

# Fiji Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:** HIV/AIDS Board Papers which discusses all issues related to the NCPI questions - from political commitment to the care and support programs in the country.

**From date:** 01/01/2013

**To date:** 12/31/2013

**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

Consultation meeting with the CSO was conducted to discuss their response and views with regards to the NCPI questions. Clarifications were also made during this meeting with answers that they had disagreements on.

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::** The NCPI questionnaire was distributed to all identified partners requesting for their feedback. Time frame was also given for them to answer the questionnaire. A date was scheduled for the meeting with the CSOs to discuss their feedback. Validation process was done on email a day after the consultative meeting before the final feedback was confirmed for the NCPI.

**Data measurement tool / source:** GARPR

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:** Dr. Rachel Devi [Acting National Advisor for Family Health] & Sereima Vatuvatu [CEO HIV/AIDS Board]

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**Describe the process used for NCPI data gathering and validation:** A GARPR training coordinated and facilitated by UNAIDS & UNICEF was held in Nadi where three [3] candidates from Fiji were nominated to be part of this training. There were two focal points from the government agency and one representing the NGO's. Following this meeting, a plan was put in place for the GARPR reporting process including data collation for the report. The processes for the development of the country's report included the following; • Review all HIV related activities and programs from all partners. This also included an evaluation on their progress and challenges encountered. • Review all data collated as per indicators in the GARPR report and also the country's NSP indicators. • Incorporate reviewed and analyzed data into both the country's annual report and the GARPR report. On the last week of January [28th-30th], a consultative meeting was held to update all HIV implementers on the progress updates of HIV implemented activities, identify gaps for improvement and develop a plan for the way forward on the country's response to HIV & AIDS. The consultative meeting also included an orientation on the GARPR process and preparation needed for the development of the country's report. The core team at National Level was able to compile the report based on the reviews and updates of implemented activities from government and CSO partners who were engaged in the HIV response, the mid-term review report of the country's response of the "Ten Targets" in the Fiji Islands and also HIV & AIDS data collated and analyzed from the Health Ministry. On March 24th, 2014 - the CSOs had met to discuss their feedbacks as required on the NCPI. This discussion was coordinated by the MoH and facilitated by FJN+. Feedbacks on the NCPI following the discussion were collated and sent to all CSOs for their comments and validation before the final response was entered into the NCPI.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** Where there were differences in the responses, in particular, differences in the ratings given for different aspects of the HIV responses, the facilitator requested each of the respondents to give reasons for their ratings, and then facilitated a discussion for the participants to agree on a single rating, given the information they had been given during the discussion.

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

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

| Organization       | Names/Positions   | Respondents to Part A |
|--------------------|---|-----------------------|
| Ministry of Health | Dr. Rachel Devi/Acting National Advisor for Family Health | A1,A2,A3,A4,A5,A6     |
| Ministry of Health | Sereima Vatuvatu/CEO HIV/AIDS Board                       | A1,A2,A3,A4,A5,A6     |
| Ministry of Health | Sepesa Rasili/AHD Coordinator                             | A1,A2,A3,A4           |
| Ministry of Health | Tomasi Niucavu/National HIV Project Assistant             | A1,A2,A3,A4           |

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

| Organization    | Names/Positions                     | Respondents to Part B |
|-----------------|-------------------------------------|-----------------------|
| FJN+            | Vani Dulaki/Executive Director      | B1,B2,B3,B4,B5        |
| Empower Pacific | Alita Waqabaca/Clinical Coordinator | B1,B2,B3,B4,B5        |
| WHO             | Sr. Sera Waqa/Technical Assistant   | B1,B2,B3,B4,B5        |

**A.I Strategic plan**

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

**IF YES, what is the period covered:** 2012-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** An important development to this strategic plan to the previous one was the costing analysis added to the current NSP. An additional component which included the Monitoring and Evaluation Framework to the NSP, we have never had a Monitoring and Evaluation Framework previously. In this new strategy we have four priority areas in comparison to the 5 last period.

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

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** Ministry of Health Ministry of Labour Ministry of Itaukei Ministry of Youth and Sports Ministry of Education Civil Societies FJN plus etc

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

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Transportation:**

**Included in Strategy:** No

**Earmarked Budget:** No

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Other:** Ministry of Itaukei

**Included in Strategy:** Yes

**Earmarked Budget:** No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:** For ministries which do not have an earmarked budget, it would come from the Ministry of Health or other line budgets within their own ministries.

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

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** No

**Elderly persons:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** Yes

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]::**

: No

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

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

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

a) **Formal programme goals?:** Yes

b) **Clear targets or milestones?:** Yes

c) **Detailed costs for each programmatic area?:** No

d) **An indication of funding sources to support programme implementation?:** Yes

e) **A 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?:** Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:** This is organised via the annual planning meetings and also the review of planning meetings, apart from this the civil society is also part of the constant HIV Meetings and trainings that occur in the country. Civil Society are part of the groups who are to implement the NSP.

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

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

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

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

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** N/A

**National Social Protection Strategic Plan:** No

**Sector-wide approach:** N/A

**Other [write in]:**

:

**2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** Yes

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** No

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** No

**Other [write in]:**

:

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** No

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

**4. Does the country have a plan to strengthen health systems?:** Yes

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

**5. Are health facilities providing HIV services integrated with other health services?**

- a) **HIV Counselling & Testing with Sexual & Reproductive Health:** Few
- b) **HIV Counselling & Testing and Tuberculosis:** Few
- c) **HIV Counselling & Testing and general outpatient care:** Many
- d) **HIV Counselling & Testing and chronic Non-Communicable Diseases:** Many
- e) **ART and Tuberculosis:** Few
- f) **ART and general outpatient care:** Few
- g) **ART and chronic Non-Communicable Diseases:** Few
- h) **PMTCT with Antenatal Care/Maternal & Child Health:** Few
- i) **Other comments on HIV integration:** :

**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 your country's HIV programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area:** Increased Collaboration with other programs mainly with the TB program. An increase in the number of HIV Testing and Counselling is seen.

**What challenges remain in this area:** the Collaboration with General Outpatients though we will be gradually inco-operating more of the PPTCT services to the Maternity Units around Fiji this year. We need to strengthen our communications in this regards.

## **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:** Yes

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

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

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** H.E. The President of Fiji and is also Fiji's HIV Ambassador has visited schools in 2013 covering 69 secondary schools to advocate on HIV & AIDS. In addition, he has also conducted ad hoc visits to the hub centers to discuss about the running of the clinics and how it can be improved. In addition, he has also been part of the HIV/AIDS Board through an extra ordinary meeting with other Board members including other country leaders [Permanent Secretaries] to discuss the way forward for the Fiji's response to HIV. The involvement of the Office of the President in the launching of the HIV WAD 2013 campaign also shows H.E. demonstration of his leadership and commitment towards the HIV response.

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

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

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

**Have terms of reference?:** Yes

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

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** As per the HIV/AIDS [Amendment] Decree 2011, the chairperson of the HIV/AIDS Board is the Permanent Secretary for Health. Currently in this position is Dr. Eloni Tora.

**Have a defined membership?:** Yes

**IF YES, how many members?:** There are 12 members in the Board

**Include civil society representatives?:** Yes

**IF YES, how many?:** There are 3

**Include people living with HIV?:** Yes

**IF YES, how many?:** 1

**Include the private sector?:** Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** Yes

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

**IF YES, briefly describe the main achievements::** The HIV/AIDS Board with the appointment of its full time CEO The CSOs committee that meets before the Board Meetings to discuss issues that needs to be tabled during the HIV/AIDS Board Meetings The National Strategic Plan and the HIV/AIDS [Amendment] Decree 2011 The policies and guidelines which has been endorsed by the Board for implementation. This includes the PPTCT Policy, HIV Testing & Counselling Policy, ART Guideline, the In-School HIV Policy and the M& E Results Framework to name a few.

**What challenges remain in this area::** The involvement of FBOs in strengthening its response is important especially issues around sexuality. Ensuring that the country is aware of the Decree and its implications if it's breached.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:** 1

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

**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** Yes

**Technical guidance:** Yes



**Other [write in]:** Funding through grants

: Yes

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

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

**IF YES, name and describe how the policies / laws were amended:** The HIV/AIDS Decree passed in 2011, consistent with the international law on HIV/AIDS. It was amended one month after it was passed (HIV/AIDS Amendment Decree 2011) to remove travel restrictions imposed by Immigration Department on the basis of HIV status. In addition there is no residual power given to the Ministry of Health or other official to force an HIV test on any person. The only exception is the testing of soldiers for operational and peacekeeping duties. 2. The Subsection on willful transmission in the first publication of the HIV Decree has been deleted to comply with international guidelines. 3. The name and content of the national PMTCT Policy was revised to PPTCT Policy at the end of, in recognition of the role intimate partners play in the prevention of HIV transmission from mother to child. 4. HIV Testing Algorithm for sub divisional hospitals was endorsed by the National Health Executive Committee in 2011 and looks at confirmatory testing being done in the low through-put hospitals. The piloting and subsequent finalisation of the algorithm has been completed in 2012. 5. The ART Guideline on recommendations in starting ART to naive patients has also been amended as per the WHO new ART guideline [CD4 counts]

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::** The Crimes Decree 2009 (Decree No. 44), which took effect on 1st February 2010, replacing the 100-year old Penal Code of Fiji, revised the laws around sex work. As described by McMillan and Worth (2011), many of the 'Prostitution offences' defined in the 2009 Crimes Decree are a repackaging of what were also offences under the Penal Code. Two notable changes are that: under the Penal Code, a 'prostitute' was definitely female. The relevant provisions in the Crimes Decree are gender neutral and can encompass male and transgender. The second notable change is that clients of sex workers can now be prosecuted if they seek and/or use the services of a sex worker or make arrangements to do so. The Crimes Decree is inconsistent with the HIV/AIDS Decree 2011, Section 3 (1) (a), Guiding Principles which states that "all persons and courts should as far as possible- Ensure that full regard is had to the recognized universal human rights standards and public international law applicable to the protection of rights and ensure that those standards and laws are applied to the fullest extent possible to protect all such rights including the highest attainable standard of physical and mental health including the availability and accessibility of HIV prevention and HIV/AIDS treatment, care and support for all persons regardless of age, gender, gender orientation or sexual orientation".

**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 2013?:** 8

**Since 2011, what have been key achievements in this area::** Government has continued to provide grants for the HIV response. The appointment of the CEO into the HIV/AIDS Board. The continuous awareness of the Decree to all government agencies. H.E. The President representing the country to high level meeting such as HIV & the Law and also regional meetings. Provision of ART by the government which is free.

**What challenges remain in this area::** Improvement in the management of data from a centralized location. The understanding of the Decree by some organizations including its implementation. The possibility of increasing government grant to the HIV response.

### **A.III Human rights**

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

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

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

: No

**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::** The Fiji constitution on section 26[1-8] protects the right of everyone to equality and freedom from discrimination. Section 3.-(1)(a), Guiding Principles, of the HIV/AIDS Decree 2011 protects the rights including the highest attainable standard of physical and mental health including availability and accessibility of HIV prevention, treatment, care and support for all persons regardless of age, gender, gender orientation or sexual orientation. So although none of the sub-populations in question 1a are mentioned specifically in the Guiding Principle 3-(1)(a), it can be reasonably assumed that their rights are protected by the HIV/AIDS Decree 2011. People living with HIV/AIDS: Section 22 of the HIV/AIDS Decree 2011 states that it is unlawful to discriminate, directly or indirectly against a person having HIV/AIDS or affected by HIV/AIDS. Prisoners: Section 22(e) states that an act of unlawful discrimination may occur in relation prisoners and persons in custody In addition to the HIV/AIDS Decree 2011, the Family Law Act and the Juveniles Act specific protections for women and girls, and young women and young men.

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** Since the constitution has just been endorsed and gazetted, it has yet to be challenged or tested. The enactment of the HIV/AIDS Decree 2011 was followed by a period of widespread education of the community about the provisions of the Decree. Workshops were conducted all over the country and for specific populations groups including law enforcement, health care workers, government partners, NGOs etc. The purpose is two fold – to inform people, particularly service providers about their responsibilities under the Decree and secondly to inform users of services about their rights under the Decree. The HIV/AIDS Board, with the power to do all things necessary or convenient to be done for or in connection with the performance of its functions under the HIV/AIDS Decree has been established and is functioning. The functions of the board include monitoring the implementation of human rights based policies and guidelines. Some civil society advocacy groups, eg Fiji Women's Crisis Centre draw attention to breaches of laws, usually through the media.

**Briefly comment on the degree to which they are currently implemented::** The HIV/AIDS Decree 2011 is new, but is being implemented. The Family Law and Juvenile Acts are also being implemented. Ministry of Women and Social Welfare has been working hard with civil society UNICEF, Empower Pacific, UNFPA, Save the Children Fund (SCF) to implement the CRC and other child protection mechanisms.

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

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

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

: No

**Briefly describe the content of these laws, regulations or policies:** The Crimes Decree 2009 (Decree No. 44), which took effect on 1st February 2010, replacing the 100-year old Penal Code of Fiji, revised the laws around sex work. Two notable changes are that: under the Penal Code, a 'prostitute' was definitely female. The relevant provisions in the Crimes Decree are gender neutral and can encompass male and transgender. The second notable change is that clients of sex workers can now be prosecuted if they seek and/or use the services of a sex worker or make arrangements to do so.

**Briefly comment on how they pose barriers:** Sex workers cannot identify themselves as sex workers as a result of fear of brutality and harassment from law enforcement agents. This has also reduced sex worker opportunity for negotiation with clients, including condom negotiation.

## **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?:** Yes

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** Yes

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** No

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** No

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]:**

: No

**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?:** Yes

**Secondary schools?:** Yes

**Teacher training?:** Yes

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** 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 and other preventive health interventions for key or other vulnerable sub-populations?:** Yes

**Briefly describe the content of this policy or strategy:** The HIV/AIDS Decree guides the messages used to promote educate and communicate to key or vulnerable populations on HIV & AIDS.

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

**People who inject drugs:**

**Men who have sex with men:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Customers of sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Prison inmates:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Other populations [write in]:** Sea Farers, Youth and young women, Tourism Industry

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**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 2013?:** 7

**Since 2011, what have been key achievements in this area?:** The roll out of the new HIV algorithm to divisional and sub divisional hospitals. The active involvement of peer educators at sub divisional level targeting specific populations. The network and collaborations between CSOs and government agencies in the implementation of policies and guidelines. Continuous involvement of PLHIV has been a crucial element on the support for HIV prevention. The support of preventative programs which target oriented especially to the vulnerable and key population as per NSP 2012-2015.

**What challenges remain in this area?:** There is a need to strengthen the involvement of FBOs especially in the focus on preventative programs for specif populations like sex workers and MSM's to reduce stigma and discrimination

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

**IF YES, how were these specific needs determined?:** Based on data obtained through surveillance and routine data collation for example the IBBS report for sex workers, the ANC record of mothers newly infected with HIV. The HIV data which is submitted quarterly also identifies targeted groups for preventative programs.

**IF YES, what are these specific needs? :** VCCT counselling to mothers and young people Provision of safe clinics for the sex workers as identified in the McMillan & Worth [2010] research. Provision of condoms to MSMs and sex workers

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

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** Agree

**Harm reduction for people who inject drugs:** N/A

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

**HIV prevention in the workplace:** Strongly agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Disagree

**IEC on stigma and discrimination reduction:** Disagree

**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:** Agree

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

**Risk reduction for sex workers:** Agree

**Reduction of gender based violence:**

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

**Treatment as prevention:** Strongly 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 2013?:** 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?:** Yes

**If YES, Briefly identify the elements and what has been prioritized:** :Ensure a strong COC core teams in the 3 major divisions of Fiji to provide holistic care for all people living with HIV : Reduction of Stigma and Discrimination in the community to help positive people and the general public to be able to access the health facilities for any counseling and testing. : Develop and Strengthen Strategic Health Communications for Fiji for HIV and STI's : Ensure Universal Access to HIV Treatment and care for all

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** :Roll out of the New HIV Testing Algorithm for Fiji to the Sub-Divisions making confirmatory testing available at that level to ensure turn around time for results to be shorter than previously anticipated. : Introducing the roll out of PPTCT to maternity units around Fiji for universal accessibility of PPTCT services around the country : Training of Health Care workers on treatment and care from the Sub-Divisions to ensure that patients who want to be seen at the Sub-Divisions are able to easily access such services to avoid defaulting clinics at the Divisional level secondary to financial issues

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

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

**Early infant diagnosis:** Strongly agree

**Economic support:** Strongly agree

**Family based care and support:** Strongly 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:** Strongly agree

**Nutritional care:** Strongly agree

**Paediatric AIDS treatment:** Strongly agree

**Palliative care for children and adults Palliative care for children and adults:** Strongly agree

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

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

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

**Psychosocial support for people living with HIV and their families:** Strongly 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:** Strongly 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?:** No

**Please clarify which social and economic support is provided:** There is no Policy and Strategic but social welfare does provide social and economic support to all patients infected or affected by HIV depending on income of the individual

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** No

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

**IF YES, for which commodities?:** Condoms are being procured by UNFPA ART is being procured by Fiji's Pharmaceutical with the support of the current regional Global Fund Program

**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 2013?:** 8

**Since 2011, what have been key achievements in this area?:**

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

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** No

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**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 2013?:** 5

**Since 2011, what have been key achievements in this area?:** There is a reduction of children who are stigmatized secondary to their parents being HIV positive, especially if their parents have been public, though a bit is still yet to be done in this regards.

**What challenges remain in this area?:** Continual efforts to reduce stigma and discrimination

## **A.VI Monitoring and evaluation**

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

**Briefly describe any challenges in development or implementation::** Challenge with human resource and the expertise to carry this out for the country. Short of staff for the country is always the challenge and a competing priority amidst all the other things that are happening in regards to the program.

**1.1. IF YES, years covered:** 2012-2015

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

**Briefly describe what the issues are::** Human resource and poor reporting from respective partners. Difficulty in getting reports sometimes.

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

**A data collection strategy:** Yes



**IF YES, does it address::**

**Behavioural surveys:** No

**Evaluation / research studies:** Yes

**HIV Drug resistance surveillance:** No

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

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

**Guidelines on tools for data collection:** No

**3. Is there a budget for implementation of the M&E plan?:** No

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

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

**Briefly describe any obstacles::** Human Resource and commitment to Monitoring and Evaluation alone

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

**In the Ministry of Health?:** Yes

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

**Elsewhere?:** No

**If elsewhere, please specify:**

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

| POSITION [write in position titles] | Fulltime or Part-time? | Since when? |
|-------------------------------------|------------------------|-------------|
|-------------------------------------|------------------------|-------------|

| POSITION [write in position titles] | Fulltime or 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?:** No

**Briefly describe the data-sharing mechanisms::** Currently all reports are to be submitted to the HIV unit, though to note that the Ministry is in the process of having an monitoring and evaluation group which will help facilitate the M & E component for the country.

**What are the major challenges in this area::** No one person committed to carrying out M&E for Fiji

**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?:** Yes

**IF YES, briefly describe the national database and who manages it.:** But the extent of data coming to this site varies, currently there is only a database for all HIV patients but not for prevention work and other work that happens outside ministry.

**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?:** No, none of the above

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

**6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s):** Divisional Level and Sub-Divisional level

**7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:** Estimates of Current and Future Needs

**7.2. Is HIV programme coverage being monitored?:** Yes

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

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

**IF YES, for which population groups?:** Mainly for the ministry of health programs, there is currently no collaborative report for the country

**Briefly explain how this information is used::** This information is used for program policy and planning direction at the strategic level

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

**IF YES, at which geographical levels (provincial, district, other):** Divisional level though this is mainly within the Ministry of Health

**Briefly explain how this information is used::** Used for targeted intervention at the Divisional level.

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

**9. 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]:** Policy and Planning at Strategic Level

: Yes

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:** Planning, Policy and Strategic direction for the country and the Divisions

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

**At national level?:** No

**IF YES, what was the number trained?:**

**At subnational level?:** Yes

**IF YES, what was the number trained:** approximately 45

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

**IF YES, how many?:** part of the 45

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

**IF YES, describe what types of activities:** Monitoring and evaluation inco-operation into planning exercises

**11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:** 6

**Since 2011, what have been key achievements in this area:** The Divisional Trainings have been a set up on strengthening the M&E for the country Making M&E a part of the planning has been important Development of a Results based framework for SRH has been an important step to see at the Strategic Level on the GAPS within the programme and plan proper

**What challenges remain in this area:** Human Resource and set committed funds has been the main drawback for the HIV Program in Fiji

## **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?:** 3

**Comments and examples:** Consultations were not as wide as was thought to be from the CSOs especially with the development of the currently used National Strategic Plan for HIV & STI [2012-2015]. Although there was a wider consultation in the country regarding the development of the HIV/AIDS Decree 2011, the positive network of people living with HIV [FJN+] felt that there was no attempt from the government to support the involvement of PLHIV resulting in their failure to fully understand the process of the Decree. Although there is a strong commitment from H.E The President of the Republics of Fiji, Fiji's HIV/AIDS Ambassador and the UNAIDS Ambassador for HIV in the Pacific, there isn't much collaboration noted with other political leaders. CSOs might not have contributed a lot to the development of the NSP, they have contributed to the strengthening of political commitments through advocacy programs especially with FJN+, where HIV is kept high on the agenda. There are CSO representatives at the highest level of the HIV response - the HIV/AIDS Board which also includes a representative from the positive network [FJN+]. There is also involvement of CSOs at community levels with the village leaders during leaders and council meetings.

**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)?:** 0

**Comments and examples::** CSOs have played a key role in the planning processes of the Fiji National Strategic Plan 2012-2015 but this is not the same for the budgeting component of the strategic plan.

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

**a. The national HIV strategy?:** 4

**b. The national HIV budget?:** 3

**c. The national HIV reports?:** 2

**Comments and examples::** HIV Strategy: In the Fiji National Strategic Plan 2012-2015, the CSOs are mostly involved with activities focused on prevention, care and support – but these roles are not well demarcated to ensure that there is no duplication of roles. In addition, a strain on human and financial resource. Apart from some CSOs that are providing similar activities, there are some like Empower Pacific that only provides support services through counselling for ante natal mothers and also their partners. National HIV Budget: Although services provided by civil society in areas of HIV prevention, treatment, care and support are included in the National HIV strategy, they are not necessarily included in the national budget provided by the government. The reasons for this are complex. Funding provided by the government of Fiji for the National HIV response represents a fraction of all expenditure for the response. Ministry of Health has established MOUs with some CSOs to undertake specific activities. For example with MOH in providing counseling for pregnant women at ANCs; FJN+ partners with MOH by providing HIV+ advocates based in the three Hub centers to conduct community education. These services are included in budgetary allocation from the government. National HIV reports: The MoH disseminates updated HIV statistics but this is in numbers without any other added information such as strategies to reduce the burden of the disease. Work of CSOs is not fully captured in the National HIV report since the MoH collates a National report which includes all other activities from other departments within the health ministry. There is a need to develop a National HIV Report that would capture all activities implemented from all CSOs within the country.

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

**a. Developing the national M&E plan?:** 2

**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?:** 1

**Comments and examples::** Under the M&E strategic approach in the Fiji National Strategic Plan 2012-2015, responsible officers for the monitoring and evaluation of the HIV response are mostly technical personnel’s for example UNAIDS, Ministry of National Planning, etc. To ensure effective implementation of the strategic plan towards the country’s response for HIV, HIV implementers needs to be actively involved in the process of M&E, thus the need to have an M&E working group.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?:** 3

**Comments and examples::** There is an attempt from government to include CSOs since there is a diversity of CSOs involved in the HIV response. CSOs are also in a better position to negotiate especially when dealing with the key affected populations. For example; in 2013, FJN+ had started establishing a partnership with SAN Fiji [Sex workers network] and MEN Fiji [MSM network]. In addition, they had also started looking at building capacity of its members not only for their individual benefits but also for the organization as a whole. Empower Pacific also focuses on empowering vulnerable groups and allowing them to realise their potentials and strengths. Other organisations include FBOs like ADRA [Adventist Development & relief Agency, FASANOC [sporting organisation], RFHAF [Reproductive Family Health and Association of Fiji – member of the IPPF family], Fiji Red Cross and many more.

**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?: 2**

**Comments and examples::** Adequate technical support: FJN+ works with MoH in the provision of HIV advocates within the three Medical Divisions in country. Although they are guided by their term of references on the supportive work they provide for the hub centres, there is a need for capacity building. Adequate Financial Support: Some CSOs have better access to funding than others, and have multiple funding sources. Other CSOs had depended entirely on the Pacific Response Fund for all their funding, making their future survival very tenuous.

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

**Prevention for key-populations:**

**People living with HIV:** >75%

**Men who have sex with men:** 25-50%

**People who inject drugs:**

**Sex workers:** 25-50%

**Transgender people:** 25-50%

**Palliative care :**

**Testing and Counselling:** >75%

**Know your Rights/ Legal services:** >75%

**Reduction of Stigma and Discrimination:** 25-50%

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

**Home-based care:**

**Programmes for OVC:**

**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 2013?: 5**

**Since 2011, what have been key achievements in this area::** The involvement of Civil Society as an essential partner in the response – for example the development of the NSP, the HIV/AIDS Decree and also the M&E Framework for 2012-2015. Partnership amongst CSOs has been strengthened to some extent but still needs room for more collaboration and networking. Decriminalization of male-to-male sex, which has significantly improved the HIV/STI prevention for MSM and made it possible for a support network of MSM such as MEN Fiji to be established and funded and contribute to the national HIV response. HIV positive people are integrated into some civil society organizations and support organizations.

**What challenges remain in this area:** There is a need for CSOs to collaborate more and discuss on implemented activities for the HIV response especially when resources are limited. Limited friendly facilities to address the needs of key populations. Sex work is still criminalized by the Crimes Decree 2009. The main source of funding for the HIV response in Fiji is the Pacific Response Fund, which has come to an end in 2013. Finance will be a challenge especially in operationalizing activities for example, retaining of human resources to implement planned activities as experienced by Empower Pacific including the sustainability of the counseling services in hospitals as part of the PPTCT program.

## **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:** In all development of Policies in the year of 2013 and even before, including the development of the strategic plan Government has always ensured that all key populations are part of discussions and that their input into the policy document or strategic planning is factored in. It is not only in the planning processes of the NSP but also in the evaluation of implemented activities and the implementation of work plans. In addition, they have also been actively involved in the development of the HIV/AIDS [Amendment] Decree 2011. They are a key part of all activities that occur in Fiji, thus always part of the planning to implementation to monitoring and evaluation of programs.

## **B.III Human rights**

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

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

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

: No

**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 Fiji constitution on section 26[1-8] protects the right of everyone to equality and freedom from discrimination. Section 3-(1)(a), Guiding Principles, of the HIV/AIDS Decree 2011 protects the rights including the highest attainable standard of physical and mental health including availability and accessibility of HIV prevention, treatment, care and support for all persons regardless of age, gender, gender orientation or sexual orientation. So although none of the sub-populations in question 1a are mentioned specifically in the Guiding Principle 3-(1)(a), it can be reasonably assumed that their rights are protected by the HIV/AIDS Decree 2011. People living with HIV/AIDS: Section 22 of the HIV/AIDS Decree 2011 states that it is unlawful to discriminate, directly or indirectly against a person having HIV/AIDS or affected by HIV/AIDS. Prisoners: Section 22(e) states that an act of unlawful discrimination may occur in relation prisoners and persons in custody In addition to the HIV/AIDS Decree 2011, the Family Law Act and the Juveniles Act specific protections for women and girls, and young women and young men.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::** Since the constitution has just been endorsed and gazetted, it has yet to be challenged or tested. The enactment of the HIV/AIDS Decree 2011 was followed by a period of widespread education of the community about the provisions of the Decree. Workshops were conducted all over the country and for specific populations groups including law enforcement, health care workers, government partners, NGOs etc. The purpose is two fold – to inform people, particularly service providers about their responsibilities under the Decree and secondly to inform users of services about their rights under the Decree. The HIV/AIDS Board, with the power to do all things necessary or convenient to be done for or in connection with the performance of its functions under the HIV/AIDS Decree has been established and is functioning. The functions of the board include monitoring the implementation of human rights based policies and guidelines. Some civil society advocacy groups, eg Fiji Women’s Crisis Centre draw attention to breaches of laws, usually through the media.

**Briefly comment on the degree to which they are currently implemented::** The HIV/AIDS Decree 2011 is new, but is being implemented. The Family Law and Juvenile Acts are also being implemented. Ministry of Women and Social Welfare has been working hard with civil society UNICEF, Empower Pacific, Save the Children Fund (SCF) to implement the CRC and other child protection mechanisms.

**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?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

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

: No

**Briefly describe the content of these laws, regulations or policies:** The Crimes Decree 2009 (Decree No. 44), which took effect on 1st February 2010, replacing the 100-year old Penal Code of Fiji, revised the laws around sex work. Two notable changes are that: under the Penal Code, a 'prostitute' was definitely female. The relevant provisions in the Crimes Decree are gender neutral and can encompass male and transgender. The second notable change is that clients of sex workers can now be prosecuted if they seek and/or use the services of a sex worker or make arrangements to do so.

**Briefly comment on how they pose barriers:** Sex workers cannot identify themselves as sex workers as a result of fear of brutality and harassment from law enforcement agents. This has also reduced sex worker opportunity for negotiation with clients, including condom negotiation.

**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.:** Domestic Violence Decree, Child Abuse Decree and Crimes Decree. Two policies in the Crimes Decree are aimed at reducing violence against women. The 'No Drop' policy aims to ensure that any violence offence against women reported to the police is prosecuted, even if there is an attempt to withdraw the case by the woman (under pressure from the male partner and/or family), as has often happened. The second policy ensures that perpetrators of violence against women are held in custody until they appear in court to apply for bail. Bail conditions include staying away from assault victim. This policy also aims to reduce the chances of an assault victim being pressured to drop the case.

**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:** The HIV/AIDS Decree 2011 provides a human rights framework for the response to HIV prevention; and treatment and care will be supported through an improved enabling environment, informed by promotion of human rights and reduction of stigma and discrimination. The NSP 2012 to 2015 is based on Human rights. Specifically it includes the following: 1. The strategy proposes that the prevention approaches would need to address the issue of stigma, discrimination and human rights. Human rights, stigma and discrimination is a cross cutting issue across all the priority areas of the NSP. Under prevention it is highlighted that prevention will be integrated with the promotion of human rights and respect for all Fijians, including sex workers, transgender people and men who have sex with men. Testing for HIV has to be with informed consent of the individual as per decree There are penalties in the HIV Decree for breaching confidentiality and divulging someone's status against their will

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** No

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

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

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No



**HIV prevention services:**

**Provided free-of-charge to all people in the country:** No

**Provided free-of-charge to some people in the country:** Yes

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** PLHIV in the management of their OIs and also commencement on HAART. All sex workers and MSM have access to free prevention and treatment services in the hub centres, with Empower Pacific, through the Sekoula project and also through MSPI [Medical Services Pacific International]. Pregnant women and their partners have been prioritized for routine integrated prevention, screening and care; this is a very comprehensive multifocal program. Young people and the community members or the public in general that access services via hospital and community based initiatives can access free prevention, screening and treatment services via NGOs and 3 divisional Hub centers and sub divisional facilities through the assistance of the peer educators and the hub staff.

**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::** Section 26 of the HIV decree specifically forbids discrimination relating to access to prevention, treatment and care.

**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::**

Through community education in general or during training conducted to private organisations, military personnel's, etc. The media is also used to assist in ensuring the access of information regarding the decree.

**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::** HIV Decree – Section 22 states that an act of unlawful discrimination may occur, in relation to employment, contract or work and members of uniformed services in the arrangements an employer or contracting principal makes for the purpose of determining who should be offered employment, contract work, or membership.

**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:** Yes

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

**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:** Yes

**Programmes in the work place:** Yes

**Other [write in]:** IEC materials in partnership with Albion St., Australia and FNU [Fiji National University] on the desensitization program for health care workers.

: Yes

**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 2013?:** 5

**Since 2011, what have been key achievements in this area:** Stigma and discrimination from the community has now improved as compared to previous years. Enactment of the HIV/AIDS Decree although not in full. The establishment of the HIV/AIDS Board and the recruitment of the CEO HIV/AIDS Board.

**What challenges remain in this area:** At times, PLHIV are still facing problems in dealing with attitudes of some health care workers within the hub centers. This is normally experienced when patients have to wait in the clinic without being seen even though there are nurses in the clinic who are attending to other patients accessing the clinic. This normally occurs when the HIV nurse or the medical officer is not available and patients are not informed about it whilst they are waiting to be seen.

**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 2013?:** 5

**Since 2011, what have been key achievements in this area?:** The current NSP has also focused on the human rights approach of all activities to be implemented.

**What challenges remain in this area?:** A paradigm shift is needed especially with the attitudes of the health care workers when caring for PLHIVs. Crimes Decree remains an obstacle especially with sex workers. It is difficult to follow them up in the same location since they are mobile.

## **B.IV Prevention**

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

**IF YES, how were these specific needs determined?:** The specific needs for the HIV prevention programs are determined through the national strategic plans.

**IF YES, what are these specific needs? :** This includes prevention of HIV infection amongst key population, prevention and reproductive health and gender awareness for young people, PPTCT through community education and referrals and blood safety.

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

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** N/A

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

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Disagree

**IEC on stigma and discrimination reduction:** Disagree

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

**Prevention for people living with HIV:** Agree

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

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

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

**Risk reduction for sex workers:** Agree

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

**Universal precautions in health care settings:** 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 2013?:** 6

**Since 2011, what have been key achievements in this area:** Condom distribution to targeted populations has increased as experienced by the positive network for PLHIV. Network with FBOs has been strengthened. This is essential since they are a key organisation that would assist in the reduction of stigma and discrimination on those infected and affected with HIV. From a social perspective, FJN+ has been actively involved in outreach programs with the use of media through TV and radio programs. ANC programs for mothers through the VCCT/PPTCT program have increased with the inclusion of partners in the program as facilitated by Empower Pacific

**What challenges remain in this area:** The main challenge faced by CSOs is addressing values and having the capacity to lobby and advocate for prevention programs successfully through FBOs, traditional leaders and parents.

## **B.V Treatment, care and support**

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

**IF YES, Briefly identify the elements and what has been prioritized::** : Ensure a strong COC core teams in the 3 major divisions of Fiji to provide holistic care for all people living with HIV : Reduction of Stigma and Discrimination in the community to help positive people and the general public to be able to access the health facilities for any counseling and testing. : Develop and Strengthen Strategic Health Communications for Fiji for HIV and STI's : Ensure Universal Access to HIV Treatment and care for all

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** : Roll out of the New HIV Testing Algorithm for Fiji to the Sub-Divisions making confirmatory testing available at that level to ensure turn around time for results to be shorter than previously anticipated. : Introducing the roll out of PPTCT to maternity units around Fiji for universal accessibility of PPTCT services around the country : Training of Health Care workers on treatment and care from the Sub-Divisions to ensure that patients who want to be seen at the Sub-Divisions are able to easily access such services to avoid defaulting clinics at the Divisional level secondary to financial issues

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

**The majority of people in need have access to...:**

**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):** Strongly 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):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** N/A

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

**TB screening for people living with HIV:** Strongly 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 2013?: 7**

**Since 2011, what have been key achievements in this area:** Since 2011: we have significantly strengthened our TB/HIV testing in both amongst the TB patients and vice versa for HIV patients. : The development and adoption of the WHO guidelines 2013 treatment guidelines and revised Fiji's guidelines in 2013. : Introduction of the Option B plus in 2012 for pregnant women : Introduction of eligibility of patients for ART from CD counts of < 500 : Fiji has developed the TB/HIV Collaborative Policy to strengthen the Scale up and Treatment and care for TB/HIV patients in the three divisions. : The Development of the HIV Testing and Counseling Policy which will strengthen the counseling component around the country and also contribute to the standardized upscale of Testing and Counseling amongst the Public and Private practitioners. : The revision of the PPTCT policy to include the Option B plus component into practice and commitment by the country : Development of the reporting template for Fiji, currently in the pilot phase though but now we can have standardized reporting of HIV and STI's with the three Hub Centers. : The finalization of the new three rapid test confirmatory in Fiji and in 2014 we will be rolling it out into the Sub-Divisions for decentralisation of HIV Testing and Counseling in Fiji this will strengthen our universal access component down to the Sub-Divisions of Fiji. : The gazetted HIV Decree for Fiji in 2011 has been a strength for the country in regards to stigma and discrimination.

**What challenges remain in this area:** Challenges is mainly Human resource in regards to roll out of programs and activities of the programs. The need for a strengthened Monitoring and Evaluation team for HIV is needed to strengthen the reporting component.

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No**

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No**

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No**

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7**

**Since 2011, what have been key achievements in this area:** CSOs partnerships has been strengthened as compared to previous years. This has also improved the focus on preventative programs. For example, with the Procera Festival - 335 people volunteered to be screened for HIV. This was a result of the collaborative work by the FJN+, MoH, and other CSOs. There has also been a focus on pregnant mothers with their partners as part of the wellness approach in a family setting and also through the PPTCT program. This is through the collaboration of Empower Pacific and MoH. PLHIVs have been empowered to live independently through the income generation training to assist them with their daily livings.

**What challenges remain in this area:** The challenge remains with the VCCT program where counsellors [with Empower Pacific] do not have the opportunity to be part of the post-test counselling for positive mothers [newly diagnosed]. Although there are not as much orphans in the country, ensuring that orphans of PLHIVs and the vulnerable groups remains with their families and not through foster homes. Ensure that funding is available to support the activities of the country on the HIV response.