



Government of Samoa

A large graphic featuring a red ribbon forming a loop, with a stylized orange flower or leaf-like shape in the center. The background is a light pink gradient.

HIV & AIDS POLICY 2011-2016



ACKNOWLEDGEMENTS

It is with greatest gratitude that the Ministry would like to thank all those who have contributed immensely in the development of this crucial Policy Document. Your endless support and valuable feedback have enabled this Policy Process to come this far.

May we continue to work in sincere and genuine partnership to ensure that the best we can do is given to our people to attain quality and healthy lives.

Stakeholders that were invited and participated in the development process of the National HIV/AIDS Policy 2008 Review.

1. Ministry of Women, Community and Social Development
2. Samoa Victims Support
3. Samoa Aids Foundation
4. Samoa Nursing Association
5. Samoa Red Cross
6. Samoa Umbrella for Non-Government Organisations
7. Samoa Fa'afafine Association
8. National Health Service – Mental Health Unit,
9. General Practitioners Association
10. Oceania University of Medicine
11. Office of the Attorney General
12. Faataua Le Ola
13. Tavana Nurse on Wheels
14. Samoa Council of Churches
15. National University of Samoa –Dean of Faculty of Nursing and Health Science
16. Communicable Disease Unit, Health Promotion and Preventive Services, MOH
17. Medical and Allied Quality Assurance Division, MOH
18. Nursing and Midwifery Quality Assurance Division, MOH

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ABBREVIATIONS

AusAID	Australian Agency for International Development
AIDS	Acquired Immuno-deficiency Virus
CBO	Community Based Organisation
NGO	Non-Government Organization
JICA	Japanese International Corporate Agency
HIV	Human Immuno-deficiency Virus
NACC	National AIDS Co-ordinating Committee
NZODA	New Zealand Overseas Development Assistance
PLWHA/PLHA	People Living with HIV AIDS
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
TAC	Technical AIDS Committee
TTM Hospital	Tupua Tamasese Mea'ole Hospital
UNAIDS	United Nations Agency for International Development (Joint United Nations Program on HIV AIDS)
UNFPA	United Nations Population Fund
WHO	World Health Organisation
SPC	Secretariat for the Pacific Community

INTRODUCTION

The HIV and AIDS epidemic poses a severe threat to the country's social and economic development. It has serious and direct implications to the social services and welfare of the country. HIV AIDS and related stigma is one of the key challenges in the prevention and control of HIV. This policy is a 'living document' intended to be revised and modified as needed according to findings and results of monitoring of activities and the changing dynamics of the epidemic in Samoa.

The first HIV case in the Pacific was detected in 1984. Since then, the number of new infections reported each year, has increased steadily.¹ The long incubation period between being infected with HIV and developing AIDS, give the impression that the presence of HIV AIDS in the Pacific is insignificant. The initial response to HIV AIDS in the Pacific region has thus been largely biomedical until now.

Research has shown that the spread of HIV is closely related to economic, social and cultural factors and in particular to issues of gender disparity and poverty. There is general agreement that the spread of HIV AIDS can be reduced *“by minimising negative social attitudes and discrimination; by providing adequate medical care and social support; and empowering people to gain the means to protect them.”*²

The overall goal of the National Policy on HIV/AIDS is to provide for a framework for leadership and coordination of the National multi-sectoral response to the HIV/AIDS epidemic. This includes formulation, by all sectors, of appropriate interventions which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups, mitigating the social and economic impact of HIV/AIDS. It also provides for the framework for strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic. Being a social, cultural and economic problem, prevention and control of HIV/AIDS epidemic will very much depend on effective community based prevention, care and support interventions.

Mission

'To provide strategic leadership for a national multi-sectoral response to HIV/AIDS leading to the reduction of further infections associated diseases and the adverse socio-economic effect of the epidemic'.

Goal

'To coordinate the implementation of national multi-sectoral response to the HIV/AIDS epidemic'.

¹ UNFPA 1999

² Pacific Response to HIV and AIDS: 1996

Principles to guide the National Policy on HIV/AIDS

- The new emerging challenges from International Conferences i.e. 1994 International Conference on Population and Development(ICPD), 1995 the Beijing Conference and 1995 Copenhagen World Social Summit, and all human rights conventions which were signed and ratified by the government shall provide a framework for the formulation of HIV/AIDS policy and implementation.
- All members of the community have individual and collective responsibility to actively participate in the prevention and control of the HIV/AIDS epidemic. National response shall be multi-sectoral and multidisciplinary.
- Strong Political and Government commitment and leadership at all levels is necessary for sustained and effective interventions against HIV/AIDS epidemic.
- HIV/AIDS is preventable. Transmission of infection is preventable through changes in individual behavior, hence education and information on HIV/AIDS, behavioral change communication as well as prevention strategies are necessary for people and communities to have the necessary awareness and courage to bring about changes in behavior at the community and individual levels.
- Individuals are responsible for protecting themselves and others from contracting infection through unprotected sexual intercourse and/or unsterilized piercing objects.
- The community has the right to information on how to protect its members from further transmission and spread of HIV/AIDS.
- Communities and individuals have the right to legal protection from willful and intentional acts of spreading HIV/AIDS while safeguarding the rights of PLWHAs and other affected members by providing counseling and social support
- The objectives in the national response will be most effectively realized through community based comprehensive approach which includes prevention of HIV infection, care and support to those infected and affected by HIV/AIDS and in close cooperation with PLWHAs.
- Combating stigma must be sustained by all sectors at all levels.
- Pre-and-post test counseling for HIV testing shall observe professional ethics, with emphasis on confidentiality and informed consent

- All linked HIV testing must be voluntary, with pre-and-post test counseling, and all testing for other health conditions must conform to medical ethics, i.e. informed consent.
- PLWHAs have the right to comprehensive health care and other social services, including legal protection against all forms of discrimination and human rights abuse. However, PLWHAs may be required to meet some of the cost of the Highly Active Anti Retroviral Therapy (HAART).
- Research is an essential component of HIV/AIDS intervention, including prevention and control. Multi-sectoral and multidisciplinary research undertaken by various sectors shall abide by institutional sectoral research regulations.
- HIV/AIDS being a social, cultural and economic problem, women and girls need extra consideration to protect them from the increased vulnerability to HIV infection in the various social, cultural and economic environments.
- As high risk groups play a major role in transmission of HIV. Appropriate strategies shall be developed to reduce the risk of HIV infection among specific high risk groups.

1) Background Information

HIV/AIDS Situation in Samoa

Samoa is classified as a low prevalence country based on the number of those being positively tested for HIV/AIDS. The first known HIV AIDS case in Samoa was recorded in 1990, a 38 year old male who had resided in New Zealand previously. From 1990 up to February 2001, 12 HIV AIDS cases comprising of 10 adults and 2 infants have been recorded. Only four (4) new persons with HIV have been identified between 2001 and 2008. This is a concern in an environment of high STIs among *low risk* groups.

HIV surveillance survey of groups considered being high risk of HIV infection among 651 samples across five sentinel countries in the South Pacific (not including PNG), *none of the samples were confirmed to be HIV positive.*³ However, in six Pacific Island countries including Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Vanuatu, the Chlamydia prevalence in women under 25 years ranged from 7.3% in Solomon Islands to 40.7% in Samoa, the highest STI prevalence.⁴ Sexual transmission is the prevailing means of HIV infection in Samoa. HIV prevalence in Samoa is less than 0.2/1000 population while PNG has a prevalence of 3.5/1000 in 2004. Three cases among the 20 known infections are vertically transmitted from Mother to child; two Mothers and children have died. One case of HIV blood was identified positive as a result of HIV testing of all blood and blood

³ *Second Generation Surveillance Surveys (2004-2005), WHO, SPC, GF, and University of New South Wales, page 19*

⁴ *Ibid, page 20*

products. There was no known infection from the Samoa blood supply. Transmission by needles due to drug use is unknown in Samoa; there are no known cases.

As of early June 2009, Status of HIV and AIDS in Samoa⁵

1. 20 Cumulative cases in 2009
 - a. Male = 13, Females = 7
2. 8 people have died , 2 were children (*Mother to Child Transmission*) and passed away before diagnosis (*which is why antenatal is routinely testing for HIV status*)
3. 12 living with HIV status
Of those living with HIV
 - a. Males = 8, Females = 4
 - b. 6 people accessing ARV treatment from government
 - c. 2 persons accessing ARV treatment privately
 - d. 3 people do not need Treatment⁶ (low viral load)
 - e. 1 person refuses treatment because of denial still

The high prevalence of sexually transmitted infection (STI) and its subsequent implications on the spread of HIV AIDS highlights the need to improve STI diagnosis and treatment and strengthen surveillance of sexual behaviour of the Samoan population. In particular, the high prevalence of Chlamydia which is endemic among pregnant women, a low risk population, is of major concern as it is sexually transmitted in the same way HIV is transmitted. Other findings⁷ further exacerbate this condition increasing the likelihood of new HIV infections, summarized below:

- Condom use is very low (< 15%)
- Chlamydia, a sexually transmitted disease, is endemic among pregnant women at 30 – 40% (*a low-risk population*)⁸
- Low literacy about HIV transmission among youth (59%) is a factor for high vulnerability among the general population for HIV transmission
- Most patients presenting for STIs go to private practitioners *which if not recorded nationally* could greatly affect the known number of PLWHA in Samoa⁹

⁵ Interview with Dr. Saine Va'ai, SMOPH – HPPS on 11 April 2009

⁶ CD 4 count of ≤ 200 + no clinical secondary infections of HIV + low viral load

⁷ In summary, the proportion of youth who use condoms (24.3%), of young men reporting sex with men in last year (14.7%), and who report acceptable attitudes towards those living with HIV (21.7%), are evidence that the behaviour and attitudes of youth surveyed could lead to new HIV infections. Only 56.7% of the youth surveyed reported correct knowledge of HIV AIDS prevention methods.

⁸ Second Generation Surveillance Surveys (2004-2005), WHO, SPC, GF, and University of New South Wales, page 69

⁹ 2004 WHO Report by John Godwin

- Many patients presenting for STIs go to private practitioners which could greatly affect the known number of PLWHA in Samoa if positives are not centrally recorded
- High prevalence of specific STI's among antenatal mothers
- Increasing incidence of teenage pregnancy
- Highly mobile population include seafarers, police engaged in UN operations, residents returning from Overseas and tourists
- Unprecedented number of night clubs
- Low access to prevention materials & IEC materials

Samoa's Response

Under the former Ministry of Health, a National AIDS Coordinating Council for managing and controlling the impact of a potential HIV epidemic in Samoa was set up. The Ministry of Health being the national focal point for HIV AIDS, setting policy standards and framework for multi-sectoral participation in Samoa has lead and facilitated this review of this policy.

The Samoan Government response has been comprehensive and aggressive. Under the mandate of the MoH, the National AIDS Prevention and Control Program was developed quickly with very active participation and representation in 1987. Key strategies of the Program are; the promotion of public awareness about the causes, modes of transmission and its short and long-term consequences at the individual, family, community and national level.

Samoa's response to HIV AIDS, a multi-sectoral initiative led by government, was one of the first in the Pacific. A National AIDS Coordinating Council (NACC) and the Technical AIDS Committee (TAC) were established by Cabinet mandate in 1987 and 1988 respectively to both manage the implementation and monitoring of the National AIDS Prevention Program, and to coordinate national effort in the prevention of HIV AIDS in Samoa. In addition to the Ministry of Health initiative, an extraordinary number of other initiatives emerged; twenty-four additional initiatives are listed in Annex 6.

Generally, HIV is not seen as a high priority for funding or program development when reported rates of infection are relatively low. The number of persons with HIV+ status in Samoa is 16, a very low number that should be viewed with suspicion in light of *four out of every ten young pregnant girls presenting with STIs* in a 1999 ANC survey. The transmission of STIs is exactly the same for HIV. The call to action for a National response should not isolate HIV AIDS but rather the broader issue, *Sexual Health for All*. In this context, HIV prevention is part of a larger overall National campaign that

addresses all sectors related to HIV including Reproductive Health, Ministry of Women's Affairs, Ministry of Youth, STIs, to name the few relevant priority for Samoa.

The Second Generation Surveillance Surveys of HIV, other STIs and Risk Behaviours in 6 Pacific Island Countries (2004-2005)¹⁰ was not available to the 2002-2003 authors of the Samoa National Plan of Action. Findings from the SGS are the foundation and evidence-based technical document for prioritizing and developing goals, objectives and activities. It is an excellent resource for Polynesian Pacific Islanders having specific findings for Samoa but also revealing other 'universals' that work in other Polynesian cultural contexts. The limitations of the surveys should be considered and used with caution. For example, the results of '*no cases of HIV detected among STI clinic patients*' should be interpreted with caution. Future surveys need to formulate necessary sample sizes for making reliable conclusions about HIV prevalence.

As a matter of good public health practice, the results of the SGS for Samoa should be consulted. All decisions about advocacy, education, IEC development, locations and channels for communicating with persons vulnerable to STIs, and prioritizing, planning for interventions should be evidenced from the SGS. If the evidence is not there, set research as a priority rather than 'look busy' implementing activities that has no scientific justification. Limited human and material resources do not allow for mistakes.

The SGS reporting on STIs is limited by the lack of laboratory and public-health information capacity. Statistics show 84 STI Syphilis Cases in 1999 but not until 2004 is the lab reporting a total of 140 cases. Gonorrhoea reporting has to be investigated further; only 139 and 140 cases were reported in 2001 and 2002 respectively. Other STIs are reported in 1999, 2001, 2002 and 2004 but there is no consistency among case reporting for Syphilis, Gonorrhoea, Chlamydia, and HIV.

There are no qualitative research details about youth at risk. Further research is necessary for the design of information and education materials.

The percentage of condom use and knowledge about HIV transmission reported among youth (15-24) was discouraging. Only 14.7% of most at-risk populations were reported to both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, while only 7.1% of youth (*among n=300 surveyed*) used a condom during last high-risk sex (*commercial*) and only 14.3% of youth used a condom during last high-risk sex (*non-commercial*). The prevalence among young pregnant women (*among n=299 surveyed at 15-24 years old*) was zero (0%) as was the percent of most at risk populations, STI clinic attendees (*n=101*), who are HIV infected equal to 0%.

¹⁰ This document, now referred to as SGS, was implemented by representatives from the Ministries of Health of Fiji, Kiribati, Samoa, Solomon Islands, Tonga, and Vanuatu with the support of: The WHO Western Pacific Regional Office, the Secretariat of the Pacific Community, the University of New South Wales and the financial contribution from the Global Fund. ISBN (NLM Classification: WC 503.41) WHO 2006

Results were more promising, in another informal qualitative survey of youth performed at a youth camp in 1998¹¹. In this 'open space' discussion, youth demonstrated accurate knowledge about HIV and HIV transmission. There was a varied understanding about the role of religion among youth that may indicate an important opportunity for the role of the church among high risk populations. The literacy rate at over 80% in Samoa is a very positive opportunity for educating the general population through mass media and people vulnerable through targeted education interventions.

The most significant aspect for planning and policy development is the SGS Behavioural Surveillance Survey among youth. This information provides the evidence for formulating advocacy and prevention strategies for one of Samoa's high risk populations. In summary, the proportion of youth who use condoms (24.3%), of young men reporting sex with men from last year (14.7%), and who report acceptable attitudes towards those living with HIV (21.7%), are all opportunities and targets for developing prevention and education interventions. Only 56.7% of the youth surveyed reported correct knowledge of HIV/AIDS prevention methods.

Modes of Transmission of HIV/AIDS

HIV is transmitted from one person to another mainly through heterosexual intercourse which accounts for about 90 per cent of all infections. HIV infection can also be transmitted from a mother to her child during pregnancy and during childbirth or from breastfeeding. Other modes of infection HIV transmission can be through infected blood, blood products, donated organs or bone grafts and tissues.

1. RIGHTS OF PERSONS LIVING WITH HIV/AIDS

Objective 1.1

The main objective is to safeguard the rights of people living with HIV/AIDS so as to improve the quality of their lives and minimize stigma. In this regard the Ministry of Health shall work closely with the International Community and the United Nations in reviewing and updating guidelines on Human rights and HIV/AIDS.

- People living with HIV/AIDS are entitled to all basic needs and all civil, legal, and human rights without any discrimination based on gender differences or zero-status.
- Persons seeking HIV/AIDS information or counseling, treatment and care are entitled to the same rights as any other person seeking other health/social services.

¹¹ *The Questions and Views of Youth in Samoa about HIV and AIDS (1998) Details part of the reference materials and in the SAF office*

- HIV infection shall not be grounds for discrimination in relation to education, employment, health and any other social services. Pre-employment HIV screening shall not be required. For persons already employed, HIV/AIDS screening, whether direct or indirect, shall not be required. HIV infection alone does not limit fitness to work or provide grounds for termination.
- HIV/AIDS information and education targeting the behavior and attitudes of employees and employers alike shall be part of HIV/AIDS intervention in the workplace.
- Measures to protect the public from transmission of HIV/AIDS at work place shall be instituted by the respective organizations.
- Adolescents have the same rights to confidentiality and privacy as well as informed consent, so they shall be involved in counseling
- The public has the right of accountability on the part of PLWHAs with regard to prevention of HIV/AIDS.
- Prison inmates have the right to basic HIV/AIDS information, voluntary counseling and testing, and care, including treatment of STIs.
- To ensure that Human Rights issues on HIV/AIDS are adhered to, these include:
 - The rights to, non-discrimination, equal protection and equality before the law.
 - The right to seek and enjoy asylum;
 - The right to liberty and security of person
 - The right to highest attainable standard of physical and mental health
 - The right to privacy;
 - The right to freedom of association;
 - The right to freedom of opinion and expression and the right to freely receive and impart information.
 - The right to be free from torture and cruel, inhuman or degrading treatment or punishment.

2. PREVENTION OF HIV SEXUAL TRANSMISSION

2.1 Objective

HIV infection is preventable since the primary mode of transmission is through sexual intercourse; therefore, the key to controlling the HIV/AIDS epidemic is through prevention of the virus transmission through this method. The main objective is to raise public awareness of the risk and change of behaviours that put individuals at the risk of contracting or transmission of HIV and other sexually transmitted diseases in order to reduce the spread of the epidemic. Transmission of HIV is greatly increased for those who have multiple sex partners and engage in unprotected sex. All sectors will be involved in enhancing public awareness at all levels and particularly at the community level and empower the community to develop appropriate approaches in prevention of HIV transmission. These include being faithful to the same partner, practicing

abstinence, correct and consistent use of condoms, voluntary counseling and testing, delaying engagement in sexual practices according to well informed individual decision.

2.2 For Youth in Schools and Institutions of Higher Learning

School children, adolescents and young adults are particularly vulnerable to HIV infection. The Ministry of Education, Sports and Culture and other public and private institutions of higher learning in collaboration with the National Aids Council, Ministry of Health shall develop appropriate intervention strategies to accelerate AIDS information in schools. These include provision of non examinable HIV/AIDS information in primary and secondary schools. HIV/AIDS information should be introduced early enough so as to protect the children who are not yet sexually active before they are exposed to sexual practices so as to equip the youth with knowledge and skills to protect themselves and others from HIV transmission. Reproductive and sexual health should be incorporated in the school curricula.

2.3 For Out of School Youth

The Ministry of Women Community and Social Development, responsible for youth development affairs, in collaboration with the Ministry of Health, NGOs and Faith Groups shall develop participatory HIV/AIDS, sexual and reproductive health education programmes for the out of school youth. The youth should be given correct information including the prevention strategies including promotion of correct and consistent use of condoms, abstinence and fidelity, and voluntary counseling and testing. Girls should also be encouraged to avoid unwanted pregnancies. Having been empowered with information, the youth should be encouraged and supported in developing their own strategies.

2.4 For Adults

IEC programmes should be made available and accessible to promote safer sex practices including fidelity, abstinence, correct and consistent use of condoms according to well informed individual decision.

2.5 For People with Multiple Partners and Commercial Sex Workers.

IEC and counseling services shall be made accessible and acceptable to people with multiple sexual partners including commercial sex workers in order to enable them to adopt safer sexual practices.

2.6 For drug substance abusers

Government Ministries dealing with drug substance abuse in collaboration with NAC, TAC, and other NGOs and Faith groups shall strengthen their preventive activities and implement targeted IEC and counseling services for drug substance abusers.

3.7 For PLWHAs

PLWHAs shall be encouraged to adopt healthy behavior which enables them to live positively with HIV/AIDS. Facilities and services shall be made available to make it easy for them to make such healthy behavior changes.

3.8 Media Institutions

Sustained public information and creation of awareness is paramount in the control of the epidemic. Therefore the role of the media is very important. The media including folk media, in collaboration with other relevant organizations shall play a leading role in educating the public on HIV/AIDS. The media should be actively involved in investigating the practical challenges in the control of HIV and the responses by different sectors in the society, including the private sector. Scientific publications regarding trends in epidemiological surveillance and research intervention activities to promote safe practices shall be disseminated in professional journals and through the mass media.

3.9 Community Involvement

The community is the key in curbing the HIV/AIDS epidemic. The community should be fully informed about HIV/AIDS and the real life challenges in its prevention and care. The communities shall be encouraged and supported to develop appropriate approaches to reduce HIV infection and care for the PLWHA.

The National Aids Council & the Ministry of Health should encourage all sectors, government councils, faith groups, NGOs and CBOs (Community Based Organizations) to mobilize communities to plan and implement their community based HIV/AIDS control activities.

3.10 Condoms

There is overwhelming evidence about the efficacy and effectiveness of condoms when used correctly and consistently in the prevention of HIV transmission. Good quality condoms shall be procured and made easily available and affordable. The private sector shall be encouraged to procure and market good quality condoms so that they easily accessible in urban and rural areas.

3.11 Prevention and Management of STIs

STIs shall be targeted for early diagnosis, treatment, prevention and control because of their role in facilitating HIV/AIDS transmission. This shall include partner notification, counseling, and validating syndromic management of STIs on regular basis.

- Public information and awareness on STIs shall be enhanced so that people take measures to avoid STI and seek early treatment.

- Health care providers of all cadres shall be trained in order to acquire the necessary knowledge and skills for prevention, early diagnosis and case management of STIs.
- Counseling and partner notification shall be part of care in accordance with the guidelines for the management of STIs.
- The Government shall advocate for accessible STIs services and ensure that where treatment for STIs is not free, it shall be made affordable in accordance with the existing costing policies and declarations.

3.12 Transmission through blood and blood products, donated organs, tissues and body fluids

Besides HIV/AIDS, other diseases like Hepatitis B and C, syphilis and other STIs can be transmitted through blood and blood products. Clear guidelines should be in place in the donation of blood to address and mitigate any possible transmission of HIV AIDS through blood transfusion. All blood transfusing services have to comply with these guidelines:

- Screening and donation of blood must comply with existing protocols
- Pre- and post test counseling should be offered services to all blood donors.
- Transfusion of unscreened blood by medical practitioners or other clinical professionals shall constitute a punishable offence
- Early treatment of infectious diseases and improved nutrition shall be encouraged to spare more mothers and children from the risk of blood transfusion.

3.13 Transmission through Invasive and non Invasive Skin Penetration Surgical, Dental and Cosmetic Procedures

The risk of HIV transmission through routine use of surgical, dental and skin piercing instruments exists. Unsterilized dental surgical and cosmetic instruments and equipment pose a very definite risk, which can be reduced by proper sterilization.

a) Use of Sterile disposable re-usable Equipment and accidental injuries

- In order to minimize the risk of infection, disposable supplies including needles and syringes will be used in all health facilities. In the event disposable skin piercing equipment is not available, re-usable equipment will be used after thorough sterilization.
- The Government shall ensure that health-care providers have adequate training in the procedures for sterilization and its importance. They will have sterilization facilities and adequate supply of reusable equipment for sterilization.
- The government shall prepare guidelines to stipulate clearly steps to be taken when a health worker is accidentally injured and/or exposed to HIV infection using the WHO emergency post-exposure (PEP) approach.

- A mechanism for compensation of, and medical insurance for health workers whose HIV sero status is known to have been negative shall be instituted to cover accidental exposure to HIV infection in the course of carrying out their duties.
- The plight of patients who may get infected accidentally with HIV in the course of receiving care shall be addressed in the same way as that of service providers.
- The guidelines on the management, handling of patients with infectious diseases and disposal of infectious materials shall be adhered to.

b) Education for users of cosmetic and health services

- Public education shall be provided to ensure that users or consumers of health services, home care and cosmetic services know about and demand use of sterile skin-piercing equipment and other materials like gloves. The public shall be informed about the structure of the reporting system for reporting their complaints and suggestions for improving the system.
- In case of transmission of HIV/STIs or other diseases to patients and clients of cosmetic services due to the negligence of service providers the patient or client shall take steps according to the existing laws.

3.14 Prevention of Mother to Child Transmission (PMTCT) of HIV

Mother-to-Child Transmission is by far the commonest source of HIV infection in children. The chance for survival of the child who acquires HIV infection through mother-to-child transmission is poor. About 25 - 35% of HIV positive pregnant women will transmit the infection to their newborns. Also there is a 15 – 20% chance that infection will be transmitted to babies during breast-feeding. Voluntary counseling and testing of pregnant women and as far as possible, their husbands or partners shall be promoted at all levels.

Prenatal Transmission

- Education on the risks of mother-to-child transmission to all women of childbearing age and their partners.
- Counseling and appropriate contraception for HIV infected women and their partners.
- Information and education on alternative technological options including anti retroviral therapy for infected pregnant women.

Intra-partum transmission

Health professionals shall apply current techniques, treatments and methods to manage pregnancy and deliveries. They shall choose methods that minimize the risk of HIV transmission to the baby.

Postnatal Transmission

In order to prevent HIV transmission through breast-feeding the following services should be offered: -

- Individually tailored counseling on breast-feeding.
- Counseling of husbands, partners and other relatives on breast-feeding and HIV transmission, and to provide material and moral support to the mother and/or the family.
- Sensitize the community on the support needs of HIV positive mother in her own care and prevention of transmission of the infection to the child.
- Counseling on healthy baby feeding options or practices for infected mothers.
- Economic empowerment of women to enable mothers to provide nutrition supplements for their children.

3.15 Gender Issues in Relation to HIV/AIDS

The main mode of HIV transmission is through heterosexual intercourse. Therefore, addressing issues of gender equity and promoting equal participation of men and women in negotiating safer sexual practices is highly desirable, and women have the right and should be encouraged to say NO to unsafe sex. Men and women should be accorded equal status, equal opportunities for education, access to reproductive health education, and access to health care services, leadership and advancement in all spheres. Although policy exists in this regard, HIV/AIDS demands more vigorous translation of the policy to practical activities at all levels.

- Power relations in traditional and customary practices that inhibit equal participation of men and women in preventing the spread of HIV/AIDS shall be addressed by all sectors.
- Community programmes shall address the issues of multiple sex partnership and the issues of gender and reproductive rights in relation to the spread and transmission of HIV/AIDS. Careful consideration, in particular cultural sensitivity of the topic.
- Integrated, quality and user-friendly reproductive health services shall be made accessible to men, women and the youth.
- Existing inheritance laws shall be reviewed and harmonized. Efforts shall be made to influence customary laws and practices to become gender sensitive.

4. HIV TESTING

4.1 Objective

The main objective is to outline the ethical conditions in testing for HIV for surveillance of the epidemic, diagnosis, voluntary testing and research.

4.2 Testing for HIV/AIDS

- For voluntary HIV testing, pre-and-post test counseling shall be done to enable test results to be communicated to the person tested or, in the case of minors, to

parents or guardians. The main aim is to reassure and encourage the 85 - 90% of the population who are HIV negative to take definitive steps not to be infected, and those who are HIV positive to receive the necessary support in counseling and care to cope with their status, prolong their lives and not to infect others.

- For unlinked HIV testing, no pre and post-test counseling shall be required. For blood donors who wish to know their test results, provision shall be made for follow up voluntary HIV testing with pre- and post test counseling.

4.3 Confidentiality

All HIV Testing shall be confidential. Nevertheless, public health legislation shall be made to authorize health care professionals to decide on the basis of each individual case and ethical considerations, to inform their patients or sexual partners of the HIV status of their patients. Such a decision shall only be made in accordance with the following criteria:

- The HIV-positive person in question has been thoroughly counseled.
- Counseling of the HIV-positive person has failed to achieve appropriate behavioral changes.
- The HIV-positive person has refused to notify, or consent to the notification of his/her partner.
- A real risk of HIV transmission to the partner(s) exists.
- The HIV-positive person is given reasonable advance notice.
- Follow-up is provided to ensure support to those involved, as necessary.

Informed Consent

- Informed consent following adequate counseling shall be obtained from the person before HIV testing can be done.
- Hospitalized patients or ambulatory patients in semiconscious states and those deemed to be of unsound mind may not be able to give informed consent. Counseling shall involve a close relative or the next of kin in order to obtain the consent before proceeding with diagnostic testing, treatment, and clinical care.

4.5. Partner Notification

Physicians and other health workers are not allowed to notify or inform any person other than the individual tested of the test results without his or her consent. Counseling shall emphasize the duty to inform sexual partners and married couples will be encouraged to be tested together. In the event of refusal of the person tested to inform any other person, the decision to inform the third party shall adhere to the conditions laid down in section 4.3 bullet point 2 on **Confidentiality**. Partner's who cannot be involved in the same counseling session with the tested person, shall be persuaded to go for counseling before they can be notified of the tested person's HIV test results.

4.6. Criminalization of willful spread of HIV infection

Penal Code shall be amended to uphold criminal penalties against those who deliberately infect others. It is a direct offence under the Crimes Ordinance to do so.

4.7. Pre-marital HIV Testing

Pre-marital testing shall be promoted and made accessible and affordable. Like all other testing it should be voluntary with pre- and post-test counseling

4.8. Research Involving HIV Testing

All research proposals shall seek ethical clearance from the Research and Ethics Committee of the hosting institution or sector. NAC and the Health Research Committee shall be informed of such research findings for the record and/or dissemination. Approved research proposals by the Health Research Committee shall be registered with NAC. Research involving international collaborators shall obtain ethical clearance from the Institutions from which the foreign collaborators are based and also from the relevant government Ministry such as Ministry of Prime Minister for License approval and the MOH for the proposal approval. All authors shall give consent, in writing, to the publication of the research report.

4.9. Surveillance for HIV

For the purpose of surveillance, one highly sensitive and specific test will be recommended depending on the accuracy of desired results. However, confirmation may be applied according to research needs and such other needs as referral for early diagnostic testing and early treatment for opportunistic infections.

4.10 Cost of HIV Testing

The Costs of HIV Testing shall be subject to the guidelines and policies of the hospital or private clinic for which the service is offered from.

4.11. HIV testing during pregnancy

Voluntary counseling and HIV testing services shall be promoted and made available to pregnant mothers for the purpose of prevention of mother to child transmission of HIV infection.

5. CARE FOR PEOPLE LIVING WITH HIV/AIDS

5.1. Objective

The main objective is promote appropriate nutritional, social and moral support to PLWHAs to enable them to enjoy a good quality of life, remain productive and lives much longer with the HIV/AIDS. It is a challenging area considering the absence of established modalities and mechanisms to provide such support. The community, NGOs, CBOs, private sector and faith groups are critical in facilitating this intervention.

- PLWHAs shall have access to holistic health care. This includes clinical, medical care, counseling and social welfare services. Health care shall extend beyond the hospital precincts to include planned discharge and back up for home based care.
- PLWHAs shall have access to counseling as well as access to information on how to live positively with HIV/AIDS while protecting themselves and others from further transmission.
- PLWHAs shall have the responsibility to participate fully in the activities of the community.
- Institutional and community care providers have a duty to care for people infected with HIV without discrimination on the basis of their HIV zero-status.
- Home care and hospital care complement each other. There shall be a strategic plan articulating this complementary relationship with a budget for each component in the local government councils.

5.2 Community Based Care and Support Services

Comprehensive response to HIV/AIDS has been shown to be effective in the control of the epidemic. This includes prevention, care and support to patients with HIV/AIDS in the communities including home based care.

However, it must be appreciated that at the household level, caring for an AIDS patient is very costly in human, time and financial terms. The need for support from the community is paramount.

- The Government shall encourage the collaboration of religious communities in providing spiritual care and material support for PLWHAs. Spiritual care is a component of holistic care.
- All public claims of cures for HIV/AIDS by traditional and faith healers or other care providers shall be discouraged until such claims are authenticated and approved by the Ministry of Health and the National Health Service.
- .The Government shall expedite rapid drug trials and registration of efficacious modern and traditional remedies.

5.3. Protection of Healthcare Workers and Traditional Birth Attendants

Health care workers and traditional birth attendants are in very high risk of contracting HIV infection from patients in course of their work. The main objective is therefore to empower health workers and traditional birth attendants to avoid the risk of infection and to ensure that institutions that provide health care services provide the necessary protective gear to the workers in accordance with the principles of universal safety precautions against infectious diseases and substances.

- Health workers shall be given training in self-protection against, and prevention of HIV transmission occurring during handling of blood, body fluids, organs and tissues. Training on self-protection shall be given to traditional birth attendants.

- All health care institutions shall provide protective gear to all health care providers in the health facilities as well as in home care and to traditional birth attendants.
- Counseling and support services necessary for managing affected cases shall be established for care providers.

6) RESEARCH

6.1 Objective

The main objective is to provide the framework to promote and coordinate multi-sectoral and multidisciplinary research activities in HIV/AIDS and disseminate and use the research findings. This is in appreciating that HIV/AIDS epidemic has raised many complex issues that demand extensive well funded and well coordinated research programmes

- Research on HIV/AIDS based on scientific and ethical considerations and capable of generating new knowledge which is relevant, useful and utilizable by the community, shall be encouraged.
- Existing research structures shall be utilized for HIV/AIDS research.
- Research in HIV/AIDS involving human subjects, shall conform to Research agreements and the necessary guidelines to do so. Psychosocial and social science research shall abide by stipulated ethical guidelines.
- Scientific information must be shared amongst all those who have a direct role in facilitating work in HIV Aids and ensure that research results are retrievable and easily accessible.

6.2. Procedures for HIV/AIDS Research

- HIV/AIDS Research proposals are all subject to the Screening and Approval of the Health Research Committee.
- Information regarding bullet point 1 can be sought from the Strategic Development and Planning Division of the Ministry of Health.

6.3. National HIV/AIDS Research Priorities

- Research Priorities shall be formulated to allow for rapid generation of knowledge, issues and information on HIV/AIDS.
- The National AIDS Committee shall review and up-date National AIDS research priorities regularly.

6.4. Dissemination of Research Findings

- All sectors shall maintain inventory of all on going and completed research projects on HIV/AIDS and TACAIDS/SDPD MOH shall compile and disseminate relevant research findings to respective stakeholders.
- The researchers shall translate research finding into easily understandable language for public consumption.

6.5. Funding of AIDS Research

- NAC & TACAIDS in collaboration with the Ministry of Health shall mobilize funds for coordination and promotion of research activities, and dissemination of research findings.
- Research Institutions and individual researchers shall look for their own research grants and any other kind of research related support.
- Each sector shall strive to provide adequate funds for research activities on HIV/AIDS.

7. SECTORAL ROLES AND FINANCING

7.1 Objective

HIV/AIDS can be a major National crisis that affects all sectors at all levels. Therefore the main objective is to enhance a coordinated and effective multi-sectoral approach towards curbing this epidemic and to mobilize adequate financial resources for HIV/AIDS activities.

- The Government of Samoa has the responsibility to provide management and financial leadership in the national response to the HIV AIDS epidemic. However, given the overwhelming high cost involved, it is beyond the capacity of the government to provide adequate funds for a national response. Therefore development partners and the private sector also share the responsibility and moral obligation to complement government efforts. These efforts can be realised under existing funding arrangements with the World Health Organisation, Sector Wide Approach Programme or any other funding arrangement that can assist in financing components of this HIV Aids Policy and Plan of Action.
- NGO/CBO, Religious Organizations, Ministries and the Private Sector and Institutions shall design, and implement HIV/AIDS activities in their sectors.
- NAC, TAC and the Ministry of Health shall play a leading role in the provision of multi-sectoral support in the design, implementation, and evaluation of prevention and control of HIV/AIDS and in mitigating its impact.
- The various partners in collaboration with the Ministry of Health shall draw up Plans for the control and prevention of HIV/AIDS within the framework of the multi-sectoral response to the epidemic.
- Within the framework of this policy every Ministry and Agency shall budget, raise funds and mobilize material and human resources for its own HIV/AIDS prevention and control activities.

- The Ministry of Health shall assist in the mobilization of funds and it will be responsible for regular, evaluation to determine the impact of local and external donor funding on the HIV/AIDS prevention and control.
- Within the framework of the strategic plan every sector shall identify, prioritize and implement HIV/AIDS prevention and control activities in line with its mandate and comparative advantage.

8. Review

This policy is subject for review every five years to address any emerging issues with regards to prevention and control of HIV & AIDS in Samoa. The Strategic Development & Planning Division of the Ministry of Health is responsible for the facilitation of these reviews from time to time.

9. Capacity Building for Human Resource

Capacity building and management of manpower is addressed in the HRH Policy and Plan of Action 2008. Each service delivery must identify gaps for discussion and ways forward.

SAMOA NATIONAL HIV/AIDS PLAN OF ACTION 2010

GOVERNANCE AND LEADERSHIP			
Goal: To develop adequate legislative and administrative basis for implementation of HIV/AIDS prevention interventions targeted to high-risk behaviour groups of the population.			
Strategy	Costing	Sources of Funds	
1.1	Advocacy to initiate amendments in the current legislations for development of supportive legal environment for HIV prevention programmes among high-risk behaviour groups of the population	\$5000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners
1.2	Monitoring and Evaluation of HIV/AIDS programs and activities	\$3000 per year (for 5 year period of policy document)	MOH
1.3	Advocacy and Coordination meetings	\$10,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners

HIV/AIDS HEALTH SERVICE PROVISION			
Goal: To provide quality accessible and affordable services for those who are affected by HIV/AIDS			
Strategy	Costing	Sources of Funds	
2.1	Expansion of harm reduction programs	\$10,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners
2.2	Peer education and outreach programs	\$15,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners
2.3	HIV prevention and promotion programs and services	\$15,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners

HIV/AIDS HUMAN RESOURCES			
Goal: To develop appropriate mechanisms to assist with building capacities of human resource for HIV/AIDS.			
Strategy	Costing	Source of Funds	
3.1	Training of personnel on screening and confirmation methods of testing on HIV	\$10,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners

3.2	In-service staff training for development and improvement of quality post-test counseling skills throughout Samoa	\$10,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners
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HIV/AIDS MEDICAL PRODUCTS & TECHNOLOGIES			
Goal: To provide procurement guidelines that will ensure safety of equipments and drugs supplies for HIV/AIDS patients.			
Strategy		Costing	Source of Funds
4.1	Procurement of equipments for HIV testing	\$100,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners
4.2	Ensure availability of medication for HIV/AIDS treatment	\$150,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners

HIV/AIDS HEALTH INFORMATION SYSTEM			
Goal: To strengthen the standardised health information system for HIV/AIDS patients to ensure confidentiality and privacy issues.			
Strategy		Costing	Source of Funds
5.1	Expand the HIV/AIDS Management Information System that incorporates information from all stakeholders.	\$15,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners
5.2	Development and production of printed information-education-communication materials	\$20,000 per year (for 5 year period of policy document)	MOH, Sector & Development Partners

HIV/AIDS FINANCING			
Goal: To develop strategies that strengthens coordination and appropriate allocation of funds to prevent further transmission of HIV/AIDS.			

Strategy		Costing	Source of Funds
6.1	Establish or strengthen existing Finance mechanisms for partners to assist each other when the need arises in a more collaborative manner to address HIV/AIDS concern.	\$3,000 per year (for 5 year period of policy document)	MOH & Development Partners

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39. The Health Ordinance 1959
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42. Nutrition Guidelines ‘Living well with HIV AIDS’
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45. Health Sector Plan, 2008 – 2018, A Healthy Samoa
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Appendix 1: National Aids Council Members and Technical Advisory Committee Members

National HIV AIDS Co-ordinating Council

- Director General/Chief Executive Officer – Chairperson
- Assistant CEO Preventive Health Services – Secretary
- Commissioner of Police, Prison and Fire Brigade Services
- Chief Immigration Officer, Prime Ministers Department
- Chief Executive Officer of Ministry of Education, Sports and Culture
- Chief Executive Officer of the Ministry of Women, Community and Social Development
- Chief Executive Officer of Broadcasting
- Representative of the Prime Minister’s Department – Savali Newspaper
- Representative of the National Council of Churches
- Representative of the National Council of Women
- Representative of the Samoa Red Cross Society
- Representative of the Samoa Family Health Association
- State Solicitor, Attorney General’s Office
- Representative of the Samoa National Development Committee (Komiti Tumama)

National HIV AIDS Technical Advisory Committee

- Director General/Chief Executive Officer, Ministry of Health
- Assistant CEO, Preventive Health Services, MOH - Chairperson
- Principal Health Educator, MOH – Secretary
- State Solicitor – Attorney Generals Office
- Chief Executive Officer of the Ministry of Women, Community and Social Development
- Secretary, Samoa Red Cross Society
- Physician Consultant – TB & Leprosy
- Physician Consultant – STI/HIV AIDS Coordinator
- Project Manager Reproductive Health, Family Planning, Sexual Health (RH/FP/SH)
- Assistant CEO Health Resource Planning, Information, Research and Development Division, MOH
- Assistant CEO, Clinical Health Services, MOH
- Assistant CEO, Pharmacy, MOH
- Assistant CEO, Laboratory Services, MOH
- Assistant CEO, Dental Services, MOH
- Assistant CEO, Corporate Services, MOH
- Assistant CEO, Nursing, MOH
- Representative of the WHO Office in Samoa

Appendix 2: The Samoa Response – Initiatives established since 1987

1. Samoa HIV AIDS Policy I document (*collaboration with WHO Global Plan of Action*) 1987
2. Mapusaga-o-Aiga (MOA) Domestic Violence (1987)
3. Nursing Association – Supporting Role for PLWHA with the Ministry of Women (1987)
4. Fa’ataua-Le-Ola (FLO) and its ongoing lifeline support for people in distress (Hotline)
5. PLWHA – Peati Malaki, HIV AIDS Ambassador, championed HIV AIDS Samoa (1997)
6. Council of Churches for Compassionate Care and Support (2000)
7. Samoa HIV AIDS Policy II in conjunction with UNAIDS (2001)
8. Fa’afafine Group and their early organized response continues to be proactive (2004)
9. Samoa AIDS Foundation – The Prime Minister acts as Patron of SAF (2004)
10. Second Generation Survey (2004-2005)
11. Samoa Victim Support for Victims of Sexual and Physical Abuse-Safe Shelter (2005)
12. Mental Health and its implications for sexual behaviour – PIMHNet (2006)
13. The Safe Games multi sectoral initiative for South Pacific Games (2007)
14. SUNGO Human Rights and HIV Ethics and the Law training (2007)
15. Establishment of the Pacific Men having Sex with Men (MSM) network (2007)
16. Health Promotion Council (2008)
17. Second Generation Survey (2008)
18. Samoa HIV AIDS Policy III part of SWAp consultancy (2008)
19. Ministry of Women Community and Social Development – Sexual Practices Study (2008)
20. Samoa Red Cross Society early blood donor recruitment and policy development
21. Samoa Family Health Association surveys and policies with support from UNFPA
22. SPC regional initiative for their contribution to The Pacific HIV AIDS Response
23. 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

Appendix 3 – Stakeholders and Current Roles

The following Stakeholders are the original members of the National AIDS Coordinating Council (NACC). The NACC is the ‘leadership’ advisor in Samoa for all policy and program issues that ensure a partnership collaboration approach to managing HIV AIDS. Roles among Stakeholders change according to funding and human resources. Their position and role for a multi-sectoral response is identified below:

Key NACC Stakeholders and Current Roles		
REPRESENTATIVE	ORGANIZATION	ROLE
Chief Executive Officer	Ministry of Health	Chairperson, Ensure horizontal and collaborative leadership
Assistant CEO Preventive Health Services	Ministry of Health	Secretary, Capture main actions and recommendations and ensure partners are informed of all relevant issues, meetings, documents
Commissioner of Police	Prison and Fire Brigade Services	Ensure Human Rights are protected, emergency procedures for all persons, and protection among prisoners
Chief Immigration Officer	Prime Ministers Department	Ensure procedures are not counter-productive to protection of Samoan Society and Public Health policies
Chief Executive Officer	Ministry of Education, Sports and Culture	Ensure information, education and access to resources is available for Youth
Chief Executive Officer	Ministry of Women, Community and Social Development	Ensure Rights of women and community are respected
Chief Executive Officer	Broadcasting	Ensure channels for Mass Media campaigns in collaboration with MoH HEAPS and NGO partners
Representative	Prime Minister’s Department	Ensure political leadership and endorsement of Legislation
Representative	National Council of Churches	Provide Care and Support and Guidelines for spiritual counselling
Representative	National Council of Women	Provide ongoing survey and policy for understanding the health situation in Samoa
Representative	Samoa Red Cross Society	To ensure safe blood supply through Policy development and Recruitment of safe blood donors

Representative	Samoa Family Health Association	Ensure that Caregivers are equipped with relevant guidelines and resources for PLWHA
State Solicitor	Attorney General's Office	Ensure Policy is recorded and routed to Cabinet and relevant MoH HIV AIDS legislation is cleared and endorsed by Parliament
Representative	Samoa National Development Committee (Komiti Tumama)	Ensure Sustainable long term Program development through collaborative processes that lead to ownership of projects by audiences who use them

