



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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**Asia and Pacific**

**New Zealand**

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New Zealand

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:	Name/Position	HIV/AIDS Clinical Specialists
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV
:	Organisation	Ministry of Defence
:	Name/Position	Director of General Medical Services
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I
:	Organisation	Ministry of Foreign Affairs (NZAIID) - Global Commitment
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:	Organisation	New Zealand AIDS Foundation
:	Name/Position	Policy Analyst
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Positive Women Inc
:	Name/Position	National Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV

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

N/A

**IF NO or N/A, briefly explain**

The development and update of the national strategy/action framework remains under the auspices of the New Zealand Ministry of Health, with the assistance of a sector reference group. The issues raised by the Declaration are not yet mainstreamed within the working practices of most sectors. This is primarily because New Zealand is a low prevalence country in terms of HIV and AIDS. However, New Zealand continues to address these issues in its own response to HIV/AIDS developed over the past 18 or so years and has reaped the benefits of partnerships between community groups and government in terms of its low prevalence rates of HIV. The Ottawa Charter provides the framework for the prevention of HIV in New Zealand.

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

4

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

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	No
Education:	<b>Strategy/Action framework</b>	No
Labour:	<b>Strategy/Action framework</b>	No
Transportation:	<b>Strategy/Action framework</b>	No
Military/Police:	<b>Strategy/Action framework</b>	No
Women:	<b>Strategy/Action framework</b>	No
Young people:	<b>Strategy/Action framework</b>	No
Agriculture:	<b>Strategy/Action framework</b>	No
Finance:	<b>Strategy/Action framework</b>	No
Human Resources:	<b>Strategy/Action framework</b>	No
Justice:	<b>Strategy/Action framework</b>	No
Minerals and Energy:	<b>Strategy/Action framework</b>	No
Planning:	<b>Strategy/Action framework</b>	No
Public Works:	<b>Strategy/Action framework</b>	No
Tourism:	<b>Strategy/Action framework</b>	No
Trade and Industry:	<b>Strategy/Action framework</b>	No
Other*::	<b>Strategy/Action framework</b>	No

**IF NO earmarked budget, how is the money allocated?**

Publicly funded health care is funded by the Government (Vote:Health) and administered by the Ministry of Health via Crown Funding Agreements with 21 District Health Boards (DHBs). Each DHB is responsible for delivering health care to people (eligible to receive publicly funded health and disability services) in their region.

The Ministry of Health contracts for a range of HIV/AIDS-related services including health promotion and promotion of responsible sexual behaviour to minimise the incidence of HIV/AIDS, prevention and awareness activities, surveillance services, programmes for refugees and new immigrants, and independent HIV confirmatory testing services. In particular, the New Zealand AIDS Foundation is contracted to provide prevention and health promotion (especially, services for men who have sex with men, and African migrants), counselling and advice.

Collective funding for the series of contracts for the range of services is of the order of NZ\$21.7 million over three years.

**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?**

No

**IF NO, how were target populations identified?**

The focus is aimed on the groups in New Zealand within which HIV is concentrated and/or which are more likely to practice high-risk behaviours that put them at greatest risk of, and most vulnerable to, HIV infection in New Zealand.

**1.5 What are the target populations in the country?**

Men who have sex with men (including men who have sex with men and women, refugees and migrants from high-prevalence countries, injecting drug users, sex workers, and people living with HIV and AIDS. In March 2006, New Zealand commenced its Universal Routine-Offer Antenatal HIV Screening Programme aimed at preventing mother-to-child HIV transmission. There has been a high uptake in testing, indicating that the HIV screen is acceptable to women.

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

No

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

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	No
c. Detailed budget of costs per programmatic area? :	No
d. Indications of funding sources?:	No
e. Monitoring and Evaluation framework? :	No

**1.8 Has the country ensured “full involvement and participation” of civil society<font size=0.4>[4]</font> in the development of the multisectoral strategy/action framework?**

Active involvement

**IF active involvement, briefly explain how this was done:**

The sector reference group involved in the development of the national strategy/action framework included HIV/AIDS specialists, representation from the New Zealand AIDS Epidemiology Group, non-governmental organisations providing sexual and reproductive health services, and organisations the Ministry of Health contracts to provide services to the populations of New Zealand most vulnerable to HIV infection.

The HIV/AIDS action plan sets out a comprehensive set of actions that together should ensure provision of a comprehensive and effective response to HIV/AIDS via district health boards and non-governmental organisations in New Zealand.

**IF SOME or NO, briefly explain**

Not applicable

**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?**

N/A

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

N/A

**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:	No
Care and support :	No

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

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

Voluntary HIV testing and counselling was done for many years pre and post deployment but all tests returned negative. Therefore, this practice has ceased. However, UN missions still require HIV testing.

The Ministry of Defence Health Centre has post exposure prophylaxis treatment and policy available that cover emergency situations and telephone guidance is available whenever and wherever it is required by New Zealand Defence personnel.

Treatment and care is through the publicly funded health care system. This includes STI services.

New Zealand Police also have information and training programmes on HIV/AIDS in place. In addition, counselling and support services for staff with HIV/AIDS are provided through the New Zealand Police Staff Welfare Service.

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

No

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

No

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

No

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

No

**5.4 Is HIV and AIDS programme coverage being monitored?**

No

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

No

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

2007: 7

2005: 6

**Comments on progress made in strategy planning efforts since 2005:**

The New Zealand AIDS Foundations has taken steps aimed at better addressing the ongoing increases in new HIV diagnoses among men who have sex with men that New Zealand has experienced over the last few years. These increases have been associated with factors unseen in the 1980s and 1990s. The factors include decline in safer sexual behaviour, at least in a subset of New Zealand men who have sex with men, and new patterns of sexual partnering facilitated by social technologies such as the internet and other electronic media.

During 2007 the Ministry of Health developed recommendations aimed at promoting more frequent HIV testing and “normalising” the protocols around HIV testing where such testing is being performed in a medical context.

These recommendations are not intended to modify current recommendations concerning HIV testing and counselling of persons at high risk of HIV who are being tested in the non-clinical setting, for example, community based testing at the New Zealand AIDS Foundation or drug treatment clinics.

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

President/Head of government :	Yes
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)?**

No

**IF NO, briefly explain:**

A National HIV/AIDS Group (now referred to as the National HIV/AIDS Forum) was convened in December 2004. The Forum, however, in its current form, has no legislative base and remains a civil society initiative receiving short-term Government funding.

**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 :	No
Regular meetings (*):	Yes

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

6-monthly

**IF YES, What are the main achievements?**

The Forum facilitated progress on the implementation of a national antenatal HIV screening programme, the Government's decision to grant medical waivers to HIV positive Zimbabweans affected by the change in New Zealand's immigration policies (only those covered under the Special Residency Programme 2005), as well as progress in obtaining long term funding for STI prevention programmes. The Forum also aided in research and policy initiatives around Non-occupational Post-Exposure Prophylaxis, biological epidemiology, HIV Disclosure and the law in New Zealand, HIV notification, breach of confidentiality guidelines for health practitioners, and the normalisation of medical HIV testing.

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

There is presently a lack of appropriate resourcing from the Ministry of Health to enable update of New Zealand's HIV/AIDS Action Plan (2003) to include measurable and monitored targets.

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

2007:	7
2005:	6

**Comments on progress made in political support since 2005:**

In 2006 the New Zealand Government took action to protect the health of New Zealanders, and Zimbabweans in New Zealand who had fled the Mugabe regime in Zimbabwe. The Zimbabweans in New Zealand under a 2005 Special Zimbabwe Residence Policy were offered full residency regardless of their health status (including HIV status) if they applied by February 28 2007 and met other standard requirements (such as being of good character as shown by police and other checks).

This was an exceptional case, made for a group of people who might be unable to go home, and who without this decision could not stay in New Zealand lawfully. Without the certainty of the Government decision, people may have been reluctant to seek healthcare, with negative consequences for them and for New Zealand.

Most of the Zimbabweans entitled to apply for residence in New Zealand under the special policy applied by the deadline.

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

N/A

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

No

**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? :	No
secondary schools? :	Yes
teacher training? :	Yes

**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?**

No

**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:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Vulnerability reduction (e.g. income generation):	Prison inmates
Vulnerability reduction (e.g. income generation):	Other sub-populations (*)
Drug substitution therapy:	IDU
Needle & syringe exchange:	IDU

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

Refugees  
 Transgender persons  
 African migrants

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

2007:	8
2005:	7

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

Progressive implementation of the Universal Routine-Offer Antenatal HIV Screening Programme (the Programme) commenced in March 2006. Whilst only Waikato District Health Board has fully implemented the programme, eight other District Health Boards have appointed screening coordinators who are in the process of implementing the programme and are due to start early in 2008. All other District Health Boards should have signed the Programme Agreement by the end of June 2008.

Recommendations for HIV testing of adults in healthcare settings have been developed. The recommendations aim to promote more frequent HIV testing and to "normalise" the protocols around HIV testing where such testing is being performed in a medical context. The recommendations are not intended to modify current recommendations concerning HIV testing and counselling of persons at high risk of HIV who are being tested in the non-clinical setting, for example, community based testing at the New Zealand AIDS Foundation or drug treatment clinics.

Reported on the "Unlinked Anonymous Study of HIV Prevalence among Attenders at Sexual Health Clinics 2005/06".

A statutory review of the Prostitution Reform Act 2003 (PRA) is in progress. The review, which will be completed by June 2008, will help determine the extent to which the PRA is achieving its purpose. The review includes an assessment of the operation of the PRA since its commencement, the impact of the PRA on the number of persons working as sex workers in New Zealand, and the nature and adequacy of the means available to assist persons to avoid or cease working as sex workers. The Review will also assess whether amendments need to be made to the law in relation to sex workers or prostitution.

The initial success of a community-based HIV rapid testing service supported by the government has drawn much interest from some Pacific Island communities. This presents an opportunity for the transfer of technical expertise in HIV prevention and education to ensure that principles of confidentiality and informed choice are upheld alongside health promotion activities of challenging unsafe sexual behaviour and of providing support through counselling.

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

No

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

New Zealand is a low prevalence country for HIV and AIDS. Prevention programmes are targeted at groups most vulnerable to HIV infection.

Our approach is based on the Ottawa Charter health promotion approach which utilises healthy public policies, strengthening community action, creating supportive environments, developing personal skills and reorienting health services.

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

2007:	8
2005:	7
2007:	8
2005:	7

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

Free HIV rapid testing was progressively introduced since December 2006. The community-based service has been successful in terms of increasing access to testing services (across a range of ethnic groups and with many seeking HIV testing for the first time), and in increasing levels of awareness and understanding around HIV and safer sex practices.

The Government has funded an additional 5 antiretroviral agents since September 2006 meaning that there are now 18 funded antiretroviral agents available.

Trends in expenditure over the last 6 years are shown below:

Year 2002 (NZ\$6.01M) 2003 (NZ\$6.85M) 2004 (NZ\$8.05M) 2005 (NZ\$9.63M) 2006 (NZ\$11.09M)

Year 2007 (NZ\$11.8M)

**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?**

N/A

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

No

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

No

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

2007: 9

2005: 8

**Comments on progress made since 2005:**

Access to the number of funded antiretroviral drugs has increased in New Zealand. Currently there are now 18 antiretrovirals fully funded compared to 13 at the end of 2005. Two further antiretrovirals are under consideration for funding.

**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?**

No

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

No

**IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?**

Comment: Although New Zealand does not have one national Monitoring and Evaluation plan, mechanisms are in place to enable the activities listed in question 2 - Part A Section V Monitoring and Evaluation, to take place.

In addition, the Ministry of Health has recently contracted the AIDS Epidemiology Group at the Otago University to monitor and evaluate the antenatal HIV testing programme.

**IF YES, does this mechanism work? What are the major challenges?**

Comment: Refer to comment under question 4 on page 24

**5.1 Does it include representation from civil society, including people living with HIV?**

No

**6. Does the M&E Unit/Department manage a central national database?**

N/A

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

National level : Yes

Sub-national level (\*): Yes

**(\*If there is a functional sub-national HIS, at what level(s) does it function?**

District Health Board level

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

Yes

**7. To what extent are M&E data used in planning and implementation?**

3

**What are examples of data use?**

Policy development, briefings and report generation for the Government and international meetings, resourcing considerations.

## 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:	4
2005:	4

## Comments on progress made in M&E since 2005:

While there is no concrete Monitoring and Evaluation Plan, the AIDS Epidemiology Group at the Otago University contributes to monitoring HIV and AIDS in New Zealand. The Ministry of Health has contracted the AIDS Epidemiology Group to provide monitoring and evaluation of some aspects of the Universal Offer Antenatal HIV Screening Programme, and to issue quarterly reports. The monitoring follows the screening pathway, from the offer of HIV testing to the resulting health outcomes.

### 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.)

Yes

#### 1.1 IF YES, specify:

Human Rights Act 1993 s21 Prohibited grounds of discrimination, (h) Disability, which includes (vii) the presence in the body of organisms capable of causing illness;

Health & Disability Commissioner Act 1994, which provides for investigation of complaints against healthcare providers in relation to the Code of Health and Disability Consumers' Rights, which includes non-discrimination.

### 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?

IDU:	Yes
MSM:	Yes
Sex Workers :	Yes
Migrants/mobile populations :	Yes
Other::	Yes

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

Sex workers (Prostitution Reform Act 2003, which decriminalised sex work-related activities)

MSM (Homosexual Law Reform Act 1986, which decriminalised homosexual acts between consenting adults)

IDUs (The Misuse of Drugs Amendment Act 1987, which decriminalised possession of needles and syringes)

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

The Prostitution Reform Act 2003 is presently undergoing a statutory review, the purpose of which is to assess whether amendments need to be made to the law in relation to sex workers and prostitution.

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

Yes

**3.1 IF YES, for which sub-populations?**

Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes
Other::	Yes

**IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:**

All applicants for residence and temporary entry to New Zealand need to be of an acceptable standard of health. An acceptable standard of health is when someone is unlikely to be a danger to public health, unlikely to impose significant costs or demands on New Zealand’s health or special education services, and is able to perform the functions for which they have been granted entry. HIV infection is listed among the medical conditions deemed to impose significant costs and/or demands on New Zealand’s health services.

Migrant sex workers are unable to work legally. If they need treatment and care for HIV, they fear that they will be deported.

Transgender people continue to be disadvantaged by the absence of policies and practices that recognise their specific needs, or by the development of such policies without their involvement. The New Zealand Human Rights Commission's Transgender Inquiry (conducted in 2006), however, has spurred government agencies, and may help other organisations, to identify relevant human rights issues and build links with transgender communities.

Progress has yet to be made on Government's commitment to deliver consistent and comprehensive sexuality and relationships education to young people. Gaps in the Education Review Office's monitoring and evaluation activities leaves too much room for some schools to diverge from the centrally determined STI component of the Health and Physical Education curriculum, and without the adequate sanctions to prevent such over-flexibility on the part of the board of trustees (i.e. non-implementation of this section of the curriculum by religious and private institutions). Thus, many young people’s health could be compromised by restricting their access to sexual and reproductive health information, education and services to protect themselves.

**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?**

Yes

**IF YES, briefly describe this mechanism**

The Human Rights Act 1993 (the Act) protects people in New Zealand from discrimination in a number of areas of life. Under the Act the Human Rights Commission has the function of mediating disputes relating to unlawful discrimination. One of the functions of the Commission that is set out in the Act is "to provide information to members of the public who have questions about discrimination and to facilitate resolution of disputes (about discrimination) in the most efficient, informal, and cost-effective manner possible".

**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**

New Zealand AIDS Foundation, Refugee Health Education Programme, New Zealand Prostitutes Collective, New Zealand Family Planning Association, and Needle Exchange New Zealand.

**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:**

These services are all in place as part of New Zealand's publicly funded healthcare system. A section that provides information on eligibility for publicly funded health care in New Zealand can be viewed on the Ministry of Health website (see <http://www.moh.govt.nz/eligibility>). The information includes useful frequently asked questions, background information on the Eligibility Direction, which describes the groups of people who are eligible for publicly funded (free or subsidised) personal health and disability services in New Zealand, and the eligibility criteria.

**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)?**

Yes

**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?**

Yes

**11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?**

Yes

**IF YES, describe the effectiveness of this review committee**

Note: Committee includes representatives from civil society. As a low-prevalence country, there are very few clinical research programmes on HIV/AIDS undertaken in New Zealand.

**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: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

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

Human Rights Commission

**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?**

No

**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:	No

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

No

**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:	9
2005:	9

**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:	8
2005:	8

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

4

**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)**

3

**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

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

3

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

PLWHA support organisations, Sexual and Reproductive Health organisations, African migrant communities, Sex Worker organisation, AIDS service organisations, gay and bisexual health promotion organisations.

## 6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?: 4

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

2007: 7

2005: 5

### Comments on progress made in increasing civil society participation since 2005:

The reconvening of the National HIV/AIDS Forum in 2005 has enabled greater civil society participation, particularly that of PLWHA, in the development and coordination of HIV-related policies and services. There has also been more active involvement through non-government representation on the New Zealand government delegation to UNGASS on HIV/AIDS 2006 and through providing input on the UNAIDS Programme Coordinating Board session documents for 2007. Locally, Positive Women Inc is a participant with the Ministry of Health's National Screening Unit advisory group for antenatal HIV screening implementation.

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

No

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

No

### IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?:

Not applicable

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

2007: 9

2005: 9

### Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

There is an increased number of fully funded antiretroviral agents now available in New Zealand compared with 2005.

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

Prevention for youth : 51-75%

Prevention for IDU : >75%

Prevention for MSM : >75%

Prevention for sex workers : <25%

Counselling and Testing : <25%

Clinical services (OI/ART)\* : <25%

**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

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