

UNGASS COUNTRY PROGRESS REPORT 2010

Solomon Islands

Reporting period: January 2008–December 2009



Submitted by Solomon Islands National AIDS Committee

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Acronyms and Abbreviations

ANC	Antenatal clinic
ART	Antiretroviral Therapy
CSO	Civil Society Organisation
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDU	Injecting drug user
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MSM	Men who have sex with men
NCPI	National composite policy index
NGO	Non-governmental organisation
PLWHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
SGS	Second-generation surveillance
STI	Sexually transmitted infection
SPC	Secretariat of the Pacific Community
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
VCCT	Voluntary confidential counselling and testing
WHO	World Health Organization



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2. Status at a glance

2.1 Geography

Solomon Islands is a chain of nearly one thousand islands covering a land mass of 28,896 square kilometres with 5313 kilometres of coastline. The country is divided into nine administrative provinces and one capital territory*, Central, Choiseul, Guadalcanal, Honiara*, Isabel, Makira, Malaita, Rennell and Bellona, Temotu, Western. Solomon Islands' geography, as in many Pacific Island countries, poses unique challenges to the country's HIV/AIDS response.

Solomon Islands most recent Census was carried out in December 2009 though results are not yet available. The estimated population is 518,338¹. Approximately 79% of the population is rural dwellers².

Between 1998 and 2003, Solomon Islands endured a period of violent conflict and near-collapse of the state. Since 2003, the Regional Assistance Mission to Solomon Islands (RAMSI) and international development partners have supported the effort to restore peace and stability re-establish essential public services and the basis for economic growth.

2.2 Solomon Islands UNGASS Country Progress Report process

This 2010 UNGASS Country Progress Report was prepared on the basis of an inclusive and consultative process, led by the Solomon Islands Ministry of Health HIV/AIDS Unit and the Solomon Islands National AIDS Council (SINAC). Clinical and policy staff of the HIV/STI Unit, the Ministry of Health and other government and civil society stakeholders, including NGOs and faith based organisations, were involved in preparation process³.

A core working group drafted a roadmap and outlined data needs, sources, responsibilities and timelines. Litmus Ltd. provided technical support to SINAC and MoH throughout the reporting process, including gathering and compiling data, analysis and validation, and drafting the narrative report.

Existing data were reviewed by the working group and a series of data collection workshops (held separately with government and civil society) provided a forum for each group to discuss and complete the National Composite Policy Index (NCPI) questionnaires and confirm the indicators the country would report on. Information generated in the NCPI workshops was further consolidated through a desk review and key informant interviews to discuss quality, results and the implications of the findings. The draft UNGASS findings were

¹ Solomon Islands Health Information System (SI HIS)

² UNFPA

³ See Appendix for full list of contributing organisations



considered and validated with stakeholders, and a demonstration of how to use the Online Reporting Tool was presented. Stakeholders were encouraged to provide ongoing feedback throughout the process through the use of the Online Reporting Tool, where outputs from the process were available for viewing.

The data and comments elaborated in this report was drawn from a range of sources including: Ministry of Health's administrative and reporting data, the National Laboratory Services' provincial lab data, government departments' program data, civil society reports, Solomon Island's Second Generation Surveillance Survey 2008, and key informant interviews.⁴

2.3 Overview of the Solomon Islands HIV epidemic

Solomon Islands has 13 cumulative cases of HIV dating from 1994 to the end of December 2009. Of this cumulative number, eight are still living and five have died from AIDS related causes. HIV in Solomon Islands is thought to be primarily heterosexually driven, with no reported cases of mother to child transmission.

People Living with HIV

Sex	Age	Total number diagnosed with HIV	Total number living with HIV	Total AIDS deaths
Female	Adult	8	7	1
	Child under 15 years	0	0	0
Male	Adult	5	1	4
	Child under 15 years	0	0	0
Total		13	8	5

Solomon Island's HIV prevalence rate is estimated at 0.002%. Considerable under-reporting of new cases is suspected as HIV surveillance overall remains limited, and among groups engaged in known high-risk sexual behaviours in particular. High levels of stigma and discrimination, the relatively small size of rural communities, gender inequalities affecting access to services, health system resource and capacity challenges, and geographic and cultural barriers, contribute to hinder efforts to increase surveillance and access to testing.

Risk Factors

⁴ See list of consultations in Annex



While Solomon Islands currently has a low prevalence epidemic, there are many complex and interconnected factors that represent significant vulnerability to and risk of a rising epidemic, including:

- High risk behaviours including multiple sexual partners and tattooing
- High rate of Sexually Transmitted Infection (STI) combined with young age structure
- High internal migration, particularly to urban centres
- Transactional sexual activities such as exchange of goods, beer, cigarettes, money for sex
- International travel for training, education and employment, increasing risk of acquiring infection overseas
- High population of young people, who because of their level of sexual activity and physiological development are at increased risk of HIV transmission
- Close proximity to PNG with a rising, generalised epidemic, and other countries
- Commercial industries (logging, mining, fishing) representing a range of risk factors, including prevalence of “mobile men with money”
- Gender inequality which reduces women’s ability to negotiate for safer sexual practices
- High rates of gender based violence
- Cultural and religious values in conflict with HIV/STI prevention

Most at risk populations

Sex between men is heavily stigmatized in Solomon Islands and data on the estimated size of the population or prevalence of risk behaviours is not known. In addition, the prevalence of sex work and other transactional sex is also not well understood, and barriers to access to these populations are significant.

While many groups, primarily civil society and faith based organisations, have established very strong networks and trusted relationships with most at risk populations, and some formative research exists, a formal examination has not been undertaken. The lack of data therefore poses a threat that at- risk populations are not being adequately reached by prevention or treatment services, and that a potentially substantial contribution to the epidemic remains largely undefined.

Other Sexually Transmitted Infections

Solomon Islands’ Second Generation Surveillance (2008) includes a sexually transmitted infection (STI) prevalence survey (SPS) of Antenatal women, which found that 10% of



antenatal women tested were found to have had exposure to Syphilis and 6.4% were found to have a Chlamydia infection.

The prevalence of STIs, acquired through the same means as HIV, is a major concern as it signifies prevalence of the risk-behaviors for acquiring HIV, and because people who already have an STI are more susceptible to the transmission of HIV.⁵ Attention to other STIs is therefore a critical aspect of the Solomon Islands' response to the spread of HIV.

3. National Response to the AIDS Epidemic

3.1 Solomon Islands National AIDS Council

The formation of the National AIDS Council was proposed in 1995, and the Solomon Islands National AIDS Committee (SINAC) was created in 2004 as the overarching authority for the HIV/AIDS national response in the country. The role of the National AIDS Council is to give overall guidance, approval and accountability for HIV/AIDS policies, and prevention, treatment and care programs.

SINAC is a multi-sectoral body comprised of 15 representatives from government ministries, civil society, church based organisations and PLWH and meets quarterly. It operates on the "Three Ones Principles";

- **First One:** One comprehensive national AIDS framework fully costed with work plans and budget and endorsed by the key stakeholders;
- **Second One:** One national AIDS coordinating authority, recognized in law and broad-based multisectoral support and full technical capacity for coordination, monitoring and evaluation, resource mobilization, financial tracking and information management;
- **Third One:** One national monitoring and evaluating system, integration into the national AIDS framework with as set of standardized indicators endorsed by key stakeholders.

There is an employed SINAC Coordinator who has office space and administrative support within the MoH HIV/STI Unit.

3.2 The National HIV Policy and Multisectoral Strategic Plan 2005-2010

The National HIV Policy and Multisectoral Strategic Plan 2005-2010 was drafted in 2000 and endorsed by Cabinet in March 2003. In 2005, the Solomon Islands Government through the

⁵ Solomon Islands SGS 2008



Ministry of Health budget, allocated SBD 0.5 million to HIV/AIDS, demonstrating a strong commitment to the HIV response and enabling implementation of the plan.

The Multisectoral Strategic Plan's **key strategies** are:

1. Reduction of risk-behaviour and vulnerability to HIV and STIs
2. Enhance voluntary counselling and testing for HIV as an entry point for confidential prevention and treatment services for STIs and AIDS (including blood safety)
3. Enhance HIV/STIs surveillance, treatment and care
4. Enhance capacity building for the national HIV response at both the community and institutional level
5. Ensure sustainable development to enable an environment for behavioural change, de-stigmatization and against discrimination impacting on prevention and care

The National Policy and Strategic Plan covers the period from 2005 to 2010. Resources have been allocated this year to fund the review and drafting process for the next Strategic Plan. Stakeholders discussed the need to ensure alignment of goals of the next Strategic Plan with UNGASS indicators.



3.3 Program Resourcing

In 2008, and 2009, total AIDS spending was \$ 9,094,316.75 SBD. Given the low prevalence of the epidemic, prevention and improved testing remain at the core of the response.

Resourcing for the national response was predominately funded through international development partners with activities being implemented by the HIV Unit, community-based organisations, churches, NGOs, and international agencies. The government has a demonstrated commitment to the HIV response through an annual budget provision for the implementation of HIV activities at the national level since 1995.

In compiling AIDS expenditure data, resources from some development partners were unable to be disaggregated according to standard AIDS spending categories. In these cases, figures were added to totals and so represent a best estimate of AIDS spending. Additionally, some stakeholders were unable to provide data on AIDS spending.

Table 2: Best estimate of domestic and international AIDS spending by financing sources 2008-2009

January to December 2008		January to December 2009	
Funding Source	Solomon Island Dollars	Solomon Island Dollars	Total
Domestic public (salaries and other overheads provided by the Solomon Islands)	\$761,047.50	\$883,633.34	\$1,644,680.84
International funding (SPC, UNICEF, UNFPA, WHO, AusAID, Global Fund)	\$3,875,348.30	\$3,619,287.61	\$7,494,636.91
Total	\$4,636,395.80	\$4,457,920.95	\$ 9,094,316.75



3.2 Policy and Legislation

Currently the country has no non-discriminatory laws and regulations to specifically protect the human rights of PLWHIV or most-at-risk or vulnerable populations. An HIV Legislative Task Force was established in 2009 to analyse legislative gaps and examine legal reform options available in responding to HIV in Solomon Islands and to protection of the rights of PLWH. There is currently a draft PMTCT Policy, first developed in 2007 and awaiting finalisation and endorsement.

It is intended that a full complement of HIV related policies and legislation, will be reviewed and or developed as a priority in 2010.

3.4 Program Coordination

HIV/AIDS program oversight and coordination in Solomon Islands lies with the SI National AIDS Council. The MoH provides the SINAC Coordinator with office facilities within the HIV/STI unit, as well as training and other capacity support. Through the HIV Stakeholders Committee and HIV Unit, those involved in the Solomon Island response to HIV share program information, challenges, best practices, and report on progress against the key result areas outlined in the National HIV Policy and Multisectoral Strategic Plan.

Significant HIV & STI prevention work was undertaken during the reporting period, with many initiatives specifically targeting youth and women. Other sub populations targeted for prevention include prison inmates, seafarers and to the extent possible, men who have sex with men and sex workers.

HIV prevention and awareness programs are delivered in partnership among MoH, SIPPA, World Vision, Save the Children, Church of Melanesia, Oxfam, Red Cross, ADRA, SPC, WHO, UNICEF, UNFPA, and a wide group of churches and community based organisations.

3.5 Program Response

HIV Testing

HIV testing is concentrated on VCCT, antenatal clinic attendees, blood donors, and visa applicants for some countries. Scaling up and improved processes for testing is a priority. There are 9 laboratories in Solomon Islands that can screen for HIV antibodies. The laboratories complete HIV Determine testing and positives are sent to Brisbane, Australia for Western Blot confirmation.

Sites for voluntary confidential counselling and testing (VCCT) and prevention of mother to child transmission (PMTCT), and services for sexually transmitted infection (STI), have increased during the reporting period. Challenges remain, however, in promoting testing and ensuring those tested return for confirmation of their results and follow-up counselling.



Treatment, Care and Support

HIV treatment, care and support in Solomon Islands is coordinated by the STI/HIV Unit with the establishment of a National HIV Core Care Team and provincial Core Care teams in provinces which have PLWHIV. Seven people are currently receiving free ART from three sites throughout the country.

The funding for most of the activities for the care and treatment comes primarily from government funds, with the supply of ART via Global Fund Round 7 from the Multi-Country Grant through the Secretariat of the Pacific Community as the principle recipient.



4. Overview of UNGASS Indicators

Evidence of progress against the UNGASS indicators is derived primarily from the findings of the second generation surveillance (SGS) surveys conducted in the Solomon Islands in 2008. The surveys collected behavioural and biological data on antenatal women and youth using non-probabilistic sampling techniques, so it is not possible to determine whether samples are truly representative of the entire populations of interest and the data have not been weighted to population(s).⁶

Every attempt has been made to provide accurate data against the indicators Solomon Islands is reporting on, and the data in the Report provides a good indication of the response to HIV/AIDS in Solomon Islands. However, in many cases, sufficient data has not been collected, particularly on most at risk populations, or collated to allow for sex and age disaggregation or the construction of composite indicators. This has meant that some or no data was available for some relevant indicators.

⁶ Solomon Islands SGS 2008



National commitment and action indicators

These two indicators focus on policy and the strategic and financial inputs for the prevention of the spread of HIV infection, the provision of treatment, care and support for people who are infected, and the mitigation of the social and economic consequences of high levels of morbidity and mortality due to AIDS.

Indicator		Indicator relevance	Indicator data	Data source
1	Domestic and international AIDS spending by categories and financing sources	Indicator relevant to country: Data entered	In 2009, total AIDS spending was \$9,440,284.80 SBD. Funding largely came from international sources.	Ad-hoc resource flow survey
2	National Composite Policy Index (Progress in the development and implementation of national level HIV and AIDS policies, strategies and laws)	Indicator relevant to country: Data entered	<p>The Solomon Islands National AIDS Council (SINAC) provides leadership on legislation, policy, and protocol development and guidance on service delivery and operational activities of the national HIV/AIDS response. It is also oversees capacity building and development, and monitoring and evaluation of key result areas of the Multisectoral Strategic Plan 2005-2010. A review of this plan will take place in 2010.</p> <p>Currently there are no non-discriminatory laws or regulations which specifically protect most-at-risk or vulnerable populations.</p>	National Composite Policy Index (NCPI) questionnaire (Parts A and B)

National Program Indicators

The following nine indicators capture programme outputs, coverage and outcomes, in areas of preventing the transmission of HIV from mother to child, in providing treatment with ART for those in need, and services to orphans and vulnerable children.

Indicator		Indicator relevance	Indicator data	Data source
3	Percentage of donated blood units screened for HIV in a quality-assured manner	Indicator relevant to country: Data entered	79.2% of donated blood units are screened for HIV in a quality-assured manner. Standard Operating Procedures are used on all blood donated in Solomon Islands, but external quality assurance is confirmed only for blood donated at the National Referral Hospital.	National Laboratory Services
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Indicator relevant: Data entered	100% of adults and children (3 adults in 2008, and 4 in 2009) with advanced HIV infection were receiving ART in 2008 and 2009.	Antiretroviral Therapy Patient Registry and Pharmaceutical Records
5	Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Indicator relevant: Data entered	100% 2 women in 2008 and 1 woman in 2009 received antiretroviral therapy to reduce the risk of mother-to-child transmission.	Antiretroviral Therapy Patient Registry
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	Indicator relevant: No data available	There were no people with advanced HIV infection who received antiretroviral combination therapy and who started on TB treatment during the reporting period.	N/A
7	Percentage of women and men aged 15-49 who received an HIV test	Indicator relevant: Data	4.96% of people aged 15-24 years have received an HIV test and know their results (Females: 6.58%; Males: 3.43%).	Solomon Islands Second Generation Surveillance



Indicator		Indicator relevance	Indicator data	Data source
	in the last 12 months and who know their results	entered		Surveys 2008
8	Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	Indicator relevant: No data available	No data available for most at risk populations	N/A
9	Percentage of most-at-risk populations reached with HIV prevention programmes	Indicator relevant: No data available	No data available for most at risk populations	N/A
10	Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child	Subject matter relevant: Indicator not relevant	Solomon Islands is a low HIV prevalent country and this indicator is currently not relevant to the country. Of the 5 cases of AIDs related deaths, there are no known orphaned or vulnerable children. There have been no cases of HIV infected children in Solomon Islands.	N/A
11	Percentage of schools that provided life-skills based HIV education in the last academic year	Indicator relevant: Data entered	0% Life-skills are embedded in the Solomon Islands school curriculum, but there were no HIV-specific components during the reporting period. However, an HIV-specific curriculum component was developed in the reporting period, and will be implemented in Solomon Island schools from 2011.	Department of Education, Curriculum
12	Current school attendance among orphans and non-orphans aged 10-14	Indicator not relevant		N/A
13	Percentage of young people aged 15-24 who both correctly identify ways of	Indicator relevant: Data	While data has been collected on all five knowledge questions, it has not been collated in a way that allows for the construction of the composite indicator.	Solomon Islands SGS 2008



Indicator		Indicator relevance	Indicator data	Data source
	preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	entered		
14	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Indicator relevant: No data available	<p>Most-at-risk populations included in the UNGASS indicators include sex workers, men who have sex with men and injecting drug users. Other identified/emerging at-risk populations in Solomon Islands include seafarers, loggers, and inmates.</p> <p>Many civil society organisations are beginning formative research with these groups, but Solomon Islands does not have reliable data available on either the estimated size of the population or prevalence of risk behaviours among most at risk populations.</p>	N/A
15	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Indicator relevant: Data entered	44% of men and 22% of women surveyed aged 15- 24 reported first sexual intercourse before the age of 15.	Solomon Islands Second Generation Surveillance 2008
16	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one	Indicator relevant: Data entered	39% of people aged 15-49 have had sexual intercourse with more than one partner in the last 12 months	Solomon Islands Second Generation Surveillance 2008



Indicator		Indicator relevance	Indicator data	Data source
	partner in the last 12 months			
17	Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse	Indicator relevant: No data available	The available data has not been collated in a way to construct this indicator.	N/A
18	Percentage of female and male sex workers reporting the use of a condom with their most recent client	Indicator relevant: No data available	No data available for most-at-risk population groups	N/A
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Indicator relevant: No data available	No data available for most-at-risk population groups	N/A
20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	Subject matter relevant: Indicator not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	Subject matter relevant: Indicator not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A





Impact indicators

The following four indicators focus on the extent to which national programme activities have succeeded in reducing rates of HIV infection and its associated morbidity and mortality.

Indicator		Indicator relevance	Indicator data	Data source
22	Percentage of young people aged 15-24 who are HIV-infected	Indicator relevant: Data entered	0% of antenatal clinic attendees aged 15-24 tested positive for HIV. This indicator is most relevant to countries with generalised HIV epidemics. However, no cases of HIV were identified through the Solomon Islands SGS surveys.	SGS 2008
23	Percentage of most-at-risk populations who are HIV-infected	Indicator relevant: No data available	There is no data available to inform this indicator, as the size of most-at-risk populations (sex workers, men who have sex with men and injecting drug users) is not known. However, no people representing most-at-risk populations are known to be HIV-infected (Source: Patient registry). HIV testing of most-at-risk populations is voluntary and was first implemented in 2004.	N/A
24	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Indicator relevant: Data entered	100% 1 adult male and 6 adult females with HIV are known to be on treatment after initiation of ART. 1 adult female has not yet reached the advanced stage	Antiretroviral Therapy Patient Registry
25	Percentage of infants born to HIV-infected mothers who are infected	Indicator relevant: Data entered	0% Two HIV positive pregnant women gave birth to two babies during the reporting period. One child tested negative for HIV antibodies, and the other has not yet reached an eligible age for HIV screening.	ANC data and Patient Registries



5. Discussion of Indicators

Indicator 1: HIV/AIDS and STI Spending

The table below provides representative examples of activities undertaken in the spending categories.

January 2008 to December 2009	
Spending Category	Main activities
Prevention (e.g. awareness raising, voluntary counseling and testing, blood safety, condom social marketing, behavioral change, prevention programmes targeting most-at-risk-groups)	<p>Behavioral change:</p> <ul style="list-style-type: none"> – Stepping Stones program implemented in five provinces- Malaita, Guadalcanal, Central Islands, Temotu and Western –HIV/AIDS and STI forum for peer educators <p>Voluntary counseling and testing:</p> <ul style="list-style-type: none"> – Promotion of VCCT services by stakeholders in the media – Non government organizations provided voluntary confidential counseling and testing, STI treatment-SIPPA – VCCT site assessment – Prevention of Mother to Child Treatment and Care Provided -HIV awareness programs for seafarers done by multiple stakeholders- SIPPA(Solomon Islands Planned Parenthood Association) and Church of Melanesia -Networking with sex workers done by SIPPA, Church of Melanesia, World Vision and Save the Children -Set of various drama groups for youth, gender and HIV/AIDS and STI awareness-Dance with the Devil, etc. -Out-reach project to MSMs and CSWs. Also to major business houses on HIV awareness.



	<p>Condom social marketing/distribution:</p> <ul style="list-style-type: none"> – Condom Social Marketing Programme by Solomon Islands Planned Parenthood Association – Condom promotion, VCCT, safe sex practices – Condom distribution in night clubs, motels, guest houses in condom dispensing boxes – Condom distribution across all clinics in the Solomon Islands. – Score awareness & HIV& AIDS/STI awareness <p>Other training/workshops/forums:</p> <ul style="list-style-type: none"> – Comprehensive STI management training for health workers in Western, Guadalcanal, Choiseul and Temotu Provinces – VCCT training for health workers in Malaita, Western and Honiara Provinces. – HIV/AIDS forum for community leaders at provinces and areas where most of the PLWHIV originate from to reduce stigma and discrimination in the selected communities. – STI training on Comprehensive STI Case Management included into the Nursing and Midwifery curriculum – NGOs provided peer education/ community education, family planning, health education and condom distribution
<p>2. Care and treatment (including outpatient care and inpatient care for PLWH)</p>	<p>The National Core Care team and Provincial Core Care teams provide care, support and treatment to all patients including HIV care and treatment.</p> <ul style="list-style-type: none"> – ART for 7 PLWHIV – Ongoing care, support and monitoring for 1 PLWHIV
<p>3. Orphans and vulnerable children</p>	<p>No activities were done for the group due to no identified orphans and vulnerable child within the reporting period.</p>



<p>4. Programme management and administration (e.g. planning, coordination, management, administration, M & E, operational research)</p>	<p>Development of policies/plans:</p> <ul style="list-style-type: none"> – Development of PMTCT Guidelines and Policy still in draft with assistance from UNICEF – Support for quarterly stakeholders meetings – Support for supervisory visits and assessment of VCCT and PMTCT sites in the Provinces namely Western, Choiseul, Malaita and Honiara provinces. <p>Surveys/mapping:</p> <ul style="list-style-type: none"> – Consultation meetings, mapping and survey implementation for MARA & MARYP with UNICEF – Conducting the Second Generation Surveillance Survey with SPC -Mapping done for Honiara lead by World Vision <p>Other programme management/administration:</p> <ul style="list-style-type: none"> – NAC Grant Scheme for provinces, communities, youth groups and women’s groups – Upgrading of VCCT sites in Guadalcanal provinces. -Upgrading of PMTCT sites in Western and Choiseul Provinces.
<p>5. Human resources (e.g. workforce capacity, education, training and capability building)</p>	<p>Workforce capacity/recruitment:</p> <ul style="list-style-type: none"> –Recruitment of STI/HIV Project support officer <p>Education/training/other capability building:</p> <ul style="list-style-type: none"> –Training for clinicians and laboratory staff on effective STI management and laboratory testing, respectively <p>Education/training/other capability building:</p> <ul style="list-style-type: none"> – Enhancement of stakeholder staff skills in HIV/STI programming and management of Community Based HIV Program in Developing Countries. – Training for clinicians and laboratory staff on effective STI management and laboratory testing, respectively – Training Provinces on effective HIV/STI implementation, including data collection and monitoring



6. Social protection and social services	-Initial steps for the development of HIV Legislation
7. Enabling environment (e.g. advocacy, human rights programming, gender equality, etc)	<p>Workshops/training/seminars:</p> <ul style="list-style-type: none"> – 1 to 2 week workshops in selected communities in provinces with PLWHIV originating from. -Awareness done in large church group gathering and major church activities. <p>Inclusion of PLWHIV:</p> <ul style="list-style-type: none"> – Inclusion of PLWHIV in the planning and implementation of the national response – Supported advocacy activities with involvement of PLWHIV.
8. Non-operational research (e.g. biomedical research, clinical research, epidemiological research)	– No HIV/STI activities undertaken during the reporting period that focused specifically on non-operational research



Indicator 2: Government HIV and AIDS Policies

The National Composite Policy Index questionnaire survey for government officials (Part A) was discussed and completed by a collective forum of 10 of representatives from government departments. Part B for civil society representatives was considered in a series of workshops by a collective forum of 20 members of civil society and community based organizations.

There was a degree of uncertainty amongst both government and civil society in responses to sections on laws, regulations and policies that protect vulnerable subpopulations against discrimination or present obstacles to effective HIV services for these populations. There has been some effort by civil society to compile and quantify legislative and policy information, but they have reported challenges in doing so, indicating the broader challenge of ensuring multisectoral integration across sectors.

Both government and civil society noted the participatory process utilized to complete the NCPI questionnaire was a good opportunity to reflect on lessons learned, consider individual organizations' efforts and the overall HIV response with an uncommon perspective. Collectively analyzing the activities implemented in the context of the NCPI was considered a useful 'big picture' exercise that stakeholders reported they do not engage in often enough.

Indicator 3: Blood Safety

Percentage of donated blood units screened for HIV in a quality assured manner

79% of blood donated in Solomon Islands in 2009 was screened for HIV in a quality assured manner. 2428 blood units were collected in 2009 and 1923 were screened for HIV in blood screening laboratories that have both: (1) followed documented standard operating procedures and (2) participated in an external quality assurance scheme.

Indicator 4: HIV Treatment: Antiretroviral Therapy

Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy

100% of adults (2 females and 2 males in 2008, 3 females and 1 male in 2009) with advanced HIV infection were receiving ART during the reporting period.

Indicator 5: Prevention of Mother to Child Transmission

Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission

100% of HIV infected pregnant women received antiretrovirals during the reporting period. Two pregnant women initiated ART after testing HIV positive at antenatal clinics (2 in 2008 and 1 in 2009).

In 2008, Solomon Islands introduced HIV testing in 3 antenatal clinics in Honiara and then expanded to 3 additional provinces (a total 7 PMTCT sites).

Indicator 6: Co-Management of Tuberculosis and HIV Treatment

Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV

Solomon Islands has not reported on this Indicator as there is currently no practice of TB and HIV co-management.

In 2007, a policy on management of TB-HIV Co-Infection was drafted. Training for counseling patients was completed, but testing was not initiated because the policy was not in place to mandate implementation. In 2009, Global Fund (Round 8) funding was secured for TB and Health System Strengthening; one component includes provider initiated counseling and testing (PICT) of TB patients for HIV. It is anticipated that through this program, Solomon Islands will have data for future reporting.

Indicator 7: HIV testing in the general population

Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results

The Solomon Islands SGS 2008 indicates that of those who were tested in the previous twelve months, 7% of women and 3% of men aged 15 – 49 received the results.

Capacity for HIV testing in Solomon Islands has increased in the reporting period. In Jan – Dec 2009 there were 2635 individual HIV screening tests administered. Data is not available on the number of results received (post test counseling). Increasing the percentage of those who get tested and know their results is a priority for Solomon Islands in 2010.

Indicator 8: HIV Testing in Most-at-risk Populations

Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results.

There is currently no data on most-at-risk populations in Solomon Islands. An informal profile of these populations is as follows:

No known injecting drug users in Solomon Islands.



Data on prevalence of men who have sex with men is not known
Data on prevalence of sex work/transactional sex is not known

Seafarers and their partners are a higher risk group identified in Solomon Islands, but a recent data was unavailable at reporting time.

Indicator 9: Most-at-risk Populations: Prevention Programs

Percentage of most-at-risk populations reached with HIV prevention programs

There is currently no quantitative data on most-at-risk populations in Solomon Islands. An informal profile of these populations is as follows:

No known injecting drug users

Data on prevalence of men who have sex with men is not known

Data on prevalence of sex work/transactional sex is not known

Indicator 10: Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child

There are no known orphans or children made vulnerable by HIV

Indicator 11: Life skills based HIV education in schools

Percentage of schools that provided life-skills based HIV/AIDS education within the last academic year

There have been no school surveys or education program reviews to determine the coverage of life skills based HIV education in the Solomon Islands education system. Key informant interviews with the Ministry of Education's Curriculum Development Office indicated that there is currently no regular curriculum delivery of life skills based HIV education in either primary or secondary schools, but that a new curriculum incorporating HIV life-skills based education will be implemented in late 2010.

Civil society provides some programming in school based HIV education, including implementing behavior change/peer education programs in some schools in the Honiara.

Indicator 12: Current school attendance among orphans and among non-orphans aged 10-14

No AIDS orphans in Solomon Islands, country not reporting on this indicator.

Indicator 13: Young People: Knowledge about HIV Prevention

Percentage of young people aged 15 – 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission



Data available for this indicator was collected from the Solomon Islands Second Generation Surveillance surveys. Data for the composite indicator was not able to be extracted from the data available.

UNGASS	Women 15 – 19 years	Women 20 – 24 years	Men 15 - 19 years	Men 20 - 24 years
Reduce risk by sex with one uninfected monogamous partner	76%	70.37%	90.86%	88.6%
Reduce risk by using condom	82.63%	91.67%	89.31%	93.18%
A Healthy-looking person can have AIDS virus	76.65%	86.11%	87.79%	85.80%
Cannot be transmitted by mosquito bites	79.04%	87.96%	89.31%	88.07%
Cannot get HIV by sharing food	83.83%	91.67%	93.89%	90.34%

Overall, levels of comprehensive knowledge of HIV/AIDS (reducing risk through consistent use of condoms, having one uninfected faithful partner and rejecting common misperceptions about HIV transmission) are high (84-90%). However, 71% of 15-19 year old men and 82% of 20-24 year old men reported having sex with more than one partner in the past year (see Indicator 16), indicating that knowledge may not bring about behavior change. (Solomon Islands SGS 2008).

Indicator 14: Most-at-risk Populations: Knowledge about HIV Transmission Prevention

Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

There is currently no data on most-at-risk populations in Solomon Islands.

Indicator 15: Sex before the age of 15

Percentage of young women and men aged 15 – 24 who have had sexual intercourse before the age of 15

UNGASS	Women 15 – 19 years	Women 20 – 24 years	Men 15 - 19 years	Men 20 - 24 years
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48%

20%

70%

20%

The age that young people initiate sexual activity has a significant impact on their HIV exposure risk. The Solomon Islands SGS 2008 indicates that a significant majority of young Solomon Islanders and young men in particular, have had first sexual intercourse before the age of 15.

Indicator 16: Higher-risk Sex

Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months

UNGASS	38 % of respondents who had sexual intercourse with 2 or more partners in the last 12 months
Women 15 – 19 years	45%
Women 20 – 24 years	32%
Women 25 – 49 years	5%
Men 15 - 19 years	71%
Men 20 - 24 years	82%

The above table depicts the numbers of Solomon Island adults who report having two or more partners in the previous twelve months. Men report significantly higher numbers of sexual partners than women, across all age cohorts. The male 20 – 24 years age group shows a particularly high level of 82% men reporting two or more partners, while the highest concentration for multiple partners in the female population is the cohort of 15-19 years, at 45%. While the percentages of women with two or more partners decreases as they get older, in young men, the percentage increases from the youngest cohort of 15 – 19 years (71%) to the next age cohort of 20 – 24 years (82%).



Indicator 17: Condom use during higher-risk sex

Percentage of women and men aged 15–49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse*

Solomon Islands does not have data available to report against this Indicator.

Indicator 18: Sex workers: Condom Use

Percentage of female and male sex workers reporting the use of a condom with their most recent client

No data available for this population

Indicator 19: Men who have sex with men: Condom Use

Percentage of men reporting the use of a condom the last time they had anal sex with a male partner

No data available for this population

Indicator 20: Injecting Drug Users: Condom Use

Percentage of injecting drug users reporting the use of a condom the last time they had sex

No known injecting drug users in Solomon Islands

Indicator 21: Injecting Drug Users: Safe Injecting Practices

Percentage of injecting users reporting the use of sterile injecting equipment the last time they injected

No known injecting drug users in Solomon Islands



Indicator 22: Reduction in HIV prevalence

Percentage of young people aged 15–24 who are HIV infected

0% of antenatal clinic attendees aged 15-24 tested positive for HIV.

Indicator 23: Most-at-risk Populations: Reduction in HIV Prevalence

Percentage of most-at-risk populations who are HIV infected

There is currently no data on most-at-risk populations in Solomon Islands.

Indicator 24: HIV Treatment: Survival After 12 Months on Antiretroviral Therapy

Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

100% 1 adult male and 6 adult females with HIV are known to be on treatment

Indicator 25: Reduction in Mother-to-Child Transmission

Percentage of infants born to HIV-infected mothers who are infected

0% - Two HIV positive pregnant women gave birth to two babies during the reporting period. One child tested negative for HIV antibodies, and the other has not yet reached an eligible age for HIV screening.

Trend Analysis and Linkages

As this is the first time Solomon Islands is reporting, trend analysis on key data is not possible. Future reporting will better indicate the impact of current program activity on verifiable knowledge, behavioural change and HIV prevalence.



6. Best Practices

There have been significant steps forward in Solomon Islands' HIV/AIDS response. One aspect of best practice consistently noted by all stakeholders is the effectiveness of the HIV Stakeholders group and the robust partnerships between all involved in the national response. Regular multi stakeholders meetings are organised to share the challenges and successes of program implementation, identify gaps, share information and resources. Stakeholders frequently and openly provide training to other program partners and share human and other technical resources.

An example of this is the Stepping Stones program, where Solomon Island facilitators have trained and delivered training to other SI partners, as well as other Pacific countries (Chuuk, Vanuatu, FSM, Fiji 2010). This is strong country ownership is in part due to the strong mutual support HIV stakeholders provide to each other, and the willingness to pool resources and achieve goals.

Another example of the strength of the Stakeholders Group has been in undertaking the Second Generation Surveillance Survey in 2008. Government partnered with civil society to plan and implement the research and data collection, and all worked effectively together.

Scaling up of clinical care is another example of best practice in SI. There is a well established referral system at different provincial levels for patients to seek treatment and care for HIV and STIs.



7. Major challenges and remedial actions

6.1 Challenges throughout the reporting period

Solomon Islands is reporting for the first time on UNGASS Core Indicators in 2010.

A range of challenges were faced throughout the reporting period (2008 -2009) that impacted the national response. These challenges spanned all aspects of the response, including programme coordination and human resource capacity (clinical, laboratory), training, support/supervision, among others.

Specific challenges include:

- Competing commitments and responsibilities, changes in staff/representation of SINAC members
- Human resource capacity - high staff turnover and low capacity in several areas of the health care system, those available are overstretched
- Staff shortages in provincial health centers and laboratories
- Length of time required to run tests and confirm results
- Inconsistent supply of some materials (clinical, forms)
- Logistical challenges for specimen transfer from provinces to Honiara/National Referral Hospital
- Challenges in participation in VCCT and PMTCT in rural communities due to transport,
- Lack of testing facilities and other health infrastructure
- Cultural sensitivity around public discussion of sex
- Transportation and communication
- Absorptive capacity to oversee and manage large grants
- Surveillance system limited, not fully implemented in all provincial centres, particularly in testing follow-up,



6.2 Remedial actions planned for achievement of UNGASS Indicators

Remedial actions are planned for the next two years to ensure progress in achieving the UNGASS indicators. These include

Strengthening national capacity and coordinating mechanisms

- Review National HIV Policy and Multisectoral Strategic Plan and ensure new plan is harmonized with international and regional frameworks with UNGASS Indicators
- Review and improve the effectiveness of the Solomon Island National Country Coordinating Mechanism (SINCCM) for the Global Fund

Supporting HIV Education in Schools

- Ensure effective implementation of life-skills based HIV curriculum in schools

Enhance Program Scope

- A more holistic program that addresses life skills, gender issues, vulnerable and high risk subpopulations
- Improve communication, coordination and collaboration between donors and sectors involved in HIV/AIDS response

Improve Data/Information on HIV

- Scale-up research and prevention activities targeting most-at-risk groups (MSM, Sex workers)
- Scale- up HIV testing (PICT, VCCT, PMTCT, TB-HIV)

Improve Monitoring and Evaluation

- Develop a robust framework and indicators for monitoring and evaluating progress against program goals
- Strengthen staff capacity for program and strategic reporting

Capacity Building

- Support capacity building for skills in management, finance, planning, policy development, data collection and analysis, operational research

Ongoing Support for civil society and NGOs

- Encourage and facilitate recognition of NGOs as critical partners in the country response and ensure their full participation through continued/increased support

Advocacy and community outreach

- Finalise work on suite of HIV Policies and legislation and ensure high level political commitment



7. Support from the country's development partners

7.1 Key support received from development partners

Solomon Islands received funding and technical assistance from a number of development partners throughout the reporting period, including AusAID, SPC PRSIP, Global Fund, UNICEF, UNFPA, WHO, UNAIDS.

This support has enabled implementation of the program activities listed in this report.

7.2 Development Partner Actions to support achievement of UNGASS targets

Further support needed from development partners to address Solomon Island's specific challenges to achieving UNGASS targets include the following areas:

- Ensure comprehensive and consistent funding to scale up VCCT sites, provision of ARVs, and an effective health system
- Support civil society organisations in their ongoing response
- Continue support to expand PMTCT program
- Undertake formal research on most at risk populations
- Provide continued technical assistance and support in capacity building

8. Monitoring and evaluation environment

8.2 Overview of the current monitoring and evaluation system

7 % of the Solomon Island government HIV program is budgeted for monitoring and evaluation. While there is no national level M&E Unit for HIV, SINAC is responsible for the overall monitoring and evaluation of the national response to HIV, including both government and civil society.

The National HIV Policy and Multisectoral Strategic Plan includes a detailed monitoring and evaluation framework. HIV Stakeholders and the SINAC both hold regular (separate) meetings to monitor and report on program activities. However, there is no rigorous, coordinated effort, or capacity, to regularly assess overall progress against targets.

Monitoring of HIV epidemic trends is completed by the MoH HIV/STI Unit, who report directly to MoH. Challenges to data collection are ongoing, and are compounded by capacity issues within the health systems and inconsistent communications. Beyond internal reporting to the Ministry of Health, HIV/STI testing data are regularly provided to the SPC Pacific Surveillance Network.



8.3 Challenges faced

The MoH HIV Unit and other stakeholders formulate their annual operational plans and milestones based on the key result areas outlined in the National HIV Policy and Multisectoral Strategic Plan. Stakeholders report against their own internal M&E frameworks, but there is no mechanism in place to ensure major implementing partners submit their monitoring/evaluation reports. There is also no national level M & E committee or working group established to measure performance against agreed goals.

8.4 Concrete Remedial Actions planned to overcome the challenges

The following remedial actions are planned:

- Harmonize key result areas amongst UNGASS/development partners
- Ongoing improvement of data systems, as well as capacity building in compilation and use of strategic information to support decision-making, planning and implementation
- Need for M&E technical assistance and capacity building
- Systems for M&E reporting are largely program based and in response to international donor requirements. There is a need for capacity building on data use and dissemination for improved strategic planning and programming
- Review and rewrite the National HIV Policy and Multisectoral Strategic Plan in 2010, which may provide an opportunity to synchronize key result areas to with international indicators



Appendix 1

List of People Consulted during UNGASS Reporting Process

Names	Organisation	Position
Julia Fationo	Oxfam International	HIV Project Officer
Ben Angoa	SIPPA	Community Health Education Officer
Mr Philip Fafe Moses	Foreign Affairs	Chief Protocol Officer
Gedion Sukumana	Ministry of Education	Principle Curriculum Officer
Gibson Adu	Correctional Services	
Brett Cowling	World Vision	HIV Manager
Samantha T. Bob	ADRA	HIV Program Officer
Kennedy Folasi	Save the Children	HIV Program Manager
Stephanie Walters	Save the Children	HIV Program Manager (Counterpart)
Georgia Noy	Save the Children	Program Director
Ronold Maeke	Ministry of Commerce, Industry and Immigration	Commissioner of Labour
Caroline Samantha	ADRA	Church Coordinator
Alice Hou	Universal Peace Federation	HIV Program Coordinator
Selina Galo	Universal Peace Federation	
Thomas Kaloa	ACOM	HIV/AIDS Officer
Henry Oti	MOH	Project Support
Dr Nemia Bainivalu	MOH	Medical Officer
Naomi Polahi	Mo Development and Planning	Planning Officer Health



Judith Seke	MOH	Reproductive Health Coordinator
John Gela	SINAC	Solomon Islands National Aids Council Coordinator
Isaac Muliloa	MOH	National STI/HIV coordinator
Henry Oti	MOH	STI/HIV Support Officer
Japhet Honimae	MOH	STI/HIV Community & Research Facilitator
Gibson Ado	Ministry of Peace, Justice and Correctional Services	Prison Superintendent
Hellena Tomasi	MOH STI/HIV	STI/HIV Facilitator
Cate Keane	Finance/Accounts Section	Financial Advisor
Baakai lakoba	HIS Unit, MOH	Chief Medical Statistician
John Tema	National Referral Hospital	Principle Pharmacy Officer
Clyde Funusui	Chief Account	
Bethlyn Warereau	Reproductive Health Coordinator	Honiara City Council Health Services
Noel Itogo	MoH TB/Leprosy Division	National TB/Leprosy Coordinator
James Faniagolo		Vertical Pharmacy Officer
Elliot		Serology Laboratory Officer
Alice Buko	MoH	Community Awareness Advocate



References

Second Generation Surveillance of Antenatal Women and Youth in Solomon Islands, 2008

Solomon Island Family Health and Safety Study 2009

Solomon Islands Demographic Health Survey 2006-2007 Final Report

HIV Vulnerable Groups Research 2006, Save the Children

