



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Asia and Pacific

Fiji

COUNTRY:

Fiji

Name of the National AIDS Committee Officer in charge:

Dr. Timaima Tuiketeti

Postal address:

PO Box 2223 Government Buildings Suva Fiji Islands

Tel:

679 3306177

Fax:

679 3306163

E-mail:

ttuiketeti@health.gov.fj

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:	Organisation	Ministry of Health
:	Name/Position	Dr. Josaia Samuela
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	Ministry of Health
:	Name/Position	Toakase Ratu
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Health
:	Name/Position	Litiana Raikuna
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V

:	Organisation	Department of Women
:	Name/Position	Lusa Qereqeretabua
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Youth and Sports
:	Name/Position	Tarusila Bradburgh
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	FRWM
:	Name/Position	Jessica Evans
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	PACASO
:	Name/Position	Luisa Tora
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	SWAN Fiji
:	Name/Position	Jope Gandi
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Equal Ground Pacific
:	Name/Position	Mosese Walesi
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	RFHAF
:	Name/Position	Saula Tukana
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Women's Action for Change
:	Name/Position	Noelene Nabulivou
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	AIDS Task Force Fiji
:	Name/Position	Jane Keith-Reid
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	APLF

:	Name/Position	Steven Vete
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2007-2011

1.1 How long has the country had a multisectoral strategy/action framework?

18

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

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	No
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	No
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	No
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	No
Young people:	Strategy/Action framework	No
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	No
Finance:	Earmarked budget	No
Human Resources:	Strategy/Action framework	No
Human Resources:	Earmarked budget	No
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	No
Minerals and Energy:	Strategy/Action framework	No
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	No
Planning:	Earmarked budget	No
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	No
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	No
Trade and Industry:	Earmarked budget	No

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

- | | |
|---|-----|
| a. Women and girls: | Yes |
| b. Young women/young men: | Yes |
| c. Specific vulnerable sub-populations: | Yes |
| d. Orphans and other vulnerable children: | Yes |
| e. Workplace: | Yes |
| f. Schools: | Yes |
| g. Prisons: | Yes |
| h. HIV, AIDS and poverty: | Yes |
| i. Human rights protection: | Yes |
| j. Involvement of people living with HIV: | Yes |
| k. Addressing stigma and discrimination: | Yes |
| l. Gender empowerment and/or gender equality: | Yes |

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

No

IF NO, how were target populations identified?

Statistical and epidemiological analyses, and best practices.

1.5 What are the target populations in the country?

young people (in and out of school), uniformed services, women and girls, MSM, sex workers, street kids, wheelbarrow boys, prisoners, health care workers, PLWHA, employees in work places.

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

- | | |
|--|-----|
| a. Formal programme goals? : | Yes |
| b. Clear targets and/or milestones? : | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?: | Yes |
| e. Monitoring and Evaluation framework? : | Yes |

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

All the civil society stakeholders were invited to the design of the national strategic plan. They were given the opportunity to review the plan before it was finalised.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

2. Has the country integrated HIV and AIDS into its general development plans such as:
a) National Development Plans,
b) Common Country Assessments/United Nations Development Assistance Framework,
c) Poverty Reduction Strategy Papers,
d) Sector Wide Approach?

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a)
Treatment for opportunistic infections:	Development Plans	a)
Antiretroviral therapy:	Development Plans	a)
Care and support (including social security or other schemes):	Development Plans	a)
AIDS impact alleviation:	Development Plans	a)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a)
Reduction of stigma and discrimination:	Development Plans	a)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV test is generally voluntary however, there are instances when it is mandatory to have a HIV test eg. for overseas deployment such as police and military peace keeping duties.

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

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

No

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

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

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

Yes

IF YES, which population sub-groups?

ANC mothers, military and police officers, STI clients, young people

(c) IF YES, is coverage monitored by geographical area?

Yes

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

provincial, district, national

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

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	7
2005:	10

Comments on progress made in strategy planning efforts since 2005:

no planning in 2005

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

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

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1989

2.2 IF YES, who is the Chair?

Name:	Dr Jiko Luveni
Title/Function:	Minister for Health, Women and Social Welfare

2.3 IF YES, does it:

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

(* If it does include civil society representatives, what percentage?

40%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

quarterly

IF YES, What are the main achievements?

Development and implementation of the national strategic plan.
Coordination of national stakeholders including development partners s.a. SPC, WHO, UNAIDS, PRHP, AusAID.
Development of the monitoring and evaluation framework for the strategic plan.
Active involvement of PLWHA.

IF YES, What are the main challenges for the work of this body?

Governance issues eg. representation, functional mechanisms;
Lack of documented policies and procedures, communication with all stakeholders especially NGOs and CBOs
Lack of participation from the private sector

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes
Other::	Yes
Other::	Yes

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

Yes

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

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	Public Health Regulation under the Public Health Act
:	Year	2006

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007:	7
2005:	7

Comments on progress made in political support since 2005:

Maintained level of HIV funding despite political upheaval.
Government ministers are strong advocates of HIV/AIDS issues.
Continuing collaboration and cooperation with development partners for technical support and funding.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Abstain from injecting drugs:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

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

No

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

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : No

secondary schools? : Yes

teacher training? : Yes

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

No

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 (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

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

Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Condom promotion:	MSM
Condom promotion:	Sex workers
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Vulnerability reduction (e.g. income generation):	Other sub-populations (*)

(*)If Other sub-populations, indicate which sub-populations

PLWH

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	4
2005:	10

Comments on progress made in policy efforts in support of HIV prevention since 2005:

HIV policy still in draft form. PMTCT policy was launched in 2007.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	some districts* in need
IEC on risk reduction:	The activity is available in	all districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	N/A
Risk reduction for men who have sex with men:	The activity is available in	all districts* in need
Risk reduction for sex workers:	The activity is available in	all districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	all districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	all districts* in need
HIV prevention in the workplace:	The activity is available in	all districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	7
2005:	9
2007:	2
2005:	4

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Low implementation of prevention activities as: the second half of 2006 was taken up with development of the national strategic planning, and first half of 2007 was taken up with the Global Fund Round 7 proposal.

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

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	some districts* in need
Nutritional care:	The service is available in	some districts* in need
Paediatric AIDS treatment:	The service is available in	some districts* in need
Sexually transmitted infection management:	The service is available in	some districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	some districts* in need
Home-based care:	The service is available in	N/A
Palliative care and treatment of common HIV-related infections:	The service is available in	most districts* in need
HIV testing and counselling for TB patients:	The service is available in	some districts* in need
TB screening for HIV-infected people:	The service is available in	some districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	some districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	some districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	some districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	some districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

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

Yes

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

Yes

4.1 IF YES, for which commodities?:

condoms, antiretroviral drugs

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 9
2005: 10

Comments on progress made since 2005:

With the increase in number on HIV therapy, the number of hub centres remains the same since 2005. Home based care and support are not yet adequately addressed and provision of drugs for opportunistic infections is not free like ARVs.

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

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 5
2005: 7

Comments on progress made in efforts to meet the needs of OVC since 2005:

Vulnerable (HIV exposed) children are monitored, and provided free formula feed for the first six months if not breast fed. Social Welfare offers some assistance to carers of children who qualify under their poverty alleviation project.

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

Yes

IF YES, Years covered:

2007-2011

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

Yes

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

Yes

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

No

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy :	Yes
behavioural surveillance :	Yes
HIV surveillance :	Yes
a well-defined standardized set of indicators :	Yes
guidelines on tools for data collection :	Yes
a strategy for assessing quality and accuracy of data :	Yes
a data dissemination and use strategy :	Yes

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

In progress

3.1 IF YES, has funding been secured?

No

4. Is there a functional M&E Unit or Department?

No

IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?

Lack of personnel to establish the M&E systems, and implement the activities.

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly

IF YES, Date last meeting:

October 2007

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

Collect and augment data collected by government, especially data on MARP such as sex workers, MSM.

6. Does the M&E Unit/Department manage a central national database?

No

6.3 Is there a functional Health Information System (HIS)?

National level :	Yes
Sub-national level (*):	Yes

(*)If there is a functional sub-national HIS, at what level(s) does it function?

the subnational level collects data from the community health centres

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

Yes

7. To what extent are M&E data used in planning and implementation?

3

What are examples of data use?

Planning for timely procurement of supplies such as condoms and ARVs; Advocacy; improvement of services to be more accessible to target populations.

What are the main challenges to data use?

Timeliness of data collection (cooperation of all stakeholders in government and civil society) proper analysis; timely dissemination.

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

At national level? :		Yes
At national level? :	IF YES, Number of individuals trained:	15
At sub-national level? :		No
Including civil society? :		No

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	6
2005:	8

Comments on progress made in M&E since 2005:

Developed the M&E framework in 2006. Training conducted on M&E in 2007.

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

Yes

1.1 IF YES, specify:

Covered in the Bill of Rights, s.38 (2) (a) Protection from discrimination based on actual or alleged health status. Prisons Act 2006

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	Yes
Migrants/mobile populations :	No

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

Fiji Human Rights Commission

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

Fiji Human Rights Commission
Employment Tribunal
Fiji Media Council

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Women :	Yes
Young people :	No
IDU:	No
MSM:	Yes
Sex Workers:	Yes
Prison inmates :	No
Migrants/mobile populations :	No

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

Penal Codes pertaining to sexual offences

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

Yes

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

No

IF YES, briefly describe this mechanism

Included in Priority 5: Coordination, Good Governance and Legal Issues of the National Strategic Plan on HIV and AIDS.

Fiji does not have a national HIV/AIDS policy to guide its HIV and AIDS response.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

Tokenism at NACA and NSP level
Limited engagement
No engagement for some groups (e.g. MSM, SW)
Not seen as priority groups. Lack of appropriate representation. There is no true understanding of the reasons most-at-risk populations should be engaged in the national response to HIV and AIDS.

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

HIV prevention services :	No
Anti-retroviral treatment :	No
HIV-related care and support interventions :	No

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

No

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

No

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:

Sex workers and MSMs have targeted approaches via civil society. Government and civil society are attempting to make clinics more youth-friendly. Civil society is increasingly utilising diverse methodologies, including drama and diverse learning techniques. Involvement of vulnerable groups in design and implementation of programmes.

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

No

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

No

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

- 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
- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No
- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No
- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

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

The existing mechanisms are weak due to limited capacity and lack of understanding of HIV issues. This is exacerbated by a lack of rights-based HIV legislation and the absence of a national HIV policy.

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

Yes

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

- Legal aid systems for HIV and AIDS casework: No
- Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No
- Programmes to educate, raise awareness among people living with HIV concerning their rights: No

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

- Media : Yes
- School education : Yes
- Personalities regularly speaking out : Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007: 3
2005: 3

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

Bill of Rights s.38 (2) (a)
Prisons Act 2006

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007: 2
2005: 2

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

The existing mechanisms are weak due to limited capacity and lack of understanding of HIV issues. This is exacerbated by a lack of rights-based HIV legislation and the absence of a national HIV policy. This situation is exacerbated by PLAs' lack of understanding about their human rights and self-stigmatisation. Civil society lobby to enforce or draft rights-based policy and legislation; also to ensure good governance practice at national level

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

3

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

1

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?: 2
b. in the national budget?: 2

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2006

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

2

List the types of organizations representing civil society in HIV and AIDS efforts:

The following civil society organisations are included on the NACA:
Fiji Red Cross Society, University of the South Pacific and FJN+.

The following civil society organisations are excluded from NACA:

Women – WAC, FWRM, FWCC
SW and MSM – EGP, ATFF, SWAN, Amiti
Youth – Provincial Youth Forum of the Fiji Islands, WAC
FBOs – Methodist Church, PCPCC, Shri Sanatan Pratinidhi Sabha
PLA – FJN+, ATFF
AIDS service organisations – PACASO, RFHAF, ATFF, FRCS, Pacific
Counselling and Social Services, Fiji Association of Social Workers
GLBT – EGP
Workers – Fiji Nursing Association
Prisoners – WAC Theatre

6. To what extent is civil society able to access

- | | |
|---|---|
| a. adequate financial support to implement its HIV activities?: | 1 |
| b. adequate technical support to implement its HIV activities?: | 0 |

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

- | | |
|-------|---|
| 2007: | 0 |
| 2005: | 2 |

Comments on progress made in increasing civil society participation since 2005:

We are currently in a state of non-participation which involves:

- a) Lack of information sharing
- b) Government agencies are in full control and make no effort to change the situation
- c) Government agencies' agenda takes precedence over that of civil society;
- d) Government agencies define and implement policy without any civil society input;
- e) No strategic plan to involve civil society.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

No

IF NO, how are HIV prevention programmes being scaled-up?:

Civil society is not privy to this information since July 2007. However, civil society continues to lobby for increased engagement and improved governance in the national response.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

No

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 1
2005: 2

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

As above.

It is an established fact that there are three hubs in the three districts, Central-Eastern, Western and Northern. However, due to lack of coordination and consultation, civil society is not aware of any particular needs analysis carried out and appropriate resource mobilisation to address issues and districts identified.

Regression

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

Prevention for youth :	<25%
Prevention for IDU :	<25%
Prevention for MSM :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	<25%
Programmes for OVC** :	<25%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

No

Comments on progress made since 2005:

Something that will need addressing in the future

Uniting the world against AIDS