



Custom analysis extract of:
UNGASS - National Composite Policy Index (NCPI) 2007

Asia and Pacific

Tuvalu

COUNTRY:

Tuvalu

Name of the National AIDS Committee Officer in charge:

DR STEPHEN MAFOA KAIMOKO HOMASI

Postal address:

PRINCESS MARGARET HOSPITAL, FUNAFUTI, TUVALU

Tel:

688 20765

Fax:

688 20832

E-mail:

skivi2001@yahoo.com

Date of submission:

1/15/2008

:	Organisation	1.Provision of access to treatment, quality care and support for PLWHA, their families and caregivers
:	Name/Position	Dr Stephen Homasi
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	2.Prevention and control of HIV and STIs through community education and VCCT
:	Name/Position	Ms Avanoa Homasi Paelate (Health Educator and Promotion Officer, Ministry of Health)
:	Organisation	3.Reducing the vulnerability among specific groups (youth, seafarers) by promoting safer sexual behaviour

:	Name/Position	Ms Maseiga Ionatana (National School Supervisor, Ministry of Education)
:	Organisation	4.Providing a safe supply of blood and blood products;
:	Name/Position	Ms Simalua Sopoaga (Research Officer, Ministry of Finance)
:	Organisation	5.Coordinating a multi-sectoral response.
:	Organisation	Tuvalu Red Cross Society
:	Name/Position	Ms Eseta Lauti (Secretary General)
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Tuvalu Association of NGOs
:	Name/Position	Mrs Annie Homasi (Coordinator)
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Tuvalu Family Health Association
:	Name/Position	Ms Emily Koepke (Executive Director)
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Tuvalu National Council of Women
:	Name/Position	Mrs Pula Maatia (Secretary General)
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	Seventh Day Adventist
:	Name/Position	Mrs Pauke Maani
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2008 – 2012

1.1 How long has the country had a multisectoral strategy/action framework?

7

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	No
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Finance:	Strategy/Action framework	Yes
Finance:	Earmarked budget	No
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	Yes

IF NO earmarked budget, how is the money allocated?

For those without earmarked budgets, the Ministry of Health and Developmental partners through specific projects provide finance for their activities. But there is no set allocation from their recurrent budgets on an annual basis.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	No
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	No
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

1999

1.5 What are the target populations in the country?

Seafarers and Youths

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

The Tuvalu National AIDS Committee who oversees the overall plan for HIV
Is made up of all key stakeholders i.e. community based organization, faith based organization, seafarers organizations, youth and women, including key Government departments.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, some partners

IF SOME or NO, briefly explain

National framework has been developed in line with regional organizations, e.g. Secretariat of the Pacific Community (SPC) and WHO (Western Pacific Region)

2. Has the country integrated HIV and AIDS into its general development plans such as:

- a) National Development Plans,**
- b) Common Country Assessments/United Nations Development Assistance Framework,**
- c) Poverty Reduction Strategy Papers,**
- d) Sector Wide Approach?**

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

d) Sector Wide Approach:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b) / d)
Treatment for opportunistic infections:	Development Plans	d)
Antiretroviral therapy:	Development Plans	a) / d)
Care and support (including social security or other schemes):	Development Plans	a) / b) / d)
AIDS impact alleviation:	Development Plans	a) / b) / d)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a) / b) / d)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a)
Reduction of stigma and discrimination:	Development Plans	b) / d)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a) / d)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

3

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes
Other.:	Yes

(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV testing is voluntary with the appropriate pre-test and post-test counselling procedures in place.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

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

Estimates only

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

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

No

(c) IF YES, is coverage monitored by geographical area?

No

IF YES, at which levels (provincial, district, other)?

Due to the smaller size of the country, monitoring is nationwide

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007: 9

2005: 5

Comments on progress made in strategy planning efforts since 2005:

1. Targets more realistic and achievable
2. Better coordination of programs
3. Government support more evident in 2007

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government : No
Other high officials : Yes
Other officials in regions and/or districts : Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1999

2.2 IF YES, who is the Chair?

Name: Mrs Emily Koepke
Title/Function: Executive Director of Tuvalu Family Health Association (TUNAC) – an NGO partner

2.3 IF YES, does it:

have terms of reference? : Yes
have active Government leadership and participation? : Yes
have a defined membership?: Yes
include civil society representatives? (*): Yes
include people living with HIV?: No
include the private sector?: Yes
have an action plan?: Yes
have a functional Secretariat? : Yes
meet at least quarterly?: Yes
review actions on policy decisions regularly?: Yes
actively promote policy decisions?: Yes
provide opportunity for civil society to influence decision-making?: Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

(* If it does include civil society representatives, what percentage?

60

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

2 monthly

IF YES, What are the main achievements?

Development of the National Strategic Plan
National Coordination of the response
National representation which includes civil society etc

IF YES, What are the main challenges for the work of this body?

Funding

Lack of a fulltime personnel to work on a daily basis purely on HIV related work (This has been proposed for the NSP 2008-2012 and to be implemented in 2008)

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes
Other::	Yes

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

No

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007:	6
2005:	3

Comments on progress made in political support since 2005:

There was minimal political support in 2005 compared to 2007. Since 2006 the Government has included financial allocation in its national budget specifically for HIV for the first time. Apart from this there is no other strong political push to control the spread of HIV apart from the Ministry of Health and partners in civil society.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : Yes

secondary schools? : Yes

teacher training? : No

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes

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

Yes

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

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)

(*)If Other sub-populations, indicate which sub-populations

Seafarers, students, youths and adolescents

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	7
2005:	5

Comments on progress made in policy efforts in support of HIV prevention since 2005:

There is plans to review legislations now. HIV testing policy has been developed. Legal Advisers is part of the Tuvalu National AIDS Committee who will facilitate work in this area.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	all districts* in need
IEC on risk reduction:	The activity is available in	all districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	N/A
Risk reduction for men who have sex with men:	The activity is available in	some districts* in need
Risk reduction for sex workers:	The activity is available in	N/A
Programmes for other vulnerable subpopulations:	The activity is available in	all districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	all districts* in need
HIV prevention in the workplace:	The activity is available in	all districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	8
2005:	5
2007:	8
2005:	5

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Better coordination in 2007 led to a better implemented program for that year.

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	all districts* in need
Home-based care:	The service is available in	all districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	all districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	all districts* in need
Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	all districts* in need
Home-based care:	The service is available in	all districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need

TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	all districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	all districts* in need

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

Yes

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

Yes

4.1 IF YES, for which commodities?:

ARVs, condoms, HIV test kits

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

N/A

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

In Progress

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

No

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy :	Yes
behavioural surveillance :	Yes
HIV surveillance :	Yes
a well-defined standardized set of indicators :	Yes
guidelines on tools for data collection :	No
a strategy for assessing quality and accuracy of data :	No
a data dissemination and use strategy :	No

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

Yes

3.1 IF YES, has funding been secured?

Yes

4. Is there a functional M&E Unit or Department?

In Progress

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

No

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

At national level? : No

At sub-national level? : No

Including civil society? : No

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 5

2005: 2

Comments on progress made in M&E since 2005:

Tuvalu National AIDS Committee in its National Strategic Plan prioritise the establishment of an M&E component. This should allow for better assessment of the response in future years.

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	Yes
Migrants/mobile populations :	Yes

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

There is a national task force on certain areas for instance, for Young people there is a taskforce on Convention of the Rights of the Child. There is one for CEDAW. Then there's the legal systems.

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

Strengthening the present system by empowering general public and law enforcers.

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

No

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

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

No

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

Formulation of HIV/AIDS strategic plan

World AIDS Day activities

Outreach program for community education on HIV

Condom distribution

Most of these programs involved the most at risk population in the country

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

Raising public awareness
Advocacy – non discrimination
Distribution of IEC
Provision of free ARV
Free counselling and testing facilities

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

No

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

No

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No

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

- 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

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: Yes

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

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

Human rights commission
Law reform commission
Legal Rights Training Officer

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: Yes

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

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes
Other::	Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:	6
2005:	4

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

Since RRT was established in Tuvalu there has been progress in the development of policies to promote human rights in general.

The implementation of the National Plan –Te Kakeega II

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:	7
2005:	5

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

The NSP 2008-2012 will enforce work in this area.

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

5

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

5

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?:	3
b. in the national budget?:	3

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2006

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

4

List the types of organizations representing civil society in HIV and AIDS efforts:

Tuvalu Association of NGO (TANGO)
Tuvalu Family Health Association (TUFHA)
Tuvalu Red Cross Society(TRCS)
Faith Based organizations
Women's organizations
Youth
Media
Private Sector

6. To what extent is civil society able to access

- | | |
|---|---|
| a. adequate financial support to implement its HIV activities?: | 4 |
| b. adequate technical support to implement its HIV activities?: | 3 |

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007:	10
2005:	6

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	all districts* in need
IEC on stigma and discrimination reduction:	The service is available in	all districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Harm reduction for injecting drug users:	The service is available in	N/A
Risk reduction for men who have sex with men:	The service is available in	N/A
Risk reduction for sex workers:	The service is available in	N/A
Programmes for other vulnerable sub-populations:	The service is available in	all districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	all districts* in need
School-based AIDS education for young people:	The service is available in	all districts* in need
Programmes for out-of-school young people:	The service is available in	all districts* in need
HIV prevention in the workplace:	The service is available in	all districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	8
2005:	5

2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for IDU :	25-50%
Prevention for MSM :	25-50%
Prevention for sex workers :	25-50%
Counselling and Testing :	25-50%
Home-based care :	25-50%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

N/A

Uniting the world against AIDS