Survey Response Details

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Response Details

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1) Country

Fiji (0)

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

Dr Josaia Samuela

3) Postal address:

PO Box 2223, Government Building, Suva, Fiji Islands

4) Telephone:

Please include country code

6793306177

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6793318227

6) E-mail:

josaia.samuela@health.gov.fj

7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

There were two meetings held for Government part during UNGASS reporting workshop in 2009 for data gathering. Question sheets were prepared for some stakeholders for interview by e-mail and face-to-face. Draft NCPI was compiled by a respective officer at Ministry of Health, and validated during a workshop held in March 2010. There were three meetings of all CSOs at which questions

from the NCPI was asked of the representatives. There were face to face interviews and e-mailed questions to particular individuals who held information that assisted the CSOs in their responses. Current research and review reports based on Fiji and the region were used to validate our responses.

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

Disagreements are solved by discussion. Some of disagreements came from misunderstanding of the status quo of National response to HIV/ADIS. There were disagreements within both Government agencies and the CSO over the scores we were to allocate for certain indicators. Consensus was amicably reached because the differences between scores were not huge.

10)

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

The number of respondents is limited for NCPI Government part which may result limited information in scope. It was a difficult task to get all representatives of the CSOs together to complete the NCPIP in one session and there is the possibility that we might have misinterpreted some questions.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Fiji Prison	Ms Saulote Panapasa /Director Education, Financing and Rehabilitation	A.I

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Republic of Fiji Military Force	Dr Apolosa Robaigau / Medical Officer	A.I
Respondent 3	Ministry of Health	Dr Josaia Samuela / HIV/AIDS Programme Manager / National Advisor Family Health	A.I, A.II, A.V
Respondent 4	Ministry of Health	Dr Fijimone Raikanakoda / Medical Officer, Reproductive Health Clinic Suva	A.IV
Respondent 5	Ministry of Health	Dr Litea Narube /Gynaecologist, Colonial War Memorial Hospital	A.IV
Respondent 6	Ministry of Health	Dr Reapi Mataika / Paediatrician Colonial War Memorial Hospital	A.IV
Respondent 7	Ministry of Health	Maca Racule / HIV/AIDS Project Officer	A.III, A.IV
Respondent 8	UNAIDS	Mohamed Turay / M&E Specialist	A.V
Respondent 9	SPC	Kamma Blair / M&E Specialist	A.V

Respondent 10
Respondent 11
Respondent 12
Respondent 13
Respondent 14
Respondent 15
Respondent 16
Respondent 17
Respondent 18
Respondent 19
Respondent 20
Respondent 21
Respondent 22
Respondent 23
Respondent 24
Respondent 25

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Pacific STI & HIV Research Centre (PSHRC), Fiji School of Medicine Tamavua Campus	Avelina Rokoduru/ Coordinator	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	PC&SS	Saral Chand /	B.III, B.IV
Respondent 3	MSIP	Jennifer Poole / Country Director-Pacific	B.III, B.IV

Respondent 4	FJN+	Sarah Gwynona /Projects Officer	B.I, B.II, B.III, B.IV
Respondent 5	FJN+	Joanna Q /Member	B.II, B.III, B.IV
Respondent 6	Fiji Women's Rights Movement	Virisila Buadromo /Executive Director	B.I
Respondent 7	Fiji Women's Rights Movement	Naeemah Khan /Projects Officer	
Respondent 8	Regional Rights Resource Team, SPC	Gina Houng Lee /Human Rights Advisor	B.I
Respondent 9	Regional Rights Resource Team, SPC	Imrana Jalal /Human Rights Advisor	B.I
Respondent 10	Regional Rights Resource Team, SPC	Peter Creighton /Human Rights Curriculum Developer	B.I
Respondent 11	FNA	Kuini Lutua / General Secretary	B.I, B.II, B.III, B.IV
Respondent 12	Fiji Red Cross Society	Sevuloni Ratu / Assistant Health and Care Coordinator	B.I, B.II, B.III, B.IV
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section 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)

Yes (0)

Page 7

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

20

17)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour		
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*		

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18)

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?

Funding for any kind of trainings is available for Ministry of Works, Transport and Public Utilities when a HIV-specific training is conducted.

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes

e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2006

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22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Sex workers, MSM, Military and Police, Seafarers, Street kids, and young people

23)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	No

c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

25)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil Society organisations are part of National Advisory Committee on AIDS, and sub-committees for Prevention, Clinical management, Continuum of Care, Monitoring and Evaluation, and Research, and Governance.

27)

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

Yes (0)

28)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

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29)

Part A, Section I: STRATEGIC PLAN

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 (0)

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30)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	N/A
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

31)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	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
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

33)

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

Yes (0)

Page 18

34)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot

stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	No
Care and support	No
Other: STI treatment	Yes

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35)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

For Republic Fiji Military Force, the testing is conducted mandatory for recruitment, overseas peace keeping services and trainings, renewal of contract, marriage permission and discharge. Mandatory testing for HIV under these circumstances is informed at the recruitment. Therefore individual consent and counselling is not conducted. If a person is diagnosed STI, she/ he will be on trial against breach of contract stated by the Military law. For Fiji Prisons, no testing and counselling has been conducted to uniformed staff recently. However according to our new Prisons and Collections Act 2006, HIV testing for inmates is under their consent. New females admission cases usually get tested for HIV with their consent. HIV testing and counselling is conducted by Ministry of Health.

36)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 21

37)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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38)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

39)

IF YES, briefly describe the content of these laws, regulations or policies:

Crimes Decree which has been implemented from February 2010 prohibit provision and reception of sex work.

40)

Briefly comment on how they pose barriers:

Sex workers are accused by police, and sentenced or imposed a fine. Therefore sex workers do not provide their services on streets in main towns. It is hard for sexual health service providers to reach them.

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41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

43)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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44)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current and future needs (0)

45)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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46)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

47)

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

Yes (0)

Page 27

48)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Pregnant women, young people, seafarers, STI clients, Military and Police.

49)

Briefly explain how this information is used:

It is not utilized yet since the draft report has not publicized.

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50) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Divisional level. The Second Generation Surveillance conducted in 2008 covered two out of three divisions (Cent/East and Western division).

52)

Briefly explain how this information is used:

It is not utilized yet since the draft report has not publicized.

53)

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

Yes (0)

Page 30

54)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

55)

Since 2007, what have been key achievements in this area:

1. HIV Prevention, Care and Support decree was finalized. 2. Networking with stakeholders has been strengthened by Fiji Country Coordinating Mechanism, 3. Global Fund proposal for HIV and HSS, 4. HSS prroved; and 5. PRISP funding complements and strengthens National Strategic Plan.

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56)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

57)

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

Yes (0)

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58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1988

59)

2.2 IF YES, who is the Chair?

Name	Dr Neil Sharma
Position/title	Minister for Health

60)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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61)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

9

62)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

4

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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64)

Part A, Section II: POLITICAL SUPPORT

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 (0)

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65)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

Five subcommittees under NACA have wide range of memberships from stakeholders (Government, civil society and multilateral agencies) for coordinating and implementing HIV strategies and programmes.

66)

5. What kind of support does the National AIDS Commission (or equivalent) provide to

civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

67)

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

Yes (0)

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68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

HIV Prevention, Care and Support decree drafted

70)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Crimes decree (2009). There is an inconsistency between Crimes decree and HIV decree for sex workers. Sex work is criminalised and also people who provide support for sex workers to be prosecuted.

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71)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

72)

Since 2007, what have been key achievements in this area:

1. Continuous budget line from the Government. 2. Presidential support to programme and legislation. There is increased support from the President, evidenced in his speaking publicly and favorably about HIV prevention efforts, especially condom uptake. 3. There is also evidence of increased effort to ensure the sustainability of the National response by creating HIV posts in various Ministries and Departments of Government.

73)

What are remaining challenges in this area:

1. Government line budget was decreased to FJD 300,000. 2. There is an inconsistency between Crimes decree and HIV decree for sex workers. Sex work is criminalised and also people who provide support for sex workers to be prosecuted.

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74)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

75)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
j. Fight against violence against women (0)

k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

76)

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

Yes (0)

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77)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

78)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

79)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

80)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

81)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

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82)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men
Condom promotion	Men having sex with men, Sex workers, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers, Other populations
Drug substitution therapy	
Needle & syringe exchange	

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83) **Part A, III. PREVENTION**

Question 3.1 (continued)
You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Seafarers, military, Police, Street kids, and young people

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84)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

85)

Since 2007, what have been key achievements in this area:

1. There has beej an increase in s5pportive poLicies. The Ministry of Edecation is curpently develOping policy and has daveloped its own strategic pla. fob HIT and AIDR, which will be guided by the SP. A curriculum respructure has seen the FLE programme implemenped in over 150

schools, both primary and secondary. Overall, t(ere iS a move to devalgp a comprehensive frameworj to Gui`e HIV preventiOn in the educaTion sector. 2. The Ministry of Labour has put in p,ace a policy to qupport the workplace programs and the development ob organisational workplace policies in both public and pri6ate sector.

86)

What are remaining challenges in this area:

1. Despite this, there remains policies that hinder the overall effort to create a supportive environment. For example, although there is a policy guarant%eing acaess to cnntraceptives by minors, there is the lav that qtates the legal age of consent in Fiji is18. This law discourages somd health care prov)ders fr/m implementing this policy.

Page 45

87)

Part A, III. PREVENTION

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

Yes (0)

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88)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

1. Consultations with stakeholders and progress measured against HIV Strategic Plan, 2. National Statistics on HIV/AIDS; and 3. Prevalence of those with the disease/virus

89)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree

Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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90)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

91)

Since 2007, what have been key achievements in this area:

The following have been some key achievements in Fiji's multi-sectoral prevention efforts : Decentralization of HIV Programme at the Ministry of Health thus improving coverage of prevention programs in the divisions Education sector –FLE in 153 / 163 secondary schools (94 % coverage) ; –peer education in 30 secondary schools in 3 divisions (2009) Labour, Industrial Relations & Employment Sector –Fiji Red Cross Society (since 2007) workplace programs and policy development (targeting 4 work settings, namely manufacturing, construction, tourism) 2 out of 10 workplaces have developed workplace policies. –Ministry of Labour mainstreaming HIV into OHS programs in 2009 Youths-out-of-school -Adolescent Health & Development (AHD) Project of the Ministry of Health implementing programmes targeting most-at-risk-youth-populations (youth living on streets); 24 peer educators in youth-friendly services in the subdivisions -Adventist Development & Relief Agency and Reproductive & Family Health Association of Fiji targeting youths in squatter settlements (low socio-economic) Vulnerable children –Streetwise Programme of the Fiji Youth Inc targeting street kids in the capital city Suvaw Seafarers (sailors) –HIV prevention education by Reproductive & Family Health Association of Fiji and Training & Productivity Authority of Fijiw Sports –Sports & Training Outreach Program on HIV (S.T.O.P. HIV) Main areas of focus are Leadership, Sports Events, Games-based Education, with 12 "Champions" – former and current national reps who advocate for HIV prevention in teams & community settings & mediaw Sex workers –HIV prevention and support programme (including drop-in centre) by Sekoula Project under the Pacific Counselling & Social Services and the Survival Advocacy Network under the Women's Action for Changew MSM –HIV prevention and support programme targeting male netball players by the Men Empowerment Network Fiji (MENFiji)– General MSM population targeted by Amithi project under the AIDS Task Force of Fijiw Prisoners –HIV prevention education programme previously done by one NGO now mainstreamed into Prisons & Correctional Department FBOs – Several FBOs carrying out own HIV education programmes; Reproductive & Family Health Association of Fiji targeting religious leadersw Mass Outreach – carried out at major festivals in the countryw Community mobilization – Stepping Stones scaling upw Media –5 English TV messages on HIV Prevention, Abstinence, Be Faithful, Condoms & HIV testing – 2 radio messages on Condoms & PMTCT in 3 languages (Fijian, Hindi, English)

92)

What are remaining challenges in this area:

While there has been progress in the work with MSM and sex workers , programmes are unable to reach this key population due to entrenched stigma and discrimination by health care workers. MSM programmes must also enhance efforts to reach influential peers/gatekeepers. Ongoing and consistent funding to build capacity of outreach workers and peer educators and funding for travel to remote Pacific islands. Cultural sensitivity on the issue and need to get church and faith group agreement and support as well as government endorsement in Conservative Countries.

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

95)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

96)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

It was identified through consultations with various stakeholders meetings

98)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	N/A
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

100)

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

Yes (0)

Page 52

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

ART drugs and condoms

Page 53

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

103)

Since 2007, what have been key achievements in this area:

1. Establishment of specialized Hub Centres in 3 divisions with trained physician and clinical team in place, 2. Increasing attendance to public clinics due to reduction of stigma (eg. increased attendance to clinics of Indo-Fijians), 3. Establishment and sustaining of suppliers for ARV drugs, 4. New model system of recording and dispensing ARV , 5. ARV made free and accessible to patients, 6. Well established procedures in PMTCT, 7. 40 nurses in 3 divisions trained in HIV Counselling; and 8. Development of ART/ HIV care monitoring system

104)

What are remaining challenges in this area:

1. Guidelines and operational frameworks should be maintained to keep them up to date, 2. Coordinating service services and strengthening referrals, especially linking health facilities and communities, 3. Patients' follow-up protocols should be clarified at facility level, 4. Counselling for ARV adherence, 5. Educating more partners –non-governmental organisations. Community-based organisations, religious and youth leaders- in HIV/AIDS and stigma and discrimination reduction to promote caring environment; and 6. Ensuring good infection-control practices; a new post-exposure prophylaxis (PEP) guideline should be applied and ARV drugs for PEP should always be maintained at facilities.

Page 54

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

106)

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

No (0)

107)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children

being reached by existing interventions?

No (0)

Page 56

108)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

109)

Since 2007, what have been key achievements in this area:

1. Child labour research to ascertain OVC number (214), 2. Basic literacy skills training, 3. Life skills training, 4. Sustainable livelihood training & support, 5. Implementation of MARYP program to address vulnerabilities; and 6. Increased funding for OVC programs, including "Streetwise".

110)

What are remaining challenges in this area:

1. Proper OVC count, 2. Proper identification of OVC needs, 3. Incentives to continue to stay in schools; and 4. Family / home support.

Page 57

111)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

112)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2007

113)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2011

114)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

115)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

116)

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

Yes, but only some partners (0)

Page 59

117)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)
IF YES, but only some partners or IF NO, briefly describe what the issues are:

1. The M&E framework has not been widely disseminated, and advocacy by NACA for partners to bye in to the use of the document has been limited. This has been propounded by limited knowledge of partners particularly civil society organisations to align their M&E systems to the M&E Framework, 2. Indicators for Health Sector Response Report and UNGASS are not yet harmonized with M&E plan developed in 2007. Therefore some indicators are still unfamiliar to some partners; and 3.The plan was not finalised, even though it was printed in the NSP. The indicators were only draft and discussions around collection, reporting and developing systems for all partners to report were never formally discussed.

Page 60

118)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	No

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119)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

120)

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

Yes (0)

Page 62

121)

Part A, Section V: MONITORING AND EVALUATION

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

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

2

122)

3.2 IF YES, has full funding been secured?

No (0)

123)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

124)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)
IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

1. Challenges lie on process of collecting quality data. e.g.) Routine surveillance against research. Each of these has cost implications. E.g.) SGS/ DHS. 2. Global Fund grant negotiation bids to support the establishment and implementation of the M&E plan have not been successful. 3.

Sporadic funding from UN agencies such as UNAIDS, WHO and UNICEF has not gone far enough to ensure the full implementation of the M&E plan.

125)

4. Are M&E priorities determined through a national M&E system assessment?

No (0)

Page 65

126)

IF NO, briefly describe how priorities for M&E are determined:

Priorities are determined based on; -Available data collected at service sites -Priorities are ad hoc -Funding of activity -Contributed to national and international reporting system -Donor work plan activities, in partnership with NACA to address key M&E needs.

127)

5. Is there a functional national M&E Unit?

No (0)

Page 66

128)

Part A, Section V: MONITORING AND EVALUATION

Question 5 (continued)
IF NO, what are the main obstacles to establishing a functional M&E Unit?

This has both resource and technical implications. 1. M&E is not institutionalized at MoH, 2. No separate funding for M&E, 3. Limited national human resource capacity to manage the M&E unit, 4. Limited technical capacity to conduct M&E, 5. Limited competing priorities; and 6. Need for clearer roles and responsibilities in NACA.M&E is hence done adhoc basis.

Page 70

129)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, but meets irregularly (0)

130)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

131) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

UNAIDS, WHO, UNCEF, the Burnet Institute, FJN+, Marie Stopes, Fiji School of Medicine, University of South Pacific and the Pacific Counselling and Social Services.Roles include the following: Discuss and brainstorm on M&E activities to be implemented, Provide support to MOH/NACA in implementing M&E activities, Serve as key informants, and expert consultants, Participate in data validation of M&E data and reports; and Provide training to national authorities and other civil society organisations

132)

7. Is there a central national database with HIV- related data?

No (0)

Page 73

133)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

Page 74

134)

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

No (0)

135)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

136)

Provide a specific example:

1. M&E data was used in the preparation of Global Fund round 8 and round 9 proposals, 2. It was used for preparing the Health Sector Universal Access progress report, 3. It was used in the consultations towards Universal access target setting; and 4. There is limited quality data on vulnerable groups and treatment and care data. The NASA was a challenge to conduct and it is

unclear how that data will be used to implement the strategy.

137)

What are the main challenges, if any?

1. Limited knowledge of data utilization for planning, 2. Timely availability of data when required, 3. The quality, and accuracy of data in most cases has been questioned, and 4.Need for stronger coordination, planning and monitoring within the NACA.

Page 75

138) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

1 (1)

139)

Provide a specific example:

Funding proposals appear to be developed based on perceived need rather than using data and financial analysis, an example would be the Global Fund applications.

140)

What are the main challenges, if any?

No agreed operational plan and commitment for M&E, thus sometimes there are difficulties for timely resource allocation for adhoc activities even though funding is available from NACA funding.

Page 76

141)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

2 (2)

142)

Provide a specific example:

There is no evidence of this in the development of programming, especially for vulnerable groups or for positive people.

143)

What are the main challenges, if any?

1. Limited knowledge of data utilization for adjusting implementation/ operational plan; and 2. Lack of programme management and M&E skills.

Page 77

144) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, but only addressing some levels (0)

Page 78

145) **Part A, Section V: MONITORING AND EVALUATION**

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at national level (0)
at subnational level (0)

146)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

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147) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

3

148) **Please enter the number of people trained <u>at subnational level.</u>**

Please enter an integer greater than 0

4

149) **Please enter the number of people trained <u>at service delivery level including civil society.</u>**

Please enter an integer greater than 0

6

Page 80

150)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

151) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

UNGASS reporting

Page 82

152) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

6 (6)

153)

Since 2007, what have been key achievements in this area:

1. Submission of UNGASS 2008 reporting, 2. Health Sector Response Report 2009, 3. Implementation of National AIDS Spending Assessment, 4. National consultations towards universal access target setting, 5. HIV estimation and projection workshop conducted in 2009; and 6. Training of staff for CRIS.

154)

What are remaining challenges in this area:

1. Limited resources to undertake to undertake key M&E activities, 2. Limited dedicated human resources and a professional development plan for these staff to conduct regular M&E related activities; and 3. Lack of an effective M&E data collection system from the service delivery to the national level

Page 83

155)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

156)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

a) Where HIV is specifically mentioned : Sections 6 and 75 of the Employment Relations Promulgation 2007 prohibits discrimination against workers or prospective workers on the ground of real or perceived HIV/AIDS status in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment relationship. b) General Nondiscrimination Provision There are at least three nondiscrimination provisions in the Constitution which can be linked to the protection of rights and human dignity of PLWH 1) Fiji's Bill of Rights is enshrined in Chapter 4 of the Constitution . The rights guaranteed in Chapter 4 are: · right to life (section 22); · personal liberty (section 23); · freedom from servitude and forced labour (section 24); · freedom from cruel and degrading treatment (section 25(1)); · freedom from scientific or medical treatment or procedures without informed consent (section 25(2)); · freedom from unreasonable searches and seizures (section 26); · rights of arrested and detained persons (section 27); · rights of charged persons (section 28); · right of access to courts and tribunals (section 29); · freedom of expression (section 30); · freedom of assembly (section 31); · freedom of association (section 32); · right of workers to form and join trade unions, and of employers to form and join employers' organisations (section 33); · freedom of movement (section 34); · freedom of conscience, religion and belief (section 35); · right to personal privacy, including privacy of personal communications (section 37); · right to equality before the law, without discrimination on the grounds of actual or supposed personal characteristics or circumstances, including race, ethnic origin, colour, place of origin, gender, sexual orientation, birth, primary language, economic status, age or disability (section 38); · right to basic education and to equal access to educational institutions (section 39). 2) Chapter 5 of the Constitution dealing with social justice makes detailed provision at section 44 for programs designed to achieve, for 'all groups or categories of persons who are disadvantaged', equality of access to education and training; land and housing; and participation in commerce and in all levels and branches of service of the State. 3) The Human Rights Commission Act prohibits "unfair discrimination", which is defined at section 17 of the Act as directly or indirectly differentiating adversely against or harassing a person by reason of a prohibited ground of discrimination, being a ground set out in Section 38 of the Constitution ** It must be noted though that with the abrogation of the constitution, the provisions above have been suspended pending political developments in Fiji.

157)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 86

158)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to

effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

159)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

160)

IF YES, briefly describe the content of these laws, regulations or policies:

SEX WORKERS: Street sex work. Prostitution is criminalised through the Crimes Decree (2009) Section 231 sub-section 1(a) to (f) ' A person commits a summary offence if he or she loiters in a public place for the purpose of offering himself or herself for sex in return for a payment of any nature..'.. solicits for immoral purpose in any public place..' Clients of sex workers are also penalized where 'a person…'seeks the service of a prostitute…' or ..'uses the services of a prostitute in a public place…' The operation of brothels Crimes Decree (2009) Section 233 (Brothels), and houses from which prostitution may be occurring – Section 232 (Suspicious premises) is also illegal. PRISONERS: There is a policy that denies access to condoms and other services. (Prisons Act, 2006).

161)

Briefly comment on how they pose barriers:

Sex Workers – the law criminalises the selling sex from houses, brothels and public places. It also criminalises the clients of sex workers. In this way, SWs are stigmatized and discriminated against and forces them under ground. The sex worker compromises his/her social standing and human dignity when he/she openly declares her status. As sex work continues to be criminalised, the law poses as the main barrier to HIV and STI services for a vulnerable and marginalised group.

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162) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

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163)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

1) National Code of Practice for HIV/AIDS in the Workplace I(2008) 2) Fiji National HIV/AIDS Strategic Plan 2007 – 2011 (2007) The National Code of Practice for HIV/AIDS in the Workplace (2008) – Min. of Labour, Industrial Relations, Employment, Local Government, Urban Development & Housing - for all workplaces in Fiji. The code of practice recognises HIV and AIDS as a workplace issue. While all sections are conscious of and/or promote the protection of the equal rights of all workers, special mention is made here of Sections 5 (Key Principles) and 6 (General Rights and Responsibilities) of the Code. Briefly, Section 5 of the Code outlines the 10 key principles of which 8 can be linked directly to the promotion and protection of human rights such as; the recognition of HIV/AIDS as a workplace issue like any other illnesses, the non-discrimination stance that must be adopted; gender equality between males and females given the increasing number of HIV cases reported amongst women, facilitation of healthy work environments for all parties, social dialogue should include those infected and affected by HIV, the prohibition of compulsory testing for purposes of exclusion from employment, protection of privacy and confidentiality of HIV status of workers, that a medically fit HIV positive person continues employment for as long as possible, and access to affordable health services, benefits and schemes offered by employers, and statutory social security programs and occupational schemes for positive workers and their dependents. Section 6 covers rights and responsibilities of all employers (including government as an employer) in preventing HIV in the workplace. Some specific clauses deal with the promotion and protection of human rights including; social protection offered to positive workers includes similar benefits offered to others workers under national laws and regulations, implementation of legislations that eliminate workplace discrimination and ensure HIV prevention and workplace protection, elimination of child labour for children whose parent or parents are ill or who have died as a result of HIV/AIDS; workplace and personnel policies that prevent discrimination in the workplace; confidentiality of the positive status of the worker in the workplace will be protected as guided by national law, reasonable accommodation for workers with AIDS-related illnesses through rearrangement of working time/s, special equipment, flexible sick leave, part-time work and return-to-work arrangements; and, support for confidential voluntary counseling and testing for HIV to be made available to all workers. Fiji National HIV/AIDS Strategic Plan 2007 - 2011 – The goal (and Objective 5) of Priority Area 5 (Coordination and Good Governance) is to ensure that national responses to HIV and AIDS are effectively coordinated, and appropriate legislation and policies are in place to support HIV/AIDS management, in line with principles of good governance, respect for human rights, and protection of the innocent public Objective (NHSP, 2007; 23).

164)

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

No (0)

Page 90

165)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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166)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

1) Consultation Processes - National Code of Practice for HIV/AIDS in the Workplace (2008) – There were numerous consultations conducted between government, FBOs and CSOs towards the design and implementation of this Code; 2) The development of the HIV Decree (still in its final stages of consultations towards promulgation) has involved government and CSOs working together to design a decree that protects and promotes the human rights and dignity of most-at-risk populations and other vulnerable subpopulations. 3) Partnerships - Government has included CSOs and FBOs as members of the National Advisory Committee on AIDS (NACA). CSOs and FBOs make up about 45% of the Country Coordinating Mechanism (Global Fund)

167)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	No

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168)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

There are 106 mostly-government-operated STI clinics in Fiji (Commission on AIDS in the Pacific, (2009), Turning the Tide: An Open Strategy for a Response to AIDS in the Pacific, UNAIDS, Bangkok. 93.) . All offer free condom services and referrals while free pre and post-test counselling services are offered to the general public at 14 sites - Colonial War Mem. Hosp (Suva), 3 Hub Centres – Suva/Lautoka/Labasa; Our Place (Suva), Labasa Hosp, Lautoka Hosp; Marie Stopes International, Lakeba Hospital, Vunisea Hosp, Sigatoka Hosp, Navua Hosp, Nausori Hosp, PMTCT (Suva) & Rakiraki Hosp. The same free services are offered by certain Civil Society Organisation such as all branches of the Red Cross, Marie Stopes International (Fiji), PC&SS, and other smaller NGOs such as AIDS Task Force Fiji, FJN+, PIAF, etc. The UN agencies (UNAIDS and

UNFPA, etc) are also known to provide condoms directly to NGOs and other public outlets such as barber shops and hair salons, night clubs, youth-friendly outlets, etc The NHSP (2007 – 2011) has listed and implemented plans targeting different subpopulations for free HIV prevention services as follows: a) Youths - Increasing the provision of user-friendly services in both rural and urban areas by ensuring condom availability, accessibility and acceptability; and, wider distribution of good quality condoms in accessible locations including rural communities – NHSP 2007 – 2011; 31 Restrictions and Barriers Conflicting traditional/religious/public health values over sex, sexuality and use of condoms have deterred youths from accessing condoms b) Vulnerable Groups (military, police, seafarers, etc) – Increasing access to male and female condoms and utilization of health and community services by members of the targeted vulnerable groups through establishing a procurement plan for commodities, identification condom distribution points and preparation of deployment kits (ibid; 34) Restrictions and Barriers Conflicting traditional/religious/public health values over sex, sexuality and use of condoms have deterred vulnerable groups from accessing condoms c) Marginalised Groups (Sex Workers, MSM, Street kids, prison inmates) – Increasing access to male and female condoms and utilization of health and community services by members of marginalised groups by coordinating and monitoring distribution of condoms to the targeted sub populations, active and informed social marketing of condoms, introduction of females and male condoms and dental dams, that condoms are available at strategic locations, there is provision of user-friendly services for these groups, and, that there are policies at all health facilities to meet the needs of marginalised groups (ibid; 36) Restrictions and Barriers Crimes Decree (2009) – has increased sentencing for the soliciting and buying of sex. Since the enforcement of the decree, SWs are spot-checked in the streets and other locations in the main urban centres. There have been reported incidences of SWs taken in for questioning by Police because condoms were found on their person. SWs must now find other ways to access condoms to protect themselves and their clients from HIV/STI transmission and infection without Police detection; Street kids are known to have access to condoms provided by peer educators from various CSOs. Anecdotal evidence suggests that street kids supply/sell condoms to their SW friends and/or partners. A recent study (McMillan, 2010: 7, 8) noted that SW will use condoms with their clients where possible but not with their partners or spouses. The HUB Centres (HIV/STI prevention, treatment, care and support facility run by government) are located at 3 urban locations only in the whole of Fiji – Suva, Lautoka and Labasa limiting its services to those areas only. Others accessing the same services will consider transport costs against other priorities before deciding to access the services or not. d) Workers in the Workplace – Increasing the ability of Employers to respond to and prevent and treat, care and support of STI/HIV and AIDS in the workplace through the development and conduct of training sessions on STIs/HIV and AIDS in the workplace targeting CEOs, employers, managers, HSRs (?), union representatives and OHS committees as well as conducting capacity building activities for Labour Inspectors (ibid; 42) Restrictions and Barriers The design and implementation of a HIV policy in the workplace is left entirely to the employer and where the employer chooses not to implement such a policy, the intent becomes redundant. While the HIV National Code of Practice (2008) is meant for every workplace – including places of informal employment - monitoring the implementation of such a code has been difficult due to the low number of Labour officials working as inspectors at job sites. e) Communities (Women) – Increasing community access to trained counselors to support community and family units (ibid; 39) Restrictions and Barriers There are no qualified counselors at the community level….Saral – PC&SS Therefore, there is a high demand for trained and qualified HIV counselors in Fiji. Current training and capacity building amongst academic and NGO institutions cannot meet that demand. ARV Treatment There are only 3 places providing ARV treatment in Fiji. Named as the HUB Centres, they are located in the urban areas of Suva, Lautoka and Labasa. PLWH travel long distances e.g. from other towns and rural areas and outer islands to access the service. Where the PLWH are unemployed and living with family, transportation costs are becoming a burden. The low number and location of the HUB Centres have posed as barriers and restrictions to accessing ARV treatment. FJN+ meets the transport costs of its members to enable them to access treatment. This assistance is only available to those who have registered as members of the organisation and availability of funds. The uptake of herbal remedies has influenced some PLWH to deviate from their ARV treatment regimen. Currently there are no in-country policies or studies conducted to inform the stakeholders on the socio-economic and health impacts of herbal remedies on PLWH and government.

169)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

No (0)

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170)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

No (0)

Page 95

171)

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

Yes (0)

172)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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173)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

174)

IF YES, describe the approach and effectiveness of this review committee:

Fiji has a National Health Research Committee and a National Ethics Committee (World Health Organisation Regional Office for the Western Pacific, Secretariat of the Pacific Community & the University of New South Wales (2006) Second Generation Surveillance Surveys of HIV, other STIs and Risk Behaviours in Six Pacific Island Countries (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu) WHO WC 503.41, p.31), although information about the working of the committee was not available at the time of writing. The Constitution at Section 25(2) guarantees

every person the right to freedom from scientific or medical treatment or procedures without his or her informed consent or, if he or she is incapable of giving informed consent, without the informed consent of a lawful guardian. This provision provides a safeguard against unethical medial research, drug trials, etc - Fiji Legislative Compliance Review, 2009; 28. There is a provision for Civil Society membership for as and when required in the Fiji National Research and Ethics Committee (Pers Comm. with Dr. Shareen Ali, Research Officer and Secretariat of the Fiji National Research, November, 2009.). The National Health Research Committee and National Ethics Committee within the Ministry of Health deliberate on health research proposals and ethics approval applications four times per annum. The Committees work on the basis of sound scientific research values. It pay particular attention to the methodology/ies, sample sizes, informing and attaining the consent of research participants, protection of the identity of participants by including confidentiality clauses and prior consent, proper archival of confidential information and, that the benefits of the research are not monetary gains for the researcher/s. An On-line questionnaire to evaluate of the effectiveness of the Committee was conducted from March 2008 to August 2009; 7 of 44 investigators responded by saying that in the process of making an application, the information provided by MoH website was sufficient, the documents required in the process were appropriate; the application forms were relevant and that any postponement of meetings meant a re-adjustment of project timelines (Presentation given by Dr. Josaia Samuela. Copy provided by Dr. Shareen Ali (March 29, 2010).). The review process for the applications was appreciated as it strengthened the proposal; the criteria for the review process while appropriate, needed to carry equal weighting between science and ethics as well as the need for the criteria to be made widely public. Furthermore, information from the Reviewers were seen as valuable, the comments were welcomed and that qualitative methodology was not well understood. Feedback was always timely with an excellent turn around time. On the other hand, the evaluation of the Ethics Committee showed that the membership of the committee was not known by many, there were no lawyers and members needed training for the review process. Monthly meetings were appropriate for this Committee where they could fast track those applications with low risk and to avoid dragging proposals between meetings. Comments from Ethics Comm. were welcomed and clearance procedure for the Ethics Committee was neither comprehensive nor appropriate. There was the added need to create awareness of the existence if the National Health Research Comm.

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175)

– 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 (0)

176)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

177)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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178)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

Fiji has some national institutions for the promotion and protection of human rights such as a Law Reform Commission and ombudsperson who consider HIV-related issues within their work. However, their independence and whether they have the power to function effectively in their role/s, are in question. Section 42 of the Constitution establishes the Human Rights Commission, the only one in the Pacific (although several other PICs are considering establishing Commissions). The Fiji Human Rights Commission is constituted as an independent statutory body under the 1997 Constitution. In 2007, the Commission's accreditation to the UN Human Rights Council was suspended by the International Co-ordinating Committee of National Human Rights Commissions due to concerns about independence and the Commission resigned its membership of the Asia Pacific Forum of National Human Rights Institutions. In relation to employment matters, an independent Employment Relations Tribunal and Employment Relations Court were established by the Employment Relations Promulgation and have jurisdiction in relation to work related discrimination complaints (Fiji HIV Compliance Review, 2009; 17)** ** the Fiji constitution has been abrogated pending political developments in Fiji.

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179)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

180)

– Legal aid systems for HIV casework

No (0)

181)

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

No (0)

182)

– Programmes to educate, raise awareness among people living with HIV concerning

their rights

Yes (0)

183)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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184)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: COMMUNITY OUTREACH, FJN+, FBOs, MSPI – outreach and peer educator progs, PC&SS – HIV awareness presentations in 3 major divisional hospitals (Lautoka, Suva and Labasa), Nadi Sub-divisional hosp and Nausori Health Centre.	**Yes**

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185)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

5 (5)

186)

Since 2007, what have been key achievements in this area:

In the last 2 years regional HIV training/sensitivity training has happened in all workshops that invited lawyers and judges to attend which Fiji has been a part of: (1) In 2007 – The Pearl at Pacific Harbour (Fiji) was the venue where lawyers and judges from more than 9 Pacific jurisdictions (Nauru, Fiji, Solomon Is., Vanuatu, PNG, Cook Is., Tonga, Samoa, Kiribati and Tuvalu) were invited to attend. Those that attended ranged from Heads of Department (AG's, DPP's, Sec Jsutices, Magistrates, etc). The date of the workshop was 13 -17 August 2007. One whole day was spent discussing HIV/AIDs. This included a HIV/AIDs introduction, and other related issues. The training was conducted using a HR point of view. (2) In 2008 – Port Villa same as above - this time the lawyers also included lawyers working in HR NGO's and the date of the training workshop was 13 -17 October 2008. (3) 2009 – there was a lawyers/ judges workshop that was held in Auckland New Zealand. This was a Violence against Women workshop with a day spent on HIV. The date for this workshop was 19th – 23rd October. The discussions in the 2007/2008 workshop did center on issues which would apply in the context of their work such as

confidentially, rights that could be affected (Pers comm., RRRT). - The National Code of Practice on HIV/AIDS in the Workplace (2008);

187)

What are remaining challenges in this area:

- The continued vilification and stigmatization of sex work and sex workers, MSMs and street kids; - Laws and policies that do not protect the human rights of MARPS and vulnerable groups; -The absence of laws and policies to cater for the HR needs of MARPS and other vulnerable groups; - Absence of legal aid assistance for PLWH

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188)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

6 (6)

189)

Since 2007, what have been key achievements in this area:

-Government has created awareness around the Employment Relations Promulgation (2008) which includes issues affecting PLWH in the workplace; - Government has designed and implemented a National HIV Code of Practice in the Workplace under the Ministry of Labour

190)

What are remaining challenges in this area:

- Development of a legal framework for the protection of Human Rights with the abrogation of the constitution and consequently the Bill of Rights; - Promulgation of the HIV Decree that will protect marginalised groups; - Improved resource mobilization to effectively understand and implement policies, laws and regulations e.g. Fiji Global Fund bid 2009; - Increased CSO involvement in this effort by way of training of trainers on policy matters and legal issues concerning HIV and AIDS, advocacy on legal and human rights, etc

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191)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

192)

Comments and examples:

CSOs have had very few opportunities to strengthen the political commitment of top leaders as: 1) the current interim administration has suspended all political processes to facilitate lobbying for HIV and AIDS issues by CSO; and, 2) most CSO programmes and effort have focused on working with the identified target groups within the community rather than the top leaders of the country. A few CSOs such as UNAIDS (Asia Pacific Leadership Forum programme), Leadership Fiji, Fiji Women's Rights Movement (ELF Programme), Fiji Women's Crises Centre (Violence against Women Prog.) have specific programmes which allow for lobbying and/or training of political leaders on their commitment to the HIV course.

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193)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

4 (4)

194)

Comments and examples:

The CSOs were involved in most of the key planning meetings in the drafting of the current NSP (2007 – 2011). They have also been consulted in the planning of annual activities in the HIV Country Activity Plan. For e.g. CSOs were individually consulted on their activities and budgets which were then locked into the national Country Activity Plan and HIV budget.

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195)

a. the national AIDS strategy?

4 (4)

196)

b. the national AIDS budget?

3 (3)

197)

c. national AIDS reports?

0

198)

Comments and examples:

While CSOs have been actively engaged in the provision of prevention, treatment, care and support, they have not been asked for HIV reports. Reports from CSOs have been made to their donors and other stakeholder/partner organisations.

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199)

a. developing the national M&E plan?

4 (4)

200)

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

0

201)

c. M&E efforts at local level?

1 (1)

202)

Comments and examples:

There were NACA subcommittee meetings in preparation for UNGASS reporting. The sub committee met 2 times in 2009 to look at the M&E for Priority Area 4 of the NHSP (2007 – 2011:22) – Research, Surveillance and Monitoring and Evaluation

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203) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

5 (5)

204)

Comments and examples:

Government has attempted to include a wider representation of civil society sectors in its efforts to address HIV. It has invited networks or umbrella organisations representing sex workers, MSM, transgender and faith-based organisations - including Christian denominations, e.g. ADRA (Seventh Day Adventists) and the Methodist Church, the Fiji Muslim League, TISI Sangam - to its consultations on HIV policies, laws and programmes.

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205)

a. adequate financial support to implement its HIV activities?

4 (4)

206)

b. adequate technical support to implement its HIV activities?

3 (3)

207)

Comments and examples:

a. Civil society accesses funding from a variety of sources including AusAID, NZ Aid, OXFAM, Global Fund, UNAIDS, Secretariat of the Pacific Community (SPC) and other donor agencies. Funding sources are advertised in the media and other places and applications are invited from CSOs. Funding is subject to the strategic plans, project proposals and budgets submitted by the Civil Society. b. Technical support providers are limited to UNAIDS, SPC, USP & FSMed. Capacity for CSOs is built through partnerships with those organisations only. There is need for more technical assistance on M&E work, writing funding proposals and budgets, drawing strategic plans and conducting reviews and conducting research

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208) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	51-75%
- Sex workers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	25-50%

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209)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

210)

Since 2007, what have been key achievements in this area:

- There has been an increase in civil society participation and collaboration in the national HIV response through increasing representation in the NACA, CCM; - Civil society has been consulted and has participated in the design of the draft HIV decree

211)

What are remaining challenges in this area:

- continued funding constraints - high turn over of CSO staff and possible loss of institutional memory - current political situation discourages registration of more HIV-based CSOs

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212)

Part B, Section III: PREVENTION

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

Yes (0)

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213)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

1) Through the National Strategic Plan development processes 2) Global fund processes 3) Universal Access consultations 4) National statistics on HIV/AIDS 5) Prevalence rates of those with virus/disease

214)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree

School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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215)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

216)

Since 2007, what have been key achievements in this area:

- There has been a visible increase in prevention programmes run by government and CSOs - Programmes on condom social marketing, e.g. Marie Stopes International Pacific's (MSIP) TRY TiME condoms, Fiji's first indigenous Condom Social Marketing initiative, into the market place for 2007 and 2008. The messages were of safe sex and HIV prevention; - increasing use of IEC materials

217)

What are remaining challenges in this area:

- funding - cultural sensitivities - government support for wide ranging integrated sexual reproductive health care and rights of women to determine the number and spacing of their children; - condom negotiation between males and females e.g. for women sex workers with male clients, etc

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218)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

Through consultations at various stakeholder's meetings: 1) Health Systems Strengthening and Universal Access meeting with UNAIDS, 2) National HIV Strategic Plan development meetings, 3) Global Fund application workshops, meetings, and processes, etc.

220)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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221)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

4 (4)

222)

Since 2007, what have been key achievements in this area:

- Free treatment has been accessed by PLWHIV from hospitals, STI and HUB Centres;

223)

What are remaining challenges in this area:

- PLWH experience stigma and discrimination at the hands of health workers when accessing treatment and other care and support programmes; - Confidentiality of identity and status of PLWH has been continually breached by health workers and some volunteers working in service organisations. These have been facilitated by existing processes used in hospitals and clinics and the general lack of awareness on confidentiality issues surrounding HIV; - Capacity building needed for health workers - Awareness on the needs and issues of PLWH for the general public

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224)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)