduction

This is the 3<sup>rd</sup> time Samoa submitted its Global AIDS Response Progress Report since its first submission in 2011.

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

Although the prevalence of HIV in Samoa is low, but the continuous dramatic increase of Sexually Transmitted Infections (STIs) over the years as portrayed by the last two Second Generation Surveillance Surveys among our Antenatal Mothers 2005 and 2008 still poses a threat of a HIV explosion in the future.

In this reporting period there is noted decrease in our STIs infections namely Chlamydia to 24% as compared to the 34% in 2011<sup>1</sup>, however a call for more national concerted efforts to further bring these rates down remains the same.

To December 2013, a total number of 23 HIV+ cases is recorded, with 12 of those cases have died and 11 are still alive. The most common mode of transmission is heterosexual with a few cases of mother to child transmission in the past years.

As the overall vision of the Health Sector Plan 2008 - 2018 evolved around a "Healthy Samoa" the work of all health sectors towards to realizing this vision in maintaining our numbers to where it is to date is to be commended.

Samoa, like all the other Pacific Island Countries enjoys the kind financial support that has received over the years from both international and regional partners that made our intervention efforts possible.

This year's report will be a significant tool that will greatly assist in determining and assessing our national efforts and to guide the review of national policies and plans in place for HIV/AIDS.

The overall contributions for our HIV/AIDS Stakeholders are to be commended, with the kind technical assistance provided by UNAIDS office in Samoa.

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<sup>1</sup> National STIs Surveillance Data 2013

## 1.1 ACRONYMS

<b>ABC</b>	"Abstain, Be Faithful, use Condoms"
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ANC</b>	Antenatal care
<b>ART</b>	Antiretroviral Therapy
<b>HPED</b>	Health Protection and Enforcement Division
<b>GoS</b>	Government of Samoa
<b>GF</b>	Global Fund for HIV/AIDS, Tuberculosis and Malaria
<b>HSCMR</b>	Health Sector Coordination, Monitoring and Resourcing Division
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDU</b>	Injected Drug Use
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MESC</b>	Ministry of Education, Sports and Culture
<b>MDG</b>	Millennium Development Goal
<b>MoH</b>	Ministry of Health
<b>MSM</b>	Men who have sex with men
<b>MTCT</b>	Mother-to-child transmission
<b>MWCS</b>	Ministry of Women, Community and Social Development
<b>NACC</b>	National AIDS Coordinating Council
<b>NHS</b>	The National Health Service
<b>NCPI</b>	National Commitments and Policy Instrument
<b>NCM</b>	National Coordinating Mechanism
<b>NGO</b>	Non-government Organization
<b>NS&amp;IHR</b>	National Surveillance & International Health Regulation Division
<b>PC&amp;SS</b>	Pacific Counseling and Social Services
<b>PHC</b>	Public Health Clinic
<b>M&amp;E</b>	Monitoring and Evaluation Framework
<b>PLHIV</b>	People living with HIV
<b>MTCT</b>	Mother to Child transmission
<b>PMTCT</b>	Prevention of parent-to-child transmission
<b>PRHP</b>	Pacific Regional HIV/AIDS Project
<b>PRSIP</b>	Pacific Regional Strategy Implementation Plan
<b>SDPD</b>	Strategic Development and Policy Division
<b>SFHA</b>	Samoa Family Health Association
<b>SAF</b>	Samoa AIDS Foundation
<b>SGS</b>	Second-generation surveillance
<b>SPC</b>	Secretariat of the Pacific Community
<b>SPAGHL</b>	Parliamentarian Advocacy Group in Health Leadership
<b>SRCS</b>	Samoa Red Cross Society
<b>SRH</b>	Sexual Reproductive Health
<b>STI</b>	Sexually Transmitted Infection
<b>SW</b>	Sex Worker
<b>TAC</b>	Technical AIDS Committee
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNGASS</b>	United Nations General Assembly Special Session on HIV and AIDS
<b>VCCT</b>	Voluntary Counseling and Confidential Testing
<b>WHO</b>	World Health Organisation
<b>WinLA</b>	Women in Leadership Advocacy Group

## 2. INDICATOR OVERVIEW

### Core indicators for Global AIDS Response Progress Reporting

Targets	Indicators		Value	Measurement	Comments
<b>Target 1.</b> Reduce sexual transmission of HIV by 50% by 2015 <i>General population</i>	1.1	Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	3.8%	Samoa Demographic and Health Survey 2009	3.8% of both males and females aged 15-24 answered all five questions correctly on misconceptions and identifying ways to prevent HIV. <ul style="list-style-type: none"> <li>- 73% correctly answered question 1 (Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partner?)</li> <li>- 54% correctly answered question 2 (Can a person reduce the risk of getting HIV by using a condom every time they have sex?)</li> <li>- 44% correctly answered question 3 (Can a healthy looking person have HIV?)</li> <li>- 22% correctly answered question 4 (Can a person get HIV from mosquito bites?)</li> <li>- 34% correctly answered question 5 (Can a person get HIV from sharing food with someone who is infected?)</li> </ul>
	1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	22%	Second Generation Surveillance Survey on ANC Mothers Report 2008	22% of young women 15-24 under ANC care at the time of survey reported having had sexual intercourse before the age of 15.
	1.3	Percentage of adults aged 15–49	0.9%	Second Generation	Only 3 out of 324 surveyed ANC mothers answered this

		who have had sexual intercourse with more than one partner in the past 12 months		Surveillance Survey on ANC Mothers Report 2008	question (from SGS Survey Report for ANC Mothers 2008)
	1.4	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*	NA		No information available to support this indicator
	1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	100%	National STIs Surveillance Data 2013 (NHS/MOH)	<i>(Please note that data is for totals tests of HIV taken in 2013 irrespective of whether those tested know their results or not)</i>
	1.6	Percentage of young people aged 15-24 who are living with HIV*	0%	HIV Patient Summary Report 2013	There is no known case of HIV in this reporting period
Sex workers	1.7	Percentage of sex workers reached with HIV prevention programmes	NA		
	1.8	Percentage of sex workers reporting the use of a condom with their most recent client	NA		
	1.9	Percentage of sex workers who have received an HIV test in the past 12 months and know their results	NA		
	1.10	Percentage of sex workers who are living with HIV	NA		

<i>Men who have sex with men</i>	1.11	Percentage of men who have sex with men reached with HIV prevention programmes	NA		
	1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	NA		
	1.13	Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	NA		
	1.14	Percentage of men who have sex with men who are living with HIV	NA		
<b>Target 2.</b> Reduce transmission of HIV among people who inject drugs by 50% by 2015	2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	NA		
	2.2	Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	NA		
	2.3	Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	NA		
	2.4	Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	NA		



	2.5	Percentage of people who inject drugs who are living with HIV	NA		
<b>Target 3.</b> Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths**	3.1	Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	100%	HIV Patient Summary Report 2013	There is only one HIV+ pregnant mother who was on ART this reporting period to prevent mother to child transmission
	3.1a	Percentage of women living with HIV receiving antiretroviral medicines for themselves or their infants during breastfeeding	0%	HIV Patient Summary Report 2013	HIV+ mother is due to give birth March 2014
	3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	0%	HIV Patient Summary Report 2013	As above
	3.3	Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	0%	HIV Patient Summary Report 2013	As above
<b>Target 4.</b> Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015	4.1	Percentage of adults and children currently receiving antiretroviral therapy*	100%	HIV Patient Summary Report 2013	All 10 PLWH are on ART in this reporting period (Note: only these 10 are accessing treatments at the National Health Services where as the other two HIV+ are accessing it privately)
	4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	100%	Patient Monitoring	

<b>Target 5.</b> Reduce tuberculosis deaths in people living with HIV by 50% by 2015	5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	NA		
<b>Target 6.</b> Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries	6.1	Domestic and international AIDS spending by categories and financing sources			
<b>Target 7.</b> Eliminating gender inequalities	7.1	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months <i>All indicators with sex-disaggregated data can be used to measure progress towards target 7</i>	NA		Indicator relevant but there is no baseline data to support it. However there is a research on Preventing Violence Against Women 2011 that could provide baseline information on this indicator.
<b>Target 8.</b> Eliminating stigma and discrimination	8.1	Discriminatory attitudes towards people living with HIV		Indicator relevant	Data available ie: in the DHS 2009, SGS ANC 2008 to respond to this indicator but the answers “No” or “It depends” are not specifically noted in the reports.

<b>Target 9.</b> Eliminate travel restrictions		<i>Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed</i>	NA		
<b>Target 10.</b> Strengthening HIV integration	10.1	Current school attendance among orphans and non-orphans aged 10–14*	NA		
	10.2	Proportion of the poorest households who received external economic support in the last 3 months	NA		
Policy questions (relevant for all 10 targets)		National Commitments and Policy Instruments (NCPI)			Refer ANNEX
* Millennium Development Goals indicator ** The <i>Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive</i> defines this target as: 1. Reduce the number of new HIV infections among children by 90% 2. Reduce the number of AIDS-related maternal deaths by 50%					



### 3. Status at a glance

#### 3.1. The inclusiveness of the stakeholders in the report writing process

The preparation of the 2013 Global AIDS Reporting 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.

Samoa Ministry of Health being the Focal Point in the facilitation process for the last two reports ie: 2010 and 2012, tend to differ in its strategy in collating this 3<sup>rd</sup> GARP Report. The late receipt funds from UNAIDS to support stakeholders consultations also contributed.

However, despite this, Samoa manages to collect all relevant data, information and significant contributions from appropriate stakeholders through obtaining several reports of their activities carried out in this reporting period for inclusion in this report. Other methods used were:

- i. One to one consultation with relevant stakeholders to more or less update and validate their activities as noted in the last two reports.
- ii. Data collection was carried out from the December 2013 - February 2014 from:
  - Ministry of Health (National Surveillance and International Health Regulation Division; Health Information Services Division; Health Protection and Enforcement Division; Strategic Planning, Policy and Research Division, and Health Sector Coordination, Monitoring and Resourcing Division)
  - National Health Services (Communicable Diseases Public Health Clinic, Laboratory Services and Pharmaceutical Services)
  - Non-Government Organisations (Samoa Family Health Association, Samoa Red Cross Society, and Samoa Faafafine Association)
  - Ministry of Women, Community and Social Development (Division for Women and Division for Youth)

Part A of the National Commitments and Policy Instrument (NCPI) survey form was completed by Ministry of Health (MoH) Focal Points.

Part B of the NCPI was completed by partner Ministries and NGOs involved in the response to HIV/AIDS and STIs in Samoa.

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### 3.2. Overview of AIDS Epidemic

Samoa is a low HIV prevalence country, 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 only four new persons reported in 2009. Samoa only has one new case been recorded in 2013, an adult male who was infected overseas and returned home to stay.

As of December 2013 there were 23 confirmed cases with 17 males and 6 females. 21.7% of these cases are children <8 years old.

Of the 23 cases, 12 have died, including 3 infants <4years 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 successful Prevention of Mother to Child Transmission (PMTCT) for this reporting period.

The 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 improve STI diagnosis and treatment to strengthen surveillance of sexual behavior of the Samoan population. Although it is noted that the trend of Chlamydia Infections is decreasing in 2013 to 24% (National Surveillance and IHR; MOH), but the threat still remains of an HIV explosion in the near future if STIs are not prevented.

Other survey findings further exacerbate this condition increasing the likelihood of new HIV infections, summarized below<sup>2</sup>

- Condom use is very low (< 15%)
- Low literacy about HIV transmission among youth (59%) is a factor for high
- vulnerability among the general population for HIV transmission
- Most people presenting with STIs go to private practitioners which if not recorded
- nationally could greatly affect the known number of PLWHA in Samoa
- Increasing incidence of teenage pregnancy
- High prevalence of specific STI's among antenatal mothers (supposedly a 'low risk' population)
- Highly mobile populations including seafarers and police engaged in UN operations,
- Unprecedented number of night clubs and associated alcohol abuse
- Low access to prevention and information, education & communication (IEC) materials

### 3.3. Policy and Programmatic Response

As the national focal point for HIV/AIDS, The Ministry of Health (MOH) is responsible for establishing policy, standards, and a framework for multi-sector participation in Samoa. Accordingly, under the former Ministry of Health, a National AIDS Coordinating Council (NACC) was established in 1987. In 1988, a Technical AIDS Committee (TAC) was established to provide technical advice to the

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<sup>2</sup> Second Generation Surveillance surveys of antenatal women in Samoa 2008, Samoa Demographic Health Survey 2009, National HIV & AIDS Policy 2011 – 2016.

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.

STIs are known to increase the risk of the sexual transmission of HIV, as well as increasing risks of infertility, ectopic pregnancies, cervical cancer in women, and liver disease in both sexes. The alarmingly high and increasing prevalence rates of Chlamydia indicates therefore, the urgent need for more effective STI diagnosis and treatment, and for strengthened and better targeted surveillance of sexual behavior among the Samoan population. Epidemiological treatment guided by the World Health Organisation (WHO) Breaking the Silence programme, is planned for 2014.

The Second Generation Surveillance surveys conducted in 2008 and Samoa's Demographic and Health Survey conducted in 2009 have contributed significantly to an improved understanding of the STI/HIV/AIDS situation, including evidence-informed information on risk behavior and vulnerability to HIV infection for improved policy planning and advocacy. However, further qualitative behavioral research is needed to ensure better targeted policies and responses.



The Sexual Reproductive Health Policy endorsed in January 2012 is an important step towards strengthening efforts towards taking a more 'holistic health and well-being' perspective in reducing the prevalence of STIs among the Samoan population.

The National HIV & AIDS Policy for 2011- 2016 was formally launched in February 2012. The HIV/AIDS

National Plan of Action 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 sector partners whose work will be guided by these policies.

The establishment of relevant policies is an indication of the considerable commitment from government within and external to the health sector and its NGO partners for more concerted, collaborative and creative responses to STI/HIV/AIDS in Samoa.

The MoH 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 will need to be developed in order to truly measure the progress of all HIV/AIDS related programmes.



### 3.4 National Program Indicators

The GAPR core indicators are relevant for monitoring progress for HIV/AIDS prevention and control, and are appropriate on other grounds, including: (i) to assess and evaluate the impact of the national response to HIV/AIDS; (ii) provide critical information about the effectiveness of responses at national and regional levels, (iii) outline the basis for monitoring the trend of the epidemic, related services and their outcomes, (iv) guide the development and design of appropriate intervention strategies; and (v) demonstrates the level of national commitment to both regional, and global response to HIV/AIDS.

However, nearly half of the core GAPR indicators are not currently relevant, unavailable or not applicable to the Samoan context. Limitations include, for example, data for injected drug use (IDU) and AIDS orphans are not relevant to the Samoan context because there are currently no HIV orphans and IDU is not known to be commonly practiced in Samoa. For many indicators, numbers are very small, and therefore not statistically valid. There are crucial research findings that have not yet been published or released. *(Refer Annex 1 - Indicator Data Overview)*

## 4. Overview of the AIDS Epidemic in Samoa

Samoa is an independent island nation in the South Pacific Ocean which comprises two major islands (Savaii and Upolu) that total approximately 1000 square miles. The population is approximately 187, 820 persons (2011 census) with an increase of 3% compared to the 2006 census. About 21% of people now live in the urban areas, a slight drop from 30% in the 2001 census. 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, the "population will continue to grow in the future even if birth rates drop. This is because the large number of young persons today will eventually enter the reproductive age group in the next ten or more years and this will increase fertility". It is important to note that as Samoa's population continues to grow, more collaborative and concerted efforts will be required to prevent and control the spread STI/HIV/AIDS in the country.

The prevalence of HIV in Samoa is very low, with the majority of HIV infections occurring through heterosexual transmission, which accounts for about 90 percent of all infections.

From 1990 (when the first HIV case was recorded) until 2008, 18 cases of HIV had been confirmed (both adults and children), and in 2009 four cases were recorded, and in this reporting period only one new case was recorded. In the period between 2002 and 2006 there were no cases recorded.

As of December 2013 there were 23 confirmed cases with 17 males and 6 females. 21.7% of these cases are children <8 years old.

Of the 23 cases, 12 have died, including 3 infants <4years old. Routine and mandatory HIV testing is currently being instituted for all pregnant women presenting for antenatal care (ANC) services in Samoa.

**Table 1: Samoa total HIV cases by year of reporting**

Date Registered	0-4	5-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Total
1990							Md				1
1994						Md					1
1995	Uds				Fd						2
1996	Md				Fd		Md	F			4
1999							M				1
2000				Md				M			2
2007					M	M, F, Md					4
2008	M					M, F					3
2009	M,M				F	F					4
2013										M	1
<b>Total</b>	<b>5</b>			<b>1</b>	<b>4</b>	<b>7</b>	<b>3</b>	<b>2</b>		<b>1</b>	<b>23</b>

**Key:** M: Male, F: Female, U: sex unknown, d: deceased (updated and edited 2013)

**Source:** National Health Services "HIV/AIDS Patient Register Report 2013"

The National Health Services (NHS) screens all pregnant mothers through the ANC Clinic at two of its main hospitals: the National Health Services (NHS) and Malietoa Tanumafili II, and Tuasivi hospital 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. Screening tests done for antenatal mothers include HIV, RPR, HBsAg, and Chlamydia. For Chlamydia tests are confirmed locally using NAAT and HIV confirmatory tests are also done locally using HIV algorithm introduced by SPC in November 2010. For syphilis, screening test used is RPR. All reactive specimens are then tested using a specific test TPPA/TPHA also done locally. The NHS laboratory is no longer testing for gonorrhea using the NAAT, and is now detected using culture methods. These supplies are funded by the GoS.

HIV and STI data is available for all, including NGOs involved in the response to HIV/AIDS to inform and strengthen their evolving programs, and to the NHS for procurement of drug supplies, testing kits for STIs, important diagnostic materials and others. The MOH includes this information for policy development, health planning, and for making adjustments, programmatic and technical decisions on how best to monitor and control the spread of HIV and STI infection.

The CD4 tests, and Anti-retroviral treatment (ART), Chlamydia test, and other STI treatment is offered freely to PLHIV and is funded through the GF are accessed through the Fiji Pharmaceutical Services, which play a significant regional role in supplying these commodities to the Pacific Island Countries. Treatments are released and administered to known patients upon the request of the treating physician free of charge.

#### 4.1 National Response to the AIDS Situation in Samoa

A considerable number of initiatives responding to HIV/AIDS in Samoa have been established and mobilized in recent years, including nationally active groups, policies and interventions, and adoption

of international agreements to help guide the formulation of policies and strategies to respond to HIV/AIDS. Below is a list of Samoa's key Responses to HIV/AIDS since 1987.

- 1987 National HIV/AIDS Prevention and Control Programme established
- 1987 National AIDS Coordinating Council established
- 1988 Technical AIDS Committee established
- 1990 Samoa's first AIDS reported case
- 2001 Samoa HIV/AIDS Policy
- 2001 Strategic Plan on responding to the impact of HIV/AIDS on Women in Samoa (2001-5)
- 2002 Samoa's proposal to the Global Fund Round 2
- 2003 Samoa's HIV/AIDS/STI National Plan of Action
- 2004 Second Generation Survey (Antenatal)
- 2008 Second Generation Survey (Antenatal, Youth and Faafafine)
- 2010 Samoa Demographic and Health Survey
- 2010 National Youth Policy 2011-2015 by the MWCS
- 2011 Samoa's proposal to PRSIP - Response Funds for STIs and HIV have been approved in September 2011
- 2012 \* National HIV/AIDS Policy 2011-2016
  - \* National Sexual Reproductive Health Policy 2011-2016
  - \* National Infection Control Policy 2011-2016
- 2013 Strategy for Sexual Reproductive Health of the Women of Samoa 2014-2018 (draft - by the Ministry of Women, Community and Social Development)

Despite the prevailing conservative contexts, opportunities are available for with regards to more openly addressing sensitive issues of sexual behavior 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.

Examples of where these issues are addressed in open dialogue include the many community consultations throughout the year, healthy lifestyle advocacy at the political level (Samoa Parliamentarian Advocacy Group for Healthy Living) the inclusion of the church in health dialogue processes with the youth and communities, strengthening the Health Promoting Schools Programme, getting the attention of young and active people through a variety of media and peer education programs, mobilizing 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, mobilizing traditional sports for further advocacy and many other programs carried out by all sector partners.

Beyond the National AIDS Coordination Committee (NACC) and the Technical AIDS Committee (TAC) composition that included multisector partners from government ministries and non-government and civil society sectors, the Global Fund to fight AIDS, TB and Malaria (GFATM) and Response Funds for STIs and HIV further provided financial support to allow Health Sector partners from government ministries and non-governmental organizations (NGOs) to become engaged more actively and comprehensively on 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 screened for HIV, syphilis, HepB, and HepC.

Peati Maiava, who remains the only PLHIV who has publicly declared her HIV status continues to work with other PLHIV and is represented on the NACC on behalf of PLHIV.

As stakeholders working outside the constraints of government bureaucracy, NGOs are well positioned to implement 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* articulate this relationship with regards to the expectation that sector partners will implement record and report data so as to ensure that the progress against national health targets and health-related policies are informed by evidence.

The public funded National Health Service (NHS) is the main service delivery point for all health care services in Samoa, including for HIV/AIDS 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.

Other than the Plan on responding to the impact of HIV/AIDS on Women in Samoa (2001-2005), the Ministry of Women, Community and Social Development (MWCSO) has developed a policy to enact some of the provisions stipulated in the *Convention on Elimination of Discrimination Against Women*, (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. In late March 2012, the UNESCO Office for Pacific Island States carried out an Attitudinal Survey of school principals, teachers and students to gauge their attitudes towards sex education including HIV/AIDS and to recommend ways to integrate it effectively into the school system. Whereas students are taught basic fundamental reproductive health issues and associated diseases it is felt that with the current rate of Chlamydia, reported sexual abuse and teenage pregnancies, a more involved process is needed.

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.

The primary sources of funding for Samoa's HIV programs are multilateral, namely: (i) the Global Fund to fight AIDS, TB and Malaria (GFATM) -- Samoa is one of the Pacific Island Countries eligible for HIV/AIDS and TB components next rounds until 2016 The Pacific Response Fund (RF) is a pooled funding mechanism that supports the implementation of national and regional HIV strategic plans, with support mainly from New Zealand and Australia; and (iii) provisions from the SWAp Project (a pool of funds from AusAID, NZAID, The World Bank and the Samoa government) continue to support the important responses to HIV/AIDS in Samoa, and (iv) funding from UNFPA for the Sexual and Reproductive Health (SRH) program and Adolescent Health Development (AHD) are well mainstreamed into the MOH budget at the end of 2013.

## **5. Prevention: General Overview**

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The prevention of HIV/AIDS in Samoa is a priority for the MOH. The multi-sector approach to engage relevant partners in the public sector and from non-government organizations (NGOs) in the response to HIV/AIDS in Samoa has not been well evaluated in the past, however, progress has been made under the leadership of the MOH to monitor and evaluate health related issues. Since the first HIV case was detected in 1990, work has been undertaken to control the spread of HIV/AIDS in Samoa. Three major prevention methods are known to prevent HIV/AIDS:

- i. Abstinence - say no to unsafe sex*
- ii. Be faithful - stick to one partner, and for your partner to be faithful to you*
- iii. Condom - use a condom if you fail to adhere to number 1 and 2.*

However, as in most societies, gender-related power relations hinder this approach and many women may not actually have the power to make these choices in any given relationship.

During this reporting period (2013), Samoa has continued to develop and strengthen its multi-sector approach towards preventing HIV/AIDS. The MWCSD TALAVOU Program, Samoa Red Cross Society and Samoa Family Health Association have been able to collaborate and sustain a strong field of peer educators who have been active in a number of programs and research.

Special interventions are planned to coincide with various national activities every year, such as health promotion sessions on STI prevention during National Independence Celebrations and Teuila Festivals. Annual events such as World Population Day and World AIDS Day are other such opportunities where awareness on issues related to STI/HIV/AIDS are advocated at the political and community level.

Although condom promotion is active through the work carried by peer educators and the Sexual and Reproductive Health (SRH) and Adolescent Health Development (AHD) programs, utilization rates are reportedly still very low. Data on condom distribution obtained from Samoa Red Cross indicate a satisfactory level of condom utilization, but data cannot be used in this reporting period as some important details are missing. The need still remains to find ways to effectively address existing barriers that hinder the effectiveness

of condom access and utilisation. Whereas cultural and religious values and taboos, and individual's personal views may remain as obstacles, the health sector needs to honestly ask itself whether or not it is ensuring that condoms are being consistently distributed to where they are needed, such as in the villages themselves.

According to SGS ANC Report 2008: "Amongst the survey sample of 324, although 67% had heard of condoms and only ten percent of women had ever used one'. 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 in particular situations that hinder its distribution.

### **5.1 Prevention: Young People**

There remains a dearth of IEC materials for young people. The Health Sector needs to seriously address this gap and find the most effective medium that can be easily accessed. Research findings including that from the DHS show that youth are more likely to get information from their peers, television, or movies.

Whereas the AHD program coordinated through the MOH works with District hospitals regarding youth friendly health services, it is clear that more needs to be done to promote such services that can assure confidentiality and empathy. The Samoan Family Health Association (SFHA) Voluntary Counseling and Testing (VCT) clinic is the only specialized service provider since the closure of the SAF clinic. SFHA also provides testing and counseling for adolescents and youth.

Actual data pertaining to the numbers of youths involved in alcohol drug and substance abuse remains elusive. However figures from 1994 showed that amongst students between 15-19 years, up to 4% of male students and 1% of females students had tried marijuana at least once, with rates of 25% for and 18% for females who had consumed alcohol with similar figures for tobacco consumption<sup>3</sup>.

Up to 2009 school dropout rates range between 9 and 20 percent in amongst year 8-9 students which is when they move from intermediate to high school, and 39 and 44 percent amongst year 12/13 students which is the final years in high school<sup>4</sup>. Although compulsory education for children between 5 and 14 years was legislated in 2009, child vendors in the urban areas are visible throughout the day. The unemployment rate for youth 14-24 years was 58% in 2008, rising up to 88% if the range includes youth between 25 - 34 years<sup>5</sup>. The burden of dependency is therefore quite high with government forced to look for migratory employment in areas such as seafaring, peace keeping, and seasonal fruit picking in Australia and New Zealand.

The SFHA in partnership with the MWCSO TALVAVOU Program continue to train youth as peer educators to date. The peer education outreach programme is concentrated in Upolu and works through church and school youth. The SFHA has been providing training of trainer

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<sup>3</sup> Samoa National Youth Policy 2001-2010, MWCSO

<sup>4</sup> Education Statistical Digest 2009, MESC

<sup>5</sup> Mapping of Vulnerable Youths March 2007, MWCSO

workshops for teachers on the AHD school programme and for departing seafarers, as well as training for departing police officers departing on International peace keeping missions.

The first peer education programmes were carried out in 1994 through collaboration between the MoH and the YMCA with support from the Secretariat of the Pacific Community. Scrutiny is needed for some current peer education programmes and whether the peer educators in fact mirror their target groups.

SRH Education in most schools is limited to the Physical Education and Health program. There is no current specific sex education curriculum. Opportunities however are provided to NGOs such as the SFHA to provide HIV/AIDS awareness programs including life skills.

HIV and AIDS is integrated into the Health and Physical Education is taught as a PSSC subject at the University of Samoa and has progressively been introduced in Year 8 level and secondary schools.

**Table 2** presents a concerning picture of the STI situation in Samoa with youths between 15 – 24 years and 25 – 29 years old appearing to be the most vulnerable. There is a clear vulnerability of youths entering reproductive age. Data that could determine the marital statuses of those infected cannot be obtained.

HIV was not detected while Hepatitis B recorded 3% prevalence in the 20-35+ year brackets for January -December 2013, whilst Syphilis recorded 0% as compared to the 0.1% reported in last reporting period in the 35+ year bracket. Gonorrhoea recorded only 6% infections for all tests done.

CHLAMYDIA			
Age	Total Tests	Total Detected	%
	Males+Females		
15-19yrs	574	221	39%
20-24yrs	1777	561	32%
25-29yrs	1402	312	22%
30-34yrs	934	139	15%
35+ yrs	848	102	12%
Unknown	574	130	23%

**Table 2: Reported cases of Chlamydia January-December 2013**

**Source: NHS Laboratory/MoH**

Notably, 39% of the positive Chlamydia cases in 2013 were between the ages of 15-19 followed by 32% between the ages of 20 – 24.

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

## **5.2. Prevention: Specific Sub-populations with Higher Risk of HIV Exposure**

The Faafafine Association (SFA) is one of the oldest supporters for HIV/AIDS awareness and continues to raise awareness on HIV/AIDS from the transgender perspective. The MWCSD targets women and girls in various programs, and popular sports bodies, such as the National Rugby 7s and National Rugby League Teams play a vital role by promoting 'safer sex' and other relevant messages. These activities are co-funded annually by World Health Organization (WHO), GF and the Government of Samoa (GoS).

Although there remain cultural and in particular religious beliefs that act as barriers to effective prevention programs for HIV/AIDS, the MOH and its partners view this as an opportunity for more assertive efforts to dialogue and gain more understanding from a range of people, organizations and communities on these sensitive issues. The Catholic Education Board continues to include sex education in the their curriculum given the reality of the high and increasing rates of unintended pregnancies among young, unmarried women, the extremely high and increasing rates of STIs, and widespread sexual abuse of young and vulnerable groups and girls.

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.

There is a dearth of information regarding sex workers, although incidences where people would pay for sex by cash or in kind is understood to have existed for a while. This situation would usually surround places where alcohol is consumed and involve young unemployed youth. Like in all societies, it is assumed that the youth are sexually active.

There are no specific programmes, health or counseling facilities or projects for marginalised groups such as sex workers and MSM. There is no demand for Intravenous Drug Use. The Faafafine Association is an established NGO made up of transgender members who largely and effeminate males who largely identify themselves as homosexual. The patron for this organisation is the Prime Minister and is well known for its community centered fund raising activities. Lesbians in Samoan society do not enjoy the same popularity and self-support as the Faafafine do and are largely hidden. With the SAF being inactive for more than a year, Samoa Plus was established in 2011 to provide support for PLHIV and assist them to become self supportive.

As individuals who engage in sex work, MSM, as well as the Faafafine are well integrated in the community and society at large, they will access the same health outreach programmes as anyone else, although specific HIV/AIDS and human rights programmes are carried out for the Faafafine association at their request. There are no official records kept on persons who are tested for HIV pertaining to their sexual orientation or occupation.

## **5.3 Sexually Transmitted Infections (STI)**

The prevalence of Chlamydia was highest amongst 25 years and below with 41% compared to 18% among those 25 years and over (SGS 2008).



The 2010 and 2011 rates showed 41.6% and 40.4% respectively for youths 25 years and under. It was also found that at least 27.5% of ante-natal mothers tested had at least one STI including Hepatitis B. This of course reflects a similar infection rate for their partners. A total of 6135 tests for Chlamydia were done in this reporting period, a drop compared to 6481 tests done in 2012.

Samoa conducted a Demographic and Health Survey in 2009, which also helped to consolidate and support results of the SGS Surveys, even though the features and characteristics of both studies differed significantly. The significance of this survey in providing a current situation of our STI/HIV/AIDS in terms of knowledge, attitudes, practices and behavior (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. There is a second round of Demographic and Health Survey in its planning phase which will eventually take off towards the end of 2014.

Both Syndromic and etiological case management is carried out at the public health clinic. Some segregated data is available but is limited mainly to age and sex. Although there has been progress over the past year and a half pertaining to the availability of data, improvements are still needed to ensure that data recorded is broadened beyond age and sex, is consistently reported and analysed to draw credible trends and disease patterns.

#### **5.4 HIV Testing and Counseling Services**

HIV testing is available at the main hospital in Apia (i.e. through the NHS and an average of nine thousand tests is done yearly. In 2012 -2013 about 17,837 tests were done. Total tests for HIV in 2013 is 8443.

HIV, HepB, syphilis, and Chlamydia tests are routine for pregnant mothers who attend the ante-natal clinic. The SFHA clinics also conducted STI tests for their patients upon their patient's consent and request. Specimens are sent to the NHS for testing. For confirmed HIV cases Anti-retroviral treatments (ART) are offered free of charge when treatment is required.

Treatments for STIs are also offered free of charge by the public clinics, and Samoa Family Health Association clinic. 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.

Little has happened by way of counseling quality assurance, and there is an urgent need to conduct another counseling training for local staffs both from GOs and NGO sectors. The PC&SS counseling training would benefit laboratory staff and any other staff attending to PLHIV, or requesting a test.

The Global Fund has refurbished all Voluntary Counseling and Testing (VCT) Clinics around Samoa and there need to be more staff with counseling knowledge and skills to ensure that these clinics are utilized according to the purpose they were set up for.

The Oceania Society for Sexual Health and Medicine (OSSHM) 2008 recommendations for HIV medicine and Sexual Health Care are utilised for HIV management and care. There is no specific guideline for testing of exposed infants and children but the practice in place is that an infant exposed is tested at 6 weeks using the dried blood spot test (DBS) which tests for the genetic material. The viral load is carried out when requested by the PHC. The CD4 counts which are required to be carried out every 3 months as per WHO recommendation are adhered although sometimes PLWH are to blame for poor adherence, for not turning up to have their CD4 done.

For this reporting period Laboratory recorded a total number of 32 CD4 tests done, and a total of 9 viral load tests for 9 cases except for one case who was overseas for his employment contract. Two other cases are privately treated and their tests as well.

The HIV algorithm was adopted in November 2010 and has been used since. HIV testing is carried out at the in the laboratory in Upolu. Complete data for women and men aged 15 and older who received HIV testing has improved compared to last reporting period. There still remains a need to improve recording of HIV test under each respective clinic, in order to determine the exact location where there is an increase number of people asking for such tests ie: clinics.

**Table 3: 2013 Data on HIV testing per age group**

<b>HIV TESTING 2013</b>		
Age	Total Tests	Detected
	Males+Females	
15-19yrs	825	0
20-24yrs	2202	0
25-29yrs	1758	0
30-34yrs	1296	0
35+ yrs	1854	0
unknown	444	0

*Source: NHS Laboratory and MoH*

## **6. Prevention of Parent to Child Transmission (PPTCT) services**

Out of 1614 births recorded in 2009, 78.7% were carried out at a public health facility, 0.7% in a private facility, 18% in the home and 1.1% overseas<sup>6</sup>. There are no current PPTCT policies or guidelines developed. Prophylaxis had not been administered on pregnant women with HIV due to a range of logistical and non adherent purposes.

The National Nutrition Policy has not yet been updated and does not include HIV and AIDS. The Baby Friendly Hospital Initiative (BFHI) however covers HIV extensively. Preliminary results of the audit on the BFHI have shown however, that there is much to be done in this area.

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<sup>6</sup> Demographic Health Survey 2009

ANC services providing HIV testing are carried in Upolu with referrals from Savaii health centres and from the SFHA. ART is only offered by the Public Health Clinic at the Tupua Tamasese Meaole Hospital in Apia. Residents from Savaii are expected to travel to Upolu for their CD4 counts. There have been no confirmed cases for HIV for 2013.

There has been no TB/HIV co-infection in Samoa to date. At least one HIV case started on ART this period due to load viral load detected, and one paediatric case died.

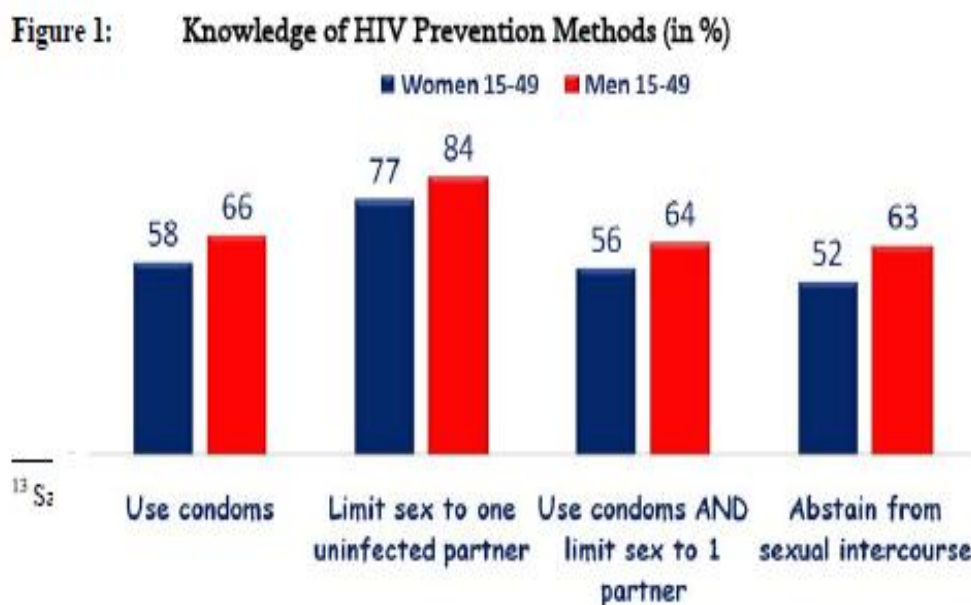
## **7. Knowledge and Behavior Change Activities among the General Population**

Work at the community level, in particular with community leaders who are the respected decision makers in Samoan society has been continue to be strengthened over the past few years. Although often a struggle, the traditional leaders are included in training opportunities both locally and overseas, and play coordinating roles in health campaigns. The experience has been that as long as the approach is appropriate and genuine, permission is almost always granted by the village leaders, and even the most sensitive issues can then be discussed.

The support of the politicians is also to be commended as well. The "Samoa Parliamentary Advocacy Group in Health Leadership" (SPAGHL) become active advocates of health issues at the political level since it was activated. Their active involvement in prevention programs on HIV/AIDS in their constituencies indicates the importance of Samoa's stance on these sensitive issues.

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.

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". Knowledge on HIV Prevention Methods is also fairly high - refer Figure 1 below



**Figure 1: Adapted from the Samoa Demographic and Health Survey Report 2009**

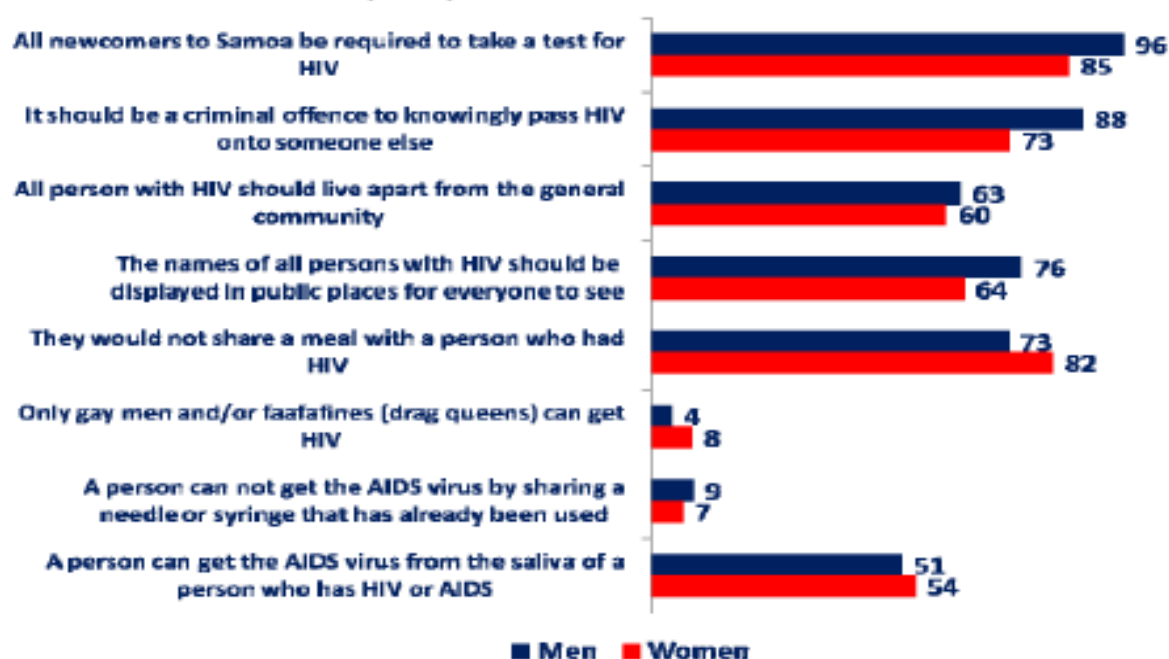
The Samoan national Demographic and Health Survey (DHS) conducted in 2009 found that Samoans have quite high knowledge on how to prevent HIV, and are well aware of these prevention methods. The rate is high amongst the male population, but slightly lower for the female population. Furthermore the DHS 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 aged 40 - 49 are more knowledgeable about ways to prevent HIV infection.

While knowledge of HIV prevention methods is generally high among the surveyed population, attitudes and behavior are not satisfying. Clearly, having correct prevention knowledge alone is not sufficient to change attitudes and behaviors. As Figure 2 indicates, misconceptions about HIV/AIDS are common, and stigma and discriminatory attitudes towards PLHIV is high as well.

For example, among those surveyed: (i) 63% of men and 60% of women said that all people with HIV should live apart from the general population; (ii) 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; and (iii) 73% of men and 82% of women wouldn't share a meal with a PLHIV.

These findings are classic examples of the widespread misconceptions about HIV/AIDS and stigma that are evident in Samoan communities, which also create barriers to implementing the interventions needed to impact attitudinal and behavioral change among the general public.

**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)**

The DHS found that 63% of women with no education or with only primary level education had heard of AIDS compared to 95% of those with vocational and higher education, which indicates the need for continued and intensified HIV/AIDS and STI awareness-raising among the general public for improved attitudes and behaviors. Findings from the DHS Report, along with those from the SGS Youth Report 2008, and SGS ANC Report 2008 indicate the need for more behavioral change oriented programmes to translate knowledge into practice, and inform appropriate types of IEC/ BCC and other awareness raising materials to be distributed through targeted media (radio, TV, newspaper, internet).

Whereas the newspaper coverage is restricted to the urban areas, local television and radio coverage is nation-wide. Awareness programmes carried out SRC and SFHA have covered most if not all of Upolu, but only a small part of Savaii. Condoms are readily available in selected public facilities, nightclubs, beach resorts and hotels, and condom vending machines and located in these areas for easiness of access by those who need it.

**Table 4: HIV/AIDS and STI Awareness Activities Focuses**

Organisation	Target Groups
National Council of churches	Church communities, church youth groups
SFHA	Youth, Youth groups
Samoa Red Cross Society	Community Groups, work places, condom promotion and awareness

7. All Global Targets and associated indicators are not applicable of relevant to Samoa. The relevant indicators are reported on and irrelevant are note as either not having baseline data to support it, or not relevant at all.

## TARGETS 1: Reduce sexual transmission of HIV by 50% by 2015

### 1.1 Young People: Knowledge about HIV prevention Samoa - 2013

Is indicator/topic relevant?: **Yes**

Is data available?: **Yes**

Data measurement tool / source

Population Based Survey - **Demographic and Health Survey (DHS) 2009**

From date: **08/01/2009 - 12/31/2009**

Sample size of young people aged 15-24 is representative of the all between that age bracket at the year of survey. \

Overall analysis of Indicator 1.1: About 3.8% of the surveyed population answered all five questions correctly pertaining to

#### Correct answer to all five questions:

##### Sample Size - 1512

	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)
Percentage (%): Percentage of respondents aged 15-24 years who gave correct answers tp all five questions	3.8%	5.6%	4.5%	7.2%	2.9%	2.0%	4.0%
Numerator: Number of respondents aged 15-24 who gave correct answee to all five questions	57	27	12	15	30	11	19
Denominator: Number of all respondents aged 15-24	1512	478	269	209	1033	560	474

Correct answer to question 1 "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?"

##### Sample Size - 1512

	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)
Percentage (%): Percentage of respondents who gave correct answer to question 1	73.3%	75.9%	69.1%	84.7%	72.2%	67.9%	77.2%
Numerator: Number of respondents aged 15-24 who gave correct answee to all five questions	1109	363	186	177	746	380	366
Denominator: Number of all respondents aged 15-24	1512	478	269	209	1033	560	474

Correct answer to question 2 "Can a person reduce the risk of getting HIV by using a condom every time they have sex?"

Sample Size - 1512							
	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)
Percentage (%): Percentage of respondents who gave correct answer to question 2	53.9%	56.1%	48.3%	66.0%	53.0%	47.5%	59.3%
Numerator: Number of respondents aged 15-24 who gave correct answer to all five questions	815	268	130	138	547	266	281
Denominator: Number of all respondents aged 15-24	1512	478	269	209	1033	560	474

Correct answer to question 3 "Can a healthy-looking person have HIV"?

Sample Size - 1512							
	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)
Percentage (%): Percentage of respondents who gave correct answer to question 3	43.6%	54.2%	49.4%	60.3%	38.7%	36.1%	41.8%
Numerator: Number of respondents aged 15-24 who gave correct answer to all five questions	659	259	133	126	400	202	198
Denominator: Number of all respondents aged 15-24	1512	478	269	209	1033	560	474

Correct answer to question 4 "Can a person get HIV from mosquito bites?" (or country specific question)

Sample Size - 1512							
	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)
Percentage (%): Percentage of respondents who gave correct answer to question 4	22.1%	21.8%	20.1%	23.9%	22.3%	22.0%	22.6%
Numerator: Number of respondents aged 15-24 who gave correct answer to all five questions	334	104	54	50	230	123	107
Denominator: Number of all respondents aged 15-24	1512	478	269	209	1033	560	474

Correct answer to question 5 "Can a person get HIV from sharing food with someone who is infected?" (or country specific question)

Sample Size - 1512							
	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)

Percentage (%): Percentage of respondents who gave correct answer to question 5	33.8%	35.1%	28.6%	43.5%	33.2%	32.7%	33.8%
Numerator: Number of respondents aged 15-24 who gave correct answer to all five questions	511	168	77	91	343	183	160
Denominator: Number of all respondents aged 15-24	1512	478	269	209	1033	560	474

## 1.2 Sex before the age of 15

Is indicator/topic relevant?: **Yes**

Is data available?: **Yes**

Data measurement tool / source: **Other Behavioural Surveillance Survey**

Other measurement tool / source: - **Second Generation Surveillance Survey Report for ANC Mothers - Samoa 2008**

From date: **07/01/2008 - 09/01/2008**

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source: **Data changed to SGS for ANC Mothers 2008 as it is the only credible data available**

**Only 2.2% of respondents (female only) aged 15-24 out of 314 of those who answered this question. Others who did not want to give a "yes or no" answer were eliminated from the total respondents.**

Sample Size - 324							
	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)
Percentage (%): Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15					2.2%		
Numerator: Number of respondents aged 15-24 who report the age at which they first had sexual intercourse as under 15 years					7		
Denominator: Number of all respondents aged 15-24					314		

## 1.3 Multiple sexual partners Samoa

Is indicator/topic relevant?: **Yes**

Is data available?: **Yes**

Data measurement tool / source: **Other Behavioural Surveillance Survey**



Other measurement tool / source: **Second Generation Surveillance Survey Report for ANC Mothers 2008.**

From date: **07/01/2008 - 09/01/2008**

Data measurement tool / source: **GARPR**

**0.9% of all females surveyed responded to this question.**

Sample Size - 324							
	All (15-24)	All Males (15-24)	Males (15-19)	Males (20-24)	All females (15-24)	Females (15-19)	Females (20-24)
Percentage (%): Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months					0.9%		
Numerator: Number of respondents aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months					3		
Denominator: Number of all respondents aged 15-49					324		

## 1.5 HIV testing in the general population Samoa - 2013

Is indicator/topic relevant?: **Yes**

Is data available?: **Yes**

Other measurement tool / source: **National STIs Surveillance Data 2013**

From date: **01/01/2013 - 12/01/2013**

Additional information related to entered data. e.g. reference to primary data source, methodological concerns: **All tests are captured from both private and public facilities. Immigration requests are included for travel purpose. NGOs ANC tests are captured as well.**

Data measurement tool / source: **GARPR**

Sample size - Number of Survey Respondents: **8302**

**All respondents are assumed that they know their HIV status irrespective of being informed of their test results. However, once a case is suspected, an advise is given out to respective person to come forward for more tests. All tests and actions taken are adhered to confidentiality protocols pertaining to HIV/AIDS matters.**

Sample Size - 8320									
	All (15-24)	Male (all ages)	All Males (15-19)	Males (20-24)	Males (25-49)	Females (all ages)	All females (15-19)	Females (20-24)	Females (25-49)

Percentage (%): Percentage of women and men aged 15-49 who received HIV test in the past 12 months and know their results	100%	100%	100%	100%	100%	100%	100%	100%	100%
Numerator: Number of respondents aged 15-49 who have been tested for HIV during the last 12 months and who know their results	8302	2884	218	597	2069	5418	607	1601	3210
Denominator: Number of all respondents aged 15-49 including those who have never heard of HIV or AIDS	8302	2884	218	597	2069	5418	607	1601	3210

## 1.6 HIV prevalence in young people Samoa - 2013

Is indicator/topic relevant?: **Yes**

Is data available?: **Yes**

Data measurement tool / source: **Antenatal clinic data**

Other measurement tool / source: **National STIs Surveillance Data**

From date: **01/01/2013 - 12/01/2013**

Additional information related to entered data. e.g. reference to primary data source, methodological concerns: **All ANC attendees aged 15-24 captured in the STIs Surveillance Form within reporting period.**

Data measurement tool / source: **GARPR**

That none of those tested within these age groups was detected of HIV.

Sample Size - 2208			
	Total tests	15-19	20-24
Percentage (%): Percentage of young people aged 15-24 who are living with HIV	0%	0%	0%
Numerator: Number of antenatal clinic attendees ( aged 15-424) tested whose HIV test results are positive	0	0	0
Denominator: Number of all antenatal clinic attendees (aged 15-24) tested for thei HIV infection status	2208	607	1601

**Please note that indicator B (B1 and B2) are considered NOT RELEVANT to Samoa.**

**Also Indicators on Testing and Counseling are Relevant but data to support these indicators are not available**

#### 1.17.1. Percentage of women accessing antenatal care (ANC) services who were tested for syphilis 2013

The assumption is, is that all ANC visits, first or any visits are being tested for syphilis. The total number capture in our STIs Surveillance Data depicts that all STI tests are undergo by all ANC mothers attending ANC clinics around the country.

At first ANC Visit	Total	At any ANC Visit	Total
Percentage (%) Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at first ANC visit	100%	Percentage (%) Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at any ANC visit	100%
Numerator Number of women attending ANC services who were tested for syphilis at first ANC visit	2421	Numerator Number of women attending ANC services who were tested for syphilis at any ANC visit	2421
Denominator Number of women attending ANC services	2421	Denominator Number of women attending ANC services	2421

**Please note that for indicators 1.17.2 to 1.17.7 there are no baseline data to support these indicators but are considered relevant to be reported on.**

#### 1.17.8. Number of men reported with gonorrhoea in the past 12 months 2013

Gonorrhoea tests total number is very limited in this reporting period as the focus now is on Chlamydia testing.

Numerator Number of men reported with gonorrhoea in the past 12 months	6
Denominator Number of males aged 15 and older	52

**TARGET 2: Reduce transmission of HIV among people who inject drugs by 50% by 2015**

Please note that all indicators under Target 2 cannot be reported on as they are NOT RELEVANT to Samoa.

**TARGET 3: Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths**

Treatment and Care offered to PLWH in Samoa is considered 100% coverage as all treatments are supported by GFATM Samoa.

3.1	Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	100%	HIV Patient Summary Report 2013	There is only one HIV+ pregnant mother who was on ART this reporting period to prevent mother to child transmission
3.1a	Percentage of women living with HIV receiving antiretroviral medicines for themselves or their infants during breastfeeding	0%	HIV Patient Summary Report 2013	HIV+ mother is due to give birth March 2014
3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	0%	HIV Patient Summary Report 2013	As above
3.3	Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	0%	HIV Patient Summary Report 2013	As above

**TARGET 4: Reach 15 million people living with HIV with lifesaving ARV treatment by 2015**

All PLWH are currently receiving ARV therapy without any problems.

4.1	Percentage of adults and children currently receiving antiretroviral therapy*	100%	HIV Patient Summary Report 2013	All 10 PLWH are on ART in this reporting period (Note: only these 10 are accessing treatments at the National Health Services where as the other two HIV+ are accessing it privately)
4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	100%	Patient Monitoring	

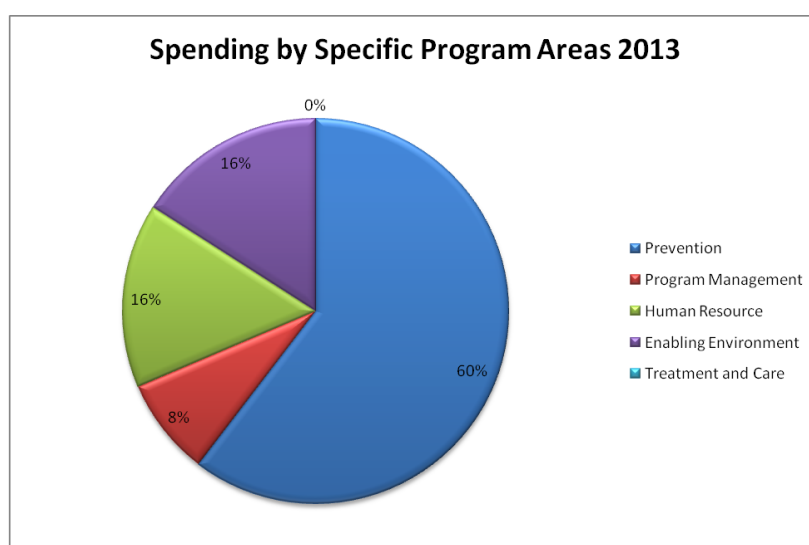
**TARGET 5: Reduce tuberculosis deaths in people living with HIV by 50% by 2015**

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

## **TARGET 6: AIDS Spending 2013**

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

**Figure 1: AIDS Spending by specified program areas 2013**



A total of SAT\$903, 852.00 was expended on HIV/AIDS programs throughout 2013.

In this reporting period 60% ( of spending was on Prevention, specifically in the areas of i) Communication for social and behavioural change (BCC) ii) Community/Social mobilization iii) voluntary counseling and testing (noted by SFHA), iv) Youth prevention programs, v) Programs for men who have sex with men vi) Prevention programs in workplaces vi) Condom social marketing and others.

**Figure 2:**

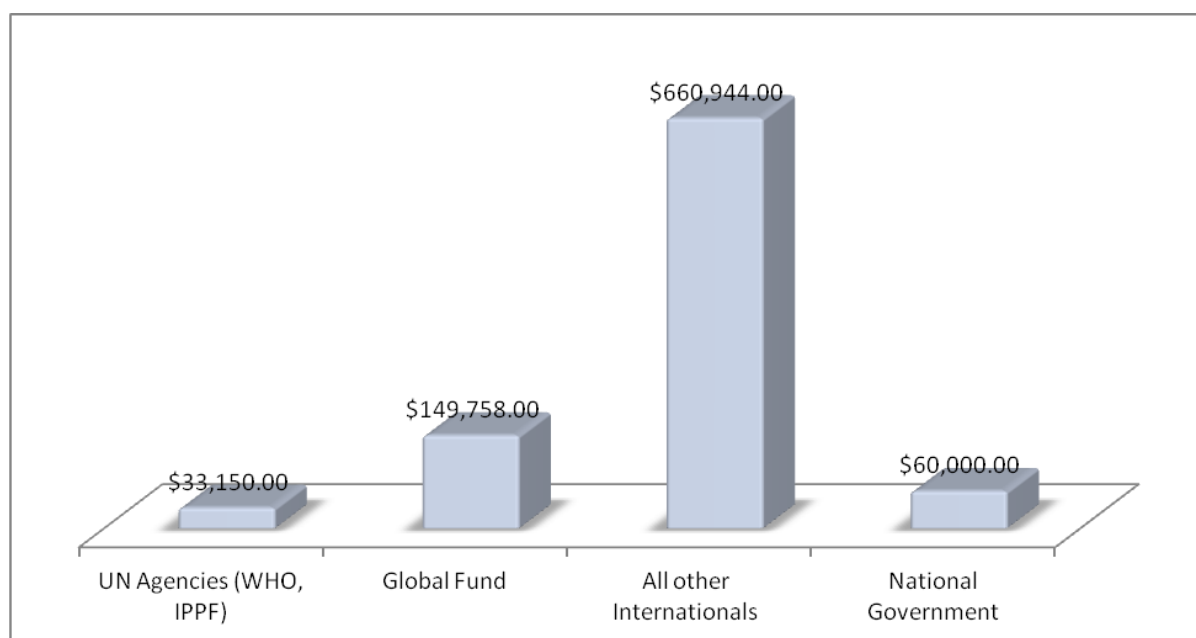
<b>Spending by Specific Program Areas</b>	
Prevention	\$ 545,782.00
Program Management	\$ 74,070.00
Human Resource	\$ 140,000.00
Enabling Environment	\$ 144,000.00
Treatment and Care	\$ -
<b>TOTAL</b>	<b>\$ 903,852.00</b>

Incentives for Human Resources in terms of training and participating in international conferences catered for 16% of total funds. And 16% as well that went into Enabling Environments advocacy.

It is very crucial to note that Treatment and Care for PLWH are supported free of charge under the Global Fund facility.

Financial assistance is multilateral as also reported in the previous GARP

**Figure 3: FUNDING SUPPORT RECEIVED IN 2013**



**Figure 4: FUNDING SUPPORT IN PERCENTAGE**

<b>Funding Received Per Category 2013</b>		
UN Agencies (WHO, IPPF)	\$ 33,150.00	4%
Global Fund	\$ 149,758.00	17%
All other Internationals	\$ 660,944.00	73%
National Government	\$ 60,000.00	7%
TOTAL	\$ 903,852.00	

Bulk of the 73% of "All Other Internationals" funds is accounted for funds received from SPC/Response Funds, and others as noted by Samoa Family Health Association. Most of prevention programs were supported by Response Funds for STIs and HIV and activities pertaining to Enabling Environments. World Health Organisation supported Men who have Sex with Men, whilst a substantial amount supporting other activities for MSM are funded by Response Funds as well.

The National government provided allocations towards supporting salaries for human resources when Global Fund seized their funding support mid 2013 to await the New Funding Model and Transitional Funding Mechanisms. Before the end of 2013, Samoa received its July-December funds earmarked for activities of that period.

## **TARGET 7: Eliminating Gender Inequalities**

Indicators pertaining to Target 7 are relevant but cannot be reported due to absence of baseline data.

Consequently, a study carried out “Evidence, Data and Knowledge in the Pacific Island Countries” on women indicated a call for gender equality and eliminating all sorts of violence against women<sup>7</sup>.

## **TARGET 8: Eliminating Stigma and Discrimination**

As for the online reporting tool, this indicator is not filled in as the responses from those surveyed should be “No” or “It depends” to questions regarding Stigma and discrimination.

Samoa will ensure that the next planned DHS factored in these responses in order to address this indicator in the next reporting period.

## **TARGET 9: Eliminate travel restrictions**

Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed

## **TARGET 10: Strengthening HIV integration**

Indicators under this target cannot be responded to as there are no orphans in Samoa, and external economic support to the poorest households has no baseline data to support it.

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<sup>7</sup> UN Women “Evidence, Data and Knowledge in the Pacific Island Countries – Literature Review and annotated bibliography – 2<sup>nd</sup> Edition” July 2011.

## 6. BEST PRACTICE

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1. Samoa Parliamentary Advocacy Group for Healthy Living (SPAGHL)
2. Women in Leadership Advocacy (WinLA)
3. Strengthening Adolescent Health Programme with MESC
4. Samoan Cricket Advocacy
5. Men Health Forum
6. Men's Health Screening Program
7. National Faafafine Forum

### 6.1. PREVENTION - Key Successes and Challenges

- The continuation of the Mothers and Daughters/ Fathers and Sons Program under the MWCSD as part of the Healthy Villages Healthy Homes Initiative.
- The continuous development of television spots supported under the GFATM and Response Funds for STIs and HIV expanding on the message of "Make the right choices" campaign.
- SPAGHL interventions at district level focusing on discussions with the community on SRH, HIV/AIDS and STIs. The findings from the discussions have given rise to the need for condom accessibility in the villages, and the need to focus more on couple / male and female communication regarding each other's specific SRH needs, especially that of the female partner.
- The active participation of the SRCS in ensuring safe blood for blood banks and condomisation programs.
- Using the Facilitation Package by church groups to openly discuss challenges and solutions on key health issues affecting their communities including HIV/AIDS and STIs amongst the church youth groups.
- The continuous support by local government in providing \$30,000 subsidy to SAF to assist with its work.
- The inclusion of STIs/HIV and AIDS interventions in Samoa Cricket tournament as a way to gauge the participation of young males of rural communities to messages of STIs/HIV and AIDS.
- Launching of the first ever National Men and Health Forum with emphasis on STIs/HIV and AIDS
- Launching of the first ever National Faafafine Health Forum with emphasis on STIs/HIV and AIDS.
- Facilitation of the first ever screening for men's health with emphasis on STIs/HIV testing.

#### Key Prevention Challenges in Samoa:

- Shortage of staff to attend to the demands of projects remains.
- The funding and governance problems faced by all key implementing NGOs affecting their services.
- The high costs of sustaining prevention activities especially those involving the media.
- Competing health priorities over HIV with comparatively very few cases.
- Delay in implementing the mass treatment for Chlamydia.



## 6.2. CARE AND TREATMEN - Successes & Challenges

All confirmatory testing can now be done in Samoa since 2010 (HIV (algorithm), syphilis (TPPA), gonorrhea and Chlamydia (since 2009)

All CD4 tests can be done locally using PIMA CD4 analyser introduced in 2010. This has contributed to improvement of all HIV cases CD4 tests.

SFHA still providing consistent antenatal and VCCT clinic services

Establishment of the Samoa Plus Organization to support PLHIV

Ongoing annual opportunities for nurse SRHE training for both government and NGOs funded by UNFPA and implemented by the Fiji School of Medicine (FSM).

### **Key Care and Treatment Challenges in Samoa:**

- The absence of a full time HIV and AIDS specialist physician remains.
- The non adherence to treatment amongst some PLHIV
- The closure of the SAF VCT Clinic and indefinite cessation of services remains.
- No policy/ strategy for needs of (potential) HIV orphans; physical and psychological support and needs of (potential) orphans would be taken on by the extended family.
- There is no other staff other than one registered nurse (trained on HIV Treatment and Care) and one enrolled nurse who manages the clinic every day. There is no plan of having more trained clinical staff to assist once this nurse is retired or resigned.

## 6.3. KNOWLWDGE AND BEHAVIOUR - successes & Challenges

- The release of the Antenatal SGS results highlighting the high incidence of Chlamydia amongst women, and the preventive programs that have followed.

### **Key knowledge and Behavior challenges in Samoa**

- Still a delay in the release of some key behavioral research findings relating to high risk sexual behavior.
- The inability to produce new and effective IEC materials suitable for a population now more focused on text messaging, social media, and the general media
- The lack of qualitative research on risk related behaviors.

## 6.4. REDUCING THE IMPACT OF HIV INCOMMUNITIES IN SAMOA

### **Key Successes in Samoa:**

- Supportive work is carried out by Peati Maiava, Samoa's only person who has declared her HIV status.

## **Key Challenges in reducing the impact of HIV in Communities in Samoa:**

- Very little support programs are in place for the social and economic hardships faced by PLHIV especially when young families are involved.
- More support is needed for PLHIV who are non adherent with the ART.
- More support is required for PLHIV who are infants and require supplementary feeding.

## **7. MAJOR CHALLENGES AND GAPS**

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### **A. Progress made on key challenges reported in the 2012 Country Progress Report (GAPR):**

Although challenges reported in the previous GAPR are addressed, however some remain unresolved until more emphasis and focus is directed to them for successful outcomes.

*i. High prevalence rate of Chlamydia in Samoa among ANC mothers as reported in the SGSS 2008, in particular the age groups of 25>.*

Samoa has started to dialog this issue in its technical meetings. As a pre-empt to Mass Treatment, Samoa has now endorsed the introduction of Presumptive Treatment for all Antenatal mothers attending antenatal care on their first visit.

#### *Political participation in health issues;*

For this reporting period, Samoa has secured its political support in any health issues, including that of the STIs, HIV and AIDS.

Women in Leadership Advocacy Group continues to advocate for healthy young female employees through series of women and health forums with strong emphasis on STIs/HIV and AIDS. Their continuous advocacy for health of women has resulted in a Plan of Action 2014-2015 for STIs/HIV activities in workplaces being developed. An initiative that assisted in the advocacy of Sexual Reproductive Health issues within the context of workplaces while targeting young female groups and STIs.

#### *Data management issues*

In the last GAPR Samoa was facing with issues of poor data management including recoding, collating, reporting and analyzing but excluding that of the surveys conducted that gave a true situation of STIs in Samoa at the time. The presences of these surveys thus not only provide the baseline data for Samoa per se, but at the same time sounding the alarm of the severe situation that we are facing.

There is mark improvement in data collection and data analysis to date. The local government absorbed the position of the Data Support Officer supported by GF HIV/TB as a permanent position at the National Laboratory.

#### *Misconceptions about HIV transmissions and Stigma towards PLHIV.*

The DHS 2009 portrayed the very high percentage of young people of Samoa, with misconceptions about HIV transmissions and Stigma towards people with HIV. There needs to be qualitative research that either refutes or supports these findings. Misconceptions need to be addressed in order to avoid stigma and discrimination against PLHIV.

#### *Monitoring and Evaluation for HIV Program*

In the last reporting period, Samoa reported that we are using the M&E Operational Manual developed by the Ministry of Health with a few HIV/AIDS indicators included. This is the manual that we are currently using.

To date there is no developed M&E framework specifically for HIV/AIDS Program in Samoa. It is not certain when will this be eventuated, but it is significant that there is an M&E [program per se,] for monitoring and evaluating the HIV/AIDS situation in Samoa

### **8. Major Challenges and Gaps in this reporting period (2013) in summary:**

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#### ***Insufficient or No baseline data to support most of GARP indicators***

There continues to be an absence in baseline data to support indicators in this report. There is a noted number of indicators relevant to Samoa, but we don't have the baseline data to support it.

#### ***End of Employment Contract for Global Fund HIV/TB Coordinator mid 2013.***

The ending of the contract of the GF HIV/TB Coordinator has resulted in not only the loss to Human Resource for HIV/AIDS but also to our national program as well. The portfolio of GF HIV/TB was instantly transferred to RF Coordinator to uptake on top of her own portfolio.

#### ***Limited Meetings of National AIDS Coordinating Council (NACC)***

There were almost no meetings of the NACC this reporting period. This has led to some policy decisions and governance issues being stalled and delayed.

### **9. RECOMMENDATIONS**

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Although Samoa is considered as a low prevalence country, however the dramatic increase of STIs in this reporting period is very significant to note. If this goes on untreated and un-prevented, Samoa would most likely have a HIV/AIDS explosion in the near future.

With the high prevalence rates of STIs it suffices it to have relevant strategies and effective interventions in place to keep HIV/AIDS at bay.

Strengthening Data Management and all that it entails to ensure ongoing reporting to certain indicators are well reported.

Develop an Monitoring and Evaluation manual specifically for HIV/AIDS

This is highly recommended to be in place. HIV/AIDS policy and programmatic response should be evaluated consecutively on quarterly basis. This will provide us with the updated responses from all sector partners on activities implemented, data collected and submitted and other crucial issues of HIV/AIDS. With M&E in place, policies, planning and resource allocations are then review according to changing situations of HIV/AIDS over time.

Government commitment to keeping HIV/AIDS at bay -

The role of the local government is highly significant in our responses to HIV/AIDS. The HIV/AIDS program should start affiliated with the local government budget allocations every financial year. Currently the HIV/AIDS program rely heavily on donors for financial assistance to cater for our National Strategic Plan from PRSIP/Response Fund and Global Fund, procurement of Treatment for PLWHA and consumables (testing kits etc) for STIs, from Global Fund, and family planning commodities from UNFPA. The local government should seriously start financing these essential services and materials, to ensure that Samoa won't lose out on providing these for her own people.

- 9.1. Secretariat for the Pacific Communities - Being the regional coordinating body for Pacific health funds, the SPC should continually advocate and lobby for funds that will ensure sustainability of interventions at all levels in the Pacific region.

Review laws in place to ensure that issues related to STIs/HIV and AIDS and human rights are well addressed in our constitution. There is very minimal information in our constitution accorded to the rights of people living with these diseases. Although we have addressed human rights in all other provisions of our constitution, developed policies, and also the adoption of the international conventions that highlights human rights, however there remains a lot to look into so that people infected with these diseases are ensured that their status are remained with the local authorities that deal with them directly. Vice versa, it is also important to also ensure that the rights of people who unknowingly contracted the disease from a known case should be protected and addressed appropriately.

Continuous training of health personnel - health personnel needs to be trained continuously on HIV/AIDS related issues. It is imperative to strengthen and build capacities of the health workforce on HIV/AIDS issues, so that health systems will always manage to tackle these diseases.

Human Resource for HIV/AIDS - continually strengthens and builds capacities of human resources for HIV/AIDS. This is always an

issues treated separately because of its current situation in Samoa. However, when considering the dramatic increase of STIs, thus suffice it to have enough human resource to facilitate this program in order to achieve its' national goals.

#### 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 GARP 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 improving national HIV and AIDS programmes including systems strengthening, laboratory support, VCT clinic support, awareness and education, and treatment and care.
- UNFPA components and their contribution to minimizing the effects of STIs through commodity supplies and adolescent health development
- WHO in providing technical support and advise through various means such as capacity building via trainings and fellowships.
- 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.

## **10. MONITORING AND EVALUATION ENVIRONMENT**

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As indicated in the NCPI responses, the Ministry of Health is the primary agent responsible for monitoring and evaluating all health issues, including HIV/AIDS. The Monitoring and Evaluation Framework was endorsed in 2011 covers all health issues. Until an M & E framework or strategy is developed specifically for HIV/AIDS, it will remain difficult to identify and effectively address the challenges in order to reach national and global HIV and AIDS targets.