

Marshall Islands Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

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

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: UNAIDS provided an in-country workshop in Majuro, Marshall Islands in February to discuss the purpose of the Global AIDS Progress Report (GARP). Subsequently the focal points from Government and NGO sector agreed on a workplan for data collection, analysis and submission of the report. A small working group was nominated, and key contact points identified. Four key processes for data collection were agreed: • A review of program reports, including any evaluations or other assessments on the response. • Completion of the survey by government and NGO stakeholders representative of the response • Review of all surveillance data for inclusion in the indicators table • Collation and analysis of financial data for inclusion in the Funding matrix The focal point for government and the NGO sector liaise with a range of stakeholders to collect and forward program reports to the consultant for review. Various meetings through face-face and e-meeting were held with three key groups of stakeholders from the NGO Sector, Government, and those from the NGO and Government and private sectors who might be able to contribute to completion of the survey or the indicators. The Focal points chaired these meetings. The survey instrument results from previous reporting period were used with each group; and minor amendments made to improve its accessibility in the Marshallese context. The Survey instruments were then distributed widely across each stakeholder group. The focal point from Government and NGO sector then monitored completion and submission of the surveys encouraging stakeholders to respond and provide updates to the Survey. Response to surveys submitted either electronically or in hard copy.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Ministry of Foreign Affairs representative noted that expatriates are mandated to provide medical clearance prior to arrival and also 10days after arrival for HIV test. Furthermore, Chief of Immigrations elaborated that if medical clearance results are not provided, application or entry will be considered "incomplete", but noted that the Division of Immigrations is undergoing revision of policies and regulations and further investigate this area. Division of Immigrations suggested that further collaboration between MOH, NAC and private shipping agents should be considered to reach out to seafarers.

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	Respondents to Part A
Ministry of Health	see attached	

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

Organization	Names/Positions	Respondents to Part B
National Advisory Committee	see attached	

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: 2013-2017

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Respondents from Ministry of Foreign Affairs and Division of Immigrations were not familiar with development and implementation of the National Strategic Plan 2005-2009 as well as the newly revised NSP from 2012-2013. Those associated with Ministry of Health, were familiar with the current ongoing work to develop the 2012-2017 National Strategic Plan. This group reported that the current NSP would focus on more culturally-appropriate strategies with five main objectives: a) stronger governance and coordination; b) effective strategic information and communication (M&E); c) comprehensive prevention services ; and d) more effective treatment, care and support.

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?: MOH, MOE, Attorney Generals and Ministry of Foreign Affairs, Port Authority, Immigration, With support from: Local Government, CMI, NGOs (Youth to Youth & WUTMI & MIEPI) Traditional Leaders (Council or Irojs) Church Leaders, Private Sector (Businesses), inc Hotel and Travel Agencies, Airlines, Bars, Nightclubs, Fishing Companies

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: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

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?:

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: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

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: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

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)?: No

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?: Yes

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.: Of those who were involved in developing the last Strategy, they advised that CSO was actively involved. Of those involved in developing the current Strategy, they identified the role of the MOH in convening a general meeting to discuss the need to re-organise and re-establish the National advisory committee for HIV, STD and TB. MOH convened the NAC in a clear, step by step approach including: defining talking point for discussion, invitation and nominated for new ANC members, the election of officers, the establishment of bylaws and meeting protocols, implementation of member engagement strategies, and direct accountability to the establishment of the next (current) national Strategic Plan. Currently the new NAC is composed of highly active members and MOH continues to implement strategies to ensure engagement and sustainability. Of these new members, they are from the following sectors: MOH: 4; private sector: 2; NGOS: 3; Church: 1; traditional leaders: 1; MIA:1; Higher Education: 1;

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: While not everyone was familiar with the process of external development partner endorsement, it was noted that the previous NSP

(2005-2009) was endorsed by SPC; with the new NSP (2012-2017) that has been endorsed by Minister of Health, National Advisory Committee and introduced to President of Marshall Islands, it is expected that more will be aware.

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

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: N/A

National Development Plan: Yes

Poverty Reduction Strategy: N/A

National Social Protection Strategic Plan: N/A

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: N/A

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: Yes

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): Yes

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?: No

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:

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Few

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: None

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?: 8

Since 2011, what have been key achievements in this area: Of those who were able to identify achievements, they listed the following: • MOHs' efforts to establish the national advisory committee • Endorsement of NSP and development of M&E Framework (costed plan) • National HIV & STI Program members participated in the Monitoring and evaluation skills seminar • At a the local level, in Ebeye, the team was proud it had implementation its annual strategic work plan: overall the plan's objectives were achieved particular in relation to improving clinical evaluation and classification of STD cases. In 2011, Ebeye developed its 2012-2017 KAHCB PHC Strategic plan, with new objectives and indicators.

What challenges remain in this area:: • Strengthening the engagement of key agencies to take ownership and feel valued, in helping RMI Government to address the issues associated with strategic Planning for HIV & STIs. • NGOS contribution needs to be recognized. • Private sector need to provide better health care to their employees • Strengthening MOH resources and commitment - including the establishment (or clearly identifying) the working group responsible for HIV & STI programming; engaging with NGOs to deliver programs; ensuring follow-up meetings and updates on the program; ensuring sufficient staff are engaged to deliver the program.

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: No

B. Other high officials at sub-national level: No

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: During this reporting period there was no meeting conducted with the NAC members. However, in lieu of a NAC meeting, the NAC prepared a presentation of the National Strategic Plan for HIV and STIs for the President of

the RMI, Christopher J. Loeak. The presentation was conducted by the Secretariat with the assistance of the Minister of Health and the Acting Secretary of Health. The Secretariat was able to secure a tentative date to conduct the same presentation to the President's Cabinet members. Comments made by the President were regarding testing, high teenage pregnancy, contraception use and the myths about condoms (i.e. they are too thick, therefore, no one wants to use them or that they lack enough lubrication). Comments like these are common, and the fact that the President was able to freely discuss condoms like this opened the door to further discuss the human anatomy during the presentation. The President then made a request to conduct a condom demonstration for the Cabinet members. President Loeak realized the growing concerns of HIV and STIs in his small island nation and has provided his endorsement of the NSP.

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?: Daisy Alik-Momotaro, NAC Chair

Have a defined membership?: Yes

IF YES, how many members?: 15

Include civil society representatives?: Yes

IF YES, how many?: 7

Include people living with HIV?: No

IF YES, how many?:

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 NAC undertakes the role of promoting interaction between Government, CSO and Private Sector. Through MOH, the NAC delegates specific responsibility for implementation to the relevant implementing agencies, such as MOH Programs or Youth to Youth. The NAC is guided by its bylaws in this role, and supported (facilitated) through the National Strategic Plan.

What challenges remain in this area: Respondents identified the following challenges over the last two years: • Finalizing the National Strategic Plan also took time • The lack of human resources – with gaps in the Coordination and Clinical Care roles impacting on the program's implementation Looking forward, respondents identified these challenges: • Strengthening engagement with other sectors, including representation from PLWH

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 30

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]:

: No

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: One consultative meeting with the Attorney General's office and numerous email correspondences between the AG's office, MOH, WUTMI and NAC took place to discuss and review RMI's laws related to HIV, STIs, TB and Viral Hepatitis. The AG's office has agreed to further review all laws to identify areas that need strengthening and revert to MOH, WUTMI and NAC and provide guidance on appropriate actions to make necessary changes to existing laws. Draft and existing laws that were reviewed include the draft HIV reporting law, the MIRC Title 7 Chapter 15, and the Public Service Commission policy. HIV policies for the Ministry of Health and WUTMI were finalized and endorsed.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: None were familiar with the RRRT Review of HIV, Human Rights and the Law, a report written in 2009 which reviewed existing legislation to identify how its scope for protecting the human rights of those who are (or at risk of) HIV+. This Review identifies a number of inconsistencies between existing policies and legislation and the protection of human rights

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?: 3

Since 2011, what have been key achievements in this area:: In Ebeye, the Mayor's support as well as traditional leaders for HIV & STIs prevention efforts in the community is a key achievement.

What challenges remain in this area:: The major challenge identified by respondents was to address stigma and discrimination against HIV & STIs. A key challenge, another asserted, was that the nation's leaders, and the community, needed to admit that HIV & STIs are a serious problem and stop using cultural taboo as a reason for not talking about the seriousness of the problem. Another respondent noted that the absence of an identified champion for HIV in the Nitijela – even though champions for women's empowerment, climate change and young people were identified – indicates how little support there is at national levels, and particularly in the (last) parliament.

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: 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: No

Transgender people: No

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 RMI Constitution was identified as the key source of general law on non-discrimination by some; another noted the confidentiality, discrimination and other human rights protections available under the Communicable Diseases legislation (s15). Others noted the need to 'find these laws and ensure everyone has a copy' arguing that everyone has a right to health care services no matter who they are.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Other than one respondent who noted that the Marshall Islands citizens have access to a universal health insurance scheme which should ensure access to health services, no respondents were able to identify a mechanism to support implementation of the Constitution and any laws.

Briefly comment on the degree to which they are currently implemented:: No respondents were able to identify the degree to which any legislation is currently 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 vulnerable groups?: No

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: No

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: There were inconsistencies in the responses here which suggest that the question was not easily understood – many reported don't know as their answer to Question 2, or but yes to its sub-questions. One respondent identified that the illegality of sex work can impede sex workers access to health services; another identified that mandatory testing of immigrants, young girls and women and STI clients (who area all required to have a physical examination including HIV tests) may be at odds with other laws.

Briefly comment on how they pose barriers: The RRRT Review 2009 identified: Although the anti-discrimination protections of the CDPC Act are helpful, other aspects are likely to impeded prevention of HIV and sexual health. Some provisions are inconsistent with the a human rights based approach to prevention, treatment care and support Exclude HIV from the definition of communicable disease Exclude HIV from mandatory testing provisions - e.g. for employment & other purposes, - except in accord with international guidelines, e.g. on blood donors Limit notifications of HIV diagnosis to medical practitioners (and not to schools and day centers etc) Strengthen the privacy and confidentiality provisions Criminal law Provisions in Ant-Prostitution Act and Immigration Act that criminalize sex works should be repealed Section 1511 in CDPC Act for intentional transmission is draconian and should be repealed as it is likely to be ineffective for public health purposes, and may add to stigma. Anti-discrimination legislation Existing anti-discrimination protection should be widened to include people assumed to have HIV and families, careers and other associates of HIV+ people Enact legislation to make discrimination on the basis of sex, sexuality or sexual orientation and transgender status unlawful. Status of vulnerable populations Amend legislation to ensure protection on the basis of sex where there is potential for conflict between customary law and the Constitution which may impinges on women's economic or social status Amend legislation on marital or male rape, to ensure protection against sexual violence Workplaces & Employment: Government and private sector should develop a code of practice on HIV in the workplace which protects from stigma and encourages information and education and confidentiality. There is no legal framework for ethical human research – which means that there are no laws to protect and ensure that ethical research occurs.

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?: No

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: No

Engage in safe(r) sex: No

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: No

Greater involvement of men in reproductive health programmes: No

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: No

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: No

Use condoms consistently: Yes

Other [write in]: While most respondents indicated that they did not know of policies or strategies addressing prevention, others noted that no written or approved policies, were in operation, but strategically, in practice, program implementation still addresses these messages. However, there were key discrepancies in all respondents' advice on which key messages were or were not promoted. This requires clarification. It is possible that the survey question was misunderstood.

: No

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

2. Does the country have a policy or strategy 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?: No

Teacher training?: No

2.2. Does the strategy include

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

b) gender-sensitive sexual and reproductive health elements?: No

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?: No

Briefly describe the content of this policy or strategy:: NGO, such as Youth to Youth, and WUTMI, also play a role in prevention through conferences and workshop, drama and skits, and role plan – to out of school and in-school youth as well as those in outer islands.

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

Customers of sex workers: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment

Other populations [write in]:

:

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?: 5

Since 2011, what have been key achievements in this area:: Achievements • An increase in HIV & STI testing • The conduct of risk behavior survey, alongside CTR and HIV & STI testing (in Ebeye) • Safe blood transfusion • Public awareness campaigns, such as World AIDS Day • Implementation of Policies to ensure confidentiality • Distribution of condoms: to the outer islands; and local outlets in Majuro; and within the Majuro hospital (ER, Lab, Inpatients wards, OPD, PH, and x-ray) • Global Fund, Response Fund and CD Federal funding for prevention • Access to condoms locally through the Ebeye Health Centre (HIV & STI clinic, OPD and ER) , and local stores

What challenges remain in this area:: Challenges: • The need to establish appropriate policies at a national level to support HIV & STI reporting legislation, the protection of HIC+ people and information dissemination. • Allocation of funds to support civil society programming. • Additional resources (vehicle) to support contact tracing and conduct outreach activities. • The timely development of new IEC materials • The timely payment of accounts. • Stronger team work to support program implementation

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

IF YES, how were these specific needs determined?: Meetings with funders – such as UNFPA and SPC – which have contributed to the establishment of the stakeholder advisor council boards to discuss needs. The following areas were identified as potential programs for scale up: • Education and counseling – especially for young people • Stronger campaigns to increase education and awareness (in the general population) • Enforcement of policies and legislation • Implementation of agreed workplans under current funders

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

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

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: Strongly agree

Harm reduction for people who inject drugs: Agree

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

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: Disagree

Prevention for people living with HIV: Disagree

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

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: N/A

Risk reduction for sex workers: Disagree

Reduction of gender based violence: Agree

School-based HIV education for young people: Disagree

Treatment as prevention: Agree

Universal precautions in health care settings: Disagree

Other [write in]: A number of respondents responded 'Don't know' or 'not applicable' to this question.

:

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: Standard treatment guidelines are in place and implemented, supported by well-trained clinical staff and encompassing • Access to free Anti-retroviral therapy for HIV and STI treatment • Treatment for opportunistic infections and co-infections • Rapid testing and confirmatory tests • HIV care and support groups

Briefly identify how HIV treatment, care and support services are being scaled-up?: Treatment Care and Support services were scaled up through: • Support for trained physicians, with refresher and short course training every year • Consultation with SPC and AETC HIV experts on specific cases • HIV training for new recruits and refresher training to clinical and public health nurses.

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: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: 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: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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:

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?: RMI is one of the Sub-Recipient for the Global Funds, which means the supplies of ART are ordered through the regional Fiji Pharmaceuticals (FPCC), linked to SPC. SPC's HIV Program works alongside the FPCC to purchase ART for RMI and other SR countries. On a six month basis a supply inventory is submitted to FPCC; supplies usually take 1-2 weeks to reach RMI. However, Ebeye participants reported that access was not the problem – rather, the delay in processing papers and paying accounts promptly. For example, medicines were often not available because the accounts were either not paid or paperwork not done.

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?: 7

Since 2011, what have been key achievements in this area?: Achievements: • Improved availability of STD and Art medications (very few instances of run outs of drug supplies) – this improvement was attributed in part to the quarterly drug procurement systems for ART and STIs established under SPC • The establishment of new STD treatment guidelines, including both etiologic and syndromic treatment protocols for STDs. These new guidelines show applicability of the disease treatment guidelines based on the clinical setting. • Access to clinical training for STD and HIV health providers to improve overall treatment and care services. • Improved laboratory diagnosis for implementation of the etiologic treatment guidelines. • A better understanding of the disease burden and implementation of new strategic treatment approaches, such as presumptive treatment of Chlamydia infection amongst prenatal care users and their partners. • Almost 100% of diagnosed STD cases received appropriate treatment. • The full support and well-planned inventory and order system implemented with Fiji Pharmaceuticals • Technical support and capacity building from SPC technical advisors – especially in relation to managing cases and co-infections • The development of a HIV testing algorithm for diagnosis of HIV on-island – rather than sending blood specimens to a reference laboratory for confirmation (also with SPC support) • US Federal funds supported on-site activities at Majuro hospital and outreach services to outer islands (where most vulnerable groups reside) One respondent noted surprise that, despite the risk factors present in RMI – such as high levels of unprotected sexual activity in some key groups, high rates of STIs – there has not been a corresponding increase in reported HIV cases.

What challenges remain in this area?: Some shortages of medicines and test kits (such as Bicillin) due to shipping difficulties • A lack of second-line drugs for resistant cases – and the unavailability of all drugs for opportunistic infection secondary to HIV infections and AIDS • Access to funds for the support of HIV+ people, such as Ryan White • The provision of partner services (testing and treatment of partners) • Stigma and discrimination delays treatment for both STDs and HIV • The provision of regular treatment services to outer island communities – and identifying (locating) and bringing in clients for timely treatment (as well as in Ebeye) • The shortage of health care providers. • Patient compliance in relation to follow up for care and support – stigma and discrimination are noted as one reason, but the quality, timeliness and confidentiality of testing and client care services was also raised as a concern by one respondent • Compliance with reporting obligations to the funders, particularly the Ryan White funds for care of those with HIV. • Resources to support outreach, client follow up and contact tracing – including access to a vehicle and staff • Quality care to ensure the prevention of mother to child transmission

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?: 1

Since 2011, what have been key achievements in this area:: Most respondents disagreed with the idea that there were children who are orphans, noting that in Marshallese culture, children who lose their parents are taken into the broader family. Consequently, there were different views on whether there were children who may be neglected or vulnerable as a result of HIV & STIs in the community. One group of respondents said that there was no plan to address the needs of children who may be at risk or vulnerable because of HIV & STIs. Another respondent identified that, for those children of HIV+ pregnant women born through the 2010-2011, the PMTCT guidelines were implemented: rapid tests were taken and confirmatory tests were instituted; the prophylaxis is available at the Majuro hospital; and a paediatrician is a member of the HIV Core Care team at eh Majuro hospital. Of those three children born to an HIV+ mother in the last two years, two children were tested with PCR test (results show a normal or negative PCR), and the third remains to be tested.

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?: Yes

Briefly describe any challenges in development or implementation:: Discussions to gain the assistance of UNAIDS to support the assessment, reporting RMI M&E Plan, was addressed

1.1. IF YES, years covered: 2013-2017

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

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: No

IF YES, does it address::

Behavioural surveys: No

Evaluation / research studies: No

HIV Drug resistance surveillance: No

HIV surveillance: No

Routine programme monitoring: No

A data analysis strategy: No

A data dissemination and use strategy: No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): No

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:: Although M&E completed and implemented, respondents felt shared that a centralized surveillance unit should be considered. At this point, NAC secretariat and WUTMI are acting as the M&E entity.

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?
NAC Secretariat	Temps plein	2013

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?: Yes

Briefly describe the data-sharing mechanisms:: MOH & NAC will continue to monitor NSP and M&E implementation

What are the major challenges in this area:: The need to establish the M&E unit.

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.: Most of the national database is with the national Program Manager for the RMI MOH HIV & STID program. The identification of data for the GAPR indicators has revealed that this data base is inconsistent and incomplete.

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?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?: The database has fields to include prevalence/incidence, age-group distribution , geographical coverage.

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?:

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

7.2. Is HIV programme coverage being monitored?: No

(a) IF YES, is coverage monitored by sex (male, female)?: No

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

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

Briefly explain how this information is used::

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]::

: No

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

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

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained: 3

At service delivery level including civil society?: No

IF YES, how many?:

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

IF YES, describe what types of activities: Initial planning has been undertaken to establish a national M& E Plan and unit.

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?: 5

Since 2011, what have been key achievements in this area:: Some standardization - between the Majuro and Ebeye Health Centres - in relation to HIV & STI Data collection and reporting.

What challenges remain in this area:: • Need more standardization of indicators (including the data required by various funding agencies). • Data dissemination and utilization should also be improved. • To strengthen leadership, communication and coordination of M&E In the HIV & STI program.

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?: 2

Comments and examples:: The NAC and WUTMI were very much involved in the formulation of the National Strategic Plan for HIV and STIs that was finalized and endorsed by the NAC in June 2013 and by the Ministry of Health in August 2013. WUTMI has provided assistance to the Ministry of Health consult with the Attorney General’s office on laws related to HIV and STIs to better understand the laws and ways to make amendments where necessary. The meetings with the Attorney General’s office was conducted in September 2013. The results of the two meetings would be a revised section to the Communicable Disease Act to ensure the rights of people living with HIV and STIs and to ensure voluntary testing rather than mandatory and reporting of the test results (i.e. for a job application).

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:: As part of the drafting committee for the National Strategic Plan, the NAC and WUTMI were also part of the monitoring and evaluation framework development which included budgeting for each intervention. 3.

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?: 2

b. The national HIV budget?: 1

c. The national HIV reports?: 1

Comments and examples:: Youth to Youth in Health is the only CSO that provides counselling and testing for HIV and other STIs. In March 2012, a consultative workshop on the National Strategic Plan for HIV and STIs was conducted with CSO and Government representatives. Only the NAC and WUTMI are involved with HIV reporting considering their roles and responsibility to the HIV and STIs response.

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?: 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?: 1

Comments and examples: The NAC and WUTMI are the only CSOs that were part of the M&E Framework development and the working group responsible for the coordination of the M&E activities. With that some data is made available to us. Most data are compiled and entered late.

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)?: 4

Comments and examples: The NAC has a diverse representation; however, it has yet to recruit a person living with HIV because of stigma and discrimination towards PLWHIV. Other CSOs include youth, women, faith-based, and other community-based organizations. For example, WUTMI is an umbrella organization of community-based organizations and some faith-based; and KUMIT Bobrae is another umbrella organization with coalitions representing various communities around the Marshall Islands. It is unknown whether these organizations include sex workers and other target groups like MSM because a sex worker will not make it known of his/her business of being a sex worker because it is against the law.

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?: 1

b. Adequate technical support to implement its HIV activities?: 2

Comments and examples: The NAC, WUTMI and Youth to Youth In Health receive some funding to support HIV activities. The amount of funding received doesn't not equate to the amount of activities that needs to be done to address the communities about prevention, treatment and care.

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

Prevention for key-populations:

People living with HIV: <25%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: <25%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): <25%

Home-based care: <25%

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 2013?: 7

Since 2011, what have been key achievements in this area:: Since 2011, the NAC and WUTMI have increased their capacity to better contribute to the HIV response. The RMI National Strategic Plan has been endorsed by the NAC and activities have begun to implement the National Strategic Plan for HIV and STIs. Four CSOs representatives have been certified to provide pre and post counselling services to patients. Two non-clinical sites have been indentified, and HIV workplace policy has gone into affect for the WUTMI organization.

What challenges remain in this area:: Laws, policies and regulations remain a violation of the rights of the people of the Marshall Islands. In order to apply for a position you need to get tested for HIV and provide your results. Your results will have an effect on whether you get the job or not (Public Service Commission). Many CSOs have yet to develop policies to protect PLWHIV and to promote the reduction of stigma and discrimination. CSOs representatives that are certified VCCT counsellors have yet to be utilized.

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?: No

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

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: 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: No

Transgender people: No

Women and girls: Yes

Young women/young men: No

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 Constitution protects people from discrimination on the basis of gender, origin and religion or race political interests – article of the Bill of Rights, s12. However, it does not list ‘sex’ as a base of discrimination. The Domestic Violence Prevention & Protection Act which has been enacted and currently known as Public Law 2011-60. This law protects anybody living under the same roof – whoever is considered a family – violence is defined as physical harm inflicted, psychological verbal or economic or social abuse. Sexual Assault is referred to in the Criminal Code and this includes harassment and rape.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: In relation to the Domestic Violence legislation, the Ministry of Internal Affairs and WUTMI developed a Technical Working Group to oversee the implementation of Public Law 2011-60. WUTMI is also working with the Public Safety Department and the Ministry of Health to develop and organize training for first responders in these two institutions. The Constitution is monitored by Attorney General’s office, with support from the Parliament.

Briefly comment on the degree to which they are currently implemented:: The members of the Public Law 2011-60 Technical Working group were provided rough budgets for their agency to implement the Law. These budgets will be pushed forward during the next budget hearings of the RMI government.

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: Yes

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 Public Service Commission has the right to deny someone living with HIV a job per the PSC Regulation. Sex work/prostitution is against the RMI law. Prostitutes are convicted but, those who patronize prostitution are not. Those engaged in sex work, injecting drug use, men having sex with men, are considered to be engaged in illegal activities – so this would prevent people accessing services or others knowing what services to provide.

Briefly comment on how they pose barriers::

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

Briefly describe the content of the policy, law or regulation and the populations included.: The Domestic Violence Prevention and Protection Act was enacted in September 2011. It's also known as Public Law 2011-60. The law does not specifically address women living with HIV. However, the contents of the law include definitions of abuse and domestic relationships, offenses and penalties, protection orders, and a no-drop policy. The criminal code was also noted as addressing rights of victims for sexual assault.

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 National HIV Strategic Plan as implemented/monitored by NAC and/or the Ministry of Health would provide this opportunity, with its focus on creating an inclusive society and reducing stigma and discrimination. WUTMI's HIV Policy in the workplace promotes and protects people's human rights.

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: No

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

Provided, but only at a cost: Yes

HIV prevention services:

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

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

Provided, but only at a cost: Yes

HIV-related care and support interventions:

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

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

Provided, but only at a cost: Yes

If applicable, which populations have been identified as priority, and for which services?: Respondent said HIV counselling and testing at the Youth to Youth in Health Clinic is free of charge to youth under the age of 25. Older than 25 pay a \$5 charge. The Hospital charges \$5 for local and \$17 for non-locals for any hospital visit.

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:: Treatment, care and support is the second priority area of the National Strategic Plan for HIV. It states: "The strategic approach to treatment, care and support for the next five years will include ongoing development of services which are already in place, increased emphasis on promoting family understanding and support for people who are living with HIV, and continued efforts to ensure that maternal to child transmission remains at zero. There have been zero cases of maternal to child transmission in the two years preceding this national plan, but before then there were some babies who died as a result of being infected while their mothers were pregnant: medical services can now be provided to ensure this doesn't occur, so long as the women know they are infected. There will be better integration of HIV and STIs with other health services, and continued rollout of epidemiological treatment of chlamydia, also known as "presumptive treatment". This means treatment is provided for women and men in selected communities, not linked with testing. The aim of this is to quickly achieve much lower prevalence of chlamydia." Key populations include people living with HIV, sex workers, MSMs, transgendered, sea farers, families of PLWHIV, health care workers, communities to establish a continuum of care system.

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:: See above comments

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

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

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

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

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

IF YES on any of the above questions, describe some examples:: The Ministry of Internal Affairs hired a UN Volunteer to oversee the RMI reporting on the Convention on the Elimination of all Discriminations Against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Universal Periodic Report (UPR). The UN Volunteer has been working with CSOs and Government agencies consolidating information related to human rights including HIV related prevention activities.

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 enforcement⁴⁶ 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: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

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]: Programmes in the communities

: 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?: 1

Since 2011, what have been key achievements in this area?: Review laws and policies were partially reviewed during the development of the National Strategic Plan for HIV and with the Attorney General’s office in 2013 to make amendments to the Communicable Disease Act. The International Labor Organization (ILO) conducted a policy in the workplace workshop which resulted in draft policies for WUTMI, the Ministry of Health (MOH) and the College of the Marshall Islands (CMI). WUTMI has since endorsed the policy. Respondent not clear whether this is the case for MOH and CMI.

What challenges remain in this area?: Stigma and discrimination remains a challenge when lobbying for the protection and confidentiality of PLWHIV. Commitment by the Parliament to ensure the protection of human rights of the people of the RMI especially those living with HIV and those affected by HIV.

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?: 2

Since 2011, what have been key achievements in this area?: The enactment of the Domestic Violence Prevention and Protection Act.

What challenges remain in this area?: The RMI has yet to submit a CEDAW report to the UN since the ratification of the convention in 2006. The RMI is also over due on its report to the UN on CRC.

B.IV Prevention

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

IF YES, how were these specific needs determined?: They were determined during the consultative workshops on the development of the National Strategic Plan for HIV.

IF YES, what are these specific needs? : Please see attached RMI-NSP.

1.1 To what extent has HIV prevention been implemented?

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

Blood safety: Agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: N/A

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

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: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Strongly disagree

School-based HIV education for young people: Strongly disagree

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::

What challenges remain in this area:: Stigma and discrimination to integrate HIV into school curriculum. Identifying men who have sex with men and sex workers. Because these are considered illegal it's difficult to identify these people and provide

preventative services to them or for them to freely access these services.

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?: No

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

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?

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: N/A

Early infant diagnosis: Strongly agree

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

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Agree

Paediatric AIDS treatment: N/A

Post-delivery ART provision to women: Strongly agree

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

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

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

Sexually transmitted infection management: N/A

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

:

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: Testing as scaled up, confidentiality of PLWHIV remains protected, HIV and TB co-infection is controlled, and treatment supplies are never out of stock, health care workers capacity has increased as a result of refresher courses and training/workshops.

What challenges remain in this area: Providing treatment, care and support out of the formal health settings. Treatment, care and support is only provide thru the Ministry of Health Nurses and Clinical Director for the HIV and STD Programs.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

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

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

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?:

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

What challenges remain in this area: