

Fiji 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:

Dr Frances Bingwor

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Describe the process used for NCPI data gathering and validation:

The first stakeholders' meeting conducted to discuss the preparation of the 2012 GAPR had a total of 27 participants, 15 from four government departments, eight from CSOs and three from UN Agencies. The various sections of the GAPR were presented and the role of all the stakeholders in the report preparation process was discussed and agreed upon. The Adviser of Family Health (also the National AIDS Program Coordinator) and the Program Coordinator of MENFiji, a CSO working with MSM, were selected to Coordinate the data collection for the government and civil society NCPI respectively. The Civil Society NCPI questionnaire was sent to all CSOs engaged in the national HIV response to complete and return to the Nominated Coordinator. In addition face-to-face interviews of a selection of respondents was undertaken by the Technical Adviser engaged by UNAIDS to assist in the preparation of Fiji's 2012 GAPR. The Technical Adviser undertook a preliminary analysis of the completed questionnaires and facilitated a meeting of the CSOs to discuss findings and validate the responses. The CSOs agreed on the ratings for the different sections of the CSO NCPI at the meeting. A similar process was used to gather data for the government NCPI. The National Adviser for Family Health, Dr Frances Bingwor, coordinated the collection of data from various government departments. The questionnaire was sent to all government stakeholders to complete. The Technical Adviser interviewed the National Adviser, The HIV Project Officer and the Senior Medical Officer in charge of the Suva HIV/STI Clinic. A meeting of government stakeholders was facilitated by the Technical Adviser to consolidate the data from the completed questionnaires, validate the responses and agree on the ratings for the different sections of the instrument.

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

For both the CSO and Government NCPI, there was surprisingly high level of agreement on the responses to the questions among the respondents. It is likely that this is reflection of the level of harmony and collaboration among stakeholders involved the HIV response in the last couple of years. Where there were differences in the responses, in particular, differences in the ratings given for different aspects of the HIV responses, the facilitator requested each of the respondents to give reasons for their ratings, and then facilitated a discussion for the participants to agree on a single rating, given the information they had been given during the discussion.

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

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	Dr Frances Bingwor, National Advisor Family Health	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr Rachel Devi, Senior Medical Officer, Reproductive Health Centre, Suva	Yes	Yes	No	Yes	Yes	Yes
Ministry of Health	Dr Reapi Mataika, Paediatrician, CWM Hospital	Yes	Yes	No	No	Yes	No
Ministry of Health	Ms Manaini Rokovunisei, National HIV Project Officer	Yes	Yes	Yes	Yes	Yes	No
Ministry of Health	Dr Pablo Romakin, Divisional Medical Officer Northern	Yes	Yes	No	No	Yes	No
Ministry of Health	Ms Sujita Narayan, National ARV Procurement Officer, Pharmacist, FPBS	No	No	No	No	Yes	No
Ministry of Youth and							

Ministry of Youth and Sports	Venina Niumataiwalu, Youth Officer	Yes	Yes	No	Yes	No	No
Ministry of Women & Social Welfare	Amelia Nairoba, Senior Women's Interest Officer	Yes	Yes	No	Yes	No	No

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	
Males Empowerment Network Fiji [MENFIJ]	Sepesa Rasili, Coordinator	Yes	Yes	No	Yes	Yes	
Fij Network of Positive People (FJN+)	Ms Viniana Tabuatamata, Team Leader, Mr Joeli Colati, Communication & Advocacy Officer, Mr Emosi Ratini, Care & Support Officer	Yes	Yes	Yes	Yes	Yes	
UNAIDS	Mr Mohamed Turay, Monitoring and Evaluation Adviser	Yes	Yes	No	Yes	No	
Secretariat of the Pacific Community	Dr Josai Samuela, Director of Public Head Division, Mr Robert Verebasaga, Program Development Officer, Ms Sala Tupou, Program Development Officer	Yes	Yes	Yes	Yes	Yes	
STOPHIV Program, Fiji Association of Sport & National Olympic Committee	Andrew Prasad, Coordinator	Yes	Yes	No	Yes	No	
Survival Advocacy Network (SAN) Fiji	Ms Rani Ravudi, Coordinator	Yes	Yes	No	Yes	Yes	
Pacific Islands AIDS Foundations (PIAF)	Mr Laitia Tamata, Legal Trainer and Policy Analyst	Yes	Yes	Yes	Yes	No	
Adventist Development Relief Agency (ADRA)	Mr Leone Tupua, Program Director, Youth Development Hub Project	Yes	Yes	No	Yes	No	
Reproductive and Family Health Association of Fiji (RFHAF)	Ms Matelita Seva Vakarau, Executive Director	Yes	Yes	No	Yes	Yes	
Pacific Counselling & Social Services	Ms Joanne Cohen, Executive Director	Yes	Yes	Yes	Yes	Yes	
Law Fiji	Ms Nazhat Shameem, Former High Court Judge, Independent Legal Consultant	Yes	Yes	Yes	No	No	

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):

Yes

IF YES, what was the period covered:

New Plan: 2012 to 2015; Old Plan: 2007 - 2011

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 new national HIV strategy 2012 – 2015 was informed by review of the previous strategy that identified key successes and challenges experienced in the last five years of the HIV response. Key aspects of the strategic approach adopted in developing the strategy are: • HIV prevention is integrated with STI prevention and improvements to Reproductive Health, as guided by the developing regional commitments on STIs and the Fiji Reproductive Health Policy • HIV prevention, treatment and care will be supported through an improved enabling environment, informed by promotion of human rights and reduction of stigma and discrimination, as guided by the HIV/AIDS Decree • Testing and treatment will take place through a “Continuum of Care”, which recognises the need for specialised health services for key populations, improved integration of HIV and STI diagnosis with Reproductive Health services available to all women and men, expanded access to counselling and referrals to peer support, and the closer linking of community prevention programs and health services • There will be a balanced approach which supports the needs and rights of people living with HIV; people in the key populations of sex workers, men and transgender people who have sex with men; and other people of all ages who are likely to be sexually active with multiple partners • There will be intensified efforts to integrate gender issues with all programs and services, in order to reduce gender inequalities which affect both prevention and the continuum of care • There will be improved governance, so that it is clear who takes final decisions about the implementation of this strategy, and there are problem-solving processes in place so that problems can be identified and solved quickly • There will be improved monitoring and evaluation of national activities in HIV, STI and Reproductive Health • There will be improvements in research to improve understanding of the size and extent of the

HIV and STI epidemics, as well as in operational research to inform improvements in the quality and effectiveness of health promotion programs and health services.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health

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

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes
Yes	Yes
Yes	Yes
Yes	No
No	No
Yes	Yes
Yes	Yes

Other [write in]:

Correctional Services; Tourism

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?:

Correctional Services: Health sector provides routine health care services including HIV VCCT and HIV education. CSOs such as ADRA and PCSS also provide prevention services to prisons. Military: HIV testing including in their health budget – including testing for all new recruits and HIV testing of service men returning from peacekeeping duties overseas

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Young people Sex workers MSM

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

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

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

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

• CSOs coordinated among themselves to determine how they can contribute to the thematic areas of the NSP • CSOs participated in the review of the national response that preceded the development of the new strategy. The data they provided from their programs helped shaped the new NSP • CSOs participated in consultations at national and divisional levels that were undertaken as part of the NSP development process. • CSOs are represented on the HIV Board, which has to approve the NSP and budget.

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

Yes

1.9

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

Yes, all partners

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:

No

Sector-wide approach:

No

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:

No

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:

No

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):

Yes

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)?:

Yes

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?:

Yes

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 and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

Yes

IF YES, for which population groups?:

Coverage of the following population groups and/or programs are monitored: • Pregnant women attending ANC clinics – as part of the prevention of parent-to-child transmission of HIV program • STI Clinic attendees • Antiretroviral treatment of people living with HIV • Infants born to HIV+ women • TB patients • Young people – as part of the family life education undertaken in schools and peer education program provided from the youth friendly clinics

Briefly explain how this information is used:

• For policy development and strategic improvement of services • Budgeting • Training • Program baseline

(c) Is coverage monitored by geographical area:

Yes

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

Divisional and sub-divisional levels

Briefly explain how this information is used:

• For divisional and national reporting • Resource mobilization • Policy development • Interagency collaboration eg Ministry of Health and Ministry of Women share information on ANC program • Collaboration between national TB program and HIV program

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:

Better forecasting for procurement of HIV commodities Procurement plan developed Better distribution of medications and commodities [TB / HIV]

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?:

8

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

• The HIV/AIDS Decree (2011) has been passed by the Cabinet. This legislation provides a human rights-based framework for responding to HIV in Fiji. The Decree mandates the establishment of a National HIV Board, that reports to the Minister of Health, to oversee the implementation of the national HIV response. The HIV/AIDS Decree has also mandated the appointment of a full-time Chief Executive Officer of the Board. This is the first time that full time senior official has been designated to the HIV response in the country. • The 2006 – 2011 NSP was reviewed and findings used as a basis for developing the new NSP • A six-month process, involving consultations at national, divisional and sub-divisional levels with government and civil society organisations was undertaken to develop the fully costed 2012 – 2015 NSP. • The first National AIDS Spending Assessment was undertaken in 2009 which showed not only how much funding had been provided for the national HIV response for the three prior years, but how the funding had been used and by which organisations. • Greater involvement of PLWHIV in the HIV response –MOH has employed HIV positive people as advocates to work with MOH staff in community education • HIV in the workplace policy has been developed • Ongoing funding from government for the NSP • Ongoing funding from donors

What challenges remain in this area:

Monitoring and evaluation of the national response remains a challenge. There has been no overall monitoring of the implementation of the NSP, hence there is no indication that the NSP 2007 - 2011 was being used to guide the national response.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

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

Yes

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

International demonstration of leadership The President of the country represented Fiji at HLM in New York in 2011 and signed the political declaration. The President was also the head of Fiji delegation to ICAAP XI in Korea in August 2011. Domestic demonstration of leadership In March 2012, the President hosted a forum at Government House during the visit of the UNAIDS Executive Director, Mr Michel Sidibe, to Fiji. Participants at the forum included key affected populations and young people from schools in Suva. The forum afforded an opportunity for dialogue between stakeholders in the HIV response in Fiji and the head of UNAIDS. The forum also demonstrated that the President is very personally engaged in the national HIV response. He has taken a specific interest preventing HIV among young people. He pledged to visit all the schools that had participated in the forum in the coming months to discuss their HIV prevention programs. The President was the chief guest at the 2011 World AIDS Day celebration. HIV/AIDS Decree of 2011 and its Amendment[also of 2011] are possible with the committed involvement of the Minister for Health and Attorney General in recognising their importance Senior government officials (MOH, MOW& Social Welfare, Defence, MOE) are members of the HIV Board

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?:

Dr Eloni Tora, Permanent Secretary for Health

Have a defined membership?:

Yes

IF YES, how many members?:

11 members

Include civil society representatives?:

Yes

IF YES, how many?:

2

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

No

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

Yes

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

Yes

IF YES, briefly describe the main achievements:

1. The HIV Board 2. Donor Coordinating Committee 3. HIV/AIDS Decree and Amendment

What challenges remain in this area:

1. Government to have continued meaningful dialogue with the churches on sensitive issues surrounding sexuality 2. Regulating and enforcing the HIV/AIDS Decree in all sectors: public, private, faith-based organisations (FBO) and CSO. 3. The delay by the Minister for Education in endorsing the Family Life Education Curriculum for all schools.

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

84%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

Funding through grants.

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

Yes

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

Yes

IF YES, name and describe how the policies / laws were amended:

1. The HIV/AIDS Decree passed in 2011, consistent with the international law on HIV/AIDS. It was amended one month after it was passed (HIV/AIDS Amendment Decree 2011) to remove travel restrictions imposed by Immigration Department on the basis of HIV status. In addition there is no residual power given to the Ministry of Health or other official to force an HIV test on any person. The only exception is the testing of soldiers for operational and peacekeeping duties. 2. The Subsection on wilful transmission in the first publication of the HIV Decree has been deleted to comply with international guidelines. 3. The name and content of the national PMTCT Policy was revised to PPTCT Policy at the end of, in recognition of the role intimate partners play in the prevention of HIV transmission from mother to child. 4. HIV Testing Algorithm for sub divisional hospitals was endorsed by the National Health Executive Committee in 2011 and looks at confirmatory testing being done in the low through-put hospitals. The piloting and subsequent finalisation of the algorithm will be completed in 2012.

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

The Crimes Decree 2009 (Decree No. 44), which took effect on 1st February 2010, replacing the 100-year old Penal Code of Fiji, revised the laws around sex work. As described by McMillan and Worth (2011) , many of the 'Prostitution offences' defined in the 2009 Crimes Decree are a repackaging of what were also offences under the Penal Code. Two notable changes are that: under the Penal Code, a 'prostitute' was definitely female. The relevant provisions in the Crimes Decree are gender neutral and can encompass male and transgender. The second notable change is that clients of sex workers can now be prosecuted if they seek and/or use the services of a sex worker or make arrangements to do so. The study by McMillan and Worth on the effects of the Crimes Decree on sex workers found that there have been a number of detrimental effects on HIV prevention in Fiji since the enactment of the Crimes Decree, including: • A heightened fear of brutality and harassment from law enforcement agents has reduced sex worker opportunity for negotiation with clients, including condom negotiation • NGO nervousness as a result of the policing of sex workers and uncertainty about the implications of the Decree have resulted in the closure of programs, withdrawal of support and services, and the cessation of information and HIV prevention workshops for sex workers. This has compromised sex workers' access to sexual health services such as HIV and STI testing and treatment. • The criminalisation of clients has reduces the ability of sex workers to negotiate over the terms of the transaction and created more pressure to accept the clients' terms. Fear of losing a client is an incentive to comply with a client's wishes for sex without a condom. The Crimes Decree is inconsistent with the HIV/AIDS Decree 2011, Section 3 (1) (a), Guiding Principles which states that "all persons and courts should as far as possible- Ensure that full regard is had to the recognized universal human rights standards and public international law applicable to the protection of rights and ensure that those standards and laws are applied to the fullest extent possible to protect all such rights including the highest attainable standard of physical and mental health including the availability and accessibility of HIV prevention and HIV/AIDS treatment, care and support for all persons regardless of age, gender, gender orientation or sexual orientation".

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

8

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

1. HIV/AIDS Decree 2011 and subsequent amendment have been enacted 2. Training workshops have been undertaken to educate government officials from health and other sectors, civil society organisations, the police, academia and judiciary about the new HIV/AIDS Decree 3. The HIV Board established, with responsibility to oversee the national HIV response and is

meeting regularly 4. The President of Fiji attended the UN High Level Meeting and signed the Political declaration on HIV 5. The government has continued to contribute funds from the national budget for the HIV response.

What challenges remain in this area:

1. National policies need to be revised on a regular basis to be in line with best practice 2. Data systems, including surveillance needs to be functioning for the use of policy change and a response to HIV that is appropriate 3. Changes in the attitudes of the police and judiciary on HIV/AIDS issues. Although there is no longer a criminal offence of wilfully spreading HIV (which was the case in the original Decree) there is still an offence in the Crimes Decree which is general and covers all diseases, of negligently spreading infectious disease. The police will need continued education to focus of the criminal offences of denying access or of unlawful discrimination rather than on the spreading of disease provision in the Crimes Decree. 4. Continued engagement of the churches by state leaders in the HIV response, especially around sexuality issues[in young people, same sex unions and sex work].

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

Yes

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

The HIV/AIDS Decree itself states that the Decree shall be applied without discrimination in relation to peoples' sexuality, sexual orientation, gender orientation and ethnicity. Other laws that protect against discrimination are: 1. The Crimes Decree 2009 which has decriminalised male-to-male sex; and makes all offences gender neutral and describes rape not solely as vaginal penetration by the penis without consent, but as any penetration of a body part by a penis without consent, or penetration of anus or vagina by a thing. The penalties for sexual assault, incest and child abuse have been increased substantially, and a child under the age of 13 is presumed to lack the capacity to consent. It is a non-rebuttable presumption. 2. The Criminal Procedure Decree which provides for special measures for the taking of evidence of vulnerable witnesses, abolishes the law on corroboration in sexual assault cases, abolishes the law on spousal privilege, provides that cross examination on previous sexual history is prohibited; 3. The Human Rights Commission Decree provides for a grievance procedure to the Commission for discrimination on grounds of ethnicity, gender and sexual orientation.

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

Infringements of the laws are investigated by the police and prosecuted by The Office of the Director of Public Prosecutions (DPP), the police force and the judiciary. All have attended training on the HIV/AIDS Decree Government and civil society organisations involved in HIV response have been trained about the HIV Decree.

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

All the agencies now have the capacity to prosecute discrimination. Much depends on the attitudes of individual police officers and prosecutors. Also on the ability of individuals and civil society groups to make complaints to police. They will need continuous training and empowerment exercises.

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:

- **Men who have sex with men:**
- **Migrants/mobile populations:**
- **Orphans and other vulnerable children:**
- **People with disabilities:**
- **People who inject drugs :**
- **Prison inmates:**
- **Sex workers:**
- Yes
- **Transgendered people:**
- **Women and girls:**
- **Young women/young men:**
- **Other specific vulnerable subpopulations [write in below]:**
-

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

The Crimes Decree 2009 (Decree No. 44), which took effect on 1st February 2010, replacing the 100-year old Penal Code of Fiji, revised the laws around sex work. As described by McMillan and Worth (2011) , many of the ‘Prostitution offences’ defined in the 2009 Crimes Decree are a repackaging of what were also offences under the Penal Code. Two notable changes are that: under the Penal Code, a ‘prostitute’ was definitely female. The relevant provisions in the Crimes Decree are gender neutral and can encompass male and transgender. The second notable change is that clients of sex workers can now be prosecuted if they seek and/or use the services of a sex worker or make arrangements to do so. The study by McMillan and Worth on the effects of the Crimes Decree on sex workers found that there have been a number of detrimental effects on HIV prevention in Fiji since the enactment of the Crimes Decree, including: • A heightened fear of brutality and harassment from law enforcement agents has reduced sex worker opportunity for negotiation with clients, including condom negotiation • NGO nervousness as a result of the policing of sex workers and uncertainty about the implications of the Decree have resulted in the closure of programs, withdrawal of support and services, and the cessation of information and HIV prevention workshops for sex workers. This has compromised sex workers’ access to sexual health services such as HIV and STI testing and treatment. • The criminalisation of clients has reduced the ability of sex workers to negotiate over the terms of the transaction and created more pressure to accept the clients’ terms. Fear of losing a client is an incentive to comply with a client’s wishes for sex without a condom. The Crimes Decree is inconsistent with the HIV/AIDS Decree 2011, Section 3 (1) (a), Guiding Principles which states that “all persons and courts should as far as possible- Ensure that full regard is had to the recognized universal human rights standards and public international law applicable to the protection of rights and ensure that those standards and laws are applied to the fullest extent possible to protect all such rights including the highest attainable standard of physical and mental health including the availability and accessibility of HIV prevention and HIV/AIDS treatment, care and support for all persons regardless of age, gender, gender orientation or sexual orientation”.

Briefly comment on how they pose barriers:

As above.

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No

Avoid commercial sex:

No

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

No

Use clean needles and syringes:

No

Use condoms consistently:

Yes

Other [write in below]:

-

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

Yes

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

Yes

Briefly describe the content of this policy or strategy:

The HIV Board will ensure that key populations are addressed by stakeholders. Awareness training has been conducted for implementers of various HIV programs e.g. healthcare workers; law enforcers and the correctional services, for the business community (through the Fiji Employers Federation) and indigenous community [through the Ministry of iTaukei Affairs].

Policies, guidelines, work plans and research are all guided by the HIV/AIDS Decree.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	Yes	Yes	seafarers, hotel workers
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	yes
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	yes
No	Yes	Yes	Yes	Yes	yes
No	Yes	Yes	No	No	-
No	No	No	No	No	youth & women

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?:

7

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

1. CSOs are acknowledged as important partners in the HIV response and have been represented on the national coordinating body, previously National Advisory Committee on AIDS (NACA) and the new HIV Board. 2. Acknowledgement of the crucial role of people living with HIV in the national response in general, and specifically in the prevention. PLHIV have demonstrated effectiveness as community educators. Ministry of Health employs one openly positive person in each sub-division to work with MOH staff in community education. 3. Support for prevention and care programs directed to vulnerable populations, including sex workers, MSM, prisoners

What challenges remain in this area:

Traditional and religious leaders have a huge role to play and whilst some have come on board, more needs to be done to accept key and vulnerable populations e.g. MSMs and sex workers, thus making it easier for these groups to access all services and programs.

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

Yes

IF YES, how were these specific needs determined?:

Based on HIV infection data, the focus on young people for HIV prevention was identified. Research on MSM also identified a need to focus on MSM Counselling at ANC clinics identified a need to address gender based violence against women

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Disagree

IEC on risk reduction:

Disagree

IEC on stigma and discrimination reduction:

Strongly Disagree

Prevention of mother-to-child transmission of HIV:

Disagree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Disagree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

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?:

7

A - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

Antiretroviral therapy Treatment for opportunistic infections Counselling Laboratory testing – CD4+ and viral load testing Early

Infant Diagnosis for babies born to HIV+ women PLHIV support network Support by faith based organisation and traditional leaders

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

HIV treatment, care and support services have been scaled up by: 1. Training: All clinicians involved in HIV treatment and care have been trained. Each division has at least one trained clinician 2. Scaling up of HIV testing and counselling services. Outreach to communities have been undertaken to provide education and counselling and testing 3. Threshold for ART eligibility has been increased from 200 to 350 CD4+ cell count which has increased the number of eligible patients. All HIV+ children are put on ART (no longer dependent on their CD4+ count 4. Constant reliable CD4 testing available 5. PCSS counseling has become a part of Hub services (in Suva) which improves psychosocial support for PLHIV 6. Improved forecasting of drug procurement and increased procurement of ART and OI medications to ensure no stock-outs of medications

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

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

Neutral

HIV testing and counselling for people with TB:

Strongly Agree

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

Neutral

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Agree

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

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Strongly Disagree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

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

Yes

Please clarify which social and economic support is provided:

Financial assistance through Department of Social Welfare Support for the FJN+ - government provides the office and drop-in centre facilities

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

Yes

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

Yes

IF YES, for which commodities?:

ARV HIV test kits [Determine, ELISA} CD4+ and viral load test kits Chlamydia and gonorrhoea test kits (GC BD Probe)

Condoms (male and female)

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?:

8

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

1. Psychosocial support for patients through provision of PCSS counsellors and MOH VCCT trained counsellors 2. Increased VCCT training for health care workers 3. Decentralisation of PPTCT services – sub-divisional hospitals in Western Division are delivering babies of HIV+ mothers 4. PPTCT Training in the divisions and nationally 5. Improved forecasting of ARV and increased procurement 6. Increasing number of people on ART 7. Continued support by government for 100% procurement of ARVs and cost sharing of test kits for HIV [with global fund and PRSIP] 8. Strong TB-HIV program 9. First Fiji Prescribers’ Training was held in June –used to scale up universal access to treatment and care in 2012.

What challenges remain in this area:

1. Nutritional care is not provided by dietician 2. Accessibility of patients in rural and remote island areas to ART is poor. They have to go the one Hub centre, and this affected by their ability to pay for transport. 3. Need a policy in place for traditional medicine, including herbal therapies 4. Further strengthen and increase MOH VCCT trained nurses. 5. Need to increase VCCT and PICT – more people to know their status 6. Non-availability of alternate drugs especially for infants

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?:

1

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

Due to an increased awareness of Child Welfare issues children who are at risk or neglected are also screened for HIV.

What challenges remain in this area:

Raising awareness and recognition that the absence of a policy to address orphans and vulnerable children is a significant gap in the national response to HIV. MOH needs to facilitate a discussion of key stakeholders working with orphans and vulnerable children to identify what needs to be done and develop a policy if this is required.

A - VI. MONITORING AND EVALUATION

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

In Progress

Briefly describe any challenges in development or implementation:

The 2007 – 2011 NSP and accompanying M & E Plan are no longer in use because a new plan was developed in 2011 for the period 2012 – 2015. The M & E plan for the new NSP (2012 – 2015) has not been finalised yet. It is scheduled for completion in August 2012. It will be informed by the many lessons learnt from the monitoring and evaluation of the 2007 – 2011 NSP. The M & E plan of the 2007 – 2011 NSP was not implemented, primarily because there were no staff in the HIV Unit of the MOH with the M & E skills. The MOH has an M & E Unit, responsible for monitoring and evaluation in the whole ministry, but for reasons that are not clear, M & E of the national HIV response is not included in their job description. Consequently, over the five years of implementation, there was no monitoring of the implementation of the plan as a whole. The only aspects of the response monitored were the activities undertaken by the MOH, which represented a small proportion of the national response. Projects implemented by civil society organisations were usually evaluated and reports sent to the donors that funded them, but the information was not usually sent to the MOH. The vast data requirements by donor partners add to the complexity of M & E that should be done to avoid duplication of data for various needs.

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

-

A data analysis strategy:

-

A data dissemination and use strategy:

-

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

-

Guidelines on tools for data collection:

-

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

Yes

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

-

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

In Progress

Briefly describe any obstacles:

1. There are time constraints - Personnel in the HIV Unit are also doing planning, providing high-level advice, conducting

training and attending meetings so it takes them away from the important task of M & E. 2. Although the HIV Decree was endorsed and awareness created in 2011, there is still confusion as to what information can be shared or reported. 3. Delay in approval of or publication of important research that could tell us more about the HIV epidemic and the response

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

In the Ministry of Health?:

Yes

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?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
National Advisor Family Health	yes	-	2011
National HIV Project Officer	yes	-	2010
National HIV Project Assistant	yes	-	2009

Temporary Staff [Add as many as needed]

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

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?:

No

Briefly describe the data-sharing mechanisms:

No such mechanism exists except through non-formal request for data and information from each other.

What are the major challenges in this area:

There is no agreed way to share data and information on a regular basis and use it for policy, planning and for procurement of goods.

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.:

The national database has traditionally been managed by the National Reference Laboratory, Mataika House and has the number of confirmed new cases. In addition, CRIS is managed by the National HIV Project Assistant

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

Yes, but only some of the above

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

Only budgetary provisions, cumulative number of people tested and confirmed HIV+ since 1989 and facilities in the subdivisions and divisions offering VCCT and treatment.

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

At divisional, subdivisional and medical area level.

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?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

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

1. To forecast needs for testing and ARV 2. Effectiveness of program e.g. PPTCT 3. Mapping to show whether HIV+ is concentrated in certain geographical areas 4. Patients' response to ARV Challenges 1. Often M & E data are not available in a timely manner 2. Collection and keeping of data in central place in the facility needs to be strengthened 3. Making recommendations that are actioned, sometimes from lack of resources or being overlooked

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

At national level?:

Yes

IF YES, what was the number trained:

-

At subnational level?:

Yes

IF YES, what was the number trained:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

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

Yes

IF YES, describe what types of activities:

A number of research activities were undertaken that built capacity of stakeholders, including: 1. Risky Business: Sex work and HIV prevention in Fiji (McMilan& Worth, 2010); 2. Sex workers and HIV Prevention in Fiji: After the Fiji Crimes Decree 2009 (McMilan& Worth, 2011) 3. Integrated biological and behavioural survey of MSM (Rawstone et al, 2011) 4. Me, My Intimate Partner and HIV –capacity built mainly non-health care personnel (Hammar L, 2011)

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?:

4

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

An increase in the interest in research in this field and the publishing of many reports.

What challenges remain in this area:

Staff with the requisite M & E skills in MOH HIV Unit Development of a data analysis strategy and Guidelines on tools for data collection and sharing

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

1. Strengthening political commitment of top leaders Civil society organisations (CSOs) have played an important role in strengthening the political commitment of top leaders to the HIV response in Fiji. Advocacy by CSOs, in particular by the network of people living with HIV (FJN+), has worked to put and keep HIV high on the political agenda. Presentations by FJN+ members to traditional leaders at provincial council meetings have shifted attitudes to HIV+ people and influenced the support of traditional leaders for the national HIV response. CSOs access top leaders in a variety of ways: • CSOs are consulted by the President of the Republic of Fiji, the UNAIDS Ambassador for HIV in the Pacific, who plays an important leadership role for the HIV response in Fiji and the Pacific region, regularly on HIV related policy and programming issues. • CSOs participate in regional and global high-level meetings on HIV, together with government officials. These situations provide opportunities for discussion between CSO representatives and top leaders. For example, CSO representatives attended the first sex worker conference in Thailand with senior government officials from the Attorney General's office, Director of Public Prosecutions office, and the Police. Following the meeting, a task force of all the parties has been established to continue discussion of how to improve on the current situation where the criminalisation of sex work by the Crimes Decree has increased the vulnerability of sex workers and had a number of detrimental effects on HIV prevention in Fiji, as described by McMillan and Worth (2011). • CSOs are represented on national the HIV Coordinating body – previously known as NACA and since the enactment of the HIV/AIDS Decree 2011, known as the HIV Board 2. National strategy/policy formulations There has been exemplary participation of civil society in the formulation of key national HIV strategies and policies including the following: • The HIV/AIDS Decree 2011. A guiding principle of the degree is the respect for universal human rights. The experience of people living with HIV of abuses of their human rights, who were willing to speak openly about these experiences, influenced the development of the HIV/AIDS Decree. • The National Strategic Plan 2012 – 2015 • National Workplace HIV Policy • HIV Testing and Counselling Guidance Document

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)?:

5

Comments and examples:

Civil society played a key role in the consultations leading to the development and costing of the new Fiji National Strategic Plan 2012-15. Without civil society participation, it would have been difficult to obtain national consensus on the provisions of the strategy.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

2

c. The national HIV reports?:

2

Comments and examples:

National HIV budget Although services provided by civil society in areas of HIV prevention, treatment, care and support are included in the national HIV strategy, they are not necessarily included in the national budget provided by the government. The reasons for this are complex. Funding provided by the government of Fiji for the national HIV response represents a fraction of all expenditure for the response. Since 2004, the Pacific Regional HIV Program (PRHP), 2003 to 2008, and the Pacific Response Fund (2009 to 2013), have provided much of the funding for the HIV response in Fiji and other Pacific Island countries. Civil society organisations have been able to access funding from these programs through grants hence have required less funding from the government budgetary allocation. There are a few notable exceptions. Ministry of Health has established MOUs with some CSOs to undertake specific activities. For example the Pacific Counselling and Social Services partners with MOH in providing counselling for pregnant women at ANCs; FJN+ partners with MOH by providing HIV+ advocates based in the three Hub centres to conduct community education; and Medical Services Pacific receives funding from MOH to provide mobile family planning and sexual health services. These services are included in budgetary allocation from the government. National HIV reports The MOH does not produce annual national HIV reports. Report of the ministry’s HIV activities is included in the annual reports of all the ministry’s work, and does not include the work of other stakeholders, particularly CSOs. This necessarily means that such reports only presents a fraction of the national HIV response. However preparation of the global AIDS Progress reports or UNGASS reports have provided the opportunity to bring together the work of all stakeholders. Civil society organisations produce reports of their activities for the donors that fund their programs. These reports provide a wealth of information about the national HIV response, but are rarely combined and analysed to give a picture of the implementation of the NSP or its effects. This has been a missed opportunity in the 2007 – 2011 NSP which should not be repeated during the implementation of the 2012 –2015 NSP .

4.

a. Developing the national M&E plan?:

1

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

:

1

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

2

Comments and examples:

The M&E framework for the 2007 – 2012 NSP was hastily developed in 2007 to meet Global Fund proposal timelines and hence there was little participation from civil society. Lack of participation of CSOs in other M & activities is a reflection of the limited monitoring and evaluation of the implementation of the plan rather than any effort to exclude CSOs. Any M&E activity and utilising data was usually adhoc activity carried out to meet certain requests or obligation and hence it was not done systematically. This resulted in very little participation by civil society groups.

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)?:

5

Comments and examples:

There is a diversity of civil society organisations involved in the HIV response including: Mainstream national and regional CSOs such as: • Fiji Red Cross, and International Federation of Red Cross • Reproductive Family Health Association of Fiji (member of the IPPF family) • Foundations for the Peoples of the South Pacific (FSPI) CSOs representing marginalised groups such as: • Survivor Advocacy Network (SAN), a sex worker support network • Pacific Rainbows, another sex worker support organisation • MENFiji, which represents men-who-have-sex-with-men Faith-based organisations such as: • Adventist & Development Relief Agency • Pacific Council of Churches Tertiary Institutions and Research Organisations Sporting organisations such as FASANOC.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

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

4

Comments and examples:

Most of funding for the HIV response in Fiji is not from the government. Bilateral funding from Australia and New Zealand

through the Response Fund managed by SPC, and funding from the UN provide about 90% of HIV funding. Civil society is a key beneficiary to these funding streams. Some CSOs have better access to funding than others, and have multiple funding sources. Other CSOs depend entirely on the Pacific Response Fund for all their funding, making their future survival very tenuous. There are many agencies providing technical advice, including UNICEF, SPC, WHO, UNAIDS, UN Women, UNDP, ILO. There are also highly skilled locals in the country who can act as advisors for many programs, these locals have the added advantage of understanding the cultural and country specific issues that may differ vastly to some other regions.

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

People living with HIV:

51-75%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

>75%

Transgendered people:

>75%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

<25%

Home-based care:

>75%

Programmes for OVC:**

<25%

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

7

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

1. Acceptance of Civil Society as an equal partner in the response, as evidenced by their involvement in the development of the new NSP 2012 – 2015. 2. The role of Civil Society in developing the HIV/AIDS Decree that is founded on respect for human rights. 3. Decriminalisation of male-to-male sex, which has significantly improved the HIV/STI prevention for MSM and made it possible for a support network of MSM such as MENFiji to be established and funded and contribute to the national HIV response. 4. Progressing the principles of Greater Involvement of People living with AIDS (GIPA) and Meaningful Involvement of People living with AIDS (MIPA). HIV positive people are integrated into some civil society organisations and so are having multiple voices, eg FJN+, PCSS, PIAF, as trainers, counsellors, advocates as well as being able to represent in their capacity as being HIV+. However they are people and employees and there are few stars that have proved themselves incredibly efficient managers, trainers, counsellors and advocates that are not just in these positions due to their HIV status.

What challenges remain in this area:

1. Limited friendly facilities to address the needs of key populations 2. Sex work is still criminalised by the Crimes Decree 2009 3. The main source of funding for the HIV response in Fiji is the Pacific Response Fund, which is schedule to end in 2013. It is not clear where funding for the response will come from after 2013.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

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

People living with HIV 1. People living with HIV through FJN+ and PIAF have been involved in the development of the new national HIV strategic plan (2012 – 2015). 2. Ministry of Education partners with FJN+ to OE involves FJN+ to conduct HIV education in schools using their funding 3. Ministry of Youth partners with FJN+ to conduct HIV education for out-of-school 4. MOH provides funding to FJN+ to place HIV+ advocates in the Hub centres MSM Men Fiji represents MSMS and Transgender in the policy formulation forums Sex workers Survivors Advocacy Network represents sex workers in policy formulation forums

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

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

Yes

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

Specific protections for specific key populations 1. Section 3.-(1)(a), Guiding Principles, of the HIV/AIDS Decree 2011 protects the rights including the highest attainable standard of physical and mental health including availability and accessibility of HIV prevention, treatment, care and support for all persons regardless of age, gender, gender orientation or sexual orientation. So although none of the sub-populations in question 1a are mentioned specifically in the Guiding Principle 3-(1)(a), it can be reasonably assumed that their rights are protected by the HIV/AIDS Decree 2011. 2. People living with HIV/AIDS: Section 22 of the HIV/AIDS Decree 2011 states that it is unlawful to discriminate, directly or indirectly against a person having HIV/AIDS or affected by HIV/AIDS. 3. Prisoners: Section 22(e) states that an act of unlawful discrimination may occur in relation prisoners and persons in custody In addition to the HIV/AIDS Decree 2011, the Family Law Act and the Juveniles Act specific protections for women and girls, and young women and young men. Fiji is a signatory to other UN Conventions including CEDAW, CRC which protect women and children

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

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

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

The HIV/AIDS Decree 2011 is new, but is being implemented. The Family Law and Juvenile Acts are also being implemented. Ministry of Women and Social Welfare has been working hard with civil society UNICEF, PCSS, Save the Children Fund (SCF) to implement the CRC and other child protection mechanisms

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

Yes

2.1. IF YES, for which sub-populations?**People living with HIV:**

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

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

The Crimes Decree 2009 (Decree No. 44), which took effect on 1st February 2010, replacing the 100-year old Penal Code of Fiji, revised the laws around sex work. As described by McMillan and Worth (2011), many of the 'Prostitution offences' defined in the 2009 Crimes Decree are a repackaging of what were also offences under the Penal Code. Two notable changes are that: under the Penal Code, a 'prostitute' was definitely female. The relevant provisions in the Crimes Decree are gender neutral and can encompass male and transgender. The second notable change is that clients of sex workers can now be prosecuted if they seek and/or use the services of a sex worker or make arrangements to do so.

Briefly comment on how they pose barriers:

The study by McMillan and Worth on the effects of the Crimes Decree on sex workers found that there have been a number of detrimental effects on HIV prevention in Fiji since the enactment of the Crimes Decree, including: • A heightened fear of brutality and harassment from law enforcement agents has reduced sex worker opportunity for negotiation with clients, including condom negotiation • NGO nervousness as a result of the policing of sex workers and uncertainty about the implications of the Decree have resulted in the closure of programs, withdrawal of support and services, and the cessation of information and HIV prevention workshops for sex workers. This has compromised sex workers' access to sexual health services such as HIV and STI testing and treatment. • The criminalisation of clients has reduced the ability of sex workers to negotiate over the terms of the transaction and created more pressure to accept the clients' terms. Fear of losing a client is an incentive to comply with a client's wishes for sex without a condom.

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

Yes

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

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

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

Yes

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

The NSP 2012 to 2015 is based on Human rights. Specifically it includes the following: 1. The strategy proposes that the prevention approaches would need to address the issue of stigma, discrimination and human rights. 2. It also mentioned that the Fiji HIV Decree now provides a human rights framework for the response to HIV prevention; and treatment and care will be supported through an improved enabling environment, informed by promotion of human rights and reduction of stigma and discrimination, as guided by the HIV/AIDS Decree 3. Human rights, stigma and discrimination is a cross cutting issue across all the priority areas of the NSP. Under prevention it is highlighted that prevention will be integrated with the promotion of human rights and respect for all Fijians, including sex workers, transgender people and men who have sex with men. 4. Testing for HIV has to be with informed consent of the individual 5. There are penalties in the HIV Decree for breaching confidentiality and divulging someone's status against their will

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

1. Pregnant women and their partners have been prioritized for routine integrated prevention, screening and care, this is a very comprehensive multifocal program 2. Sex workers/MSM/ transgender have access to free prevention and treatment services via civil society programs such as Sekoula and also via government-run Hub centres 3. People with TB have access to all

services, prevention, screening and care and support 4. Young people that access services via hospital and community based initiatives can access free prevention, screening and treatment services via NGOs and 3 divisional H centres and sub divisional facilities where PCSS deliver services on behalf of Govt.

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

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

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

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

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

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

- Routine integrated services for antenatal clients and their partners,
- TB patients at all major MOH facilities
- General public requesting VCCT at hub centres
- Specific programs for overseas military and police peacekeepers
- Programs for sex workers with their input into types and delivery of services they require
- Young people through information, testing and counselling at some major sporting events and festivals

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

Yes

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

HIV Decree – Section 4 (1) and (2), And Section 22

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

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

Yes

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

No

IF YES on any of the above questions, describe some examples:

The enforcement of the HIV Decree has not yet been developed. The Decree assumes that the Board and CEO will develop indicators when they are in place.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

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

Yes

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

a. Legal aid systems for HIV casework:

Yes

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

Yes

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

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?:

8

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

1. HIV Decree has been enacted 2. Establishment of HIV Board

What challenges remain in this area:

Crimes Decree still is an obstacle to working openly with sex workers and MSM Movement of HCW to different sites etc , one group may be trained but then transfers etc necessitate constant refreshers Attitudes of HCW and the general public take time to change, funds need to be continued for programs that include a BCC approach integrated into their programs The challenge is to ensure that awareness and education efforts are made enforceable at all schools and workplaces through policies so that people are empowered with knowledge to protect themselves and keep them HIV-free. This should also apply to making sure there is universal access to condoms and medicines.

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?:

6

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

Crimes Decree which decriminalises MSM Employment Relations Promulgation requires all workplaces to develop HIV in the workplace policy The HIV/AIDS Decree 2011 declaring that all HIV testing must be consensual. Establishment of The HIV Board MOH working with sex workers despite Crimes Decree

What challenges remain in this area:

1. Enforcing the HIV Decree and providing the proper mechanisms for it to be fully operations – eg regulation, CEO, how to lodge complaint, which court will listen to complaint

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

The specific needs for HIV prevention programmes are based on the strategic approach to prevention in the NSP: - Prevention among key populations - Prevention and reproductive health and gender awareness for young people - Prevention of parent to child transmission through community education and referrals - Blood safety

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Disagree

IEC on stigma and discrimination reduction:

Disagree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other [write in]:

Seafarers, transgender, uniformed service personnel - disagree.

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?:

7

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

• expansion of prevention activities as well as improvements in the methods used and collaboration between prevention partners • The Fiji approach to prevention is a good example of what UNAIDS describes as "Combination Prevention". This means that prevention programs "deploy a blend of biomedical, behavioural, and structural approaches tailored to address the particular and unique realities of those most vulnerable to HIV infection. In Fiji's case, prevention has often linked provision of information in community settings with chances for community members to receive condoms, meet people living with HIV, and talk about behaviour change with peer educators or community leaders. • There had been increased emphasis on prevention through workplaces and sports organisations and events. There have also been prevention initiatives for people living with HIV. HIV prevention has been linked to broader issues in Adolescent Health and Development and in Sexual and Reproductive Health. • The concept of "Greater involvement of people living with HIV" has clearly been applied within all programs. Many partners report that they have involved people from the national network of people living with HIV (FJN+) in their outreach and education work, and this was verified by people from FJN+. In rural settings, health workers visited communities together with people living with HIV • Condoms are increasingly available in many locations including clinics, stores and nightclubs. Condoms are promoted in most education sessions. However, they were not universally available throughout Fiji, and further initiatives were being planned to change this. [p 9 of new NSP] • Scaled up counselling and testing and wide scale dissemination of prevention materials and condoms through antenatal programs via men's packs and integrated ANC program. Thousands have been present at HIV presentations and close to 60,000 condoms distributed by PCSS alone in 2011 • Training of key health care workers through Reproductive Health Practitioners Course • Introduction of awareness/prevention services for male partners of pregnant women

What challenges remain in this area:

The ongoing challenges for prevention are: • The need to maintain a balance between programs for key populations and for the general community • The need to ensure that young people receive support for prevention of sexual transmission, and support for gender awareness, not just information about HIV as a disease • The need to address the issues of stigma, discrimination and human rights • The need to continue to promote community discussion of gender inequalities and gender based violence, because these affect women and transgender people's ability to make their own choices about who to have sex with and when • The need to provide more support to people living with HIV so that they understand the value of treatment as one way to prevent further HIV transmission, and the importance of continuing to avoid transmission of STIs • Breaking through cultural norms such as men accessing sex workers and other partners when their wife is pregnant as they think its dangerous to have sex when pregnant • Negative attitudes to condom use by some faith-based organisations • Discussions about sexual intimacy and habits are taboo • Ideas that distributing condoms and educating people about HIV encourages young people to be promiscuous

B - V. TREATMENT, CARE AND SUPPORT**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

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

What has been prioritized is inherent in the strategic approach to provision of counselling, testing, treatment and care based on the concept of "Continuum of Care" in the National Strategic Plan. This means that prevention will be linked with referrals to treatment, diagnosis will be linked with counselling and referrals for some people to psychological support, medical services will incorporate involvement of counsellors from the community sector and peer support by and for people living with HIV, and treatment and care will be linked with community programs to reduce stigma and discrimination. Within the Continuum of Care Framework, there will continue to be close collaboration between services provided by the Ministry of Health and the community sector. The key elements as highlighted in the NSP include • HIV testing, diagnosis and treatment • Prevention of maternal to child transmission • Testing and treatment of other STIs • Reproductive health for people living with HIV • Community based care, support and life skills for people living with HIV

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

Capacity building of "country specific core teams " that involve key trained people as part of a multidisciplinary team (Doctor, Paediatrician if necessary, nutritionist, Counsellor, nurse, pharmacist) HIV positive groups such as PIAF and FJN+ advocating for holistic services for HIV positive people

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

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

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

Strongly Agree

HIV testing and counselling for people with TB:

Strongly Agree

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

Agree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

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

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

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?:

8

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

• Training and development of multidisciplinary core teams consisting of a doctor, nurse, one or more volunteers and since 2010, a full time HIV Advocate, a person living with HIV (appointed by FJN+) working at the Hub Centre and in local communities. This provides a more holistic approach to treatment, care and support. • Regional training to identify and capacity build personnel specifically skilled in working with PLWHIV • Antiretroviral drugs are provided free, and funded by the Government of Fiji. Fiji is the only Pacific Island country which is currently funding ART for all people living with HIV.

What challenges remain in this area:

The ongoing challenges for Continuum of Care are: • The need to continue to maintain a balance between provision of services for key populations and integration of HIV and STI with broader services in reproductive health • The need to expand the diagnosis and treatment of STIs, using innovative approaches that have already been developed and will be carefully evaluated before being expanded • The need to increase male involvement in reproductive health, both to protect women from being infected with HIV while they are pregnant, and to increase the numbers of male partners being testing and provided with treatment for HIV and STIs • The need to introduce new and improved processes for rapid testing and confirmatory tests for both STIs and HIV, following introduction of new regional and national guidelines, and evaluated before expansion to the whole country. • Pregnant women need to be encouraged to book in first trimester so that screening and treatment if necessary can be administered early • Discriminatory practices for PLWHIV while hospitalized need to be addressed, eg disposable utensils can still be used for HIV positive patients • Implementation of HIV decree more with HCW so that HIV positive client status is on a need to know basis with not every HCW needing to know status when hospitalized. (HCW need further education on HIV and use of UNIVERSAL PRECAUTIONS so they can feel secure in doing their job without inadvertently divulging someone's status due to their unfounded fears.

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?:

8

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

Moves towards holistic care and support not just focus on medical support

What challenges remain in this area:

Ensuring that there is specific trained personnel available to be included in core care and support teams in all PICs, that funding continues to be made available to support services for PLWHIV and their significant others. MOH to acknowledge the team approach and collaborate with other key strategic partners to ensure holistic care and support is available

Source URL: <http://aidsreportingtool.unaids.org/72/fiji-report-ncpi>