

## New Zealand Report NCPI

### NCPI Header

#### COUNTRY

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

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**Describe the process used for NCPI data gathering and validation:**

The Ministry of Health and the various stakeholders worked together to gather data and information for answering the NCPI questions.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

Civil society discussed areas of disagreement with the aim of reaching agreement for responses to the questions with answers at variance.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

-

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Principal Technical Specialist Communicable Diseases	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
New Zealand AIDS Foundation	Executive Director	Yes	Yes	Yes	Yes	Yes
Positive Women Inc	National Coordinator	Yes	Yes	Yes	Yes	Yes
Body Positive	Chief Executive Officer	Yes	Yes	Yes	Yes	Yes
INA (Māori, Indigenous & South Pacific) HIV/AIDS Foundation	Executive Director	Yes	Yes	Yes	Yes	Yes
New Zealand prostitutes collective	National Manager	Yes	Yes	Yes	Yes	Yes
Needle Exchange Services	National Manager	Yes	Yes	Yes	Yes	Yes

## A - 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 the ones listed under 1.2):**

No

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:**

The development and update of the national strategy/action plan framework remains under the auspices of the New Zealand Ministry of Health. The Ottawa Charter provides the framework for prevention of HIV in New Zealand.

**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?:**

N/A

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

N/A

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

Yes

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

No

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

No

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

No

**5.3. Is HIV programme coverage being monitored?:**

No

**5.4. Has the country developed a plan to strengthen health systems?:**

No

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

-

**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?:**

7

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

Review of services for people with HIV in New Zealand - people living with HIV interviewed in the review spoke unanimously and extremely enthusiastically about the quality of care they receive from District Health Board services providing HIV-related diagnostic, treatment and support services. Specific first time funding from the Ministry of Health to three non governmental organisations who provide support services to people with HIV (Body Positive, Positive Women Inc, INA (Māori, Indigenous & South Pacific) HIV/AIDS Foundation) who previously relied on self funding efforts. Antenatal HIV screening is now a screening programme offered and funded nationally. Since August 2010 it has been national policy that HIV screening be recommended and offered to all pregnant women, along with the other screening blood tests, as an integral part of antenatal care.

**What challenges remain in this area:**

The Review of services for people with HIV in New Zealand also identified a number of areas where service coverage for PLWHA could be improved. These include mental health coverage and primary care.

## **A - II. POLITICAL SUPPORT AND LEADERSHIP**

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:**

-

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

Yes

1.1

**(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

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

Funding provided by the New Zealand Ministry of Health to three civil society organisations who provide support services for people living with HIV (Body Positive, Positive Women Inc, and INA (Māori, Indigenous & South Pacific) HIV/AIDS Foundation), these organisations have in the past had to rely on self funding efforts.

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

No

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

HIV programmes are managed under the auspices of the New Zealand Ministry of Health.

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

**Have terms of reference?:**

-

**Have active government leadership and participation?:**

-

**Have an official chair person?:**

- Have a defined membership?:
- Include civil society representatives?:
- Include people living with HIV?:
- Include the private sector?:
- Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
- 

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

IF YES, briefly describe the main achievements:

What challenges remain in this area:

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

5.

Capacity-building:

Coordination with other implementing partners:

Information on priority needs:

Procurement and distribution of medications or other supplies:

Technical guidance:

Other [write in below]:

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

No

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

7

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

What challenges remain in this area:

## A - III. HUMAN RIGHTS

1.1

People living with HIV:

Men who have sex with men:

Yes

Migrants/mobile populations:

Orphans and other vulnerable children:

People with disabilities:

People who inject drugs:

Yes

**Prison inmates:**

-

**Sex workers:**

Yes

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in]:**

-

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

Yes

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

MSM (Homosexual Law Reform Act 1986 decriminalised homosexual acts between consenting adults). IDU (Misuse of Drugs Amendment Act 1987 decriminalised possession of needles and syringes). Sex workers (Prostitution Reform Act 2003 decriminalised sex work-related activities). Human Rights Act 1993 s21 Prohibited grounds of discrimination are: sex, marital status, religious belief, ethical belief, colour, race, ethnic or national origins, disability [includes the presence in the body of organisms capable of causing illness], age, political opinion, employment status, family.

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

Legislations that provides the protections are in place.

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

Fully implemented.

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

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

-

**Briefly comment on how they pose barriers:**

-

## **A - IV. PREVENTION**

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

-

**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 to promote life-skills based HIV 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 include age-appropriate, gender-sensitive sexual and reproductive health elements?:

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 and other preventive health interventions for key or other vulnerable sub-populations?:

Yes  
**Briefly describe the content of this policy or strategy:**

The goal surrounding personal knowledge, skills and behaviour for individuals, particularly men who have sex with men, refugees and migrants from high-prevalence countries, injecting drug users, sex workers, and people living with HIV is that they have the knowledge, skills, confidence and motivation to protect themselves against HIV.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	refugees, African migrants, transgender persons
Yes	No	No	No	No	-
Yes	Yes	Yes	No	No	refugees, African migrants, transgender persons
Yes	No	No	No	No	-
Yes	Yes	Yes	No	No	yes
No	Yes	No	No	No	-
Yes	Yes	Yes	No	Yes	-
No	No	No	No	No	-

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?:

8  
Since 2009, what have been key achievements in this area:

-  
**What challenges remain in this area:**

New Zealand lacks legislation to support use of effective public health policy response mechanisms for managing people with HIV who recklessly and knowingly place others at risk of infection. The Public Health Bill, which is being considered by the government, contains measures that can be taken to prevent spread of communicable conditions that pose a risk to public health.

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

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

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

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**  
Strongly Agree

**Condom promotion:**  
Strongly Agree

**Harm reduction for people who inject drugs:**  
Strongly Agree

**HIV prevention for out-of-school young people:**  
-

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Strongly Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Strongly Agree

**Risk reduction for men who have sex with men:**

Strongly Agree

**Risk reduction for sex workers:**

Strongly Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other[write in]:**

-

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?:

8

## A - V. TREATMENT, CARE AND SUPPORT

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

No

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

HIV treatment is a publicly funded service in New Zealand.

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Agree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

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

-

**Please clarify which social and economic support is provided:**

-

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

Yes

**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?:**

No

**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?:**

10

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

In 2010, (a) widening of antiretroviral funding to allow access to antiretroviral therapy for post exposure prophylaxis following non-occupational exposure to HIV and to amend the Special Authority for percutaneous exposure; (b) to allow funding for combination treatments of up to four antiretrovirals; and (c) two new listings of antiretrovirals for multi-drug resistant HIV (Darunavir and Etravirine).

**What challenges remain in this area:**

-

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

Yes

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

Yes

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

No

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

-

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

-

**7. 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?:**

10

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

-

**What challenges remain in this area:**

-

## **A - VI. MONITORING AND EVALUATION**

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

No

**Briefly describe any challenges in development or implementation:**

-

**Briefly describe what the issues are:**

-

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

**A data collection strategy:**

-

**A data analysis strategy:**

-

**A data dissemination and use strategy:**

-

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

-

**Guidelines on tools for data collection:**

-

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

-

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

No

**Briefly describe any obstacles:**

-

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

**In the Ministry of Health?:**

-

**In the National HIV Commission (or equivalent)?:**

-

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

-

-

-

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

-

-

-

**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:**

-

**What are the major challenges in this area:**

-

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

No

**6. Is there a central national database with HIV- related data?:**

No

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

-

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

District Health Boards

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

Yes

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes



**Other [write in]:**

Monitoring the Universal Offer Antenatal HIV Screening Programme and surveying the views of women about the Programme.

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

HIV surveillance data is used in policy development, briefing reports for Government and international meetings, resourcing considerations.

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

**At national level?:**

-

**At subnational level?:**

-

**At service delivery level including civil society?:**

-

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

-

**10. 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?:**

3

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

In January 2010 the Ministry commissioned a review of services for people in New Zealand living with HIV. The review examined existing service coverage for people living with HIV and AIDS (PLHA), including those services not funded by the Ministry. The aim of the review was to inform the Ministry's investment in services for PLHA, it was not a review of service quality or a compliance audit. Key stakeholder organisations (both government funded organisations and peer support organisations), were reviewed.

**What challenges remain in this area:**

The review of services for people in New Zealand living with HIV identified a number of areas where service coverage for PLWHA could be improved. These include mental health coverage and primary care.

## **B - 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?:**

4

**Comments and examples:**

Civil Society is involved in ministerial and member of Parliament briefing and lobbying and also influences political commitment through mechanisms such as the national HIV forum.

**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)?:**

3

**Comments and examples:**

Civil Society is represented in the planning and development of HIV strategy. However, the allocation of funding for HIV prevention, care and support rests with the New Zealand government.

3.

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

3

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

3

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

4

**Comments and examples:**

-

4.

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

1

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

:

1

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

2

**Comments and examples:**

There have been instances of evaluation such as the recent review of services for people living with HIV which civil society have contributed to. However, a national plan for M & E does not exist. Current strategy has no evaluation of outcomes.

**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)?:**

4

**Comments and examples:**

-

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?:**

3

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

3

**Comments and examples:**

While there are always services and activities which cannot be delivered due to funding constraints, the funding of groups representing and working for people living with HIV for the first time in 2011 has been a significant achievement.

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

**People living with HIV:**

>75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

>75%

**Sex workers:**

>75%

**Transgendered people:**

>75%

**Testing and Counselling:**

25-50%

**Reduction of Stigma and Discrimination:**

>75%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

25-50%

**Programmes for OVC\*\*:**

<25%

**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?:**

6

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

The national forum for HIV has kept government funding which is a clear signal of commitment from the government in uncertain economic times. Also, civil society engagement in a recent review of services for people living with HIV was excellent.

**What challenges remain in this area:**

While there have been efforts made in this area, there needs to be recognition of the equal and worthy contribution of all representatives and organisations across civil society.

## **B - 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

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

A significant move was for the government to fund organisations providing care and support to people living with HIV for the first time.

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

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

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

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

The Human Rights Act (1993) prohibits unlawful discrimination on the grounds of sex, marital status, religious beliefs, ethical beliefs, colour, race, ethnic or national origins, disability, age, political opinion, employment status, family status and sexual orientation.

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

Grievance and complaints procedures exist with bodies like the Human Rights Commission and the Health and Disability Commissioner.

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

General concerns that existing bodies are not entirely effective. Timeframes for grievance resolution are long and the existence of institutionalised prejudices can make some matters difficult to progress.

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

Yes

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

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

**Briefly describe the content of these laws, regulations or policies:**

A range of examples exist: - prohibitive immigration laws against PLWH; - lack of recognition of 'transgender' as legitimate gender category; - migrant sex workers are prohibited from sex work unless they are citizens or residents, thus they are not protected.

**Briefly comment on how they pose barriers:**

Section 19 of the prostitution Reform Act 2003 restricts granting of a visa under the Immigration Act 2009 to a person on the basis that the person has provided or intends to provide commercial sexual services, operate a business of prostitution or invest in a business of prostitution. Under the Act a condition on every temporary entry class visa granted under the Immigration Act 2009 is that the holder may not while in New Zealand provide commercial sexual services, operate a business of prostitution or invest in such a business. Migrant sex workers cannot work legally in sex work until they obtain full residency and then be able to work lawfully under the full protection of the law.

**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

**Briefly describe the content of the policy, law or regulation and the populations included:**

-

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

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

It is an objective of the current national HIV action plan to "improve public health outcomes and ensure the protection of human rights and freedom from discrimination".

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

Yes

**IF YES, briefly describe this mechanism:**

Human Rights Commission Health and Disability Commissioner

**6. Does the country have a policy or strategy of free services for the following?**

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

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

COMMENT: Hospitals are increasingly pushing people with HIV to visit their doctors and there is now an increased financial burden of care for people living with HIV especially as it is often difficult to identify if an illness or complaint is HIV related or not. Milk formula for mothers with HIV is not free. This puts a financial burden on families who might decide to risk breastfeeding. Female condoms are not free (with the most recent not even being available).

**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

**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

**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

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

HIV/AIDS Action Plan 2003 includes reference to MSM, refugees and migrants from high prevalence countries, injecting drug users, sex workers (although migrant sex work is complicated), people with STI's, young people, women, Māori and Pacific, prisoners, uniformed forces and travellers.

8.1

**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

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

A range of approaches exist. For example: targeted HIV prevention efforts, multi-lingual resources and refugee and migrant services.

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

Yes

**IF YES, briefly describe the content of the policy or law:**

There is no obligation on individuals to disclose their infection or to submit to medical tests for HIV. People with HIV are entitled to work unless there is a genuine risk of an accident. Under the Health Practitioners Competence Assurance Act 2003,

the primary responsibility of health practitioners' registration authorities is to protect the health and safety of the public. The Health Regulatory Authorities of New Zealand has Joint Guidelines for registered health care workers on transmissible major viral infections and states that those health care workers who perform exposure-prone procedures must know their HCV, HBV and HIV status.

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

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

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

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

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

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

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

IF YES, what types of programmes?

**Programmes for health care workers:**  
Yes

**Programmes for the media:**  
No

**Programmes in the work place:**  
Yes

**Other [write in]:**  
-

**14. 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?:**  
6

**Since 2009, what have been key achievements in this area:**  
Change in immigration policy to give people living with HIV who are partners of New Zealand citizens or residents an entry waiver.

**What challenges remain in this area:**  
Effective public health mechanisms to manage those placing others at risk outside of the criminal law except where there is reckless intent.

**15. 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?:**  
5

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

**What challenges remain in this area:**  
-

## B - IV. PREVENTION

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

**IF YES, how were these specific needs determined?:**

It is recognised that a robust evidence base which informs HIV prevention is crucial to inform the best possible allocation of funding and resources.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Disagree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Strongly Agree

**Risk reduction for sex workers:**

Strongly Agree

**School-based HIV education for young people:**

Disagree

**Universal precautions in health care settings:**

Strongly Agree

**Other [write in]:**

-

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?:

8

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

-

What challenges remain in this area:

-

## **B - V. 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

**IF YES, Briefly identify the elements and what has been prioritized:**

COMMENT:

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

-

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Disagree

**HIV testing and counselling for people with TB:**

-

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Disagree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Disagree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

**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?:**

7

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

-

**What challenges remain in this area:**

-

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

-

**3. 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?:**

7

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

-

**What challenges remain in this area:**

-

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