This document presents the HIV/AIDS Board annual program implementation and financial report covering the period of January – December 2014. It reflects implementation of the National Strategic Plan for STI, HIV & AIDS through the outstanding coordination of the HIV/AIDS Board in collaboration with the Ministry of Health & Medical Services, other government agencies, civil society and the private sectors.

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ACKNOWLEDGEMENT

The HIV/AIDS Board would like to acknowledge the Ministry of Health & Medical Services [MHMS], The Ministry of Women, Children and Poverty Alleviation [MWCPA], Ministry of Education [ME], Ministry of Immigration, National Security and Defense [MINS], Ministry of Youth & Sports [MYS], Ministry of Employment, Productivity and Industrial Relations [MEPIR], United Nations Agencies, National Substance Abuse & Advisory Council [NSAAC], Reproductive Family Health Association of Fiji [RFHAF], Medical Services Pasifik [MSP], Fiji Red Cross Society [FRCS], Grants Management Unit [GMU] through National TB Program [NTBP], Sex Workers Advocacy Network Fiji [SANFiji], Oceania Society for Sexual Health & HIV Medicine [OSSHHM], Fiji Network for Positive People [FJN+], and our other key partners and donors for their continuous support throughout the year.

A special recognition to H.E. The President of Fiji and the HIV & AIDS Ambassador whose dedication and commitment is an exemplary to other Pacific Island Country Leaders in enhancing the response to HIV & AIDS.

We would also like to acknowledge the support and contribution of our corporate and media partners and volunteers for their contribution and dedication to the HIV and AIDS response in Fiji.

Special thank you to our tireless Reproductive Health Hub clinicians, the HIV project assistants, the HIV advocates and the peer educators for their dedication and concerted efforts in the continuous prevention, management, treatment, care and support for the key population and those infected and affected by HIV & AIDS.

DISCLAIMER

Unless otherwise stated, the appearance of individuals or groups in this publication gives no indication of HIV status, sexual orientation or gender identity.
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<td>Acquired Immuno Deficiency Syndrome</td>
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<tr>
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<td>Non-governmental Organization</td>
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<td>National Substance Abuse Advisory Council</td>
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<td>Acronym</td>
<td>Full Form</td>
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<td>Standard Operating Procedures</td>
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PREFACE

The progress that the Ministry of Health & Medical Services through the HIV/AIDS Board continues to make in the National HIV response has been significant and encouraging. This has been possible through the continuous support, commitment and dedication from all key partners in the response to HIV & AIDS. In addition, the foundation on the successes and achievements made is the result of political and leadership commitment beginning from H.E The President followed by other government leaders.

In the past decade, the number of HIV infections in the country continues to rise even though this is not the same globally. This is a result of the expansion of the new HIV Algorithm Test to the sub divisional levels. There is also an increase in the coverage of community based HIV interventions particularly to key populations within the urban and rural areas and also to the communities that cannot be easily accessed.

Looking back on the year that was, we find the notion of turning the tide on HIV to be more and more tangible than before. We have before us the wealth of our own collective experience, expertise and experience which could serve as an impetus to potentiate this positive change.

The road to getting to Zero and focusing on AIDS WILL LOSE is paved with a myriad of challenges, and we should not underestimate them. For example, the escalation of HIV and also other sexually transmitted infections calls for a concerted effort by all key partners [government sectors, CSOs, private sectors and key populations]to improve access to sexual and reproductive health services for all. Efforts to sustain and diversify our resources for the HIV response must be intensified. Stigma and discrimination against HIV and the key populations remains a stumbling block must be addressed to strengthen the progress of our HIV response.

In line with achieving the Millennium Development Goals and also focusing on the response to HIV & AIDS beyond 2015, there is a need continuously collaborate with our partners, donors and other key stakeholders in mobilizing our resources collectively.

Taking stock of the achievements that Fiji has made with learning experience and identifying areas that needs to be strengthened, one fact is clear and that is the continued commitment at all levels to the HIV response in Fiji. If we remain steadfast and work together and continuously seek divine strength and wisdom to face the challenges that comes our way, we can certainly overcome any storm.

The HIV/AIDS Board together with the Ministry of Health & Medical Services [MoHMS] remains committed to pursuing a Fijian society free from the negative impacts of HIV. The HIV/AIDS Board and the MoHMS will continue to strive to improve the quality of life for those infected...
and affected by HIV & AIDS and the other key populations. Especially to those who are still living in the margins of society due to stigma and discrimination.

On this note, the HIV/AIDS Board wishes to commend all key partners for their resilience and their successes in the HIV response. We hope that you will all continue to journey with us in this HIV response even to the end of 2015 and beyond.
For almost 25 years, the success of the Fiji’s response to HIV has largely been a result of a collaborative partnership between our government agencies; communities based organizations, NGO’s, academic institutions, key populations and health professionals. This year has again demonstrated the effectiveness of this partnership approach which has also strengthened as compared to previous years.

The HIV/AIDS Board is deeply grateful for the continued commitment from government through the Ministry of Health & Medical Services and also the continued support from donor agencies. This support has benefitted the HIV response in the country in its various components including prevention, treatment, care and support programs implemented by government agencies and our other key partners especially the key populations, NGOs and the FBO’s.

For the past years, the response to HIV in the country has been encouraging. The most significant is the continued leadership and commitment from H.E. The President in the response to HIV through advocacy and awareness programs covering 85% [153/180] of the secondary schools in Fiji. He has also led by example in the response to reduce HIV stigma and discrimination, a threat to the HIV response. Fiji is honored to have H.E. The President in leading the way and more in the HIV response and we wish him continued success in the future.

Another important milestone in the year 2014 was undoubtedly the launch of the HIV Care & Antiretroviral Therapy Guideline 2nd Edition, the PPTCT Policy, PPTCT Training Manual and the PPTCT Participants Manual. The PPTCT policy includes the introduction of the Option B Plus for all HIV positive pregnant women. Following the launch of the PPTCT policy and it’s training manual, PPTCT Train of trainers was conducted including divisional training to support the expansion of the PPTCT program to the sub divisional level.

Apart from the PPTCT trainings conducted, VCCT training was also conducted targeting the private practitioners which was coordinated by Suva Private Hospital supported by Ministry of Health & Medical Services with Empower Pacific as facilitators for the training.

Fiji was also able to launch its IBBS survey for MSM and Sex Workers through the support of UNAIDS & FNU. These studies were also used in the IAS Conference in Melbourne, Australia. A taskforce was set up to look at the recommendations raised from the two studies which is still in progress.
As part of the monitoring component of the HIV response, the HIV/AIDS Board had endorsed the establishment of a National HIV Monitoring & Evaluation Technical Working Group with its Terms of Reference. This TWG is chaired by the Permanent Secretary for Youth & Sports.¹

Throughout 2014, we continued our commitment to improving the quality of those living with and affected by HIV. Reflecting on the work of the HIV/AIDS Board in 2014, there has been many highlights and the MHMS with the HIVAIDS Board will continue to invest valuable time to decision making, reflecting on and reviewing diverse areas of work and performing a governance role.

As you read this report, you will come to learn the collective successes that we have had with the HIV response particularly in the past year. When so much progress has been achieved globally, regionally and locally in stemming the tide of the HIV transmission and AIDS related death, we need to multiply our investment and commitment to ensure that our response is sustained and also has a high impact. In certain parts of the world, the end of HIV is already in sight. If Fiji is focused on the 2014 World AIDS Day Theme “AIDS WILL LOSE”, this is certainly not a time for us to decelerate our efforts. Let us continue to strengthen our bond and our bid to accelerate progress towards an AIDS-free generation.

Allow me to take this opportunity to thank all our partners from the government sector, private sectors, donor agencies, key populations, CSOs, FBOs and many more for your unwavering support and contribution.

I wish to register appreciation for the invaluable advice and support from the Chairman of the Board [Dr. Eloni Tora] and his mentorship will always be treasured. A sincere appreciation also for the commitment and devotion from the Board members through their participation on decision making in paving a strategic way forward to the HIV response.

I look forward to another successful new year as the CEO for the HIV/AIDS Board and also to the significant role that the HIV/AIDS Board will continue to play as we head towards the target of no new HIV infections, no AIDS related deaths, no stigma and discrimination – where AIDS WILL LOSE 2015 and beyond and ensuring that no one is left behind.

PART 1: OVERVIEW OF THE HIV & AIDS SITUATION IN FIJI

Table 1

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<td>578</td>
<td>286</td>
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The rate of new HIV infection in Fiji continues to increase as shown in Table 1 and Figure 1.

The Fiji Centre for Communicable Disease Control [FCCDC] provides detailed analysis of both new HIV confirmed cases and cumulative cases in Fiji. It informs us that there is slowly and increase of new HIV cases amongst women as compared to previous year. A further 97% of new HIV diagnoses in 2014 were attributed to heterosexual contact.

The age distribution of new HIV infections in 2014 [similar to previous years] is predominantly between the ages of 20-29 years [figure 8]. This clearly indicates the target group that we need to focus our programs and also those 20 years and below.

The HIV Unit with the support from the Hub Centers continues to work with FCCDC on data verification to ensure that there are no discrepancies in the data.

Below are self-explanatory graphical overviews of the HIV situation in Fiji.

Figure 1

HIV Cumulative Data [1989-August 2014]
**Figure 2**

**Modes of Transmission**

- **Heterosexual**: 89%
- **Homosexual**: 6%
- **Bisexual**: 4%
- **Transgender**: 0%
- **IDU**: 0%
- **Perinatal**: 0%
- **Body Piercing**: 0%

**Figure 3**

**COMPARISON OF NEW HIV INFECTIONS BETWEEN MALES & FEMALES - 2014**

- **1st Quarter**
  - Male: 5
  - Female: 7
- **2nd Quarter**
  - Male: 2
  - Female: 9
- **3rd Quarter**
  - Male: 3
  - Female: 6
Figure 4

Rate of HIV Infections Amongst Males & Females - 2014

69% Males
31% Females

Figure 5

Rate of HIV Infections Amongst Males & Females [1989-2014]

Male Female Unknown

**Figure 6**

**Rate of New HIV Infections by Ethnicity [2014]**

- i-Taukei: 94%
- Indian of Fijian Descent: 3%
- Others: 3%

**Figure 7**

**HIV Cases By Ethnicity [1989-2014]**

- I-Taukei
- Fijian of Indian Descent
- Others
- Unknown
PART 2: OVERVIEW OF THE HIV/AIDS BOARD

The HIV/AIDS Board was established in 2011 to serve as an umbrella in the overall response to HIV & AIDS in Fiji. It ensures that all persons on a sustained and equal basis are accessible to quality goods, services and information for HIV prevention, treatment, care and support, and other management and treatment of HIV for preventative, curative and palliative care of HIV & AIDS.

The HIV/AIDS Board is mandated through the HIV/AIDS Decree to provide strategic leadership and coordination of interventions on HIV and AIDS in Fiji. To facilitate that mandate, strategic documents to guide the implementation of HIV and AIDS interventions are produced. The documents include the National Strategic Plan for HIV/AIDS & STI 2012-2015 [multisectoral], the Results Monitoring & Evaluation Framework of the National Strategic Plan for HIV/AIDS & STI 2012-2015, PMTCT policy, and guidelines that has been reviewed and developed during the year.

The HIV/AIDS Board works in close partnership with other government agencies, the private sector, international organizations [donor agencies], civil society organizations, faith based organizations and the key populations, to ensure a committed and effective country led response to the HIV epidemic.

The Board strives to become efficient in leading the country to be free from HIV & AIDS by providing strategic leadership for a multi-sectoral national HIV & AIDS response in Fiji.

Since the establishment of the Board in 2011, members of the Board have not changed as per decree although there have been changes in person from the government agencies.

A representative from the Fiji Council of Churches has been unanimously agreed by the Board to be a co-opted member but does not have any voting powers in the Board.

The CEO HIV/AIDS Board sits with the Board as its secretariat.

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2 HIV/AIDS [Amended] Decree 2011, Part 2, Section 8
Board Members - 2014

Dr. Eloni Tora - Chairman
[PS Health & Medical Services]

Dr. Josefa V Koroivueta – Member
PS [Women, Children & Poverty Alleviation]

Mr. Osea Cawaru - Member
PS [Defense, National Security & Immigration]

Mr. Josefa Sania – Chairman M&E TWG
PS Youth & Sports

Dr. Brij Lal - Member
PS [Education, National Heritage, Culture & Arts]

Dr. Eric Rafai - Member
Deputy Secretary Public Health

Mr. Tim Rwabuhemba - Member
UNAIDS

Mr. Sevuloni Ratu - Member
CSO Representative

Mr. Temo Sasau – Member
Positive People Representative

Dr. Rachel Devi - Member
A/NAFH

Ms. Elizabeth Fong - Member
CCM Chairman

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3 HIV/AIDS [Amended] Decree 2011, Part 2, Section 7(1a-h)
Finance and Gift Provision for Board Funds:

The Board had received its funding [$300,000.00FJD] through the Ministry of Health Consolidated Fund which is appropriated by the government for the sole purpose of implementing the Decree. The consolidated fund was not only used within the health ministry but this was also accessed by other support organizations including government agencies, CSOs and key populations to support their programs as per endorsed 2014 HIV Work Plan including planned activities for World AIDS Day [pre and post].

Apart from the funds received through government, HIV & AIDS related activities have also received financial support from donor agencies including WHO, UNAIDS, UNESCAP, UNICEF & OSSHHM for HIV related activities as per work plan. These donor funds are focused on specific areas including; adolescent health, procurement of test kits, strategic health communication, PPTCT training for practitioners and clinical placement for clinicians in PNG to name a few.

The academic institution [FNU] had also provided financial assistance in collaboration with Albion Street in supporting medical officers from the Hub centers to carry out operational research related to HIV/AIDS or STIs. It had also provided support for Hub Meetings as part of system strengthening.

Accounts & Financial Report:

The CEO is responsible for keeping a full and correct amount of all monies received and spent. 4

Proposals received for the use of funds exceeding $5,000FJD is discussed in writing with the Chairman of the Board for his discretion before activities are implemented. The CEO vets and endorses activity proposals of less than $5,000FJD provided it is being endorsed from the Divisional heads and activities are part of the HIV work plan and is also aligned to the 2012-2015 STI, HIV & AIDS NSP. 5

Committees & Working Groups of the Board:

To assist the Board with the monitoring and evaluation of all HIV related activities in the country, a technical working group was established in 2014 with its terms of reference endorsed by the Board. [TOR attached as annex1] This was the National HIV Monitoring & Evaluation

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4 HIV/AIDS [Amendment] Decree 2011, Part 2, Section 16(1)
5 2013 HIV/AIDS Board Standard of Practice, Section 2, Pages 8-9
Technical Working Group which is chaired by the Permanent Secretary for Youth & Sports [Mr. Josefa Sania]

The Board also recognizes the existence of the following committees:

- **DACA committees** within the Western & Northern Division: monitors and implements planned HIV & AIDS activities at Divisional level. The divisional committees consists of all HIV implementers from CSO’s, FBO’s and other government agencies that meets quarterly.

- **HIV Core Team**: reviews the management and Continuum of Care of PLHIV within the Hub Centres. Core Teams in all subdivisions have been meeting regularly during the year.

- **Hub Committee**: HCW within the Hub Centres that meets quarterly [depending on their availability] to review their standards of practice within the clinics. Out of these meetings, the team were able to develop SOPs to guide their practices within the hub centres.

- **WAD Committee**: coordinates and facilitates the planned programs for World AIDS Day. This committee is currently being chaired by FRCS. The World AIDS Day for 2013 was another success through the support of the Board. Community mobilization was ensured and

**Ambassador of the Board:**

Since the establishment of the Board in 2011, Fiji has been privileged to have H.E. The President to be the country’s HIV/AIDS Ambassador. Not only has H.E. represented the country to high level meetings abroad but he has also been actively involved with the awareness programs to schools within the country on HIV & AIDS.
H.E. The President of Fiji has visited 153 secondary schools conducting HIV & AIDS awareness sessions with the secondary students. Not only does he target the students but he also ensures that parents are addressed with regards to HIV & AIDS and also sexual reproductive health in general.

Not only has the President been actively involved in the HIV response locally but he is also recognized with his commitment regionally and globally as well.

**Administration of the Board:**

The CEO as recommended by the Board and appointed by the Minister leads a secretarial role for the Board and is also responsible for the administration, management and finances for the Board. 6

In addition, the CEO implements Boards decisions necessary for implementing the Decree.

Although the CEO reports directly to the Board and is accountable only to the Board as per Decree, it also plays a dual role in implementing the HIV program for the Health Ministry.

**Board Meetings:**

The Board had met three times during the year and it has a standard meeting agenda that guides the members of the Board during the Board meetings. 1-2 weeks prior to a Board meeting, the Board papers are distributed in advance to all Board members or their alternates.

This allows ample time for the Board members to familiarise themselves with the documents before the Board meeting. 

Apart from endorsing policies, guidelines, reports and working group related to HIV & AIDS, the Board with the guidance of the Decree had also made strategic decisions to improve Fiji’s response to HIV. These decisions were used as a guide to develop the Boards Activity Work Plan which continues to expand following each Board meetings.

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6 HIV/AIDS [Amendment] Decree 2011, Part 2 Section 16(1)
Outcomes of Meetings Conducted in 2014 are as follows:

**Endorsement of Policies and Guidelines, Reports and Working Groups**

<table>
<thead>
<tr>
<th>Policies &amp; Guidelines</th>
<th>Reports</th>
<th>Technical Working Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11. Laboratory Report – Baseline Assessment of Sites at Sub Divisional Level Hospitals – New HIV Algorithm Confirmatory Test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. ICASA 2013</td>
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<tr>
<td></td>
<td>13. 2014 HIV Work Plan Mid-Year Review Meeting</td>
<td></td>
</tr>
</tbody>
</table>
HIGHLIGHTS OF THE YEAR 2014

WORLD AIDS DAY 2014
November 2014 – January 2015

The HIV/AIDS Board through the World AIDS Day Committee had jointly organised and supported a series of events to commemorate the National World AIDS Day 2014 at all levels [sub divisional to national level]. This was in partnership with government agencies including CSOs and the key population with the primary focus of raising awareness on HIV amongst the community especially to the targeted population [youths and young adults].
From build-up campaigns and activities at the sub divisional and divisional level, the official commemoration on the 1\textsuperscript{st} December, 2014 was held at the Civic Auditorium, Suva after a marching parade through Suva City.
His Excellency The President [Ratu Epeli Nailatikau] and the UN Resident Representative [Ms. Osnat Lubrani] officiated the event, which drew the participation of over 300 youths, children and adults.

Guests to the event also included the Permanent Secretary for Youth & Sports [Mr. Josefa Sania], Directors from the Ministry of Labour, Deputy Secretary for Public Health [Dr. Eric Rafai], UNAIDS Pacific Director [Tim Rwabuhemba] and GM GMU [Ms. Vasiti Taylor] to name a few.

The event featured performances from the Ministry of Youth & Sports Brass Band and Meke Youth Group, Fiji Hope performing the Fiji STAHS HIV/AIDS Song and also performance from the sex workers network [SANFiji].
2014 HIV & AIDS WORK PLAN MID YEAR REVIEW MEETING
AUGUST 2014

The HIV & AIDS Activity Work Plan Mid-Year Review Meeting was recommended by the HIV implementers in the beginning of 2014 and endorsed by the HIV/AIDS Board as part of the monitoring and evaluation component of the 2014 activity work plan.

The meeting was supported by the HIV/AIDS Board through the MoH, and coordinated by the FHU. This was done on behalf of the HIV implementers in the country including CSO’s, government agencies and donor agencies.

The mid-year review meeting was a day meeting held on the 7th August, 2014 at the Southern Cross Hotel, Suva. 31 participants were invited to the meeting. 25 participants [81%] had attended the full day meeting including those that had come in later or left earlier due to their work commitments.

The meeting was officially opened by the Permanent Secretary for Youth & Sports [Mr. Josefa Sania], who is also a member of the HIV/AIDS Board and the Chairman of the M&E TWG. The following points were noted from his opening remarks:

- Implemented activities can only be successful through effective collaboration.
- Monitoring and evaluation is an important component of any program that can also provide information on the success or failure of any activity.
- There is a need for a paradigm shift on the focus of activities implemented. Evaluating progress of any programs should no longer be focused on numbers but on the inputs and effectiveness of any implemented activity.
• The management of data and knowledge is important for decision making processes to be in place.
• There is a need to gauge on targets which will assist in the production of quality results.
• There is a need to review and analyze collaborations and support amongst partners and identify where and what have we done wrong.
• HIV Implementers are encouraged to be more innovative in responding to workforce challenges.

At the end of the day, DMOE [Dr. Josaia Samuela] officially closed the meeting on behalf of DSPH.

2 weeks prior to the meeting, all HIV implementers [CSO’s and government agencies] were requested to submit an update on the progress of their HIV activities as per activity work plan. A standard template was provided to guide their report presentation on PowerPoint. A timeframe was also given for them to prepare and submit their report before the meeting.
The consultative meeting was focused on the following objectives:

1. Evaluate the progress of the work plan from HIV implementers
2. Identify challenges encountered during the 6 months implementation period

The meeting also included consultative discussions on the:

1. Strategies to strengthen gaps with regards to the HIV & AIDS response
2. Date for the 2015 Activity Work Plan Meeting
3. 2014 WAD Theme & Activities
At the end of the day meeting, a reflection on the day session was done by the CEO HIV/AIDS Board with the following gaps identified for improvement;

1. There is a need to conduct a needs analysis for PLHIV. This will assist the organization in identifying the individual needs of PLHIV’s holistically and how appropriate support can be provided.
2. There is a need to strengthen collaboration between FJN+ and the Reproductive Health Hub especially in the continuum of care for PLHIV’s.
3. TB programs needs to link their programs as well with the key affected population especially with sex workers and transgenders.
4. There is a need to strengthen SHC programs for the KAPs [CSW & Transgenders].
5. Support from MoH is needed especially in the provision of mobile clinic after hours for the sex workers and transgenders.
6. There is a need to strengthen the provision of condoms [male/female] and lubes.
7. Appropriate disaggregation of data is important within the HIV statistics eg: transgender women sex workers
8. Although there is a 100% increase in the Northern Division, there is a need to focus target interventions amongst KAP’s in the other two divisions.
9. Ministry of Youth & Sports to be part of the WAD Committee
10. There is a need to have a monitoring system in place on condom accessibility
LAUNCH OF THE IBBS REPORT FOR SEX WORKERS IN FIJI & IBBS REPORT FOR MSM IN FIJI

AUGUST 2014

“I do believe that if we continue working together involving key populations such as sex workers, MSM, transgenders and people living with HIV, Fiji will end AIDS by 2030.” HE Ratu Epeli Nailatikau, President of the Republic of Fiji

The above research is the first large scale quantitative research on sex workers in Fiji. The outcome of the research has enabled key partners and implementers to understand the nature and extent of sex work in Fiji, rates of HIV and STI infection among sex workers and their knowledge and behavior around safer sex practices.

Following the endorsement of the research study by the HIV/AIDS Board, a consultative meeting was convened targeting all key stakeholders to discuss the way forward in implementing the recommendations to bridge those gaps that were identified in the study. The consultative meeting had representatives from the academic institution [FNU], government agencies including SG’s Office, Defense Department, Education Department & MoHMS. There were representatives as well from the key populations including SANFiji, Haus of Kameleon and Rainbow Pride Fiji.

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7 Unaidsap, UNAIDS, 18th July 2014
8 Integrated Biological Behavioral Surveillance Survey & Size Estimation of sex Workers in Fiji: HIV Prevention Project; 2014 – Pg 7
At the end of the consultations the following were recommended including the launch of the study and the establishment of a taskforce to coordinate the process of implementing the recommendations:

a) In future studies, it is important to investigate also on the number of pregnancies and abortions experienced by the sex workers,

b) A multisectoral approach is important in moving the strategies forward,

c) Recommendations from both IBBS studies [MSM & Sex Workers] needs to be merged together and an action plan needs to developed to address the recommendations from both studies,

d) Actions identified from the plan needs to be clear and is ensured that it is addressed at different levels [policy and political and also at the operational level],

e) It is important to understand the targeted population that the awareness program will be conducted to [eg: young people <20yrs]. With the sex workers population, awareness conducted must be targeted not only for the sex workers but also for their clients,

f) The term decriminalizing sex work in the report should be replaced with the term “regularizing sex work,”

g) There is a need to have proper referral systems especially for in-school youths,

h) There is a need to address sexual health issues both in-school youths and the out of school youths,

i) Program implementers need to have a consensus definition on the term “youth”

j) There is a need to have psychosocial support for the sex workers population especially when there are experiences of rape from clients,
Prevention of mother to child transmission of HIV has contributed to the reduction in the number of vertical transmission in Fiji. There has been an increasing focus on prevention of parent to child transmission (PPTCT) with the provision of HIV testing to pregnant women attending antenatal clinics (ANCs). Globally, new HIV infections among children have fallen by 58% since 2001⁹ and we have also seen a reduction of new HIV infections in children locally with the introduction of PPTCT and the inclusion of Option B plus.

PPTCT in Fiji has come a long way since the beginning more than 10 years ago. The health facility services have changed significantly. There wasn’t treatment before for mothers who were HIV positive but since the program of PPTCT came into the picture HIV positive families are able to have children who are negative for HIV.¹⁰ There are so many success stories in the country as evidence to the PPTCT program.

In 2014, a total of 9 trainers were trained in the PPTCT TOT program and 35 (Central/Eastern & Northern Division) HCW were trained as PPTCT Practitioners. These trainings were facilitated by our trained PPTCT trainers within the Ministry.

Apart from the PPTCT Program, Empower Pacific has also been assisting in facilitating the VCCT Training for 2014 targeting the GPs and the clinicians at the Suva Private Hospital [SPH].

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The 2014 Annual Review Meeting with the 2015 HIV Activity Work Plan Meeting was coordinated and also facilitated by the National HIV M&E TWG. This was a 3 days consultative meeting which included all key partners in the HIV Response namely from:

<table>
<thead>
<tr>
<th>Government Agencies</th>
<th>CSO’s, NGO’s &amp; KAP</th>
<th>Donor Agencies as Technical Advisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoHMS</td>
<td>FRCS</td>
<td>UNAIDS</td>
</tr>
<tr>
<td>MWCPA</td>
<td>RHFAF</td>
<td>WHO</td>
</tr>
<tr>
<td>Min of I-Taukei Affairs and the Board</td>
<td>Empower Pacific</td>
<td></td>
</tr>
<tr>
<td>MYS</td>
<td>SANFiji</td>
<td></td>
</tr>
<tr>
<td>MoE &amp; NSAAC</td>
<td>Haus of Kameleon</td>
<td></td>
</tr>
<tr>
<td>NTBP</td>
<td>FJN+</td>
<td>Rainbow Pride Fiji</td>
</tr>
</tbody>
</table>
The meeting was officiated by the CEO HIV/AIDS Board and the PS Youth & Sports [Mr. Josefa Sania] closed the 3 days consultations after the 2015 work plan was presented.
In addition to the highlights above, the divisions and sub divisions also had achievements with regards to their HIV programs. These were coordinated and facilitated by the Hub Centres including the HIV PAs, the HIV advocates and also the peer educators with the support from their sub divisional and divisional managers.

Below are some images of highlights captured at sub divisional and divisional level from the candlelight vigil program, VCCT outreach, awareness programs to youths and FBO’s, lab trainings [PIMA machines], etc.
Recommendations

The HIV/AIDS Board has made progress in 2014 as noted in its achievements. The country as a whole cannot be complacent as yet until we are out of the woods. As Mandella states and quoted, “I have walked that long road to freedom. I have tried not to falter; I have made missteps along the way. But I have discovered the secret that after climbing a great hill, one only finds that there are many more hills to climb. I have taken a moment here to rest, to steal a view of the glorious vista that surrounds me, to look back on the distance I have come. But I can rest only for a moment, for with freedom comes responsibilities, and I dare not linger, for my long walk is not yet ended.”

To strengthen and improve the response to HIV/AIDS, there is a need to;

1. Scale up an integrated approach to SRH and HIV prevention, testing, treatment and care. There is a need to close the gap between those people who know their HIV status and those who don’t.
2. Strengthening the HIV prevention, treatment and care program for the key populations especially amongst sex workers, transgenders and MSM
3. Improve access to HIV and STI testing and treatment to the community
4. Address stigma and discrimination faced by our key population and improving access to health services
5. Strengthen the SHC component of the HIV response as Mandela states, “If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.”
6. Increase domestic funding to support the HIV response especially for the community based organisations that are currently relying on donor funds.
7. Ensure that programs or activities conducted are a people centred approach.

Conclusions

The HIV/AIDS Board has been continuously guided by the HIV/AIDS Decree with its decision making and response to HIV & AIDS. With its endorsed SOP and also the assistance of its CEO, the Board has a strategic vision with the HIV response.

In order to conquer HIV/AIDS, considerably greater efforts and resources will be required. It is important that domestic funding for HIV/AIDS programs is increased to assist HIV implementers in fighting this epidemic.

Complacency can be a threat if we don’t work together to continue to respond to HIV appropriately – especially when it is not really the biggest cause of death in the region. There is a risk that decision makers and implementers will become complacent and neglecting HIV will be a grave mistake. This will definitely burden the country for many generations in the future.

The AIDS epidemic in Asia and the Pacific is claiming about 250,000 lives and infecting and estimated 350,000 people with HIV annually.

13 Investing for Results, UNAIDS 2015 [page 46]
14 Investing for Results, UNAIDS 2015 [page 46]
Fiji has had successes along the way in the HIV response. We have fallen and we have stood up learning from our mistakes. There is a need for us to focus on proven prevention programs in areas where there are more HIV infections. With the proven data we have, we need to target our youths and young adults. But we must also not forget the other key populations. We must not leave anyone behind in this HIV response.
**HIV/AIDS Board Financial Statement**

**Narrative Description on Financial Statement:**

**Grant Aid:** there is an allocated amount [commitment from government] to the HIV/AIDS Board through the consolidated fund in the Health ministry that financially supports the activities of the Board.

**Administration:** all administrative work carried out by the CEO on behalf of the Board including office equipment [computers], travelling costs to meetings and trainings, etc.

**Board Meetings:** Board Logistics which includes refreshments, stationeries for meetings

**Trainings:** this includes trainings conducted throughout the country either at national or divisional level. It covers meal allowances, accommodations, travelling expenses, etc.

**Divisional Support:** to assist the divisions with their divisional plans, each division [Western, Northern, Central Eastern] is allocated a sum of $20,000.00FJD. This is given in portion [50%] on the 1st 6months and the remaining 50% in the last two quarters of the year provided acquittals are submitted.

**Testing Reagents:** reagents for HIV testing are procured for the laboratories through Mataika House.
# HIV/AIDS Board Income Statement for the Year Ending December 2014 [FJD]

## Income Received

<table>
<thead>
<tr>
<th>Income Received</th>
<th>Total Received</th>
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<tbody>
<tr>
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<td><strong>$300,000.00</strong></td>
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## Expenditures

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Total Expenditure</th>
</tr>
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<tbody>
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<td>Prevention</td>
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</tr>
<tr>
<td>CoC</td>
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<tr>
<td>Governance &amp; Coordination</td>
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<td>M&amp;E/Research</td>
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<tr>
<td>Admin</td>
<td>42,077.65</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$339,203.45</strong></td>
</tr>
</tbody>
</table>
**ANNEX 1: NATIONAL MONITORING & EVALUATION TWG ToR**

**Introduction:**

The scale and increased complexity of HIV programs in Fiji for the past decade has enhanced the need for data and progressive monitoring of activity implementation. This will assist in strategic decision-making and demonstrate progress towards targeting the international and local goals and targets, such as the Millennium Development Goals [MDGs], the strategic vision of the 3 zeros by 2015 and also the STI & HIV National Strategic Plan. To achieve these targets, the HIV program needs a strong and functional monitoring and evaluation [M&E] system and a technical working group to report accurate, timely and comparable data that can be used to strengthen programs and gain financial support.

**Basic Principles of Monitoring & Evaluation:**

**Monitoring** is the systematic collection and analysis of information as a project progresses. It is aimed at improving the efficiency and effectiveness of activities implemented and is based on targets set and activities planned during the planning phases of work. It helps to keep the work on track, and can let management know when things are going wrong. If done properly, it is an invaluable tool for good management, and it provides a useful base for evaluation. It enables you to determine whether the resources you have available are sufficient and are being well used, whether the capacity you have is sufficient and appropriate, and whether you are doing what you planned to do (see also the toolkit on *Action Planning)*.

**Evaluation** is the comparison of actual project impacts against the agreed strategic plans. It looks at what you set out to do, at what you have accomplished, and how you accomplished it. This can either be formative or summative.

A comprehensive M&E plan is necessary for all monitoring and evaluation activities within the STI & HIV National Strategic Plan in order to answer the following questions:

- What indicator information is to be collected and how often it should be collected;
- The source and the reason for information collection;
- Baselines;
- Targets and assumptions;
- How the information is to be analyzed and how often reports are to be developed and disseminated on the evolution of these indicators to better understand the stakeholders’ performance.

To develop an M&E work plan and having this plan implemented, the establishment of a functional M&E technical working group is important.
Goals of Establishing an M&E working group:

The established M&E working group will develop a workable M&E work plan and implement this work plan to monitor and evaluate progressive activities within the HIV response.

Objectives

The objectives of the HIV and AIDS M&E Working Group include, but are not limited to:

2. Strengthen and build capacity in M&E at national level to enable quality tracking of progress on implementation of interventions for HIV and AIDS
3. Identify and address data and information gaps on HIV and AIDS including the key affected populations and outlining an agenda to address them;
4. Convene ad-hoc sub-working groups (SWG), as needed to address specific M&E issues HIV & AIDS and its key affected populations
5. Identify mechanisms of disseminating data including information on best practices and lessons learnt
6. Disseminate data with all relevant stakeholders information
7. Collaborate with other working groups and the secretariat of the HIV/AIDS Board to support the implementation of the NSP.

Membership

Members to include the following government agencies and civil society representatives:

1. Fiji Network Plus [FJN+]
2. Survival Advocacy Network [SAN]Fiji
3. Reproductive Family Health of Fiji [RFHAF]
4. Ministry of Education [NSAAC]
5. Faith Based Group & Media
6. Ministry of Health [National Level]
7. HIV/AIDS Board Member
8. M&E Officer - GMU
9. UNAIDS – Technical Assistance [in attendance]

Individuals may be invited as members or to contribute to specific activities in the work plan based on their relevant technical expertise.

Roles and Responsibilities of Members

Within the M&E framework, the HIV & AIDS M&E Working Group members are expected to:
• Develop an M&E toolkit to monitor and evaluate the implementation of the National HIV work plan.
• Develop an M&E work plan including logistics to implement the plan
• Facilitate training per division on the National HIV M&E Framework and concepts of M&E to stakeholders.
• Monitor & evaluate implementation of the National HIV Work plan using the M&E tool kit and the M&E framework as a guide.
• Identify gaps from evaluation results of implemented activities and identify strategies in addressing these gaps to improve the country’s response to HIV.
• Ensure linkages, harmonization, coordination and resource mobilization, and tracking of progress of activities.
• Submit quarterly progressive reports to the HIV/AIDS Board through the CEO HIV/AIDS Board as information
• Attend M&E Working Group meetings and actively participate in and contribute to other working groups.
• Conduct Site visits biannually to divisions to monitor progress of activities as per progressive reports, identify and provide recommendations to the Board [through the CEO HIV/AIDS Board] areas that needs strengthening.

Meetings

The M&E Working group will need to meet quarterly [before the HIV/AIDS meeting] to report on progress of planned activities, discuss future priority areas, and plan strategically to advance the approved annual work plan. Other communication between meetings will be through email.

Chairperson:

A member of the HIV/AIDS Board will chair the working group as per HIV/AIDS Decree. The assistant chair will be nominated by the working group for an agreed period of time.

Secretariat

Ministry of Health will act as the M&E Working Group Secretariat, with the primary role of facilitating communication between the working group members and external institutions and/or individuals.

• Work Plan

Time bound activities, outputs and outcomes will be agreed, developed, and reported on during the M&E Working Group Meetings. Routine progress will be monitored through updates on mails, and meetings.

MEETING INFORMATION
Meeting Detail: HIV/AIDS Board 1st Meeting 2014
Location: Main Conference Room, Level 3, Ministry of Health Headquarters, Amy Street, Toorak, Suva.
Date: 19th February, 2014
Time: 10.00am

1.0 WELCOME

2.0 APOLOGIES

3.0 ADOPTION OF AGENDA

4.0 APPROVAL OF MINUTES OF BOARD MEETING HELD AT 10.00AM ON THE 27TH JUNE, 2013 AT THE MINISTRY OF HEALTH HEADQUARTERS MAIN CONFERENCE ROOM.

5.0 MATTERS ARISING FROM LAST BOARD MEETING [ACTION SHEET WITH UPDATES ATTACHED]

6.0 UPDATES

6.1 Fiji National Statistics on HIV/AIDS [PowerPoint Presentation]

7.0 DISCUSSION PAPER
7.1 Standards of Practice for National HIV/AIDS Board
7.2 HIV/AIDS Board Activity Workplan
7.3 Fiji National Blood Services Guideline & Donor Information

8.0 INFORMATION PAPER
8.1 HIV Care & Antiretroviral Therapy Guideline
8.2 Fiji Policy on Prevention of Parent to Child Transmission
8.3 Template on STI/HIV Reporting [Draft]
8.4 TB/HIV Policy

9.0 REPORTS
9.1 HIV/AIDS Board Budget Report
9.2 HIV/AIDS Activity Workplan Meeting
9.3 Laboratory Report – Baseline Assessment of Sites at Sub Divisional Level Hospitals – New HIV Algorithm Confirmatory Test
9.4 ICASA 2013

10.0 OTHER MATTERS

11.0 DATE OF NEXT MEETING

MEETING INFORMATION
Meeting Detail: HIV/AIDS Board 2nd Meeting, 2014
Location: Main Conference Room, Level 3, Ministry of Health Headquarters,
Amy Street, Toorak, Suva.
Date: 26th June, 2014
Time: 1000hrs – 1200hrs

1. WELCOME
2. APOLOGIES
3. ADOPTION OF AGENDA
4. CORRECTION AND CONFIRMATION OF MINUTES OF BOARD MEETING HELD ON THE 19TH FEBRUARY, 2014
5. MATTERS ARISING FROM LAST BOARD MEETING
6. UPDATES
   6.1 Fiji National Statistics on HIV/AIDS [PowerPoint Presentation]

7.0 DISCUSSION PAPER
7.1 Fiji National Blood Services Guideline & Donor Information Page 1
7.2 HIV/AIDS Board SOP Page 2
7.3 Terms of Reference – M&E Working Group Page 3

8.0 INFORMATION PAPER
8.1 IBBS Survey – Men Having Sex with Men [MSM] Page 4
8.2 Fiji Policy on Prevention of Parent to Child Transmission Page 5
8.3 No One Left Behind: Universal Access to Prevention & Treatment Page 6
And Resource Needs in the Post 2015 era

9.0 REPORTS
9.1 HIV/AIDS Board Budget Report Page 7
9.2 HIV & AIDS Annual Report Page 8
9.3 WAD 2013 Report [WAD Chairman] Page 9

10.0 OTHER MATTERS

11.0 DATE OF NEXT MEETING: 24th September, 2014 at 10am
# ANNEX 4: HIV/AIDS Board Agenda for 2013 2nd Board Meeting – 26th June, 2014

## Meeting Information

<table>
<thead>
<tr>
<th>Meeting Detail</th>
<th>HIV/AIDS Board 3rd Meeting, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Main Conference Room, Level 3, Ministry of Health Headquarters, Amy Street, Toorak, Suva.</td>
</tr>
<tr>
<td>Date</td>
<td>24th September, 2014</td>
</tr>
<tr>
<td>Time</td>
<td>1000hrs – 1200hrs</td>
</tr>
</tbody>
</table>

## 1.1 Welcome

## 5.0 Apologies

## 6.0 Adoption of Agenda

## 7.0 Correction and Confirmation of Minutes of Board Meeting Held on the 26th June, 2014

## 7.0 Matters Arising from Last Board Meeting

## 8.0 Updates

6.1 Fiji National Statistics on HIV/AIDS [PowerPoint Presentation]

## 7.0 Discussion Paper

7.1 Outcome of the Meeting on the IBBS Survey Report for Sex Workers in Fiji  
7.2 Mid-Year Review Meeting Report  
7.3 HIV in the Workplace Policy [3]  
7.4 HIV/AIDS Board Budget Report

## 8.0 Information Paper

8.1 HIV Algorithm Baseline Assessment Report
8.2 PIMA Machine Training Report

## 9.0 Other Matters

## 10.0 Date of Next Meeting: 17th December, 2014 at 10am
REFERENCES


2 Government of Fiji HIV/AIDS [Amended] Decree 2011, Part 2, Section 7(1a-h)

3 Government of Fiji HIV/AIDS [Amendment] Decree 2011, Part 2, Section 16(1)

4 HIV/AIDS [Amendment] Decree 2011, Part 2 Section 16(1)

5 2011 UN General Assembly Political Declaration on HIV & AIDS: Mid-term review report of the “Ten Targets” in Fiji Islands, 31st May, 2013


7 2011 UN General Assembly Political Declaration on HIV & AIDS: Mid-term review report of the “Ten Targets” in Fiji Islands, 31st May, 2013

8 Confidential Report: IBBS Survey and Size Estimation of Sex Workers in Fiji: HIV Prevention Project. Commissioned by UNAIDS Pacific Office and MoH with assistance from FNU.

9 Fiji Ministry of Health, December 2013, Centre for Disease Control

10 Fiji Ministry of Health, December 2013, Centre for Disease Control


12 UNAIDS, AIDS by the Numbers December 2013