

Solomon Islands Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

Clinical and policy staff of the HIV/STI Unit, government and civil society stakeholders, faith based organisations, people living with HIV, and multilateral and bilateral development partners contributed at various stages of the NCPI data gathering and validation process. Fifteen participants from eleven civil society organisations, government departments and multilateral organisations attended separate workshops with government and civil society stakeholders convened to complete the National Commitments and Policy Instruments.

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

Disagreements were discussed until consensus was achieved. In some cases, technical assistance was brought in to clarify questions.

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

Some stakeholders were not able to be present at the workshops. Further, some participants did not have full technical or institutional knowledge to make contributions to the NCPI.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Medical Director Dr. Nemia Bainivalu	Yes	No	No	No	No	No
National Referral Hospital	Principal Pharmacy Officer	No	Yes	No	No	No	No
Corrections Department	Prison Services	No	No	Yes	No	No	No
MHMS	Chief Statistician	No	No	No	Yes	No	No
Solomon Islands National AIDS Council	Coordinator	No	No	No	No	Yes	No
MHMS	HIV/STI Training Coordinator	No	No	No	No	No	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Oxfam	Julia Fatiano	Yes	No	No	No	No
SIPPA	Ben Angoa	No	Yes	No	No	No
Save the Children	Kennedy Folasi	No	No	Yes	No	No
WHO	Sarah Farnbach	No	No	No	Yes	No
ADRA	Frauline Tito	No	No	No	No	Yes

A - I. STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

No

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

The previous National multisectoral strategy has expired in 2010, however in 2010 and 2011 consultation workshops have taken place to review the previous response and develop the new National multisectoral strategy which should be finalised in 2012. This multisectoral strategy will be for the period from 2012 to 2015.

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

-

Sector-wide approach:

Yes

Other [write in]:

-

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

HIV impact alleviation:

Yes

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

-

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 security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

-

Other[write in below]:

-

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

No

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

No

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

Yes

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

No

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

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed 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:

This has not impacted on the delivery of medications during the reporting period.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

4

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

- A process is now underway for development of the new National HIV Strategic Plan.

What challenges remain in this area:

- Continuous technical support of the development of the new HIV Strategic plan and its implementation. - Developing an M and E system whereby it can also cover CSO and NGO activities.

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

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

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

There have been no examples.

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

Yes

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?:

Honorable Charles Sigoto, Minister for Health

Have a defined membership?:

Yes

IF YES, how many members?:

11

Include civil society representatives?:

Yes

IF YES, how many?:

6

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?:

No

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

Yes

IF YES, briefly describe the main achievements:

The mechanism which has been established in country is the Solomon Islands National AIDS Council.

What challenges remain in this area:

The challenge is the leadership aspect of the Solomon Islands National AIDS Council. There is a high turn-over of representatives and also from the implementing partners.

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

0%

5.

Capacity-building:

No

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

No

Other [write in below]:

-

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

No

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

1

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

Political support has reduced due to the turn-over of the leadership since 2010 due the general elections.

What challenges remain in this area:

On-going interaction with leaders who are vital for the HIV response; whom have competing priorities.

A - III. HUMAN RIGHTS

1.1

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:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

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

No

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

-

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

-

Briefly comment on the degree to which they are 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 other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No
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 :
 Yes
Prison inmates:
 No
Sex workers:
 Yes
Transgendered people:
 No
Women and girls:
 No
Young women/young men:
 No
Other specific vulnerable subpopulations [write in below]:
 -

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

The content of the laws stipulate that the practice is illegal.

Briefly comment on how they pose barriers:

These laws pose as a barrier for these sub-populations to get access to services and also for services to be tailored to their needs in reference to health services.

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

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?:

No

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 age-appropriate, 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:

-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

1

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

-

What challenges remain in this area:

• Difficulties in process for finalizing and endorsement of policies and guidelines for HIV prevention work. • Technical support for HIV prevention activities to occur. Eg. Most current staff are involved in implementation of activities with no specialty or in-

depth technical background in HIV prevention. • Process of reporting on pilot programs for HIV prevention is lacking. • High turn-over of staff for implementation of HIV prevention activities.

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

Yes

IF YES, how were these specific needs determined?:

They were determined through regional trainings and for adaptation to local setting. Eg- Stepping Stones, Peer-to peer education.

4.1. To what extent has HIV prevention been implemented?

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:

Strongly Disagree

HIV testing and counseling:

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:

Strongly 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:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

2

A - V. TREATMENT, CARE AND SUPPORT

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

No

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

-

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

N/A

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Disagree

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

Strongly Disagree

HIV testing and counselling for people with TB:

Agree

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

Strongly Disagree

Nutritional care:

Disagree

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 Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Disagree

Psychosocial support for people living with HIV and their families:

Strongly Disagree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Neutral

TB preventive therapy for people living with HIV:

Disagree

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:

The government does not provide economic and support.

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?:

ART drugs, STI drugs and condoms.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

3

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

No stockouts.

What challenges remain in this area:

• No guidelines /policy for PEP and care and support for PLHIV. • Need for training of national and provincial staff on updates of treatment care and support and also for families of PLHIV. • Need for proper drug stock management from a regional pharmacy level. • Difficulties in follow-up of PLHIV and their partners noting that we have issues of the mobility of PLHIVs and their partners and the stigma and discrimination in reference to testing and treatment. • Monitoring of drug adherence is difficult.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other 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 2011?:

0

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

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

The challenges in the implementation is due to te usability of the M and E plan. Hence, it is difficult to use the M and E plan.

1.1 IF YES, years covered:

2005-2010.

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

No

Briefly describe what the issues are:

Because of their difficulty to use the plan to monitor and evaluate their programs and activities.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes

Behavioural surveys:
Yes

Evaluation / research studies:
Yes

HIV Drug resistance surveillance:
No

HIV surveillance:
Yes

Routine programme monitoring:
Yes

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

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

No

Briefly describe any obstacles:

There is a freeze of recruitment of officers from the public service

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

In the Ministry of Health?:
No

In the National HIV Commission (or equivalent)?:
No

Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

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

Temporary Staff [Add as many as needed]

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

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

SINAC has quarterly meetings for updates from stakeholders

What are the major challenges in this area:

- Need to be strengthened on SINAC stakeholder meetings and data reporting formats.
- Establishment of an M and E unit or

recruitment of an M and E officer. • Clear guidelines, tools, methods of collection and means of verification.

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.:

This database is managed by the program staff based on the specific activity areas that they cover. For example data on trainings for STI Case management, HIV Counselling and testing data, STI and HIV clinical data.

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

-

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

National and provincial levels.

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

No

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

No

For resource allocation?:

Yes

Other [write in]:

-

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

-

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

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

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

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

2

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

-

What challenges remain in this area:

• No proper training. • No M and E unit/personnel/tools/

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?:

1

Comments and examples:

Overall, civil society does not engage in formal policy advocacy or work toward strengthening the political obligations of our leaders. Our work is at the community level and we don't participate in strengthening the commitment of our national leadership. The Ministry's HIV Unit has become our de facto umbrella body. We have a strong relationship and provide them a good network. However, it is difficult to go 'straight to the top' and advocate independently. In 2011, the Ministry of Health and one of the active members of civil society formally met with a provincial premier to discuss programming for the province and to share the status of the epidemic.

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:

We were very engaged with the review and development process of the 2011-2015 National Strategic Plan. The HIV Unit and SINAC led the process and we were all supported to participate, including people from the provinces. Civil society members were also on the Plan's Working Group in partnership with Government. Civil society is very active in implementing most of the programmes identified for the NSP. However, we have no involvement at all in the budgeting process. We seek our funding independently donors.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

4

Comments and examples:

Civil society does not provide any treatment and care services. Our evidence (from program implementation and in some cases, small scale research) and priorities are well reflected in the draft National Strategic Plan. However, our work is not funded out of the national budget. We use our own funding sources to plan and carry out our activities. Civil society does participate in reporting processes, including special reports such as the UNGASS, GAPR, UA, NASA, etc.

4.

a. Developing the national M&E plan?:

4

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

:

0

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

0

Comments and examples:

We were involved in the development of the M&E Plan, but have not seen a draft yet. There is an enormous gap in M&E capacity. In 2007 and 2008, we had regular stakeholder forums where we reported our activities. For the past 2 years, we have not done that. Gaps in M&E also exist because there is no living NSP. Some people continue to use the expired one.

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

2

Comments and examples:

There are several small faith based organisations and small groups, often new and/or institutionally fragile, that may not be represented well. We have a monitoring mechanism that helps to get these small groups connected with resources through the National AIDS Council Grants program. Some still need further support, particularly PLWHIV and sex workers.

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?:

2

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

2

Comments and examples:

We have some available technical resources but they are not fully adequate. We have ongoing challenges in getting adequate financial and technical support to implement through our network.

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

People living with HIV:

<25%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

>75%

Transgendered people:

-

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

<25%

Home-based care:

>75%

Programmes for OVC:**

>75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

6

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

The development of a school curriculum which was adopted by the MoH’s National Executive Committee was a key achievement of one of the civil society partners. The NAC Grant Committee is now providing opportunities for greater participation to diverse groups. The NSP process was inclusive of civil society.

What challenges remain in this area:

Budgeting is the biggest challenge. We don’t receive financial support from government. During the NSP planning province, we were very active, but when it came time to actually sharing the financial data, we were not invited to the table. Another persistent challenge is M&E, which also contributes to lack of adequate usable data. Testing remains another persistent challenge. We are restricted to work in places where resources are accessible. Currently there are only provincial centre options for care.

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

B - III. HUMAN RIGHTS

1.1.

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:

-

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

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

No

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

-

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

-

Briefly comment on the degree to which they are 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 other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

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

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

The Solomon Islands Penal Code provides offences of— • knowingly living on the earnings of prostitution (Section153(1)(a)) • persistent soliciting or importuning in a public place for immoral purposes (Section153(1)(b)) • aiding, abetting or compelling the prostitution of a prostitute for the purpose of • gain (Section153(1)(c)) • keeping a brothel (Section155(a)) • permitting premises to be used as a brothel (Section155(b)). Sodomy is illegal, as are "indecent practices between persons of the same sex." The maximum penalty for the former is 14 years' imprisonment and for the latter five years.

Briefly comment on how they pose barriers:

Sex workers and MSM are not free to access services, support, prevention activities.

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 country has ratifiedCEDAW and CRC.

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

No

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

No

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

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

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

-

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?:

No

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

No

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:

No

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?:

No

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:

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]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

3

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

-Individual NGOs and CSOs developed their own policies and regulation even though there is no national HIV policies, regulations and laws. -Process underway for the development for the HIV Bill, which focuses on protection of PLHIV, prevention, stigma and wilful transmission.

What challenges remain in this area:

-Lack of political and leadership support. As being not a priority the role of CSOs is only for advocacy. The government is mandated to take the lead role. But now there extra impetus for it to be pushed as a priority for the government.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

3

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

- Most organisations have their own workplace policies.

What challenges remain in this area:

-Lack of capacity to implement.

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 through the process of developing the national strategic plan for HIV. Through the needs that were identified by government and organisations. It was not based on surveys or quantitative data. Some Civil Society Organisations have undertaken their own studies to guide their program direction.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

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:

Agree

IEC on stigma and discrimination reduction:

Disagree

Prevention of mother-to-child transmission of HIV:

Strongly 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:

Strongly 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:

Strongly Disagree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

3

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

- Prevention activities are moving out slowly to rural areas. - targeting more specific sub-populations. - It has become a part of the school curriculum and hence generated students to undertake research topics on HIV and STIs.

What challenges remain in this area:

- Limited funds to implement activities. Most NGOs have had their budgets cut over the reporting period. - Geography is a factor in the Solomon Islands. Whereby in-land villages and remote communities do not get covered by activities, due to logistical difficulties.

B - V. TREATMENT, CARE AND SUPPORT

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

No

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

-

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

Antiretroviral therapy:

N/A

ART for TB patients:

N/A

Cotrimoxazole prophylaxis in people living with HIV:

N/A

Early infant diagnosis:

N/A

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

N/A

HIV testing and counselling for people with TB:

N/A

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

N/A

Nutritional care:

N/A

Paediatric AIDS treatment:

N/A

Post-delivery ART provision to women:

N/A

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:

N/A

Sexually transmitted infection management:

N/A

TB infection control in HIV treatment and care facilities:

N/A

TB preventive therapy for people living with HIV:

N/A

TB screening for people living with HIV:

N/A

Treatment of common HIV-related infections:

N/A

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

2

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

- Access of ART from the National referral Hospital / National HIV unit - Network with faith based organization to care for HIV Positive people when rejected from their family - Home base care group for PLHIV

What challenges remain in this area:

- Only the Ministry of Health can provide ART/ Treatment - Need for registered organization to care for PLHIV. -

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other 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 to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

3

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

- Community are encourage to welcome HIV Positive people and affected family members - HIV work place policy developed by individual organisations. - Multi media Training

What challenges remain in this area:

- Availability of funds for program / to address the current issues

Source URL: <http://aidsreportingtool.unaids.org/167/solomon-islands-report-ncpi>