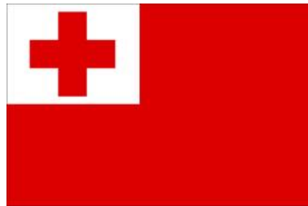
# Global AIDS Response Progress Reporting 2012: Kingdom of Tonga

31 March 2012



# I. Contents

| | |
|---|---|
| Foreword | 3 |
| 1. Status at a Glance | 4 |
| 2. Overview of AIDS Epidemic | 10 |
| 3. National Response to the AIDS Epidemic | 16 |
| 4. Best Practice | 22 |
| 5. Major Challenges and Gaps | 24 |
| 6. Remedial Actions | 24 |
| 7. Support from the Country's Development Partners | 25 |
| 8. Monitoring and Evaluation Environment | 26 |
| Annexes | 28 |

# Foreword

This report highlights Tonga's commitment to the 2011 Political Declaration on HIV/AIDS and its new targets – by 2015 to reduce sexual transmission of HIV infection amongst people who inject drugs by half, to increase the number of people on treatment to 15 million, to halve tuberculosis-related deaths in people living with HIV, and to eliminate new infections among children. Tonga is therefore joining the world to make zero new HIV infections, zero discrimination and zero AIDS-related deaths a global reality.

Valuable information provided in this report about Tonga's contribution to global targets will greatly assist Tonga to implement the National Strategic Plan for HIV and STIs 2009-2013 with the ultimate goal to prevent the spread of HIV in Tonga and provide treatment, care and support for people living in Tonga with HIV.

I therefore wish to express my gratitude to the government agencies, civil society and regional and international partners for their assistance in producing a comprehensive document.

Malo ‘aupito

Hon. Uliti Uata

**Minister of Health**

*Chairman Tonga Country Coordinating Mechanism*

# 1. Status at a Glance

## 1.1 GARP reporting 2012

The Global AIDS Response Progress (GARP) Report for 2012 covers the period **January 2010 to December 2011.** It is the second time Tonga has submitted a Country Progress Report[1].

The preparation of this report was led by the Country Coordinating Mechanism (CCM), with secretariat support from the Ministry of Health.

The Country Report was prepared in a participatory manner and engaged a range of stakeholders, including government agencies, civil society and development partners and people living with HIV. Stakeholders attended meetings, filled in the National Commitments and Policy Instrument (NCPI) and attended a data validation workshop in Nuku'alofa on 28 February 2012. A list of participants consulted in preparing this report is appended.

*Figure 1: Validation meeting, Nuku'alofa, February 2012*

## 1.2 Status of the epidemic

Tonga has low prevalence of HIV infection with **18** people (**12 men and six women**) having been diagnosed with HIV since **1987**. The last case was diagnosed in **2009**. There were no new reported cases of HIV and there were no AIDS-related deaths during the reporting period. The key mode of transmission appears to be predominantly through unprotected sexual intercourse.

[1] The first Country Progress Report was submitted in April 2010 and covered the period January 2008 to December 2009.

## 1.3 Policy and programmatic response

Tonga has an active CCM, which has responsibility for the strategic oversight and implementation of the response to HIV and Sexually Transmitted Infections (STIs). It is responsible for ensuring planning and resourcing are appropriate and adequate to respond to HIV and STIs in Tonga.

Tonga's National Strategic Plan for HIVs and STIs covers the period 2009-2013. This is Tonga's second National Strategic Plan for HIV and STIs[2].

The majority of funding for HIV and STIs comes from the HIV and STI Response Fund and the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria.

## 1.4 Indicator data

Of the **30** GARP indicators, **25** are relevant to Tonga, and there is data available for **21** of these indicators. Tonga's progress against these global indicators is detailed in Table 1. Given the absence of second generation surveillance data during the reporting period, 2008 second generation surveillance data has been used as proxy data for some indicators.

[2] The first National Strategic Plan for HIV and STIs covered the period 2001-2005.

**Table 1: Global AIDS Response Progress indicator data**

| Indicator | | Indicator relevance | Indicator data |
|---|---|---|---|
| **TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015** | | | |
| *Indicators for the general population* | | | |
| 1.1 | Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission | Indicator relevant, data available | Data collected before the reporting period found **18.1%** of young people both correctly identified ways to prevent HIV infection and rejected misconceptions about HIV transmission. *(Source: Second Generation Surveillance Survey of Youth, 2008).* |
| 1.2 | Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15 | Indicator relevant, data available | Data collected before the reporting period found that **5.5%** of young women and **.9%** of young men had sexual intercourse before the age of 15. *(Source: Second Generation Surveillance Survey of Youth, 2008)* |
| 1.3 | Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months | Indicator relevant, data available | Data collected before the reporting period found that **9.6%** of women aged 15-24, **18.4%** of men aged 15-24 and **1.1%** of antenatal women aged 15-49 had sexual intercourse with more than one partner in the last 12 months. *(Source: Second Generation Surveillance Survey of Youth and Antenatal, 2008)* |
| 1.4 | Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse | Indicator relevant, data available | Data collected before the reporting period found that **18.9%** of women aged 15-24 and **25.8%** of men aged 15-24 used a condom during last sexual intercourse. *(Source: Second Generation Surveillance Survey of Youth, 2008)* |
| 1.5 | Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results | Indicator relevant, data available | **3.5%** of the total population (**7.7%** of 15-49 year olds) was tested for HIV in 2011. *(Source: Ministry of Health surveillance data)* |
| 1.6 | Percentage of young people aged 15-24 who are living with HIV | Indicator relevant, data available | There were **no** known people aged 15-24 living with HIV in the reporting period. *(Source: Ministry of Health surveillance data)* |
| *Indicators for sex workers* | | | |
| 1.7 | Percentage of sex workers reached with HIV prevention programmes | Indicator relevant, data not available | There is **no** data available to inform this indicator. |

| Indicator | | Indicator relevance | Indicator data |
|---|---|---|---|
| 1.8 | Percentage of sex workers reporting the use of a condom with their most recent client | Indicator relevant, data not available | There is **no** data available to inform this indicator. |
| 1.9 | Percentage of sex workers who received an HIV test in the past 12 months and know their results | Indicator relevant, data not available | There is **no** data available to inform this indicator. |
| 1.10 | Percentage of sex workers living with HIV | Indicator relevant, data available | There were **no** known sex workers living with HIV in the reporting period. *(Source: Ministry of Health surveillance data)* |
| *Indicators for men who have sex with men* | | | |
| 1.11 | Percentage of men who have sex with men reached with HIV prevention programmes | Indicator relevant, data available | Data collected before the reporting period found that **97.8%** of MSM aged 15-24 years and **100%** of MSM aged 25 and over were reached with HIV prevention programmes. *(Source: Second Generation Surveillance Survey of MSM, 2008)* |
| 1.12 | Percentage of men reporting the use of a condom the last time they had anal sex with a male partner | Indicator relevant, data available | Data collected before the reporting period found that **12%** of MSM aged 15-24 years and **27%** of MSM aged 25 and over reported using a condom the last time they had anal sex with a partner. *(Source: Second Generation Surveillance Survey of MSM, 2008)* |
| 1.13 | Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results | Indicator relevant, data available | Data collected before the reporting period found that **2.2%** of MSM aged 15-24 years and **1.8%** of MSM aged 25 and over received an HIV test in the last 12 months and know their results. *(Source: Second Generation Survey of MSM, 2008)* |
| 1.14 | Percentage of men who have sex with men risk who are living with HIV | Indicator relevant, data available | There were **no** known MSM living with HIV during the reporting period. *(Source: Ministry of Health surveillance data)* |
| **TARGET 2: 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 | Indicator not relevant | The National Strategic Plan 2009-2012 does **not** include Injecting Drug Use (IDU) as a specific target group for HIV prevention and therefore this indicator (and indicators 2.2, 2.3, 2.4 and 2.5) are not relevant to Tonga. |
| 2.2 | Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse | Indicator not relevant | |
| 2.3 | Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected | Indicator not relevant | |

| Indicator | | Indicator relevance | Indicator data |
|---|---|---|---|
| 2.4 | Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results | Indicator not relevant | |
| 2.5 | Percentage of people who inject drugs who are living with HIV | Indicator not relevant | |
| **TARGET 3: ELIMINATE MOTHER TO CHILD TRANSMISSION OF HIV BY 2015 AND SUBSTANTIALLY REDUCE AIDS-RELATED MATERNAL DEATHS** | | | |
| 3.1 | Percentage of HIV positive pregnant women who received antiretrovirals to reduce the risk of mother to child transmission | Indicator relevant, data available | There were **no** HIV positive pregnant women during the reporting period. *(Source: Ministry of Health Surveillance data)* |
| 3.2 | Percentage of infants born to HIV positive women receiving a virological test for HIV within 2 months of birth | Indicator relevant, data available | There were **no** infants born to HIV positive women during the reporting period. *(Source: Ministry of Health Surveillance data)* |
| 3.3 | Estimated percentage of child HIV infections from HIV positive women delivering in the past 12 months | Indicator relevant, data available | There were **no** infants born to HIV positive women during the reporting period. *(Source: Ministry of Health Surveillance data)* |
| **TARGET 4: HAVE 15 MILLION PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL TREATMENT BY 2015** | | | |
| 4.1 | Percentage of eligible adults and children currently receiving antiretroviral therapy | Indicator relevant, data available | There were **no** eligible adults and children receiving antiretroviral therapy during the reporting period. |
| 4.2 | Percentage of adults and children with HIV known to be on treatment 12 months after initiations | Indicator relevant, data available | There were **no** eligible adults and children receiving antiretroviral therapy during the reporting period. |
| **TARGET 5: 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 | Indicator relevant, data available | There were **no** HIV positive incident TB cases reported during the reporting period. *(Source: Ministry of Health Surveillance data)* |

| Indicator | | Indicator relevance | Indicator data |
|---|---|---|---|
| **TARGET 6: REACH A SIGNIFICANT LEVEL OF ANNUAL GLOBAL EXPENDITURE (BETWEEN $22 AND $24 BILLION) IN LOW AND MIDDLE INCOME COUNTTRIES** | | | |
| 6.1 | Domestic and international AIDS spending by categories and financing sources | Indicator relevant, data available | During the reporting period a total of **1,046,981** Tongan Pa'anga **(620,336** United States Dollars[3]) was spent on HIV/AIDS in Tonga[4].<br>*(Source: Ministry of Health and civil society work plans)* |
| **TARGET 7: CRITICAL ENABLERS AND SYNERGIES WITH DEVELOPMENT SECTOR** | | | |
| 7.1 | National Commitments and Policy Instrument | Indicator relevant, data available | Refer Annex 3 |
| 7.2 | 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 | Indicator relevant, data not available | There was **no** data collected during the reporting period to inform this indicator. |
| 7.3 | Current school attendance among orphans and non-orphans (10-14 years) | Indicator relevant, data not available | There was **no** data collected during the reporting period to inform this indicator. |

[3] Based on 30/03/12 exchange rates.

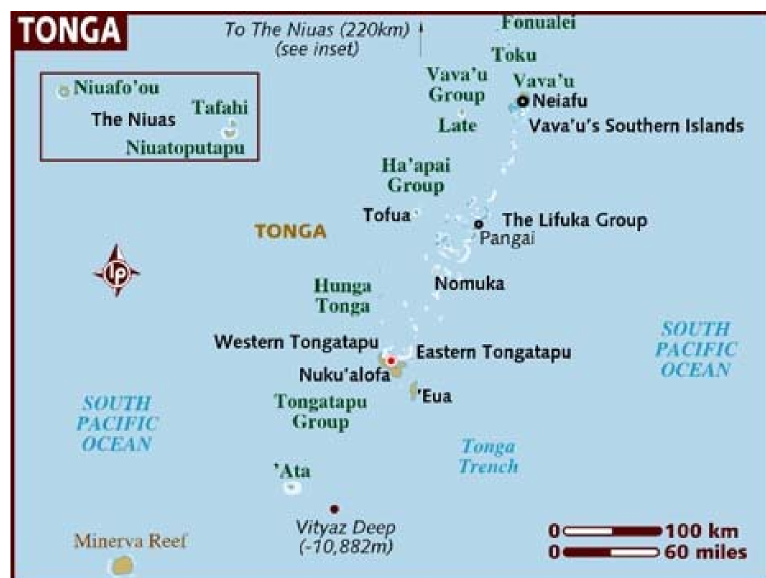
[4] Sourced from Ministry of Health and civil society work plans.

# 2. Overview of AIDS Epidemic

## 2.1 Country information

The Kingdom of Tonga is located in the South Pacific Region, comprising 169 islands, 36 of them inhabited. It is divided into five island groups: Tongatapu, Vava'u, Ha'apai, 'Eua and the Niuas.

**Figure 2: Map of Tonga**




A member of the Commonwealth of Nations, Tonga is the only Pacific country to retain its monarch without interruptions, and has been led by a constitutional monarch since the early 1800s. Since 2009, the democracy movement in Tonga has led to Parliamentary reform, with greater representation of commoners in Parliament.

Tonga's economy relies on agriculture, fishing and tourism. Tonga receives sizeable external aid and the economy relies heavily on overseas remittances.

Tonga's literacy rate and high levels of general education reflect the large investment Tonga has made in its people. However, many young, well-educated Tongans pursue work opportunities overseas (mainly New Zealand, Australia and the United States of America). Tonga's net migration in 2006 was **18,000.**

## 2.2 Population of Tonga

The Census[5] carried out in November 2011, recorded Tonga's population at **103,036** (**50.5%** males and **49.5%** females). Tonga's population disaggregated by island group is as follows:

**Table 2: 2011 Population by Island Group**

| Island group | % |
|---|---|
| Tongatapu | 72.9 |
| Vava'u | 14.5 |
| Ha'apai | 6.5 |
| 'Eua | 4.9 |
| Niuas | 1.2 |

Table 3 below provides a breakdown by age from the 2006 Census[6].

**Table 3: 2006 Population by age**

| Age | % |
|---|---|
| 0-14 | 38.1 |
| 15-24 | 19.1 |
| 25-49 | 28.3 |
| 50 and over | 14.3 |
| Unknown | .1 |

## 2.3 Health system

The Ministry of Health is responsible for the delivery of preventative and curative health services in Tonga. In delivering its services to the public, the Ministry is divided into six functional divisions. HIV and STIs are managed under the Public Health division.

***Government health facilities***

Table 4 lists government health facilities (hospitals, health centres and maternal and child health clinics), their location and the estimated population living in these area served by the respective health facilities[7].

**Table 4: Tonga health facilities**

| DISTRICT | LOCATION | AVAILABLE HEALTH FACILITY | | |
|---|---|---|---|---|
| | | HOSPITAL | HEALTH CENTRE | MCH CLINIC |
| TONGATAPU | Tofoa | 1 | 0 | 19 |
| | Kolonga | 0 | 1 | 0 |
| | Mu'a | 0 | 1 | 0 |
| | Fua'amotu | 0 | 1 | 0 |
| | Vaini | 0 | 1 | 0 |
| | Houma | 0 | 1 | 0 |
| | Nukunuku | 0 | 1 | 0 |
| | Kolovai | 0 | 1 | 0 |

5 Tonga National Population and Housing Census 2011, Preliminary Results.

6 Breakdown of the 2011 population be age was not available at time of reporting.

7 Report of the Minister of Health, 2010.

| | | | | |
|---|---|---|---|---|
| | **Total:** | **1** | **7** | **19** |
| VAVA'U | Neiafu | 1 | 0 | 5 |
| | Ta'anea | 0 | 1 | 0 |
| | Falevai | 0 | 1 | 0 |
| | Tefisi | 0 | 1 | 0 |
| | **Total:** | **1** | **3** | **5** |
| HA'APAI | Hihifo | 1 | 0 | 5 |
| | Nomuka | 0 | 1 | 0 |
| | Ha'afeva | 0 | 1 | 0 |
| | **Total:** | **1** | **2** | **0** |
| 'EUA | Niu'eiki | 1 | 0 | 3 |
| | **Total:** | **1** | **0** | **3** |
| NUIA'S | Nuiatoputapu | 0 | 1 | 1 |
| | Niuafo'ou | 0 | 1 | 1 |
| | **Total:** | **0** | **2** | **2** |
| TOTAL | | 4 | 14 | 21 |

***Non-government health facilities***

The main non-government providers of sexual and reproductive health services in Tonga are the Tonga Family Health Association and Vava'u Family Health Centre. These clinics each employ a nurse and provide counselling, STI treatment and management, antenatal care, fertility services and maternal and gender health services.

## 2.4 HIV programmatic and policy response

Tonga's response to HIV and STIs is aligned with the Pacific Regional Strategy on HIV and other STIs 2009-2013.

***Country Coordinating Mechanism***

Tonga has an active CCM which has responsibility for the strategic oversight of the implementation of the national HIV and STI response. It is responsible for ensuring future planning and resourcing are appropriate and adequate to respond to HIV and STIs.

CCM is led by the Minister of Health with secretariat support from the Ministry of Health.

Membership on the CCM includes:

- Ministry of Education, Women Affairs and Culture (2 representatives)
- Ministry of Finance and Planning
- Ministry of Health (three representatives)
- National Forum of Church Leaders
- Salvation Army
- Tonga Family Health Association
- Tonga National Council of Churches
- Tonga Red Cross.

### *National Strategic Plan*

Tonga has a National Strategic Plan for HIVs and STIs that covers the period 2009-2013. This is the second national strategic plan for HIV and STIs the country has adopted[8]. The current strategic plan has five areas of focus:

1. Prevention of HIV and STIs
2. Treatment, care and support
3. Creating an enabling environment
4. Monitoring and evaluation, strategic information and research
5. Management and coordination.

Supporting the National Strategic Plan is a five year Work Plan, which is reviewed annually.

### *Other policy and programming*

The Tonga HIV and Human Rights Compliance Legislation Review undertaken by RRRT in 2009 identified a need to strengthen the legislative environment to provide greater protection for, and prevent stigma and discrimination on the basis of HIV status, sexual orientation and gender. Currently, there is no HIV legislation and HIV is a notifiable disease.

### *HIV/AIDS Spending*

During the reporting period a total of **1,046,981** Tongan Pa'anga **(620,336** United States Dollars[9]) was spent on HIV/AIDS in Tonga[10]. Funding was mostly spent on HIV prevention. The majority of funding for HIV and STIs came from the HIV and STI Response Fund and the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria. Domestic contribution was **less than 10%** of total spending over the reporting period.

Funding of the reporting period represents a **19.2%** increase from the previous reporting period (2008-2009) of **988,435** Tongan Pa'anga **(520,229** United States Dollars).

The following table provides a breakdown of domestic and international AIDS spending by category and funding source for the last two years[11].

**Table 5: Tonga AIDS spending 2010-2011**

| Spending Categories and specific activities funded | Funding Source | 2010 TOP ($) | 2011 TOP ($) | Comments |
|---|---|---|---|---|
| **Prevention**<br>▪ Communication for social and behaviour changes<br>▪ Voluntary Counselling and testing (VCCT)<br>▪ Prevention programmes for men who have sex with | International and Domestic | $247,106 | $199,709 | *Most activities implemented are prevention (i.e. community outreach and awareness programmes). Majority of funding for these activities comes from the Response* |

[8] The first National Strategic Plan for HIV and STIs covered the period 2001-2005.

[9] Based on 30/03/12 exchange rates.

[10] Sourced from Ministry of Health and civil society work plans.

[11]: There is no central accounting code for the national response to HIV and STIs. Therefore there may be sources of funding for HIV/AIDS that have not been included in this report.

| Spending Categories and specific activities funded | Funding Source | 2010 TOP ($) | 2011 TOP ($) | Comments |
|---|---|---|---|---|
| men<br>▪ Public and social sector male condom provision<br>▪ Public and social sector female condom provision<br>▪ Prevention, diagnosis and treatment of STIs | | | | *Fund. There is also a $1,000 per year domestic contribution.* |
| **Care, Treatment and Support**<br>▪ Specific HIV-related laboratory monitoring<br>▪ Outpatient care services not disaggregated by intervention | International and domestic | $25,469 | $2,654 | *Funding is through Global Fund and Response Fund, plus a domestic contribution from the Ministry of Health's Public Health Division (Communicable Section).* |
| **Programme Management and Administration Strengthening**<br>▪ Planning, coordination and programme management<br>▪ Administration and transaction costs associated with managing and disbursing funds<br>▪ M&E | International | $105,249 | $71,682 | *Contribution in 2010 from UN agencies during UNGASS reporting was TOP$3,540.* |
| **Incentive for Human Resources**<br>▪ Formative education to build-up an HIV workforce<br>▪ Training | International | $109,107 | $189,733 | *Global Fund and Response Fund funded HR included project allowances thus the highest spending for both years.* |
| **Enabling Environment**<br>▪ Advocacy<br>▪ Human Rights Programmes<br>▪ Programmes to reduce Gender Based Violence<br>▪ Enabling Environment and Community Development not disaggregated by type | International | $10,542 | $46,490 | *Various advocacy activities including parliamentarian, church leaders and during World AIDS Day.* |
| **Research excluding operations research** | International | - | $39,240 | |
| **TOTAL EXPENDITURE** | **-** | **$497,473** | **$549,508** | |

## 2.5 Confirmed cases of HIV in Tonga

Despite the low prevalence of HIV in Tonga, the Kingdom remains highly vulnerable to HIV infection. The high population of young people, who because of their level of sexual activity and physiological development are at increased risk of HIV infection. Other risk and vulnerability factors include a highly mobile population, increasing uses of tobacco, alcohol and other substances, gender inequality and cultural and religious values opposed to safe sex methods.

The first recorded case of HIV in Tonga emerged in **1987** (refer to Table 6). Since then, a total of **18** people (**12** men and **six** women) have been reported as HIV-positive in Tonga, with the most recent case identified in **2009**. The age of those infected ranges from **15-44 years**. Of the **18** reported HIV cases, **six** went to another country where they died or their status is unknown. **One** person who is HIV positive is known to living in Tonga.

There were no new reported cases of HIV and there were no AIDS-related deaths during the reporting period.

Despite the current stated low prevalence of HIV infection in Tonga, the nation considers it critical to treat, care and support those known to be living with HIV and other STIs, while at the same time preventing its further spread.

**Table 6: HIV cases in Tonga since 1987**[12]

| Number | Year of HIV diagnosis | Sex | If AIDS, year of diagnosis | Current status |
|---|---|---|---|---|
| 1 | 1987 | M | 1987 | Died 1987 |
| 2 | 1989 | M | 1989 | Died 1990 |
| 3 | 1989 | M | 1997 | Died 1997 |
| 4 | 1992 | M | 1992 | Died 1992 |
| 5 | 1996 | M | 1996 | Died 1996 |
| 6 | 1996 | F | 2000 | Died 2000 |
| 7 | 1996 | M | No data | Unknown: Went to Italy |
| 8 | 1998 | F | 1998 | Unknown: Went to USA |
| 9 | 1998 | F | No data | Unknown: Went to New Zealand |
| 10 | 1999 | M | 1999 | Died 1999 |
| 11 | 1999 | F | No data | Unknown: Went to New Zealand |
| 12 | 2000 | M | 2000 | Died 2000 |
| 13 | 2002 | M | 2004 | Died 2004 |
| 14 | 2005 | F | No data | Died, date unknown: Went to PNG |
| 15 | 2007 | M | - | Living in Tonga |
| 16 | 2008 | M | 2008 | Died 2008 |
| 17 | 2008 | F | No data | Unknown: Went to USA |
| 18 | 2009 | M | 2009 | Died 2009 |

[12] Ministry of Health surveillance data.

# 3. National Response to the AIDS Epidemic

## 3.1 Prevention of HIV

Stakeholders identified in the Mid Term Review of the National Strategic Plan[13] that there were more organisations delivering community outreach and awareness programmes and strong partnerships between organisations.

Many organisations are using peer education to promote effective referrals and contact tracing for at risk and vulnerable groups. **Twenty** young people have been trained as peer educators since 2009. This training is a pre-requisite for the Certificate in Community Health Worker programme.

The distribution of condoms to bars, nightclubs and hotels is on-going. Other HIV and STI prevention initiatives include:

- Education programmes targeting sports organisations
- Partnerships with businesses to strengthen awareness and acceptance of condoms at specific events (e.g. Miss Galaxy and World AIDS Day)
- Drama and live performances by the Filitonu Drama Group
- Media training and participation in talkback radio
- Integration of HIV and STI into church health promotion activities.

### *1. At risk populations*

**Young people**

Youth friendly services have contributed to young peoples' accessibility to sexual and reproductive health services in the Kingdom. Stakeholders note that collaboration between the Ministry of Health and stakeholders has attributed to this initiative's effectiveness.

A module incorporating STIs and HIV transmission and prevention is now strongly integrated into the education curriculum for Form 5 students.

In 2011, Tonga implemented school-based sexual and reproductive clinics in **three** secondary schools (**two** in Tongatapu and **one** in Vava'u).

**MSM**

Men who have sex with men (MSM) are identified as an at-risk and vulnerable group in the National Strategic Plan. There is no reliable estimate of the size of the MSM population in Tonga.

---

[13] Mid Term Review of the National Strategic Plan for HIV and STIs 2009-2013.

The Tonga Leitis' Association, based in Nuku'alofa, provides services to improve human rights and HIV response to MSM, transgender, gay and bisexual people in Tonga, and has **78** active members.

There are a number of prevention activities targeting MSM over the reporting period instigated by Tonga Leitis Association, Tonga Family Health Association and the Ministry of Health.

**Sex workers**

Sex workers are identified as an at-risk and vulnerable group in the National Strategic Plan. However, there is no data available on the size of the sex worker population in Tonga and there are no specific programmes targeting sex workers. Accessing people who participate in sex work to participate in surveys and programmes is challenging, given the informal and opportunistic nature of sex work and the cultural and social taboos associated with it. People who offer sex in exchange for money and/or goods and services would tend not to identify themselves as sex workers, and there are no known sex worker' networks or support groups. Tonga's first prostitution and trafficking cases involving two women was in 2010.

Previous data collected before the reporting[14] period found that **41.2%** of MSM received *money* in exchange for anal sex in the last six months and **65.3%** of MSM received *goods* in exchange for anal sex in the last six months. In contrast, **1.1%** of antenatal women and **.7%** of young people received money or goods in exchange for sex.

**Injecting drug users**

The National Strategic Plan 2009-2012 does not include Injecting Drug Use (IDU) as a specific target group for HIV prevention. There is no data on IDU in Tonga and the country does not have a Needle Exchange Programme, or any other HIV prevention programmes targeting drug users.

However, IDU is identified by stakeholders as an emerging at-risk group for HIV in Tonga. The Salvation Army which run the country's drug and alcohol programme estimate that there are a handful of people who inject drugs in Tonga. They tend to be young marginalised men and women residing in and around the Maufanga area of the capital Nuku'alofa. IDU started approximately five years ago when nationals were deported back to Tonga from the United States, Australia and New Zealand. Loose border controls are believed to be contributing to drug use and there is known to be drug manufacturing in Nuku'alofa.

[14] Second Generation Survey, Antenatal, Youth and MSM, 2008.

### *2. Sexually transmitted infections*

Tonga, like the rest of the Pacific has high rates of STIs, demonstrating the likelihood of multiple sexual partners and/or low use of condoms. The Mid Term review of the National Strategic Plan[15] noted that stakeholders felt the quality of STI services had improved over the last two-three years.

Guidelines for STI management were endorsed in 2009, and stakeholders reported that compliance with these guidelines has been good.

The majority of Public Health staff in HIV and STI clinical areas across the four islands have undertaken either current or refresher training on STI management in the last three years. All graduate nurses are offered STI management as one of their modules in the graduate nursing training curriculum.

STI surveillance systems have improved with the addition of a centralised and dedicated position at the Laboratory. The Laboratory and Health Information Systems have undertaken training on data collection and reporting. In addition the STI management training also includes a section of data collection specifically for clinical healthcare workers. Surveillance data is now centralised and data is disseminated to relevant partners.

In 2011, **2854** people received an STI test. Most of those tested were women **86.3%.**

**Table 7: 2011 STI tests and results disaggregated by age and gender**

| Age | Males | | Females | | Total | |
|---|---|---|---|---|---|---|
| | Total tested | % Tested positive | Total tested | % Tested positive | Total tested | % Tested positive |
| 0-14 | 13 | 0.61% | 10 | 0.42% | 23 | 0.81% |
| 15-24 | 179 | 57.7% | 847 | 52.1% | 1026 | 35.9% |
| 25-49 | 198 | 41.7% | 1607 | 41.7% | 1805 | 63.2% |
| **Total** | **390** | **13.7%** | **2464** | **86.3%** | **2854** | **2.8%** |

**Table 7: 2011 STI tests disaggregated by age and gender**

The Ministry of Health annual report for 2010[16] reported **498** cases of STIs in 2010, citing an increase of double the cases (**237**) reported in 2009. While the increase is accounted for through increased testing, the Ministry notes the increase as a major concern. **56%** of all STIs were Chlamydia, **34%** were gonorrhoea and **10%** were co-infections.

Despite some shortfalls in outer islands in 2010, the supply of drugs and other supplies have over wise been consistently strong.

[15] Mid-term review of the National Strategic Plan for HIV and STIs 2009-2013.

[16] Report to the Minister for Health for the year 2010

### *3. HIV counselling and testing*

HIV counselling and testing services started in Tonga in June 2009.

A national HIV and STI Policy, including guidance on testing provisions, are in the process of being drafted.

Voluntary counselling and confidential testing (VCCT) services are offered to STI clients and leitis. HIV screening is routing for antenatal clients (with partners also encouraged) and mandatory for immigration visas, civil service job applications and blood donors.

At the end of the reporting period (December 2011), there were **four** operational VCCT centres across Tonga.

1. Vaiola Hospital Antenatal Clinic, Tongatapu
2. Vaiola Hospital STI Clinic, Tongatapu
3. Tonga Family Health Association, Tongatapu
4. Vava'u Family Health Centre, Vava'u.

All **four** sites are accredited, and there is work being undertaken to prepare a further **five** sites for accreditation (should they meet Pacific minimum standards). Currently, access to VCCT in the outer islands is an issues, with resources (skilled staff and accreditation services) being the main barrier.

**Twenty three** health workers participated in the VCCT training, and **21** were assessed as competent to be VCCT counsellors. **Two** of the 21 counsellors have gone on to train for a Diploma Professional Counselling. **Twelve** of the 21 are practicing at the VCCT centres, while others are providing referral services to the VCCT centres.

Referral systems are in place between other prevention programmes such as peer educators and the clinics. Tonga Family Health Association reported that its records show an increase in numbers tested between 2010 and 2011.

A total of **3,964** (**3.8%** of the total population, **6%** of females and **1.7%** of males) were tested for HIV in 2011.

**Table 8: 2011 HIV tests disaggregated by age and gender**

| Age | Male | Female | Total |
|---|---|---|---|
| 0-14 | 4 | 16 | 20 |
| 15-24 | 321 | 870 | 1,191 |
| 25-49 | 553 | 1,963 | 2,516 |
| Unknown | 30 | 207 | 237 |
| **Total** | **908** | **3,056** | **3,964** |

### *4. Prevention of mother to child transmission of HIV (PMTCT)*

There were no cases of vertical transmission of HIV from mother to child in Tonga. Education on PMTCT is integrated through awareness activities and supported by routine screening for HIV and STIs at antenatal clinics. PMTCT Guidelines have been developed and incorporated into the draft National HIV and STI Policy.

Antenatal care is provided by hospitals, health centres and maternal and child health clinics. In 2011, there were **2,697** live births.

Antenatal care coverage is relatively high. In 2011, **98.6%** of pregnant women received antenatal care from a skilled provider (a doctor, nurse or midwife). Antenatal care is provided in main hospitals in all islands. Antenatal services include routine blood and urine specimens, glucose level, blood pressure and other tests, if required. Tuesdays are the new bookings and Thursdays are for routine review and complication cases.

All three accredited VCCT sites provide HIV testing and counselling services for pregnant women. In 2011, **2,614** pregnant women were tested for HIV.

## 3.2 Treatment, care and support

Tonga uses World Health Organisation (WHO) guidelines for antiretroviral therapy (ART).

The ART site is in Vaiola Hospital, Tongatapu. The CD4 count of the person living with HIV in Tonga is yet to indicate eligibility for ART. Towards the end of 2012, he was counselled for ART.

## 3.3 Knowledge and behaviour change

Stakeholders noted in the Mid Term Review of the National Strategic Plan[17] that there had been an increase in the number and reach of HIV and STI awareness and education programmes, but in the absence of any evaluations it is not possible to say how effective these programmes have been in modifying behaviour.

Given the absence of second generation data or other surveys in the reporting period it is not possible to determine whether there has been increased knowledge or behavioural change across reporting periods.

[17] Mid-term Review of the National Strategic Plan for HIV and STIs 2009-2013.

## 3.4 Impact alleviation

It is too soon to report on the extent to which the national programme has succeeded in reducing rates of HIV infection and its associated mortality.

Due to the low levels of screening it is likely that there are other cases of HIV that have not been identified. The population of Tonga remains highly vulnerable to HIV infection.

# 4. Best Practice

The following case studies were agreed by Tonga as examples of best practice to share with other countries.

## 4.1 School-based sexual and reproductive health services

The need for youth-friendly services for young people, particularly in the context of increasing rates of STIs and teenage pregnancy is crucial. Tonga has strengthened youth-friendly adolescent sexual and reproductive health services by opening school-based clinics.

In 2011, Tonga implemented school-based sexual and reproductive clinics in three secondary schools (two in Tongatapu and one in Vava'u).

These school-based clinics facilitate young peoples' access to sexual and reproductive health, as well as other health issues. Public health nurses visit schools on a weekly basis.

While condoms are not provided in clinics, nurses provide counselling on sexual and reproductive health and refer young people on to Tonga Family Health Association or Vaiola Hospital (Tonga's main hospital). Clinic staff also provide IEC (Information Education Communication) on HIV prevention.

During the opening of the Vava'u clinic, Sister Sela Paasi Chief Nurse National Reproductive Health for the Ministry of Health spoke of…

> *'The need for young people – male and female, married and unmarried – to receive reproductive health care is becoming more widely recognised. Many would agree that to make healthy decisions about illness, it is important to see a trained reproductive health service provider. Yet, attending a reproductive health clinic is often a young person's last resort when seeking health care services.'*

**Figures 3 and 4: Opening of the Vava'u school-based clinic and clinic in session**

School-based clinics are funded through the HIV and STI Response Fund.

*For further information, please contact Kathy Mafi (kmafi@tongafamilyhealth.org) or Angela Fineanganofo (apfineanganofo@gmail.com ).*

## 4.2 Creating an enabling environment for MSM

MSM are identified as a most at risk and vulnerable group in the National Strategic Plan. The following is an innovative example of partners working collaboratively to create an enabling environment for MSM.

The Tonga Family Health Association is successfully promoting condoms in Tonga, working in partnership with Tonga Leitis Association. Leitis is the term used by Tonga Leitis Association to refer to transgender people. Tonga Leitis Association has **78** members.

Prior to the partnership Tonga Family Health Association had struggled to promote condoms effectively or encourage testing with leitis.

Tonga Family Health Association and Tonga Leitis Association most recent venture was the Condom Campaign which focussed on HIV and STI awareness and prevention and creating a condom use amongst lesbian, gay, bisexual and transgender and youth communities. Tonga Family Health Association provides funds, supply of condoms and other support and advice and Tonga Leitis Association implement the activities.

Leiti leaders have the benefit of being able to attract public attention on HIV awareness and prevention in a constructive and entertaining way through pageants, having access to a diverse group of people who are potentially at risk of HIV and STIs, and their strength as advocates. At pageants and cultural and sporting events, Leitis have created safe and socially stimulating spaces in which traditional taboos regarding sexual life can be discussed

The Condom Campaign provides an example to other countries about addressing stigma and promoting sexual health in a small, enclosed society. The project's strategy has been bold in the way it engages with stigmatised groups and discusses taboo subjects. At the same time it is sensitive to the possibilities for advocacy in a Polynesian context and has positively changed the lives of many sexually diverse people in Tonga.

The project has given Tonga Family Health Association better access to MSM and it has given leitis new confidence, a sense of empowerment and new skills that they can use to generate an income.

*For further information, please contact Joey Mataele (joleenm10@hotmail.com) or Angela Fineanganofo (apfineanganofo@gmail.com ).*

# 5. Major Challenges and Gaps

The Mid Term Review[18] indicated a number of challenges across the reporting period. These included:

- Providers of prevention services are stretched due to the increasing demand for their services and peer education retention continues to be an issue.
- Leadership in VCCT services is somewhat lacking in order to address key programme areas, when they arise.
- Poor access to STI services in outer islands.
- Some issues evident with public-private sector engagement in clinical care – laboratories, pharmacies and clinics.
- Challenges reaching some at-risk groups (e.g. sex workers) with prevention programmes.
- Lack of HIV legislation to support an enabling environment for people living with HIV.
- Lack of monitoring and evaluation (M& E) to ensure evidence-informed decision making.

# 6. Remedial Actions

In the absence of a CCM where all stakeholders can agree on remedial actions to ensure the achievement of GARP indicators, it is not possible to include any recommendations at this point in time. However, stakeholders at the validation workshop confirmed a need to scale up current HIV and STI services and for more M&E to ensure evidence informed programming decisions.

[18] Mid Term Review of the National Strategic Plan for HIV and STIs 2009-2013.

# 7. Support from the Country's Development Partners

## 7.1 Key support received from development partners

Tonga received support from the following development partners during the reporting period.

- **SPC:** Technical assistance on prevention, treatment, care and support and M&E.
- **Global Fund:** Human resources, infrastructure and equipment, communication materials, technical assistance on confirmation of HIV specimens, M&E, laboratory consumables, and STI drugs.
- **HIV and STI Response Fund** (through Australia and New Zealand international aid programmes): Tonga received support under this Fund to implement the National Strategic Plan for HIV and STIs 2009-2012.
- **United Nations Population Fund (UNFPA):** Provision of condoms and safe sex kits, development of STI treatment guidelines, training on case management, support to implement the Adolescent and Reproductive Health Programme.
- **World Health Organisation (WHO):** One of the sponsors for Tonga World AIDS Day on 1 December 2010 and 2011, promoting prevention and public awareness about HIV and STIs.
- **Pacific Counselling Social Services (PCSS):** Technical assistance on professional counselling on HIV and STIs.
- **United Nations Programme of HIV/AIDS (UNAIDS):** Technical assistance for preparing Global AIDS Response Progress reporting.

## 7.2 Actions that need to be taken by development partners to ensure achievement of targets

On-going financial and technical assistance is needed from development partners to implement the National Strategic Plan and ensure progress towards targets.

Assistance with second generation surveillance monitoring from development partners would greatly assist with reporting against targets.

# 8. Monitoring and Evaluation Environment

## 8.1 Overview of current M&E system

Focus Area 4 of the National Strategic Plan calls for M&E, strategic information and research. The following two activities are required under Focus Area 4 of the National Strategic Plan:

1. To strengthen and build the M&E capacity of organisations in Tonga that work in the field of HIV/AIDS and STIs.
2. To strengthen M&E reporting and data information systems.

The Mid Term Review[19], noted that stakeholders were able to identify progress in developing a more effective and reliable surveillance system. However, the approach and systems to support M&E, particularly in the area of programme evaluations, required strengthening.

The capacity of the surveillance system has improved over the last three years with the addition of more staff, training, and the development of stronger data collection systems.

Annual supervisory M&E visits were undertaken by both the Ministry of Health and Tonga Family Health Association to outer islands.

Annual and six-monthly monitoring and progress reports are submitted to key donors, such as the HIV and STI Response Fund and Global Fund, by the National HIV Coordinator.

The UNAIDS and SPC M&E Curriculum was piloted in Tonga in May 2011, and four national programme coordinators and a clinician attended a regional week-long *train the trainer* workshop in New Zealand in July 2011. M&E training is expected to roll out late in 2012. Trainers consider the train the trainer course gave them a good introduction to M&E. However, some trainers lack confidence to transfer M&E skills to the sector.

There have been no specific program evaluations undertaken since 2009, although the Adolescent Health Programme and the Tonga Family Health Association have reviewed service utilisation data. The analysis from these assessments is yet to be broadly disseminated.

## 8.2 Challenges faced in the implementation of a comprehensive M&E system

Tonga (like most Pacific Island countries) faces significant challenges in implementing a robust and effective M&E system for HIV. Central to these challenges is the absence of a

[19] Mid Term Review of the National Strategic Plan for HIV and STIs 2009-2013

finalised M&E Plan for the National Strategic Plan during the reporting period (this plan was completed in March 2012).

There is also lack of M&E capacity within the HIV and STI sector, and a lack of a coordinated approach for data collection and reporting. While organisations are collecting data on their respective programmes, there is an absence of reporting on national activities and outcomes.

## 8.3 Remedial actions planned to overcome challenges

The CCM with the assistance of SPC has finalised the M&E Plan, which will address surveillance, programme evaluations and capacity to undertake M&E. The M&E Plan will ensure programme indicators and data collection is aligned to GARP indicators.

## 8.4 Requirements for M&E technical assistance and capacity-building

Tonga requires on-going M&E technical assistance and capacity-building. Stakeholders' suggestions for assistance included:

- Receiving funding and technical assistance to undertake follow up second generation surveillance surveys.
- Receiving funding and technical assistance to undertake evaluations of key programmes (e.g. the Condom Campaign).
- Receiving funding and technical assistance to undertake small scoping studies of emerging at risk groups (sex workers and Injecting Drug Users)
- SPC or UNAIDS providing guidance and support in the early roll out of M&E training e.g. by attending and providing feedback to trainers delivering training sessions.
- National stakeholders working with local colleges and universities to access students to undertake M&E activities of HIV programmes and activities.

# Annexes

## Annex 1: Bibliography

**Refers to all documents used in the writing of this report**


A Strategic Plan for Responding to HIV/AIDs and STIs in the Kingdom of Tonga 2001-2005. (2000). *Second Strategic Planning Workshop.* Tongatapu.

Tonga National Population and Housing Census 2011 Preliminary Results. (2011).

Government of Tonga. (2010). Report of the Minister of Health for the year 2010.

IPPF. (2010). *IPPF Changing Lives; Issue 4 - Voices from Tonga.*

Kingdom of Tonga. (2011). *Mid-Term Review of the Natinal Strategic Plan for HIV & STIs 2009-2013.*

Kingdom of Tonga Ministry of Health. (2008). *Second Generation Surveillance Survey of MSM in Tonga 2008.*

Kingdom of Tonga, Ministry of Health. (2008). *Second Generation Surveillance in Antenatal Clinic Attendees and Youth.*

Ministry of Health, Tonga and SPC. (2009). *Evaluation of Chlamydia and Gonorrhoea Testing and Treatment Program, Tonga.*

SPC. (2009). *Tonga HIV & Human Rights Legislative Compliance Review*, RRRT

Strategic Planning Co-ordinating Comittee; McFarlane Burnet Centre for Medical Research; Secretariat for the Pacific Communinty; UNAIDS. (2000). A strategic plan for responding to HIV/AIDs and STIs in the kingdom of Tonga; 2001-2005. *Second Strategic Planning WOrkshop.* Nuku'alofa, Tongatapu.

Tonga Country Coordinating Mechanism. (2009). *Progress of National Responses to HIV in the Pacific Region; Country: Tonga.*

Tonga Country Coordinating Mechanism. (n.d.). *Kingdom of Tonga; National Strategic Plan for HIV & STIs 2009-2013.*

Tonga Leitis’Association (n.d.). *Strategic Plan 2010-2015.*

UNAIDS. (2012). *Global Aids Response Progress Reporting.*

## Annex 2: Stakeholders participating in the reporting process

The following stakeholders attended the validation workshop in Nukualofa, February 2012:

**Table 9: Stakeholders who participated in GARP 2012**

| Name | Organisation |
|---|---|
| Dr Malakai ‘Ake | Ministry of Health |
| Angela Fineanagnofo | Ministry of Health |
| Amelia Hoponoa | Tonga Family Health Association (CDO) |
| Sione Hufanga | Ministry of Health |
| Aholata Manu | Ministry of Health |
| Sr Alisi Fifita | Ministry of Health – Reproductive Health |
| Saia Penitani | Ministry of Health - Global Fund TB Programme |
| Vika Finau | Tonga Family Health Association |
| Lola Koloamatangi | Tonga National Centre for Women & Children |
| Joleen Mataele | Tonga Leiti’s Association (TLA) |
| ‘Eva Tu’uholoaki | Tonga Red Cross |
| Katharine Mafi | Tonga Family Health Association |
| Polikalepo Kefu | Tonga National Youth Congress |
| Savelio Lavelua | Salvation Army |
| Rev Fili Lilo | National Forum of Church Leaders |
| Fr Siketi Tonga | Council of Churches |
| Lesila To’ia | Women & Children in Crisis Centre |
| ‘Usaia Hemaloto | Women & Children in Crisis Centre |

***Image 4 and 5: Government and civil society completing National Commitment and Policy Instruments, Nuku‘alofa, February 2012***

# Annex 3: National Commitments and Policy Instruments (NCPI) 2012

COUNTRY: TONGA

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

**Angela P Fineanganofo (CCM Secretariat – HIV/STIs Program Coordinator)**

Postal address:

**Ministry of Health**

**P O Box 59**

**Nuku'alofa**

**TONGA**

Tel: **(676) 23 200 xtn 1505**

Fax: **(676) 24 291**

E-mail: **apfineanganofo@gmail.com**

Date of submission: **March, 2012**

## NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI)

### DATA GATHERING AND VALIDATION PROCESS

| **Describe the process used for NCPI data gathering and validation**: |
|---|
| |
| **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** |
| |
| **Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):** |
| |

NCPI Respondents

***[Indicate information for** all **whose responses were compiled to fill out (parts of) the NCPI in the below table; add as many rows as needed]***

**NCPI - PART A [to be administered to government officials]**

| Organization | Names/Positions | Respondents to Part A [indicate which parts each respondent was queried on] | | | | | |
|---|---|---|---|---|---|---|---|
| | | A.I | A.II | A.III | A.IV | A.V | A.VI |
| Ministry of Health | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Ministry of Justice | | | | | | | |
| MEWAC | | | | | | | |
| MoTEYS | | | | | | | |
| MLCI | | | | | | | |
| | | | | | | | |

**Add details for all respondents.**

(refer participant list)

**NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN** organizations]

| Organization | Names/Positions | Respondents to Part B [indicate which parts each respondent was queried on] | | | | |
|---|---|---|---|---|---|---|
| | | B.I | B.II | B.III | B.IV | B.V |
| Tonga Family Health Association | | | | | | |
| Tonga National Youth Congress | | | | | | |
| Tonga Leiti's Association | | | | | | |
| BroadCom Ltd (Media) | | | | | | |
| Tonga Red Cross | | | | | | |
| Salvation Army | | | | | | |
| Tonga National Council of Churches | | | | | | |
| | | | | | | |

**Add details for all respondents.**

(refer to participants list)

## NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI)

### PART A

**[to be administered to government officials]**

## I. STRATEGIC PLAN

***1.*** ***Has the country developed a national multisectoral strategy to respond to HIV?***

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as Agriculture, Finance, Human Resources, Justice, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry)

| Yes | No |
|---|---|

***IF YES***, what was the period covered *[write in]*: **NSP 2009 – 2013** ..\..\NSP REVIEW 2011\Admin\NSIP for HIVnSTIs Final.pdf

***IF YES,*** briefly describe key developments/modifications between the current national strategy and the prior one.

***IF NO or NOT APPLICABLE***, briefly explain why.

..\..\HIV STIs Program 09 - 10\HIV&STI NSP&IP\Tonga_Strategic_Plan_HIV_AIDS2001-2005.pdf

- 5 Focus Areas – specific target
- Budget & Work plan in place – implementation plan
- M&E Framework - to capture the progress and impact of the program
- More organized and it's a collaborate effort between Govt ministries with NGOs with CCM overseeing the implementation
- Delegate responsibilities to all sectors thus ensure coverage

***IF YES***, complete questions 1.1 through 1.10; ***IF NO***, go to question 2.

***1.1.*** ***Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?***

Name of government ministries or agencies *[write in]*: **Ministry of Health (CCM)**

***1.2.*** ***Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?***

| SECTORS | Included in Strategy | | Earmarked Budget | |
|---|---|---|---|---|
| ***Education*** | Yes | No | Yes | No |
| ***Health*** | Yes | No | Yes | No |
| ***Labour*** | Yes | No | Yes | No |
| ***Military/Police*** | Yes | No | Yes | No |
| ***Transportation*** | Yes | No | Yes | No |
| ***Women*** | Yes | No | Yes | No |
| ***Young People*** | Yes | No | Yes | No |
| ***Other [write in]:*** | Yes | No | Yes | No |
| | Yes | No | Yes | No |
| | Yes | No | Yes | No |

*Note: where not quite sure with budget as per sectors but thus the NSP's implementation plan has its own budget allocation per activities. If referring to budget per sector than only the MOH am aware of that has a budget for HIV/STIs activities.*

| ***IF NO earmarked budget for some or all of the above sectors,*** explain what funding is used to ensure implementation of their HIV-specific activities? |
|---|
| Response Fund:<br>• Stream I (NSP)<br>• Stream II (CDO)<br>• Stream III (NAC – Community)<br>• Stream IV (Competitive)<br><br>Global Fund: Operational Costing |
| RF Stream I funds most activities for the current NSP thus the budget allocation per Focus Area and Key Action Area covers a wide range of activities. Responsible organizations are being identified as according to focus area and activities thus can apply to implement the specific activity accordingly.<br><br>Govt ministries are eligible to apply and implement any of the activities that best suits their ministry's mandate such as in Focus Area 3 – Treatment, Care & Support where MOH is the main implementer. However, a budget is allocated for HIV/STIs under the Communicable Section - Public Health Division of the Ministry. |

***1.3.*** ***Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?***

| KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS | | |
|---|---|---|
| *Men who have sex with men* | Yes | No |
| *Migrants/mobile populations* | Yes | No |
| *Orphans and other vulnerable children* | Yes | No |
| *People with disabilities* | Yes | No |
| *People who inject drugs* | Yes | No |
| *Sex workers* | Yes | No |
| *Transgendered people* | Yes | No |
| *Women and girls* | Yes | No |
| *Young women/young men* | Yes | No |
| *Other specific vulnerable subpopulations*[20] | Yes | No |
| **SETTINGS** | | |
| *Prisons (co-infection)* | Yes | No |
| *Schools* | Yes | No |
| *Workplace* | Yes | No |
| **CROSS-CUTTING ISSUES** | | |
| *Addressing stigma and discrimination* | Yes | No |
| *Gender empowerment and/or gender equality* | Yes | No |
| *HIV and poverty* | Yes | No |
| *Human rights protection* | Yes | No |
| *Involvement of people living with HIV* | Yes | No |

Indirectly – very complex yet consider Public Health Act

[20] Other specific vulnerable populations other than those listed above, that have been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order) bisexual people, clients of sex workers, indigenous people, internally displaced people, prisoners and refugees)

| *IF NO,* explain how key populations were identified? |
|---|
| Baseline data assist in identify the target audience for the Program. The vulnerable and at risk population is determine from the surveillance data and from assessing risk behaviour. |

***1.5. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?***

**KEY POPULATIONS**

- MSM
- Youth (young people – both in and out of school)
- Sex Workers
- ANC
- Men &Women in Uniform
- Seafarer
- Mobile population
- Civil Servant

*Recommendation from Group: Establish criteria as such to ensure people are screened especially if identified that are engaged in risky behaviours.*

***1.6. Does the multisectoral strategy include an operational plan?***

| Yes | No |
|---|---|

*Implementation plan with budget is allocated per year for the plan thus it helps to ensure activities are implemented and allow M&E to take place.*

***1.7. Does the multisectoral strategy or operational plan include:***

| | | |
|---|---|---|
| *A monitoring and evaluation framework? goals?* | Yes | No |
| *An indication of funding sources to support programme implementation?* | Yes | No |
| *Clear targets or milestones?* | Yes | No |
| *Detailed costs for each programmatic area?* | Yes | No |
| *Formal programme* | Yes | No |

MOH – Balance Core Guard weakness in looking at the critical factors that leads to success and failure, Cooperate Plan (Jul 2012) move towards M&E – effective, changes, impact (may under the research – monitor departments as to enhance – data sources.

**1.8.** ***Has the country ensured "full involvement and participation" of civil society[*] in the development of the multisectoral strategy?***

| Active involvement | Moderate involvement | No involvement |
|---|---|---|

***IF ACTIVE INVOLVEMENT***, briefly explain how this was organised:

Refer to the organizations involved in developing the NSP a lot on involvement from NGOs and also on the CCM and Stakeholder Committee. The consulting meeting was organized by the Coordinating team (HIV/STIs Program Coordinator, & CDO) and invitation was given out to respective sectors who are directly/indirectly involved with HIV/STIs program. Perhaps it's also beneficial that the CDO is base at NGO organization and have tend to affiliate more with other NGOs involved in this area.

CCM Member(s)

HIV/STIs Stakeholder (networking)

***IF NO or MODERATE INVOLVEMENT,*** briefly explain why this was the case:

**1.9.** ***Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?***

| Yes | No | N/A |
|---|---|---|

**1.10.** ***Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?***

| Yes, all partners | Yes, some partners | No | N/A |
|---|---|---|---|

*At most time it's the national program that has to aligned with external partners thus it can be a challenge at time but perhaps external partners should consider contextualizing the program as to ensure harmonization and effectiveness either in implementation or impact.*

***IF SOME PARTNERS or NO***, briefly explain for which areas there is no alignment/harmonization and why:

| Yes | No?? | N/A |
|---|---|---|

* Civil society includes among others: networks and organisations of people living with HIV,women, young people, key affected groups (including men who have sex with men, transgendered people, sex workers, people who inject drugs, migrants, refugees/displaced populations, prisoners); faith-based organizations; AIDS service organizations; community-based organizations; ; workers organizations, human rights organizations; etc. Note: The private sector is considered separately.

**2.** ***Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development ?***

**Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

***Tonga National Development Framework – reference : More focus on NCD but it should be both CD/NCD. MOH includes this in their planning as part of the commitment towards MDG6.***

***Group was not quite sure for they have their views as from MOH perspective and surely the program is funding dependent as such just a small portion of the MOH budget goes for CD. Perhaps it will take a while before HIV become a priority in compared to obesity, diabetic etc as it has higher prevalence in country.***

***2.1. IF YES, is support for HIV integrated in the following specific development plans?***

| SPECIFIC DEVELOPMENT PLANS | | | |
|---|---|---|---|
| ***Common Country Assessment/UN Development Assistance Framework*** | Yes | No | N/A |
| ***National Development Plan*** | Yes | No | N/A |
| ***Poverty Reduction Strategy*** | Yes | No | N/A |
| ***Sector-wide approach*** | Yes | No | N/A |
| ***Other [write in]:*** | Yes | No | N/A |
| | Yes | No | N/A |

*Group Members were unsure.*

***2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?***
*IT should be since its on the MDG commitment but still needs clarification.*

| HIV-RELATED AREA INCLUDED IN PLAN(S) | | |
|---|---|---|
| ***HIV impact alleviation*** | Yes | No |
| ***Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support*** | Yes | No |
| ***Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support*** | Yes | No |
| ***Reduction of stigma and discrimination*** | Yes | No |
| ***Treatment, care, and support (including social security or other schemes)*** | Yes | No |
| ***Women's economic empowerment (e.g. access to credit, access to land, training)*** | Yes | No |
| ***Other[write in below]:*** | Yes | No |

**3.** ***Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?***

| Yes | No?? | N/A |
|---|---|---|

*Perhaps this may be initiated from MOH to the Govt but group was not sure. However, this would be a good study to carried out thus it could give an indication of the progress made by the Program, with the preventative program been implemented. HIV/STIs future impact on the socioeconomic can be an issue if MOH and the national Program cease to continue raise awareness and provide treatment and assistance to public.*

**3.1.** ***IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
| | | | | | |

*Group was not able to give an answer to this providing that they were not whether it on the development plans.*

**4.** ***Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?*** *Workplace Policy/ Screening??*

| Yes | No |
|---|---|

Policy is yet to be in place although it may be routine/ requirements and considering being identified as target population. It is mandatory for civil servants to screen for HIV prior to employment as well as deployment troops but no guideline in place to govern this.

**5.** ***Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2011?***

| Yes?? | No |
|---|---|

*MDG6 – commitment No attendance on this review but country is committed to complete the GAPR*

**5.1.** ***Have the national strategy and national HIV budget been revised accordingly?*** ***MTR – Oct 2011***

| Yes | No |
|---|---|

**5.2.** ***Have the estimates of the size of the main key populations been updated?*** *? Census 2011 – routine data collection but not complete and perhaps DHS might cater for it otherwise need to design studies to cater for these information – able to identified what have been not observed or under report (reconcile data source of information and able to estimate the unobserved cases not being captured in the current database)*

| Yes?? | No |
|---|---|

**5.3.** ***Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?***

| Estimates of Current and Future Needs | Estimates of Current Needs Only | No |
|---|---|---|

*Currently no one on ART in-country – considering low prevalence and uncertainty of the future number as such one case in-country at present.*

**_5.4._ *Is HIV programme coverage being monitored?***

| Yes | No |
|---|---|

(a) ***IF YES*, *is coverage monitored by sex (male, female)?***

| Yes | No |
|---|---|

(b) ***IF YES*, *is coverage monitored by population groups?***

| Yes?? | No |
|---|---|

| ***IF YES,* for which population groups?** |
|---|
| MSM, Young people, Men &Women in Uniform, Seafarer, Mobile Population, Women (ANC) |
| **Briefly explain how this information is used:** |
| • *Reporting to donors*<br>• *Plenary purposes*<br>• *Evaluate programs depending on the impact of program*<br>• *Funding is result based dependent* |

***(c) Is coverage monitored by geographical area?***

| Yes | No |
|---|---|

| ***IF YES,* at which geographical levels (provincial, district, other)?** |
|---|
| *Island troops/ district – by village / district*<br>*Urban/ Suburb & Outer Islands (4 Islands Group)* |
| **Briefly explain how this information is used:** |
| • Surveillance purpose<br>• Plenary purpose |

**_5.5._ *Has the country developed a plan to strengthen health systems?***

| Yes?? | No |
|---|---|

*MOH is aware that national project funding will ends and surely would continue to cater for the needs of the Program but may still requires assistance on funding to be able to provide educate and effective service. Usually when project ends the program are being absorbed into Ministry's plan to ensure continuity.*

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

- Capacity building of staff
- Ensure that policy are in place and continue to lobby to Govt on HIV/STIs related issue
- Ensure that MOH will be able to cater for testing and treatment once the two main funding sources ceased.

**6.** ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?***

| Very Poor | | | | | | | | | | Excellent |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

***Since 2009,*** **what have been key achievements in this area:**

- *Coordination/ Management – CCM / Coordinators in place*
- *School based Clinics*
- *VCCT sites Accredit (4)*
- *Capacity Building*
- *MTR for NSP*
- *M&F for NSP (in progress)*
- *Coverage on Outreach*
- *Media Initiatives*
- *ANC Screening – Routine for STIs/HIV*
- *World AIDS Day*
- *Advocacy – Parliamentarian*
- *VCCT – Counseling & Testing for HIV/STIs*
- *HIV Testing Algorithm (able to confirm in-country)*

**What challenges remain in this area:**

- Area needs strengthening and priotising

## II. POLITICAL SUPPORT AND LEADERSHIP

Strong political support includes: government and political leaders who regularly speak out about HIV/AIDS and demonstrate leadership in different ways: allocation of national budgets to support HIV programmes; and, effective use of government and civil society organizations to support HIV programmes.

**1.** ***Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?***

*A. Government ministers*

Prime Minister involvement on WAD 2011
Parliamentarian advocacy perhaps still needs strengthening

| **Yes??** | No |
|---|---|

*B. Other high officials at sub-national level*

| Yes | **No??** |
|---|---|

?? ***May be indirectly but group are not aware of it – could be because it's not their priority issue – MOH personnel (Director, Doctor in Charge Public Health)***

**1.1.** ***In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?***

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.)

| **Yes??** | **No** |
|---|---|

| **Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** |
|---|
| *M as guest of honors' during the Candle Light Virgil – WAD 2011*<br><br>*Apart from that the certainty of the Govt commitment to HIV Response in not clear – MOH budget is more to NCD than to CD allocation. The budget allocation is little less than just TOP$1000 pa. Lobby to Government still needs strengthening as for HIV* |

**2.** ***Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?*** **Country Coordinating Mechanism (CCM)**

| **Yes** | No |
|---|---|

| ***IF NO,*** **briefly explain why not and how HIV programmes are being managed:** |
|---|
| |

2.1. *IF YES, does the national multisectoral HIV coordination body:*

| ***IF YES,*** **does the national multisectoral HIV coordination body:** | | |
|---|---|---|
| ***Have terms of reference?*** (not yet endorse) ..\..\CCM_HIV Program\CCM Admin\CCM\Draft TOR_Tonga CCM_Jan09.docx | **Yes** | **No** |
| ***Have active government leadership and participation?*** (Govt/NGO Membership) | **Yes** | No |
| | | |
| ***Have an official chair person?*** | **Yes** | No |
| ***IF YES,*** *what is his/her name and position title?* Hon 'Uliti Uata – Minister of Health | | |
| | | |
| ***Have a defined membership?*** | **Yes** | No |
| ***IF YES,*** *how many members?* **15** ..\..\CCM_HIV Program\CCM Admin\CCM\CCM structure.docx | | |
| | | |
| ***Include civil society representatives?*** | **Yes** | No |
| ***IF YES,*** *how many?* **7** | | |
| | | |
| ***Include people living with HIV?*** | Yes | **No** |
| ***IF YES,*** *how many?* PLWHIV not disclose status but being consulted | | |
| | | |
| ***Include the private sector?*** FBOs | **Yes** | No |
| ***Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?*** Coordinator(s) | **Yes** | No |

**3.** ***Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?***

| Yes | No | N/A |
|---|---|---|

| |
|---|
| ***IF YES***, **briefly describe the main achievements:** |
| *Yes to some extend* |
| **What challenges remain in this area:** |
| *Dissemination of information* |

**4.** ***What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?***

| approx 70 % |
|---|

Will get the correct % - if this refer to the NSP than most activities implemented are being implemented by NGOs

**5.** ***What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?***

| | | |
|---|---|---|
| ***Capacity-building*** | Yes | No |
| ***Coordination with other implementing partners*** | Yes | No |
| ***Information on priority needs*** | Yes | No |
| ***Procurement and distribution of medications or other supplies*** | Yes | No |
| ***Technical guidance*** | Yes | No |
| ***Other [write in below]:*** | Yes | No |
| | | |

**6.** ***Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?***

| Yes | NO?? |
|---|---|

**Group was not aware of this and more familiar with the Public Health Act only but may be none other than that been done.**

**6.1.** ***IF YES, were policies and laws amended to be consistent with the National HIV Control policies?***

| Yes | No |
|---|---|

| ***IF YES,*** **name and describe how the policies / laws were amended** |
|---|
| |
| **Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:** |
| |

***7.*** ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?***

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| **Since 2009, what have been key achievements in this area:** |
|---|
| *Core Treatment Team – develop policy – Work place Policy* |
| **What challenges remain in this area:** |
| *Present but not sufficient to cater overall – not an immediate or competitive priority* |

---

## III. HUMAN RIGHTS

*1.1.* *Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Circle yes if the policy specifies any of the following key populations and vulnerable groups:*

| **KEY POPULATIONS and VULNERABLE GROUPS** | | |
|---|---|---|
| ***People living with HIV*** | Yes | No |
| ***Men who have sex with men*** | Yes | No |

| | | |
|---|---|---|
| ***Migrants/mobile populations*** | Yes | No |
| ***Orphans and other vulnerable children*** | Yes | No |
| ***People with disabilities*** | Yes | No |
| ***People who inject drugs*** | Yes | No |
| ***Prison inmates*** | Yes | No |
| ***Sex workers*** | Yes | No |
| ***Transgendered people*** | Yes | No |
| ***Women and girls*** | Yes | No |
| ***Young women/young men*** | Yes | No |
| ***Other specific vulnerable subpopulations [write in]:*** | Yes | No |
| *No specific regulation to address this as according to what the group is aware of.* | | |

**1.2.** ***Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?***

| Yes | **No** |
|---|---|

| ***IF YES to Question 1.1. or 1.2.,* briefly describe the content of the/laws:** |
|---|
| |

| **Briefly explain what mechanisms are in place to ensure these laws are implemented:** |
|---|
| |

| **Briefly comment on the degree to which they are currently implemented:** |
|---|
| |

2. ***Does the country have laws, regulations or policies that present obstacles[21] to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?***

| Yes | **No** |
|---|---|

| ***IF YES,*** **for which key populations and vulnerable groups?** | | |
|---|---|---|
| ***People living with HIV*** | Yes | No |
| ***Men who have sex with men*** | Yes | No |
| ***Migrants/mobile populations*** | Yes | No |
| ***Orphans and other vulnerable children*** | Yes | No |
| ***People with disabilities*** | Yes | No |
| ***People who inject drugs*** | Yes | No |
| ***Prison inmates*** | Yes | No |
| ***Sex workers*** | Yes | No |
| ***Transgendered people*** | Yes | No |
| ***Women and girls*** | Yes | No |
| ***Young women/young men*** | Yes | No |
| ***Other specific vulnerable populations[22][write in below]:*** | Yes | No |
| | | |

| **Briefly describe the content of these laws, regulations or policies:** |
|---|
| |
| **Briefly comment on how they pose barriers:** |
| |

[21] These are not necessarily HIV-specific policies or laws. They include policies, laws or regulations which may deter people from or make it difficult for them to access prevention, treatment, care and support services. Examples cited in country reports in the past have include: "laws that criminalize same sex relationships", "laws that criminalize possession of condoms or drug paraphernalia"; "loitering laws"; "laws that preclude importation of generic medicines"; "policies that preclude distribution or possession of condoms in prisons"; "policies that preclude non-citizens from accessing ART"; "criminalization of HIV transmission and exposure", "inheritance laws/rights for women", "laws that prohibit provision of sexual and reproductive health information and services to young people", etc.

[22] Other specific vulnerable populations other than above, may be defined as having been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order) bisexual people, clients of sex workers, indigenous people , internally displaced people, prisoners, and refugees)

## IV. PREVENTION

1. ***Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?***

| Yes?? | No |
|---|---|

Identifiable stats – but HIV without details due to confidentiality

| ***IF YES***, what key messages are explicitly promoted? | | |
|---|---|---|
| ***Abstain from injecting drugs*** | Yes | No |
| ***Avoid commercial sex*** | Yes | No |
| ***Avoid inter-generational sex*** | Yes | No |
| ***Be faithful*** | Yes | No |
| ***Be sexually abstinent*** | Yes | No |
| ***Delay sexual debut*** | Yes | No |
| ***Engage in safe(r) sex*** | Yes | No |
| ***Fight against violence against women*** | Yes | No |
| ***Greater acceptance and involvement of people living with HIV*** | Yes?? | No |
| ***Greater involvement of men in reproductive health programmes*** | Yes | No |
| ***Know your HIV status*** | Yes | No |
| ***Males to get circumcised under medical supervision*** | Yes | No |
| ***Prevent mother-to-child transmission of HIV*** | Yes | No |
| ***Promote greater equality between men and women*** | Yes | No |
| ***Reduce the number of sexual partners*** | Yes | No |
| ***Use clean needles and syringes*** | Yes | No |
| ***Use condoms consistently*** | Yes | No |
| ***Other [write in below]*** | Yes | No |

**1.2.** ***In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?*** HIV/STIs Training for Media Personnel's – 2010/2011

| Yes | No |
|---|---|

**2.** ***Does the country have a policy or strategy to promote life-skills based HIV education for young people?***
*FLE*

| Yes?? | No |
|---|---|

**2.1.** ***Is HIV education part of the curriculum in:***

| | | |
|---|---|---|
| ***Primary schools?*** | Yes | No |
| ***Secondary schools?*** | Yes | No |
| ***Teacher training?*** | Yes | No |

**2.2.** ***Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?***

| Yes | No |
|---|---|

**2.3.** ***Does the country have an HIV education strategy for out-of-school young people?*** Peer Education

| Yes?? | No |
|---|---|

**3.** ***Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?***

| Yes?? | No |
|---|---|

| **Briefly explain what mechanisms are in place to ensure these laws are implemented:** |
|---|
| *Public Health Act* |

***3.1.*** ***IF YES, which populations and what elements of HIV prevention does the policy/strategy address?***

✓ Check which specific populations and elements are included in the policy/strategy

**Below is just an assumption if regulation is in place**

| | IDU[23] | MSM[24] | Sex workers | Customers of Sex Workers | Prison inmates | Other populations[25] [write in] |
|---|---|---|---|---|---|---|
| ***Condom promotion*** | √ | √ | √ | √ | √ | |
| ***Drug substitution therapy*** | | | | | | |
| ***HIV testing and counseling*** | √ | √ | √ | √ | √ | |
| ***Needle & syringe exchange*** | | | | | | |
| ***Reproductive health, including sexually transmitted infections prevention and treatment*** | √ | √ | √ | √ | √ | |
| ***Stigma and*** | √ | √ | √ | √ | √ | |

23 IDU = People who inject drugs

24 MSM=men who have sex with men

25 Other vulnerable population other than those listed above, that have been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order)

bisexual people, clients of sex workers, indigenous people , internally displaced people, prisoners, and refugees)

| | | | | | | |
|---|---|---|---|---|---|---|
| ***discrimination reduction*** | | | | | | |
| ***Targeted information on risk reduction and HIV education*** | √ | √ | √ | √ | √ | |
| ***Vulnerability reduction (e.g. income generation)*** | √ | √ | √ | √ | √ | |

**3.2.** ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?***

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,* what have been key achievements in this area:** |
|---|
| • *STIs Guidelines developed and endorsed*<br>• *Counselor post in place* |
| **What challenges remain in this area:** |
| • *Ensure policy is in place or in practice* |

***4. Has the country identified specific needs for HIV prevention programmes?***

| **Yes??** | No |
|---|---|

| ***IF YES,* how were these specific needs determined?** |
|---|
| • *Data available*<br>• *Survey – SGS* |

| *IF NO,* how are HIV prevention programmes being scaled-up? |
|---|
| |

***4.1.*** ***To what extent has HIV prevention been implemented?***

| **The majority of people in need have access to…** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|---|---|---|---|---|---|---|
| ***Blood safety*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Condom promotion*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Harm reduction for people who inject drugs*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV prevention for out-of-school young people*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV prevention in the workplace*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV testing and counseling*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***IEC[26] on risk reduction*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***IEC on stigma and discrimination reduction*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Prevention of mother-to-child transmission of HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Prevention for people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |

26 IEC = information, education, communication

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Reproductive health services including sexually transmitted infections prevention and treatment*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Risk reduction for intimate partners of any of the above three key populations*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Risk reduction for men who have sex with men*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Risk reduction for sex workers*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***School-based HIV education for young people*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Universal precautions in health care settings*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Other[write in]:*** | 1 | 2 | 3 | 4 | 5 | N/A |

**5.** ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?***

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

***Since 2009,*** **what have been key achievements in this area:**

- *Activities implemented – more prevention methods in all forms such as media, awareness program to communities, drama etc*

| **What challenges remain in this area:** |
|---|
| • *Political commitment include funding*<br>• *M&E done well to understand progress and impact of programs* |

---

## V. TREATMENT, CARE AND SUPPORT

***1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?*** *HIV Core Treatment Team*

| **Yes** | No |
|---|---|

| ***If YES,* Briefly identify the elements and what has been prioritized:** |
|---|
| • Protocol in place and set up of Treatment Core Team including health personnel, NGOs and other support mechanism<br>• Ensure treatment are in place an accessible and HIV Counsellor in place to work with PLWHIV |

| **Briefly identify how HIV treatment, care and support services are being scaled-up?** |
|---|
| • Counseling is part of the package<br>• Commitments from other NGOs<br>• MOH – ensure testing, treatment and care are made available readily |

***1.1. To what extent have the following HIV treatment, care and support services been implemented?***

| **The majority of people in need have access to…** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|---|---|---|---|---|---|---|
| ***Antiretroviral therapy*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***ART for TB patients*** | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Cotrimoxazole prophylaxis in people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Early infant diagnosis DBS*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV care and support in the workplace (including alternative working arrangements)*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV testing and counselling for people with TB*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV treatment services in the workplace or treatment referral systems through the workplace*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Nutritional care*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Paediatric AIDS treatment*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Post-delivery ART provision to women*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Post-exposure prophylaxis for occupational exposures to HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Psychosocial support for people living with HIV and their families*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Sexually transmitted infection management*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***TB infection control in HIV treatment and care facilities*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***TB preventive therapy for people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***TB screening for people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Treatment of common HIV-related infections*** | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Other[write in]:*** | 1 | 2 | 3 | 4 | 5 | N/A |

**2.** ***Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?***

| Yes | **No** |
|---|---|

Cooperation

| **Please clarify which social and economic support[27] is provided:** |
|---|
| |

**3.** ***Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?***

| Yes | No |
|---|---|

**4.** ***Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?***

| **Yes** | No |
|---|---|

| ***IF YES,*** **for which commodities?** |
|---|
| Funded through Global Fund – ARV are currently supplied free |

**5.** ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?***

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | **7** | **8** | 9 | 10 |

MOH & other Govt departments

27 These can include, for example, non-contributory state pensions/old age grants, Free primary health care and ART for the poor, Free and/or subsidized educational support (primary and secondary school) for the poor, Disability grants, Child grants, Micro-finance/credit, Start-up kits for income generation, and the care and support needs of carers.

| ***Since 2009,* what have been key achievements in this area:** |
| --- |
| • Capacity building – 5 core team members attend training<br>• Guidelines in place on STIs<br>• Improvement on VCCT service |
| **What challenges remain in this area:** |
| More specific and political commitment alone won't cover broader spectrum |

5. ***Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?***

| Yes | No | **N/A** |
| --- | --- | --- |

***IF YES, is there an operational definition for orphans and vulnerable children in the country?***

| Yes | No |
| --- | --- |

***IF YES, does the country have a national action plan specifically for orphans and vulnerable children?***

| Yes | No |
| --- | --- |

***IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?***

| Yes | No |
| --- | --- |

***IF YES***, what percentage of orphans and vulnerable children is being reached? %

6. ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?***

| Very Poor | | | | | | | | | | Excellent |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,*** **what have been key achievements in this area:** |
|---|
| |
| **What challenges remain in this area:** |
| |

---

## VI. MONITORING AND EVALUATION

***1.*** ***Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?***

| Yes | No | N/A |
|---|---|---|

| **Briefly describe any challenges in development or implementation:** |
|---|
| M&EF yet to complete (2011) : By saying yes this is still in progress an M&E Framework with work plan and budget aim at ensuring the program is being well monitored and evaluate thoroughly at the end. Thus this will ensure improvement in program and plenary for the next phase of the Program. |

***1.1.*** ***IF YES, years covered [write in]:*** *2009 - 2013*

***1.2*** ***IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?***

| Yes, all partners | Yes, some partners | No | N/A |
|---|---|---|---|

| **Briefly describe what the issues are:** |
|---|
| ***All stakeholders with HIV Program were involved in developing this plan thus it would be applicable to both Govt and NGOs and MOH the leading agency in this manner. Although there is no M&E personnel yet in place but each projects carried out some form of M&E during program lifetime. Example – the MOH surveillance data are key indicators of some activities implemented.*** |

2. *Does the national Monitoring and Evaluation plan include?*

| ***IF YES,* what key messages are explicitly promoted?** | | |
|---|---|---|
| ***A data collection strategy*** | **Yes** | No |
| ***IF YES, does it address:*** | | |
| ***Behavioural surveys*** | **Yes** | No |
| ***Evaluation / research studies*** | **Yes** | No |
| ***HIV Drug resistance surveillance*** | Yes | No?? |
| ***HIV surveillance*** | **Yes** | No |
| ***Routine programme monitoring*** | **Yes** | No |
| | | |
| ***A data analysis strategy*** | Yes | No |
| ***A data dissemination and use strategy*** | Yes | No |
| ***A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate)*** | Yes | No |
| ***Guidelines on tools for data collection*** | Yes | No |

***3. Is there a budget for implementation of the M&E plan?***

| **Yes** | In Progress | No |
|---|---|---|

***3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?***

***5%***

***4. Is there a functional national M&E Unit?***

| Yes | In Progress?? | **No** |
|---|---|---|

| **Briefly describe any obstacles:** |
|---|
| • NO M&E office yet in place<br>• Needs to strengthen the surveillance system to improve data collection<br>• Lack resources – man power and funds<br>• Strategy to be in place as to enforce implementing M&E |

***4.1. Where is the national M&E Unit based?***

| | | |
|---|---|---|
| ***In the Ministry of Health?*** | Yes | No |
| ***In the National HIV Commission (or equivalent)?*** | Yes | No |
| ***Elsewhere [write in]?*** | Yes | No |

***If in place MOH & CCM will govern this as to ensure the national HIV Program is well monitored and evaluate at the end to show what impact made so far.***

***4.2. How many and what type of professional staff are working in the national M&E Unit?***

| **POSITION [write in position titles in spaces below]** | **Fulltime** | **Part time** | **Since when?** |
|---|---|---|---|
| ***Permanent Staff [Add as many as needed]*** | | | |
| HIV/STIs Program Coordinator | √ | | 2010 |
| CDO | √ | | 2007 |
| | **Fulltime** | **Part time** | **Since when?** |
| ***Temporary Staff [Add as many as needed]*** | | | |
| | | | |

| Yes?? | No |
|---|---|

Indirectly it would be the Coordinators that are responsible to update CCM and keep monitoring the program especially with funds and programmatic as well.

***4.3.* Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

| **Briefly describe the data-sharing mechanisms:** |
|---|
| *The MOU for each project recommends that 5% of the total budget MUST be for M&E and therefore expected that submission includes M&E data.*<br><br>Data flow is still a challenge and also data collection can still be a problem. Need to collect accurate and valid data – data collection need strengthening and also to disseminate after compiling so all stakeholders are using the same information. |
| **What are the major challenges in this area:** |
| |

***6.* Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

| **Yes??** | No |
|---|---|

***7.* Is there a central national database with HIV-related data?** *MOH Surveillance System*

| **Yes** | No |
|---|---|

| ***IF YES,* briefly describe the national database and who manages it.** |
|---|
| MOH keeps most data information on HIV Program and other stakeholder's keeps data as according to what programs they provided as per respective organization. Both coordinators – HIV/STIs Program Coordinator & CDO keeps most reports and information on the program thus report to CCM and Stakeholders during meeting and send reports to donors. |

***7.2.* IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?**

| **Yes, all of the above** | Yes, but only some of the above | No, none of the above |
|---|---|---|

Data collected need to be improved especially when it come to MSM, Sex workers and other marginalize group – perhaps recommend to have a SGS survey to follow up the last one in 2008

| ***IF YES, but only some of the above,* which aspects does it include?** |
|---|
| |

***7.3.*** ***Is there a functional Health Information System[28]?*** (Sione Hufanga)

| | | |
|---|---|---|
| ***At national level*** | Yes | No |
| ***At subnational level*** | Yes | No |
| ***IF YES, at what level(s)? [write in]*** | | |

***8.*** ***Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?*** *(MOH AR)*

| **Yes** | No |
|---|---|

***9.*** ***How are M&E data used?***

| | | |
|---|---|---|
| ***For programme improvement?*** | Yes | No |
| ***In developing / revising the national HIV response?*** | Yes | No |
| ***For resource allocation?*** | Yes | No |
| ***Other [write in]:*** | Yes | No |

| **Briefly provide specific examples of how M&E data are used, and the main challenges, if any:** |
|---|
| |

[28] ***Such as regularly reporting data from health facilities which are aggregated at district level and sent to national level; data are analysed and used at different levels)?***

***10.*** ***In the last year, was training in M&E conducted***

| | | |
|---|---|---|
| ***At national level?*** | Yes | No |
| ***IF YES, what was the number trained:*** | | |
| | | |
| ***At subnational level?*** | Yes | No |
| ***IF YES, what was the number trained*** | | |
| | | |
| ***At service delivery level including civil society?*** | Yes | No |
| ***IF YES, how many?*** | | |

***10.1.*** ***Were other M&E capacity-building activities conducted ` other than training?***

| Yes?? | No |
|---|---|

| ***IF YES***, **describe what types of activities** |
|---|
| |

***11.*** ***Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?***

| Ver y Poo r | | | | | | | | | | Exce llent |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,* what have been key achievements in this area:** |
| --- |
| |
| **What challenges remain in this area:** |
| |

**NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI)**

**PART B**

[to be administered to representatives from civil society organizations, bilateral agencies, and UN organizations]

# I. CIVIL SOCIETY* INVOLVEMENT

**1.** ***To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

| Comments and examples: |
|---|
| Civil Society has the most saying in the development of Tonga HIV/STI National Strategic Plan (2009-2013), Implementing and formulation<br><br>The contribution & involvement of Civil society is very active and effective |

**2.** ***To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

* Civil society includes among others: networks and organisations of people living with HIV, women, young people, key affected groups (including men who have sex with men, transgendered people, sex workers, people who inject drugs, migrants, refugees/displaced populations, prisoners); faith-based organizations; AIDS service organizations; community-based organizations; ; workers organizations, human rights organizations; etc. Note: The private sector is considered separately.

| Comments and examples: |
|---|
| The civil society representatives attended and involved in the planning and budgeting process were mostly from the NGOs and the Government ministries who have HIV-work related. The most crucial part of this process was the working commitment and participation of both parties.<br><br>The work plan and budget were openly discussed. |

***3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:***

***a. The national HIV strategy?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

***b. The national HIV budget?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

***c. The national HIV reports?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

| Comments and examples: |
|---|
| Civil societies lead the formulation of the strategy and access to budget and also write up of report.<br><br>Most of the services provided are mostly implemented by the civil society |

***4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?***

*a. Developing the national M&E plan?*

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

*b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?*

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

*c. Participate in using data for decision-making?*

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

| Comments and examples: |
|---|
| 1 In the process of writing up<br>2 Need M & E coordinator<br>Eg 3SGS report – prevalence of STIs & HIV |

5. ***To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

| Comments and examples: |
|---|
| We worked with diverse organization |

**6. *To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access:***

***a. Adequate financial support to implement its HIV activities?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

***b. Adequate technical support to implement its HIV activities?***

| LOW | | | | | HIGH |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

| Comments and examples: |
|---|
| |

**7. *What percentage of the following HIV programmes/services is estimated to be provided by civil society?***

| | | | | |
|---|---|---|---|---|
| *Prevention for key-populations* | | | | |
| *People living with HIV* | <25% | 25-50% | 51–75% | >75% |
| *Men who have sex with men* | <25% | 25-50% | 51–75% | >75% |
| *People who inject drugs* | <25% | 25-50% | 51–75% | >75% |
| *Sex workers* | <25% | 25-50% | 51–75% | >75% |
| *Transgendered people* | <25% | 25-50% | 51–75% | >75% |
| | | | | |
| *Testing and Counselling* | <25% | 25-50% | 51–75% | >75% |
| *Reduction of Stigma and Discrimination* | <25% | 25-50% | 51–75% | >75% |
| *Clinical services (ART/OI)** | <25% | 25-50% | 51–75% | >75% |

| | | | | |
|---|---|---|---|---|
| *Home-based care* | <25% | 25-50% | 51–75% | >75% |
| *Programmes for OVC*** | <25% | 25-50% | 51–75% | >75% |

***ART = Antiretroviral Therapy; OI=Opportunistic infections**

*****OVC = Orphans and other vulnerable children***

8. *Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?*

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

***Since 2009,* what have been key achievements in this area:**

Condom Campaign

Advocacy for Church leaders

Establish of HIV Stakeholders

Integration of HIV to RH

Set up of School based clinics

VCCT

Dissemination of HIV information through media

Train of Trainers

Set up National IEC

**What challenges remain in this area:**

Communication in different levels

False assumptions

Fund

Unable of system

## II. POLITICAL SUPPORT AND LEADERSHIP

**1.** ***Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?***

| Yes | No |
|---|---|

| ***IF YES*, describe some examples of when and how this has happened:** |
|---|
| |

## III. HUMAN RIGHTS

**1a.** ***Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:***

| KEY POPULATIONS and VULNERABLE SUBPOPULATIONS | | |
|---|---|---|
| *People living with HIV* | Yes | No |
| *Men who have sex with men* | Yes | No |
| *Migrants/mobile populations* | Yes | No |
| *Orphans and other vulnerable children* | Yes | No |
| *People with disabilities* | Yes | No |
| *People who inject drugs* | Yes | No |
| *Prison inmates* | Yes | No |
| *Sex workers* | Yes | No |
| *Transgendered people* | Yes | No |

| | | |
|---|---|---|
| ***Women and girls*** | Yes | No |
| ***Young women/young men*** | Yes | No |
| ***Seasonal Fruit Pickers*** | Yes | No |

***1b.*** ***Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?***

| Yes | No |
|---|---|

| |
|---|
| ***IF YES to Question 1a or 1b*, briefly describe the contents of these laws:** |
| |
| **Briefly explain what mechanisms are in place to ensure that these laws are implemented:** |
| |
| **Briefly comment on the degree to which they are currently implemented:** |
| |

***2.*** ***Does the country have laws, regulations or policies that present obstacles[29] to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?***

| Yes | No |
|---|---|

***2.1.*** ***IF YES, for which sub-populations?***

29 These are not necessarily HIV-specific policies or laws. They include policies, laws, or regulations which may deter people from or make it difficult for them to access prevention, treatment, care and support services. Examples cited in country reports in the past have include: "laws that criminalize same sex relationships", "laws that criminalize possession of condoms or drug paraphernalia"; "loitering laws"; "laws that preclude importation of generic medicines"; "policies that preclude distribution or possession of condoms in prisons"; "policies that preclude non-citizens from accessing ART"; "criminalization of HIV transmission and exposure", "inheritance laws/rights for women", "laws that prohibit provision of sexual and reproductive health information and services to young people", etc.

| KEY POPULATIONS and VULNERABLE SUBPOPULATIONS | | |
|---|---|---|
| ***People living with HIV*** | Yes | No |
| ***Men who have sex with men*** | Yes | No |
| ***Migrants/mobile populations*** | Yes | No |
| ***Orphans and other vulnerable children*** | Yes | No |
| ***People who inject drugs*** | Yes | No |
| ***People with disabilities*** | Yes | No |
| ***Prison inmates*** | Yes | No |
| ***Sex workers*** | Yes | No |
| ***Transgendered people*** | Yes | No |
| ***Women and girls*** | Yes | No |
| ***Young women/young men*** | Yes | No |
| ***Other specific vulnerable populations[30][write in]:*** | Yes | No |
| | | |

| Briefly describe the content of these laws, regulations or policies: |
|---|
| |
| **Briefly comment on how they pose barriers:** |
| |

**3.** ***Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?*** \

| Yes | No |
|---|---|

[30]Sub-population other than those listed above, that have been locally identified as being at higher risk of HIV infection (e.g. (in alphabetical order) bisexual people, clients of sex workers, indigenous people , internally displaced people, lesbians, prisoners, and refugees) ditto above changes if you agree.

| **Briefly describe the content of the policy, law or regulation and the populations included.** |
|---|
| No drop policy (Ministry of Police)<br>Police Domestic Violence Referral Policy (Response Policy) – Work relationship with NGOs<br>Gender Policy (Women Affairs)<br>Domestic Violence Act (still in process) |

***4.*** ***Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?***

| Yes | No |
|---|---|

| ***IF YES*, briefly describe how human rights are mentioned in this HIV policy or strategy:** |
|---|
| In NSP report Focus Area 3 |

***5.*** ***Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?***

| Yes | No |
|---|---|

| ***IF YES*, briefly describe this mechanism:** |
|---|
| MSC<br>Situational Analysis<br>Personal testimony<br>National Census<br>Demographic (still in process) |

***6.*** ***Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).***

| | Provided free-of-charge to all people in the country | | Provided free-of-charge to some people in the country | | Provided, but only at a cost | |
|---|---|---|---|---|---|---|
| *Antiretroviral treatment* | Yes | No | Yes | No | Yes | No |

| | | | | | | |
|---|---|---|---|---|---|---|
| *HIV prevention services*[31] | Yes | No | Yes | No | Yes | No |
| *HIV-related care and support interventions* | Yes | No | Yes | No | Yes | No |

**If applicable, which populations have been identified as priority, and for which services?**

MSM & positive people

Services – VCCT

***7.*** ***Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?***

| Yes | No |
|---|---|

***7.1.*** ***In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?***

| Yes | No |
|---|---|

***8.*** ***Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?***

| Yes | No |
|---|---|

***IF YES*, Briefly describe the content of this policy/strategy and the populations included:**

Equal right to access to services by all the population

NSP focau area 2 & 3

MDG Goal 6

***8.1.*** ***IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?***

| Yes | No |
|---|---|

[31] Such as blood safety, condom promotion, harm reduction for people who inject drugs, HIV prevention for out-of-school young people, HIV prevention in the workplace, HIV testing and counseling, IEC[31] on risk reduction, IEC on stigma and discrimination reduction, prevention of mother-to-child transmission of HIV, prevention for people living with HIV, reproductive health services including sexually transmitted infections prevention and treatment, risk reduction for intimate partners of any of the above three key populations, risk reduction for men who have sex with men, risk reduction for sex workers, school-based HIV education for young people, universal precautions in health care settings.

| ***IF YES*, briefly explain the different types of approaches to ensure equal access for different populations:** |
|---|
| Different types of approaches<br><br>Eg IEC, Peer Education, Outreach, Drama, Media etc |

***9.*** ***Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?***

| Yes | No |
|---|---|

| ***IF YE,S* briefly describe the content of the policy or law:** |
|---|
| |

***10. Does the country have the following human rights monitoring and enforcement mechanisms?***

***a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work***

| Yes | No |
|---|---|

***b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts***

| Yes | No |
|---|---|

| ***IF YES* on any of the above questions, describe some examples:** |
|---|
| |

***11. In the last 2 years, have there been the following training and/or capacity-building activities:***

*a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)[32]?*

| Yes | No |
|---|---|

*b. Programmes for members of the judiciary and law enforcement[33] on HIV and human rights issues that may come up in the context of their work?*

| Yes | No |
|---|---|

***12. Are the following legal support services available in the country?***

***a. Legal aid systems for HIV casework***

| Yes | No |
|---|---|

32 Including, for example, Know-your-rights campaigns – campaigns that empower those affected by HIV to know their rights and the laws in context of the epidemic (see UNAIDS Guidance Note: Addressing HIV-related law at National Level, Working Paper, 30 April 2008)

33 Including, for example, judges, magistrates, prosecutors, police, human rights commissioners and employment tribunal/ labour court judges or commissioners

b. ***Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV***

| Yes | No |
|---|---|

**13.** ***Are there programmes in place to reduce HIV-related stigma and discrimination?***

| Yes | No |
|---|---|

| ***IF YES***, **what types of programmes?** | | |
|---|---|---|
| ***Programmes for health care workers*** | Yes | No |
| ***Programmes for the media*** | Yes | No |
| ***Programmes in the work place*** | Yes | No |
| ***Other [write in]: MSM – TG (Transgender)*** | Yes | No |

12. *Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?*

| Very Poor | | | | | | | | | | Excellent |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,* what have been key achievements in this area:** |
|---|
| Establishment of the VCCT clinic to promote the right to access to services<br>Right to information (FLE) –right of child to access to information |
| **What challenges remain in this area:** |
| Continuity and consistency of the program to reach out to most at risk population |

13. *Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?*

| Very Poor | | | | | | | | | | Excellent |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,*** **what have been key achievements in this area:** |
|---|
| Involve them in planning but not in the decision making level |
| **What challenges remain in this area:** |
| No representation of Most at risk population (MARP) in any National body |

# III. PREVENTION

***1.*** ***Has the country identified the specific needs for HIV prevention programmes?***

| Yes | No |
|---|---|

| ***IF YES***, **how were these specific needs determined?** |
|---|
| Data and information as an evidence base |
| ***IF NO***, **how are HIV prevention programmes being scaled-up?** |
| |

***1.1 To what extent has HIV prevention been implemented?***

| **HIV prevention component** | **The majority of people in need have access to…** | | | | | |
|---|---|---|---|---|---|---|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| ***Blood safety*** | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Condom promotion*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Harm reduction for people who inject drugs*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV prevention for out-of-school young people*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV prevention in the workplace*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV testing and counseling*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***IEC[34] on risk reduction*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***IEC on stigma and discrimination reduction*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Prevention of mother-to-child transmission of HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Prevention for people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Reproductive health services including sexually transmitted infections prevention and treatment*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Risk reduction for intimate partners of any of the above three key populations*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Risk reduction for men who have sex with men*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Risk reduction for sex workers*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***School-based HIV education for young people*** | 1 | 2 | 3 | 4 | 5 | N/A |

34 IEC = information, education, communication

| | | | | | | |
|---|---|---|---|---|---|---|
| ***Universal precautions in health care settings*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Other[write in]:*** | 1 | 2 | 3 | 4 | 5 | N/A |

2. *Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011??*

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,* what have been key achievements in this area:** |
|---|
| All the targeted population have been reached |
| **What challenges remain in this area:** |
| Sustainability, up skilling and continuity<br><br>Fund<br><br>Discriminate of service providers eg TLA, PIAF |

## IV. TREATMENT, CARE AND SUPPORT

**1.** ***Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?***

| Yes | No |
|---|---|

| ***IF YES*, Briefly identify the elements and what has been prioritized:** |
|---|
| VCCT services<br>Condom Campaign<br>STI Management |
| **Briefly identify how HIV treatment, care and support services are being scaled-up?** |
| Consistency and continuity of screening of antenatal mothers program |

***1.1.*** ***To what extent have the following HIV treatment, care and support services been implemented?***

| **HIV treatment, care and support service** | **The majority of people in need have access to…** | | | | | |
|---|---|---|---|---|---|---|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| ***Antiretroviral therapy*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***ART for TB patients*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Cotrimoxazole prophylaxis in people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Early infant diagnosis*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV care and support in the workplace (including alternative working arrangements)*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***HIV testing and counselling for people with TB*** | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***HIV treatment services in the workplace or treatment referral systems through the workplace*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Nutritional care*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Paediatric AIDS treatment*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Post-delivery ART provision to women*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Post-exposure prophylaxis for occupational exposures to HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Psychosocial support for people living with HIV and their families*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Sexually transmitted infection management*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***TB infection control in HIV treatment and care facilities*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***TB preventive therapy for people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***TB screening for people living with HIV*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Treatment of common HIV-related infections*** | 1 | 2 | 3 | 4 | 5 | N/A |
| ***Other[write in]:*** | 1 | 2 | 3 | 4 | 5 | N/A |

*1.2.* *Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011??*

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,* what have been key achievements in this area:** |
|---|
| Developing of STI/TB Guidelines, VCCT Guidelines, NSP |
| **What challenges remain in this area:** |
| Limited of fund<br>Capacity building of service providers |

***2.*** ***Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?***

| Yes | No |
|---|---|

***2.1.*** ***IF YES, is there an operational definition for orphans and vulnerable children in the country?***

| Yes | No |
|---|---|

***2.2.*** ***IF YES, does the country have a national action plan specifically for orphans and vulnerable children?***

| Yes | No |
|---|---|

***2.3 .*** ***IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?***

| Yes | No |
|---|---|

***2.4.*** ***IF YES, what percentage of orphans and vulnerable children is being reached?***

| % |
|---|

*3.* *Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011??*

| **Very Poor** | | | | | | | | | | **Excellent** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| ***Since 2009,* what have been key achievements in this area:** |
|---|
| |
| **What challenges remain in this area:** |
| No services provided because it is not a priority due to no evidence but we will include it. |