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PACIFIC ISLANDS
HIV AND STI RESPONSE FUND
2009–2013



SPC
Secretariat
of the Pacific
Community

Reference D.
Solomon Islands national review.

Resources for developing National Strategic Frameworks

National Review of responses to HIV and STIs November 2010

To prepare for development of new
National Strategic Plan on HIV and STIs
in first half of 2011

National Planning Team

National Strategic Framework Road Map

- This stage: National Review of Response
- Next stage: National AIDS Spending Assessment
- After that: National Strategic Plan for HIV and STIs
 - Priorities, National costing estimate, M&E Plan
- Then: Action Plan (annual or biennial)

National Planning Team

Decided at Introduction Workshop 18-20 August 2010

Ministry of Health 3 members

NGOs and Churches 6 members

Ministries non-health 3 members

Coordinator SINAC Coordinator

A minimum of five of these people can undertake any planning process.

National Planning Team members for this Review

HIV Unit

SINAC Coordinator

Oxfam International

Save the Children Australia

Solomon Islands

Planned Parenthood

Association - Honiara

World Vision Honiara

Technical Assistance

Reporting to

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Process for Review and Preparation

1. Consider outputs from previous Stakeholders' Workshop in August 2010
2. Review comments and scoring of Quality Assessment Framework by that workshop
3. Consider each of the 10 components of the Quality Assessment Framework one at a time
4. Determine an overall score for each component (1,2,3)
5. Identify issues that will require further discussion as part of developing the next National Strategic Plan (27 issues)
6. Discuss each of those issues (grouped into 14 issues):
 1. What can we say now?
 2. What questions remain? Some questions will be answered as we develop the next National Strategic Plan. Others will be answered in more detail during the next five years.

TA

OTHER NGOs

WORKING GROUPS

HIGH LEVEL LEADERS

INFORMATION FLOW

NATIONAL COORDINATING AUTHORITY

NATIONAL STRATEGIC PLAN (CONCEPT)
PREPARING FOR A NEW NATIONAL STRATEGIC PLAN
ANALYSIS AND SUMMARY OF SITUATION & RESOURCES

PRIORITIZATION

One Monitoring & Evaluation System
- Result Based Monitoring and Evaluation

PARTICIPATION OF NATIONAL PARTNERS

ACTION PLAN

POLICY ENVIRONMENT

CAPACITY DEVELOPMENT

COSTING

BASELINE
Care and Support

NEW STI PROTOCOLS

STIGMA & DISCRIMINATION & H.R.

BEHAVIOUR

M&E TRAINING

M&E WORKING GROUP

HIS

IMPROVE & INTEGRATE M&E SYSTEM

CROSS CUTTING ISSUES

MONITORING & EVALUATION

PLANNING

IMPLEMENTATION

GENDER

TESTING

STI DISEASE SERVICES

STI PREVENTION

STI TREATMENT

STI SUPPORT

STI SERVICES

STI TRAINING

STI WORKING GROUP

STI YOUTH SERVICES

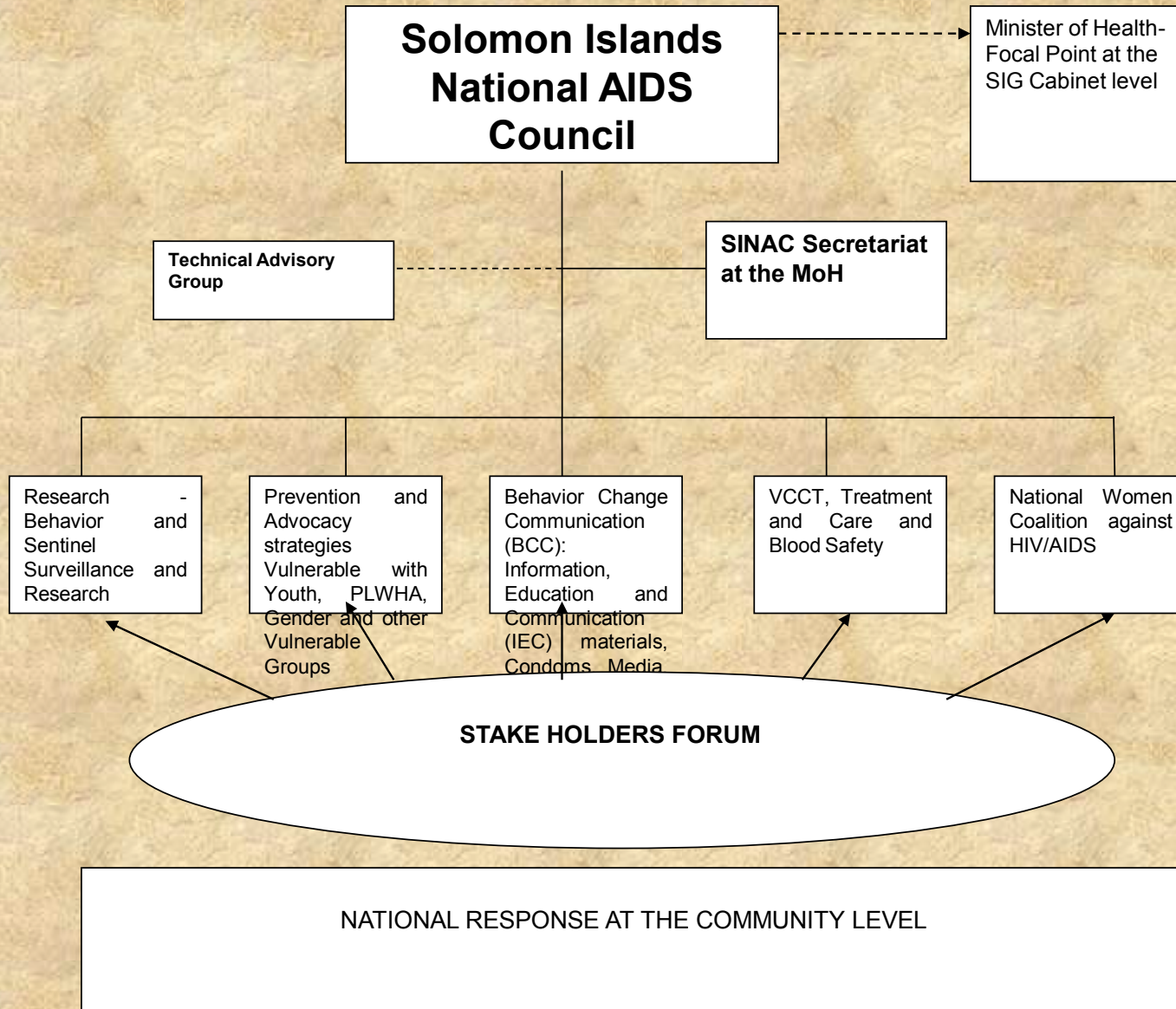
SINAC

What can we say now?

- There is a SINAC and is the focal point for the National Response.
- Members change as Ministries change
- There are 5 reps from civil society
- Stakeholders Group meets each year
- There is 1 SINAC Coordinator in Min. Health
- Most international groups refer to SINAC, but not all
- There is a Capacity Development Organisation (new stakeholders need to know about this)
- SINAC Grant committee which provides funds to CBOS and SINAC partners in the National Response(coordinated by Oxfam)

What questions remain?

- How do we build SINAC and make it more effective?
- How do we improve information flow to stakeholders? Is there Communication structure is in place?
- Is one Coordinator enough? Can international groups assist with providing another?
- What ministries really need to be on SINAC?
- How do we ensure all National Leaders know about SINAC?
- Are all members aware of their responsibilities in SINAC?
- How should CDO and SINAC work together over next 5 years?
- Summary of Nat Strategic Plan?



Risk and behaviours 1/2

What can we say now?

- There are not many people with HIV, but there are many with STIs
- We don't know enough about who is at highest risk, but there are not many of the usual risk groups (Sex workers, men who have sex with men)
- We don't have Baselines for most risk groups
- More stakeholders are starting to do more research
- Sex work is more common in areas with high economic activity
- Many people have concurrent partners, some provinces more than others (we know which ones)
- Taxi drivers are at risk and know about others at risk
- Some people are more at risk because of mobility, money or lack of money, access to sexual partners, living in high population areas, living in infrastructure devt areas
- Poverty leads to some families promoting interaction with men who have money (e.g. loggers)

Risk and behaviours 2/2

What questions remain?

- How do we find out more about which people are at highest risk?
- Would research help to show other sectors that HIV is a problem in their sector? (infrastructure, tourism)
- Should we consider “Mainstreaming” of HIV with other development programs?
- Should we focus prevention on particular provinces?
- How do we help higher educated people prevent HIV?
- Should we find out more about other Pacific countries’ development of Business Associations on HIV, and Sports Leaders as “HIV Prevention champions?”
- Should we review the SGS tool to include MARP and sample specific locations? Or should there a be study to assess vulnerability at different age groups and in different populations?

Testing for HIV and STIs 1/2

What can we say now?

- Most HIV testing is for Ante Natal Mothers, main provincial centres, limited of sites
- These women are tested for HIV (voluntary with counseling), some STIs
- Clinics are free for all people
- Other people who want HIV or STI tests can obtain these but only small numbers, but only in four provincial capitals
- SCA Youth Friendly Services project works with clinics, provides referrals by trained peers, for all risk groups
- We have trained counsellors over last 5 years. Now ready to expand this.
- Women come for testing due to concern for their children (related to Gender). Also due to unexpected news of having a STI (from the male partner)
- Most men come for testing for job applications/ employment requirements.
- Most do not see the benefits of testing and the other services available after testing.

Testing for HIV and STIs 2/2

What can we say now?

- Number of people being tested is lower than we planned.
- Many people do not return for test results.
- We will seek further funding for New Testing Strategies from Global Fund Round 11 in 2011.

What questions remain?

- How do we encourage more people to seek testing?
- Are those Most at risk coming for testing or those not at risk?
- How can we support counsellors better:
 - Mentoring, monitoring, follow-up training, infrastructure improvements, equipment?
- How do we increase the numbers who return for results?
 - Survey to find out why some people avoid testing and others choose to test and not return for their result?
 - Survey on friendliness of services?

STI Diagnosis and Treatment

What can we say now?

- STI Reporting System is in place
- Reports on syphilis, chlamydia, gonorrhoea, vaginal discharge, penile discharge and genital ulcers
- Need to disseminate findings
- The small surveys we conduct do not match with global reporting requirements
- Most STI diagnosis is syndromic, not testing
- New protocols are being developed now
- These will be introduced in 2011, and we don't foresee many problems

What questions remain?

- How do we disseminate findings while maintaining privacy and confidentiality?
- How accurate are the reporting system? Should there be strengthening of the reporting system?
- How do we find out more about STI risk?
- People don't talk about their own behaviours, only about other people's behaviours. What kinds of research and counselling can address this?

Stigma and Discrimination 1/3

What can we say now?

- There is still some Stigma and Discrimination against people living with HIV, sex workers, men who have sex with men, “Point 5” men.
- Mostly this is verbal abuse.
- Churches promote Compassion and Understanding.
- Little police harassment of any groups (this is common in almost all other countries).
- Sex workers are not allowed to go on the boats, for security reasons.
- Access to Health Services is limited because of attitudes of some staff.
- Point 5 men are not given condoms.
- Some nurses are happy to distribute condoms, but then others in the community criticise them.
- Some risk groups can find counselling at the SCA office.
- Honiara City Council has counsellors who understand risk groups.

Stigma and Discrimination 2/3

What can we say now?

- Access to Health Services is limited because of attitudes of some staff.
- Point 5 men are not given condoms.
- Some nurses are happy to distribute condoms, but then others in the community criticise them.
- Some risk groups can find counselling at the SCA office.
- Honiara City Council has counsellors who understand risk groups.
- People living with HIV. Most lose their jobs.
- Some people will not come out because they fear losing their jobs.
- Workplace policies. NGOs have these, MOH does not.
- We have talked with some communities where people with HIV live. Most of the time they then show compassion.
- Stepping Stones helps.
- Legislation on HIV is being developed now.

Stigma and Discrimination 3/3

What questions remain?

- Who are the real victims of stigma and discrimination?
- Should we do more research on stigma, for example a Stigma Index?
- How can we measure the effects of other programs on promoting Compassion and Understanding?
- What is the role of media in reducing stigma and discrimination?
- How do we address workplace stigma and discrimination?
- Will workplace policies help?

Condoms 1/2

What can we say now?

- Condoms are free and available in all health centres, most hotels and motels in Honiara
- Some health staff will only give them to married people. And sometimes refuse due to marital status and for youth question on sexual activity.
- Not so available in rural areas
- Church groups will talk about condoms, but most will not distribute them because they say sex is just for within marriage
- Some NGO peer educators distribute condoms to risk groups. And at front desks.
- Every pharmacy sells condoms.
- Marie Stopes distribute condoms very cheaply.
- Condom dispensers in some hot spots, installed by NGOs.
- Three large nightclubs sell condoms.
- Some newer nightclubs do not.
- Beer garden shops do.

Condoms 2/2

What can we say now?

- Condom Survey in 2005 by SCA. To find out about people's use of condoms, and reasons.
- Lubricant not distributed with condoms for men who have sex with men (they need these).
- Female condoms not promoted much yet.
- Some groups use Abstinence, Be faithful and Change

What questions remain?

- How can we strengthen access to condoms?
- How can we find out more about barriers to condom use?
- How long are condoms going to be provided free?
 - Now provided by UNFPA
- Should we consider condom social marketing? Are we promoting the value for the use of condoms?
- Survey on people's knowledge and use of condoms and reasons for use?

Working Groups 1/2

What can we say now?

- In the last National Strategic Plan on HIV and STIs, six Working Groups were listed:
 - Research
 - Prevention and Advocacy
 - BCC, IEC, condoms, media and health promotion
 - VCCT, treatment and care
 - Blood safety
 - National Women's Coalition on HIV/AIDS
- Only one group meets. For others, stakeholders do talk, but not in formal working groups.
- Technical people in the Ministry of Health meet often, but not in working groups
- SINAC appointed Chairs of Working Groups in 2008, but the groups have not been called to meet
- Working groups should
 - Coordinate activities between groups
 - Identify standard approaches to important issues

Working Groups 2/2

What questions remain?

- Do we really need Working Groups?
- If so, what groups should we have?
- How can we make sure they meet and do things?
- Are the current members too high level, so they don't meet?
- Should we have a one day workshop on Working Groups during development of the next National Strategic Plan?

Costing and Resources 1/2

What can we say now?

- The last plan was not Costed (same as the rest of the world)
- Now, most countries do a “costing” of their national plans. This summarises what it will cost to implement all activities, from all sectors. It is not used to apply for specific project funding, but is used to estimate gaps and needs.
- We will be doing a National AIDS Spending Assessment in January 2011. This looks at past expenditure.
- Local communities provide resources
 - For Stepping Stones, they provide food, venues, time to select participants.
 - Churches fund certain programs and have their own programs.
- Government provides resources
 - Ministry of Health budgets, mostly staff time
 - Not possible to employ more staff now
 - Provincial governments?

Costing and Resources 2/2

What can we say now?

- UNGASS Report: it was hard to find out what resources are provided
- SPC Response Fund (funds from AusAID, NZAID)
- UN Partners provide much technical support and some funds for materials, equipment, condoms
- AusAID: some direct funds
- ADB projects: HIV prevention
- Minimal engagement with private sector to seek funding of activities.

What questions remain?

- How do we find out the total amount of funds available and what they were spent on?
 - National AIDS Spending Assessment will try to do this
 - It will be useful if we can have the format before the NASA commences
 - How we use the information to advocate for more Government contribution?
- Costing Tools. What should we use?
 - Burnet and UNAIDS and UNDP will identify the most useful costing tool before March 2011
 - Training in how to use this
- How to engage private sector?

Gender 1/3

What can we say now?

- Women and men both get STIs and HIV
- All the people living with HIV are now women, the men have died
- Men have more multiple partners than women, so more women become infected than men
- Women mostly identified through contact tracing, but this is difficult to do
- If women are tested first, contact tracing is difficult
- Women don't have symptoms for most STIs but men do, so testing is important
- Women cannot demand that male partners use condoms (power, human rights)
- Gender violence and rape are problems, inc. rape in marriage
- There was a study on Gender Based Violence: Fifth highest in the world, 2/3 of women
- Policies have now been developed to change this

Gender 2/3

What can we say now?

- Solomon Islands has ratified CEDAW
- SINAC endorsed Stepping Stones as one way to address gender and HIV and STIs
- SINAC has women:men 1:3. National Planning Team has gender balance
- Culture and religion means women accept men making decisions, inc. on committees
- In jobs of similar status, men will not listen to women
- Most sex workers are women
- Women pay sons of higher society people to go out with them
- Different levels of sex workers
 - Some for money
 - Some for food, livelihoods, to support families
 - Many are women whose husbands have left them; survival sex work
- In SINAC one Working Group was to focus on gender issues
- Inheritance is not affected by gender (as it is in some countries)

Gender 3/3

- How can we encourage men to come for testing?
- How can we encourage the use of female condoms?

What questions remain?

- How do we better link HIV and STIs with gender issues?
- Can we get a gender specialist to run a one day workshop as part of developing the next National Strategic Plan?
- How can our HIV and STI programs encourage people to talk more about sexual violence?
- If the next plan includes new working groups, should we aim for gender balance?
- How does gender affect ABC approach and how can we incorporate gender into the ABC strategy?

Provinces, rural areas 1/3

What can we say now?

- Last National Plan development. Only one person came from each of six provinces. We need to involve the provinces more.
- Most provinces have no staff for HIV, no budgets, no plans. HIV is not their priority.
- Limited budgets go to testing and clinics, not prevention.
- International NGOs do most of the prevention work.
- STI/HIV Coordinators in:
 - Malaita, Western Province, Choiseul, H.C.C.
- Reproductive Health Coordinator in other provinces.
- Most people with HIV come from rural areas. Many say they were infected before coming to urban areas.
- Some are infected in Honiara, before they learn about HIV.

Provinces, rural areas 2/3

What can we say now?

- Capacity Development Organisation
 - Provides grants for community organisations in provinces
 - Limited number available
 - Priority provinces only
 - Limited funding
- Pharmacy Division has supplies of all drugs, but they do not always reach the provinces.
 - Second level Pharmacy Stores are being introduced, and these should improve the situation
- For next Global Fund Round 11 in 2011, we will seek further support for provinces.
- First, we need to find out more about their needs.

Provinces, rural areas 3/3

What questions remain?

- Do we know enough about which provinces have most people vulnerable to HIV and STIs? Should the next National Plan prioritise more research on this?
- Need for mapping for areas to intervene in? Is there proper coordination/consultation between stakeholders for the sharing of resources to reaches these rural areas and wider community areas? Avoid duplication by stakeholders.
- Are enough people in provinces being tested for HIV and STIs?
- Malaria program has labs in provinces. Why don't we?
- For provinces with STI/HIV Coordinators, has this made a difference?
- Provincial AIDS Councils. Should we develop these?
- What should be the priorities for building capacity in provinces?
 - Budgets, training, integrating HIV with other issues?
- Should we make some provinces highest priority?
 - How do we choose?
 - Logging, mining, tourism, provinces where people travel overseas?
- Building Capacity. How?
 - Stages, 10 years, 5 years, 1 year?
 - Resources (now just from SPC)
 - Sustainability in organisations Vs. Individuals.

Care and Support

What can we say now?

- For people with HIV treatment is free, including services
- This includes counselling and family support
- Not money, but livelihood assistance with temp housing, tools, materials
- Transport assistance is provided if they have to travel to clinics
- Pacific Islands AIDS Foundation coming here to do a needs assessment in 2011
- Families support people who are ill

- Biggest challenge is stigma and discrimination
- World Vision and ADRA are preparing to support mothers and infected babies
- Sisters of the Church provide emergency shelter
- Family life under the Catholic Church provides care and support
- SSEC looking into the establishing of Community Health volunteers to assist PLHIV

What questions remain?

- What can we do for people who don't know where to go for support?
- Do we have the capacity for the next 5 years if there was an epidemic?

Monitoring and Evaluation 1/3

What can we say now?

- We have had many research reports, so we do know about knowledge, behaviour and risks
- We do not have large numbers of people in risk groups, so we cannot report on global indicators
- 10 provinces, 25-30 large islands, so hard to do national research
- Second Generation Surveillance (behavioural research) was done in 2008
- No national pooling of information. No M&E group proposed in last plan.
- Last plan did include M&E matrix, but this was not used.
- National Stakeholders' Meeting is held quarterly to share lessons learned and plans.
- We now know that knowledge doesn't change behaviour.
- Mapping of who works in each province has been done.
- Mapping Honiara 2008 was done by World Vision (should now be done nationally?)

Monitoring and Evaluation 2/3

What can we say now?

- Most stakeholders are working in Key Result Area 1 – Prevention
 - This is appropriate given the national situation
- Evaluations done by individual organisations
- UNGASS Report in 2010
- No mid term review in 2008
- Second Generation Surveillance was presented to stakeholders, shared analysis of findings, now can be a baseline.
- Many organisations do M&E and can now train others
- Health Information Systems.
 - Records of HIV testing and treatment
 - Records of STI treatment. Syndromic management except in Honiara there is diagnosis

Monitoring and Evaluation 3/3

What questions remain

- For next plan, we can have more sharing of methods for M&E. How can we do this?
- How often should we repeat Second Generation Surveillance?
- How do we find out more about risk behaviours?
- What other research should we do?

Youth 1/3

What can we say now?

- We know that knowledge about HIV is high (SGS)
- We know that knowledge has not led to behaviour change
 - Low age of first sex, low condom use, multiple partners, concurrent partners, extramarital affairs, group sex, transactional sex, sexual violence including rape, sexual abuse, high levels of alcohol use and sex, intergenerational sex (“Sugar daddies”, “Sugar mamas”).
 - In our culture, all the behaviours are common, but people do not talk about them, or understand the risk of HIV or STIs.

Prevention programs include:

- Schools. Ministry of Education, classes 4,5,6 have HIV as part of Reproductive Health curriculum.
- Schools. Ministry of Health, in all provinces have Health Promotion departments, annual school programs for primary and secondary students, include sex education.
- High drop out rates. 10,000 drop out end primary school, some because there are no places for them.

Youth 2/3

What can we say now?

- Rural training centres, vocational training centres
- Universal Federation of Peace have in-school programs.
- ADRA. Program for primary and secondary students.

Youth not in schools:

- Many community groups conduct prevention of HIV and STIs. Using their own manuals.
- Adolescent Health and Development (MOH) can advise us on how to reach all youth.

- SIPPA programs in
 - Honiara, Western Province, Gizo, Choiseul, Malaita.
- SCA. Focus on participation of young people in communities. HIV is a cross cutting issue.
- South Seas Evangelical Church.
- Catholic Church, family life skills, World Youth Day programs
- AOG
- SINPA program- Similar to SCA program but at different provinces/Areas.

Methods used:

- Stepping Stones
- Developing Youth Friendly Health Services (SCA): young people provided good ideas.
- Peer to Peer Education and HIV mainstreaming.

Youth 3/3

What questions remain?

- How can we support behaviour change, beyond just providing knowledge and before they are exposed to risky behaviours and on reducing behaviours? And sustainability (relating to programmes and projects)?
- How do we improve our methods for prevention?
- What works best in peer education? (Sharing of lessons learned)
- Should we do more about mental health?
- What is the program coverage of in school and out of school youth?
- Should we encourage people to talk more about sex and cultural changes?
- Should we develop more training manuals, or standardise guidelines for prevention, adapted for Solomon Islands situations?
- Are the voice of Youth considered in the interventions?
- Are we encouraging enough young people to be involved? And how do we encourage ownership of activities to bring out real behaviour change?
- How will a new National Strategic Plan help us to answer these questions?

Technical Assistance, partners 1/3

What can we say now?

International TA

- Fully funded.
- Many different types of TA were provided.
- Most from SPC, aligned with other partners' programs:
 - UNAIDS, UNICEF, UNFPA, WHO
 - AusAID: Pacific Regional Health Program (Burnet)
 - PIAF
 - Measure Evaluation (USA)
 - TSF provided TA for UNGASS Report (Litmus)
 - Global Fund Round 9
 - RRRT (legal issues)
 - IPPF
 - FSPI
 - FHI
 - ADRA (Australia and New Zealand)
- TA has helped us understand the situation, fill gaps, build capacity, mentoring and proposal writing.
- Coordination of TA is sometimes an issue.
 - Many want to come at once
 - Many workshops overseas
 - Hard then to set dates
- Training. Not always enough time to transfer skills.
- Templates used, but not enough training in how to use them.
- Different organisations use their own templates.

Technical Assistance, partners 2/3

What can we say now?

National TA.

- Training. SINAC has 2 VCT trainers, more than 100 counsellors trained 2008-10
- MOH trained core teams of doctors. Need updates now, new STI protocols.
- National partners good at sharing skills, people for TA.
- Stepping Stones, 7 national trainers from different organisations. 99 trained facilitators.
 - WV, SIPPA, MOHx3, Oxfamx2

- Capacity Development Organisation, Oxfam.
 - BCC, M&E, Stepping Stones, Advocacy
 - Follow up training, endorsement by SINAC of accreditation
 - BCC team, training linked with grants
 - Health Promotion teams MOH
 - All need follow up now.
- Youth Friendly Health Services
 - Training by SCA, MOH, Honiara City Council.
 - Training for nursing staffTwo provinces, 4 trainings.

Technical Assistance, partners 3/3

What can we say now?

National TA.

- Church leaders, Channel of Hope
 - WV, 3 trainings, 3 provinces
- Church leaders
 - Church of Melanesia in PNG
- Reproductive Health
 - SIPPA. Community youth groups, community educators
- National TA costs a lot, because of distances, number of provinces. Funding not adequate.

What questions remain?

- Would a National TA Plan be useful?
- Guideline for Providers of TA?
 - Ensure coordination by SINAC.
 - Aim for sustainability
- How do we improve transfer of skills?
- How do we seek funds to support local TA?
- How can maintain and sustain skills transfer from TAs in organisations/institutions and communities?

Next steps

- National AIDS Spending Assessment
 - January 2011
- Development of next National Strategic Plan
 - February – June 2011
 - Includes working groups for specific issues
 - Includes involvement of provinces
 - Costing
 - Monitoring and Evaluation framework
- National Strategic Plan on HIV and STIs (5 years)
- Action Plan – details of who does what (1-2 years)

