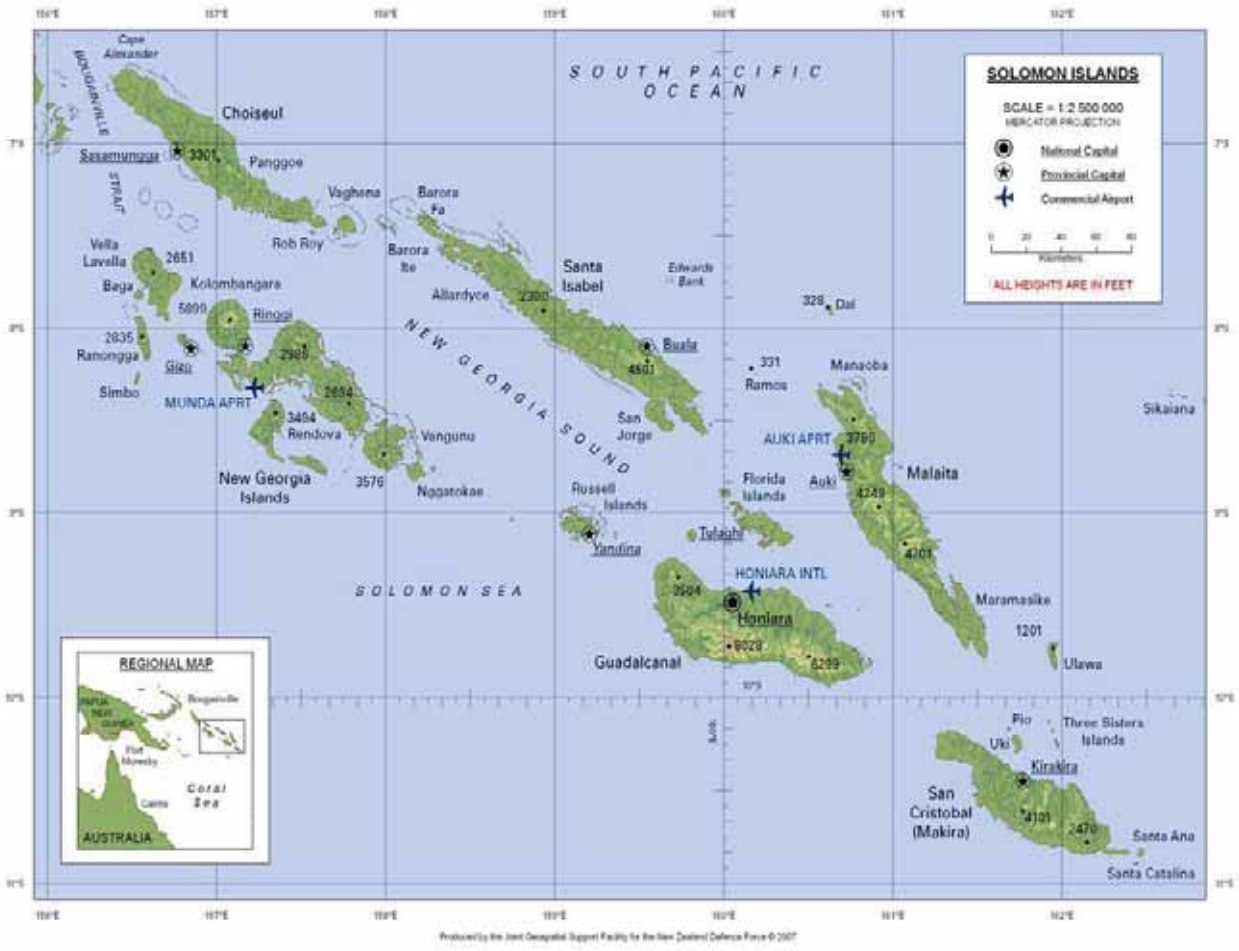
SOLOMON ISLANDS
GLOBAL AIDS RESPONSE PROGRESS REPORT 2012
Toward achievement of the 2011 Political Declaration on HIV/AIDS

Reporting period: January 2010–December 2011



Map of Solomon Islands

ACRONYMS

ACOM	Anglican Church of Melanesia
AIDS	Acquired immune deficiency syndrome
AHD	Adolescent Health Development
ANC	Ante Natal Care
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavioral Change Communication
CD4	CD4+ T lymphocyte
EVA/YP	Especially Vulnerable Adolescents and Young People
HCC	Honiara City Council
HIS	Health Information System
HIV	Human immunodeficiency virus
HSSP	Health System Strengthening Programme
IDU	Injection Drug Use
KAP	Knowledge, Attitude and Practice
MOE	Ministry of Education
MARA/YP	Most-at-Risk Adolescents and Young
MSM	Men who have sex with men
MWYCA	Ministry of Women Youth and Children Affairs
NGO	Non-Governmental Organization
NSP	National Strategic Plan
PIC	Pacific Island Countries
SIDT	Solomon Islands Development Trust
SIPPA	Solomon Islands Planned Parenthood Association
SGS	Second Generation Surveillance
SPC	The Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
STI	Sexually-Transmitted Infections
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint UN Organization on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
VCCT	Voluntary Confidential Counseling and Testing
YFS	Youth Friendly Services
YFHS	Youth Friendly Health Services
YWCA	Young Women Christian Association

Contents

I. Status at a glance

a) Inclusiveness of the stakeholders in report writing process

This report provides the most current available information on the HIV/AIDS epidemic and response in Solomon Islands for the years 2010 and 2011, with the aim of tracking the country's progress towards achievement of the 2011 Political Declaration on HIV/AIDS. The report was prepared by the Government of the Solomon Islands led by the Ministry of Health and Medical Services HIV/AIDS Unit and the Solomon Islands National AIDS Council (SINAC). Clinical and policy staff of the HIV/STI Unit, government and civil society stakeholders, faith based organisations, people living with HIV, and multilateral and bilateral development partners contributed at various stages of the preparation process, particularly during data collection, report development and review.

A Global AIDS Response Report briefing consultation was convened by SINAC in February 2012 to establish engagement in the reporting process. Fifteen participants from eleven civil society organisations, government departments and multilateral organisations attended. Two additional workshops with government and civil society stakeholders were convened to complete the National Commitments and Policy Instruments.

Compilation of the report was conducted by the HIV/STI Unit within the Ministry of Health and Medical Services, with support from a consultant. A report validation workshop was held in March 2012 to review and endorse the findings.

b) Status of the epidemic

Solomon Islands is classified as a low HIV prevalent country with an estimated HIV prevalence of 0.002% of the total population. Overall HIV prevalence has remained unchanged since 2010. Since the first reported case in 1994, a cumulative total of 17 HIV positive cases have been confirmed as of December 2011. Seven people have died of AIDS related causes.

There were four newly diagnosed HIV infections during the reporting period, two each in 2010 and 2011. Three of the four people diagnosed during were symptomatic with AIDS, one of whom died of AIDS related causes in 2010. Ten people are currently living with HIV, nine of whom are women.

There are no known cases of pediatric HIV. Three children have been born (prior to 2010) to women living with HIV but none have been tested and the children's HIV status is not known. During the reporting period, the country did not have the capacity to do virological tests on infants born to women infected with HIV because blood sample storage requirements for reference laboratories in Australia were not able to be met by the country.[1]

Eight of the people currently living with HIV (PLHIV) are on antiretroviral treatment. Two HIV positive people are not taking antiretroviral therapy for reasons attributed to fear of stigma and discrimination.

Based on available data from the National Serology Laboratory, the MHMS estimates that approximately 0.2% of Solomon Islanders know their HIV status and consider the number of known infections to be

[1] In 2012, the children will be able to be screened for HIV using rapid tests.

underestimated. In 2010, only 9% of pregnant women had an HIV test. Data is not available to determine how many women also got their results.

There is an increasing rate of other sexually transmitted infections (STI) in the country.[2] Rapid testing, voluntary confidential counseling and testing (VCCT) and prevention of parent to child transmission (PPTCT) are more available since 2010, with services being offered at 25 sites throughout the country (three sites affiliated to an NGO, one located in a company clinic, and 22 based at public hospitals and clinics). However, at the end of 2011, there were no sites that offered same visit testing services and accessibility to and availability of HIV testing remains insufficient.

There has been uneven progress toward strengthening the enabling environment for HIV during 2010 and 2011. National level political change during the reporting period has had an impact on leadership championing the response. Activities to develop HIV-related legislation were advanced; however, no laws have been finalized to date. Laws that discriminate against men who have sex with men and sex workers continue to impede prevention efforts. Social and cultural norms, including gender inequality, contribute to HIV vulnerability, particularly of women and girls.

Treatment services in Solomon Islands are decentralized and available through four health facilities in the provinces where people living with HIV reside. The National Pharmacy is the only provider of anti-retroviral therapy, which it dispenses through the national pharmaceutical distribution system to provincial hospitals. At the end of 2011, eight people living with HIV were receiving ART.

There are challenges to providing care, treatment and support services to people living with HIV. Stigma and discrimination and limitations on mobility due to geography and cost of transport for PLHIV are among the primary barriers to treatment, care and support.

c) The policy and programmatic response

The Solomon Islands National AIDS Council (SINAC) coordinates the national HIV response. The Ministry of Health and Medical Services, through the HIV & STI Unit, implements the government's programmes, including clinical training of health providers and counselors, and coordination of treatment and care. HIV prevention and awareness programs are delivered in partnership with a wide group of international and national NGOs, multilateral agencies, churches and community based organisations.

The Ministry of Health and Medical Services National Health Strategic Plan has specifically included the HIV Program in its 8th Substantive Health Policy; the health sector and health-related sectors will reduce the most important causes of the disease burden which are feasible to reduce with cost-effective interventions and services. The government has set a strategy for achieving "better HIV and AIDS prevention" through "building capacities at the national and provincial level to train staff on guidelines and services that supports the national HIV and AIDS response".

The country's first National Multi-Sectoral Strategic Plan for HIV and AIDS 2005-2010 was developed in 2004 with its guiding principles for implementation drawn from the Constitution and existing government policies and reports. The Plan was reviewed in 2010 through a participatory consultation process involving more than five national and provincial level workshops and an inclusive group of stakeholders involved in

[2] Ministry of Health, Health Information System (HIS)

the response. A new National Strategic Plan 2011-2015 was developed and a draft prepared in 2010-11 through an extensive and highly participatory process, but it is yet to be finalized.

There is strong program commitment and leadership among civil society stakeholders, who primarily implement prevention activities. Several organisations are making commendable progress in working with hard to reach groups, including sex workers and men who have sex with men. Prevention has targeted young people, taxi drivers, clients and employees at hotel and entertainment establishments, industry employees at logging and mining sites and other bigger companies, and to the extent possible, men who have sex with men and sex workers. Overall, there is consensus on the principles of partnership and using a human rights approach across government and civil society stakeholders in responding to the epidemic.

d) Overview of Global AIDS Response Progress indicators

Evidence of progress against the GAP indicators is derived primarily from the findings of routine clinical and program monitoring data collected by the MHMS HIV and STI Unit, the MHMS Health Information System, the National Serology Laboratory, and a special behavioral survey among youth conducted in 2008 by UNICEF and the MHMS. Solomon Islands is a low data setting and ensuring information is reliable, rigorously recorded, and inclusive is a persistent challenge.

Solomon Islands is providing information on 26 out of 49 indicators in the seven target areas. Every attempt has been made to provide accurate data against the selected relevant indicators, and the data in the report provides a good indication of the response to HIV and AIDS in Solomon Islands. However, in many cases, sufficient data has not been collected, particularly on most at risk populations, or collated to allow for sex and age disaggregation or the construction of composite indicators. This has meant that some or no data was available for some relevant indicators. For five indicators (indicators 1.5, 1.6, 1.16, 1.17, and 3.11) data is derived from Honiara only, as comprehensive national data was not available.

e) Indicator data

TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
1.1	Young People: Knowledge about HIV Prevention Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Topic relevant, indicator relevant, data available	32% of the respondents had comprehensive knowledge of HIV in answering all 5 questions with the correct answer. Disaggregated data for all of the individual questions was not available. Data for some of the questions demonstrates a high level of knowledge, as shown below: 1. 78% of respondents knew that HIV transmission could be reduced by having sex with only one uninfected partner who has no other partners 2. 76% knew that a person could reduce the risk of getting HIV by using a condom every time they have sex 3. 78% of respondents knew they could not get HIV from mosquito bites 4. 93% knew that they could not get HIV from sharing food with someone who is infected. Respondents were also asked whether they believed a healthy looking person could have HIV, which was used to calculate the composite indicator, however, this data was not collated and presented in the study findings.	Special Behavioural Survey- KAP Survey in Youth[3] (sample of 604 young people aged 15-24 from three Solomon Islands provinces plus Honiara)

[3] Bad Sickness/Rubbish Sicki, UNICEF 2010

TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
1.2	Sex Before the Age of 15 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Topic relevant, indicator relevant, data available	15% of young women and men had sex before the age of 15. The youngest age of sexual debut was 7 years. Sex disaggregated data for this indicator is not available.	Special Behavioural Survey- KAP Survey in Youth[4] (sample of 362 young people from three provinces in Solomon Islands plus Honiara)
1.3	Multiple sexual partners Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Topic relevant, indicator relevant, data not available	Solomon Islands is unable to report on this indicator as national data are not available.	N/A

[4] Ibid.

TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
1.4	Condom Use During Higher Risk-Sex Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse	Topic relevant, indicator relevant, data available	32.8% of women and men aged 15-24 used a condom during last high risk sex. 37.9% of males and 28.4% of female.	Special Behavioural Survey- KAP Survey in Youth[5] (sample of 592 young people from three provinces in Solomon Islands plus Honiara)
1.5	HIV Testing in the General Population Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	Topic relevant, indicator relevant, data available	Solomon Islands is unable to report on this indicator as national data are not available.	N/A
1.6	Reduction in HIV Prevalence Percentage of young people aged 15-24 who are living with HIV	Topic relevant, indicator relevant, data available	There are no young people aged 15-24 who are living with HIV. Data derives from Honiara City Council Clinics only. Out of 431 ANC attendees who had a HIV test, none tested positive for HIV.	National Laboratory Services data

[5] Ibid.

TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
1.7	Sex Workers: Prevention programmes Percentage of sex workers reached with HIV prevention programmes	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on sex workers.	N/A
1.8	Sex Workers: Condom Use Percentage of sex workers reporting the use of a condom with their most recent client	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on sex workers.	N/A
1.9	Sex Workers: HIV Testing Percentage of sex workers who received an HIV test in the past 12 months and know their results	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on sex workers.	N/A
1.10	Sex Workers: HIV Prevalence Percentage of sex workers who are living with HIV	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on sex workers.	N/A
1.11	Men who have sex with men: Prevention programmes Percentage of men who have sex with men reached with HIV prevention programmes	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on MSM.	N/A

TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
1.12	Men who have sex with men: Condom Use Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on MSM.	N/A
1.13	Men who have sex with men: HIV Testing Percentage of men who have sex with men who received an HIV test in the past 12 months	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on MSM.	N/A
1.14	Men who have sex with men: HIV Prevalence Percentage of men who have sex with men risk who are living with HIV	Topic relevant, indicator relevant, data not available	There is no behavioural survey data on MSM.	N/A
1.15	Number of health facilities that provide HIV testing and counselling services	Topic relevant, indicator relevant, data available	26 of the 355 health facilities in Solomon Islands provide HIV counselling and testing services. 22 are public and 4 are run by business and NGOs.	Health Information System data and HIV Unit data, Ministry of Health
1.16	HIV Testing in 15+ (from programme records)	Topic relevant, indicator relevant, data available	Based on programme records from Honiara City Council Clinics, 87.7% of women aged 15 and older who received HIV testing and counselling in the past 12 months and received their results.	Program records/ HIV Unit, Ministry of Health

TARGET 1: HALVE SEXUAL TRANSMISSION OF HIV BY 2015				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
1.17	Sexually Transmitted Infections (STIs) Percentage of women accessing antenatal care who tested for Syphilis at first ANC visit.	Topic relevant, indicator relevant, data available	The number of women who attended their first visit and were tested for syphilis is based on data from the capital territory of Honiara; 48.1% women who attended their first ANC visit had a test for Syphilis. Of those tested, 6.7% were positive. 2010 data was not available. Data for specific sub-populations (men who have sex with men and sex workers) were not available.	

TARGET 2: REDUCE TRANSMISSION OF HIV AMONG PEOPLE WHO INJETC DRUGS BY 50% BY 2015				
Indicator		Indicator relevance	Indicator data	Data source
2.1	People who inject drugs: Prevention Programmes	Topic not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A
2.2	People who inject drugs: Condom Use	Topic not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A
2.3	People who inject drugs: Safe Injecting Practices	Topic not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A
2.4	People who inject drugs: HIV Testing	Topic not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A
2.5	People who inject drugs: HIV Prevalence	Topic not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A
2.6	Opiate users	Topic not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A
2.7	NSP and OST sites	Topic not relevant	Injecting drug use is not an established mode of HIV transmission in Solomon Islands and therefore this indicator is not relevant to the country.	N/A

TARGET 3: ELIMINATE MOTHER-TO-CHILD TRANSMISSION OF HIV BY 2015 AND SUBSTANTIALLY REDUCE AIDS-RELATED MATERNAL DEATHS.				
Indicator		Indicator relevance	Indicator data	Data source
3.1	Prevention of Mother-to-Child Transmission	Topic relevant, indicator relevant, data available	No pregnant women were diagnosed with HIV infection.	Numerator from ANC/PMTCT registers only
3.2	Early Infant Diagnosis	Topic relevant, indicator relevant, data available	There were no HIV-positive women who delivered in the reporting period.	N/A
3.3	Mother-to-Child transmission rate (modelled)	Topic relevant, indicator relevant, data not available	The Ministry of Health does not use the statistical method used in the calculation of this indicator.	N/A
3.4	Pregnant women who know their HIV status	Topic relevant, indicator relevant, data not available	No pregnant women were diagnosed with HIV Infection.	N/A
3.5	Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	Topic relevant, indicator relevant, data available	Data is only available for 2010. Of the 11,414 women who had first visits to ANC, no partners were tested for HIV.	PPTCT data from clinics
3.6	Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	Topic relevant, indicator relevant, data available	There were no pregnancies to PLHIV during the reporting period.	HIV Unit data
3.7	Infants born to HIV-infected women receiving ARV prophylaxis for prevention of Mother-to-child-transmission	Topic relevant, indicator relevant, data available	There were no babies born to PLHIV during the reporting period.	ANC data

TARGET 3: ELIMINATE MOTHER-TO-CHILD TRANSMISSION OF HIV BY 2015 AND SUBSTANTIALLY REDUCE AIDS-RELATED MATERNAL DEATHS.				
Indicator		Indicator relevance	Indicator data	Data source
3.8	Infants born to HIV-infected women who are provided with ARVs to reduce the risk of HIV transmission during breastfeeding	Topic relevant, indicator relevant, data available	There were no babies born to PLHIV during the reporting period.	ANC and Clinical data
3.9	Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	Topic relevant, indicator relevant, data available	There were no babies born to PLHIV during the reporting period.	ANC and clinical data
3.1	Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit	Topic relevant, indicator relevant, data available	There were no babies born to PLHIV during the reporting period.	HIV unit
3.11	Number of pregnant women attending ANC at least once during the reporting period	Topic relevant, indicator relevant, data available	In 2010, 11,414 pregnant women attended an ante natal clinic at least once.	National Health Information System data, Ministry of Health
3.12	Number of health facilities that also provide CD4 testing on site, or have a system for collecting and transporting blood samples for CD4 testing for HIV-infected pregnant women.	Topic relevant, indicator relevant, data available	Nationally, 328 health facilities provide ANC services and of these, 3 sites provide a system for collecting and transporting blood samples. There is CD4 equipment in one site. The country does not have virological testing capacity for diagnosis by polymerase chain reaction (PCR). Since 2010, the country has had the capacity to use dried blood spot testing.	National Health Information System and HIV unit data, Ministry of Health

TARGET 4: HALVE 15 MILLION PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL TREATMENT BY 2015.				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
4.1	HIV Treatment: Antiretroviral Therapy Percentage (%) Percentage of eligible adults and children currently receiving antiretroviral therapy	Topic relevant, indicator relevant, data available	During the reporting period, there were a total of ten people living with HIV, eight who were enrolled in ART treatment. Two people were diagnosed with HIV in 2010 and two in 2011. Of the four, two people initiated ART and one person died before starting treatment. One PLHIV was unable to be assessed due to fear of community stigma and discrimination, and therefore has not had access to ART.	Antiretroviral Therapy Patient Registers and ANC estimates
4.2	HIV Treatment: 12 Months retention Percentage (%) Percentage of adults and children with HIV known to be on treatment 12 months after initiating antiretroviral therapy	Topic relevant, indicator relevant, data available	In 2010, only one PLHIV initiated ART and the person is still alive after 12 months.	Antiretroviral Therapy Patient Registers
4.2b	HIV Treatment: 24 month retention Percentage of adults and children with HIV still alive and known to be on treatment 24 months after initiation of antiretroviral therapy (among those who initiated antiretroviral therapy in 2009)	Topic relevant, indicator relevant, data available	There is 100% retention of PLHIV after initiating ART after 24 months.	HIV Unit data

TARGET 4: HALVE 15 MILLION PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL TREATMENT BY 2015.				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
4.2c	HIV Treatment: 60 month retention Percentage of adults and children with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy (among those who initiated antiretroviral therapy in 2006)	Topic relevant, indicator relevant, data available	There is 50% retention of PLHIV after initiating ART after 24 months. Two 2 PLHIV initiated ART, however one PLHIV died during the period.	HIV Unit data
4.3	Health facilities that offer antiretroviral therapy	Topic relevant, indicator relevant, data available	Four health facilities in the Solomon Islands offer ART. Three health facilities are based in the provinces and the National Referral Hospital serves as the fourth.	HIV Unit data
4.4	ART Stockouts Percentage of health facilities dispensing antiretrovirals (ARVs) for antiretroviral therapy that have experienced a stock-out of at least one required ARV in the last 12 months	Topic relevant, indicator relevant, data available	There were no stockouts of ARTs during the reporting period.	National Pharmacy department and STI and HIV Unit data

TARGET 5: REDUCE TUBERCULOSIS DEATHS IN PEOPLE WITH HIV BY 50 PER CENT BY 2015.				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
5.1	Co-Management of Tuberculosis and HIV Treatment Percentage (%) Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	Not relevant	There were no cases of TB/HIV co-infection during the reporting period.	HIV/STI Unit data
5.2	Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB control	Topic relevant, indicator relevant, data available	The four health facilities currently providing ART have demonstrated infection control practices since 2009.	Infection Control unit, National Referral Hospital
5.3	Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT)	Topic relevant, indicator relevant, data available	None of the eight people living with HIV have initiated IPT.	Clinical data from HIV unit
5.4	Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	Topic relevant, indicator relevant, data available	100% of the eight people living with HIV enrolled in HIV care have been screened for TB.	Clinical data, HIV unit, Ministry of Health

TARGET 6: AIDS SPENDING				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
6.1	Domestic and international AIDS spending by categories and financing sources	Indicator relevant to country: Data entered	In 2010 and 2011, total AIDS spending was SBD 12,838,564.00. Funding largely came from international sources.	Ad hoc resource flow survey

TARGET 7: CRITICAL ENABLERS AND SYNERGIES WITH DEVELOPMENT SECTORS				
Indicator		**Indicator relevance**	**Indicator data**	**Data source**
7.1	National Commitments and Policy Instrument	Relevant		National Commitments and Policy Instrument (NCPI) questionnaires
7.2	Prevalence of Recent Intimate Partner Violence (IPV)	Topic relevant, indicator relevant, data available	64% of women who had ever been in a relationship reported having experienced physical or sexual violence from their intimate partners.	Solomon Islands Family Health and Safety Study: A study on violence against women and children
7.3	Orphans and non-orphans school attendance	Topic relevant, indicator not relevant	There are no children between the ages of 10-14 who have been categorised as orphans in Solomon Islands.	N/A
7.4	Economic support for eligible households	Topic not relevant	There was no economic support given to households affected by HIV during the reporting period.	N/A

II. Overview of the AIDS epidemic

f) About Solomon Islands

Solomon Islands is a chain of nearly one thousand islands covering a land mass of 28,896 square kilometres with 5313 kilometres of coastline. The country is divided into nine administrative provinces and one capital territory*, Central, Choiseul, Guadalcanal, Honiara*, Ysabel, Makira, Malaita, Rennell and Bellona, Temotu, Western.

In 2011 Solomon Islands was ranked 142 on the Human Development Index, one of the world's least developed countries, with average life expectancy at birth 67.9.[6] Many people live in isolated communities with poor road access, or on remote islands and coastal villages. In a 2011 survey of perceptions of economic conditions, governance and law and order in Solomon Islands[7], small boats were reported as the most common form of transport in all areas surveyed except Honiara. Solomon Islands' infrastructure, geography and human resources pose significant challenges to the country's health service delivery and HIV response.

Between 1998 and 2003, Solomon Islands endured a period of violent conflict and near-collapse of the state. Since 2003, the Regional Assistance Mission to Solomon Islands (RAMSI), a partnership between the people and Government of Solomon Islands and fifteen contributing countries of the Pacific region, and international development partners have supported the effort to restore peace and stability and re-establish essential public services and the foundation for economic growth. RAMSI continued to support Solomon Islands in 2010 and 2011 and began a transition process for withdrawal from the country.

Solomon Islands most recent Census was carried out in December 2009, with an estimated population of 515,870. Approximately 19.7% of the population lives in urban areas, with a 4.7% urban growth rate. The overall population growth rate is estimated at 2.3%.[8]

Population structure[9]	Solomon Islands
Number of children (<15 years)	**209,463**
Youth population (15-24 years)	**96,542**
Population aged 25-59 years	**182,816**
Older population (60 years and older)	**27,049**
Median age	**19.7**

[6] United Nations Human Development Index, accessed 28 March, 2012 http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf

[7] The RAMSI People's Survey, 2011

[8] Report On 2009 Population & Housing Census, Solomon Islands National Statistics Office

[9] Ibid.

g) Solomon Islands Health System

Solomon Islands' health care system is organized on a five tier system that shapes its formal health services. The National Referral Hospital is the only tertiary institution in the country. There are eleven provincial hospitals and 316 other health facilities in Solomon Islands that are overseen by the Ministry of Health and Medical Services. Four of the eleven provincial hospitals are operated by churches and report to the Ministry, who provide resources and oversight.

Primary health care is delivered through a system comprised of provincial hospitals, area health centres (AHC), rural health clinics (RHC), urban health clinics (UHC), and nurse aid posts (NAP). Doctors are available at eleven health facilities in Solomon Islands; the National Referral Hospital in Honiara along with seven public hospitals and three church operated hospitals in the provinces. There is not a doctor resident in Renbel province.

Registered nurses and nurse aides are the front line clinical personnel in health centers, clinics and aid posts. Area Health Centers typically have between four to five staff (comprised of Registered Nurses or Nurse Aids, and malaria microscopists) and provide the highest clinic level of primary health care, including outpatient and basic inpatient care. There are 30 AHCs, four Urban Health Clinics, and five Sub-Urban Health Clinics in the country. Four of the Urban Health Clinics function as AHCs. Rural Health Clinics have up to two staff and are smaller than AHCs, but provide similar services. There are 109 RHCs in Solomon Islands.

Nurse Aid Posts are small clinics staffed by one Nurse Aid who is typically a member of the community. Nurse Aids provide first aid, basic primary health care activities, emergency birthing and observation of sick patients before they are referred to a higher-level facility. There are 177 NAPs in Solomon Islands.

There are approximately 27 privately run medical clinics in the country, including four run by an NGO, seven privately run clinics and more than fifteen private health care providers. Despite the critical need for comprehensive HIV related data, private health providers (those based in companies and run by private practitioners) are not mandated by any legislation to provide HIV and STI data to the MHMS, and many do not routinely do so. Diagnostic laboratory data captures the number of patients that undergo tests from private practitioners, but private practitioners do not report clinical data on HIV and STI diagnosis, resulting in under reporting.

h) National HIV/AIDS legislation[10]

Discrimination on the grounds of HIV or AIDS status is not unlawful in Solomon Islands and there is no disability discrimination legislation. Section 15 of the Constitution makes discrimination unlawful, but only on the grounds of race, place of origin, political opinions, color, creed or sex. There are very weak legal protections for vulnerable groups and no specific protections for people living with HIV or those assumed to have HIV by reason of their membership of a vulnerable group.

[10] Data in this section is drawn directly from the report, "HIV, Ethics and Human Rights: Review of legislation of Solomon Islands", a Joint Project of the UNDP Pacific Centre, Regional Rights Resource Team, SPC and UNAIDS. March 2009

Homosexual acts (sodomy) are criminalised in Section 160 of the Solomon Islands Penal Code; 'buggery' with another person, the permitting of a person to commit buggery on him or her; and attempts. Section 161 of the Penal Code outlines the lesser offence of 'committing any act of gross indecency' by persons of the same sex. Attempting to procure another person of the same sex to commit an act of indecency is an offence.

Offences relating to sex work in the Solomon Islands Penal Code include 'knowingly living on the earnings of prostitution' (Section153), 'soliciting in a public place for immoral purposes' (Section153), 'aiding, abetting or compelling the prostitution of a prostitute for the purpose of gain' (Section153), 'keeping a brothel' (Section155), and 'permitting premises to be used as a brothel' (Section155).

HIV related policies and legislation were reviewed and development of new legislation initiated during 2010 and 2011. A Legislative Working Group was established to develop an HIV Bill and a study visit to Papua New Guinea with senior officials was undertaken to examine the country's policy and legislative environment.

Two HIV related national policies, Solomon *Islands' HIV Testing Policy* and *Solomon Island's Policy on the Prevention of Parent to Child Transmission of HIV*, were both developed in 2010. Neither policy has yet been officially endorsed by the Ministry of Health and Medical Services Executive Committee. Guidelines on *Establishment of Youth Friendly Clinics, TB/HIV Co-Infection Management, Minimum Standards for HIV Counseling and Testing*, and an *STI Treatment Protocol* were also developed during the reporting period.

i) National strategic plan

The *National Multi-Sectoral Strategic Plan for HIV and AIDS 2005-2010* was developed in 2004. The Plan's guiding principles for implementation were drawn from the Constitution and existing government policies and reports. The Plan identifies priority areas, objectives, strategies, key actors and target groups of people at risk from HIV and AIDS.

Key strategies are categorised under five key results areas (policies):

Policy 1: Reduce risk behavior and vulnerability to HIV and STIs.
Policy 2: Enhance voluntary counseling and testing for HIV as an entry point for confidential prevention and treatment services
Policy 3: Enhance HIV/STI surveillance, treatment, and care
Policy 4: Enhance capacity building for the national HIV response at both the community and institutional level
Policy 5: Ensure sustainable development to create an enabling environment for behavior change, de-stigmatization, and elimination of discrimination that will promote prevention and care.

An exercise to review and develop a new National Strategic Plan for HIV and STIs was undertaken in 2010 and 2011. The participatory process was considered to be a positive effort by an active multi-sectoral group of HIV stakeholders and the collaboration noted as evidence of one of the key strengths of the Solomon Islands response. Five formal consultations were convened, including two provincial meetings, and an NSP Working Group comprised of government and civil society stakeholders was

formed in 2010 to guide the ongoing development of the Plan. The development process involved technical assistance from the Burnet Institute, UNAIDS and SPC.

The National Strategic Plan 2011-2015 has not been finalized. The MHMS HIV and STI Unit and civil society stakeholders continue to use the Key Result Areas of the previous NSP to guide objectives and activities.

j) National HIV coordination mechanism

The Solomon Islands National AIDS Council (SINAC) was established by Solomon Islands Cabinet in 2005 and is the overarching authority for the HIV national response by stakeholders and development partners. The role of SINAC is to provide overall guidance, approval and accountability for HIV policies, and prevention, treatment and care programs.

The SINAC executive includes:

- Minister of Health, as Chairperson
- Permanent Secretary of the Ministry of Health and Medical Services, as Vice Chairperson
- National SINAC Coordinator. as Secretary

Membership includes multi-stakeholder representation, including:

- Undersecretary of Health Improvement
- Parliamentarian Health Committee
- Network of people living with HIV
- A youth representative
- Solomon Islands Media Association
- A legal adviser
- General Secretary of Solomon Islands Christian Association
- Member of the private sector
- National Council of Women
- International and national NGO representatives
- Police and Prison Services

There is frequent turnover among staff in the organisations that represent the SINAC membership, a challenge to its effectiveness. In 2010, the Chairperson (Minister of Health) and the representative of the Parliamentarian Health Committee (this role was the Speaker of Parliament) also changed following the Solomon Islands General Election and subsequent Cabinet restructuring. The regular shifts of membership and changes in the executive haven an impact on the national leadership of the HIV response.

SINAC is supported by a Secretariat which is comprised of one paid Coordinator who has been in the role since 2007. The SINAC Coordinator shares office space and resources with the MHMS HIV/STI Unit and reports to the Permanent Secretary of the Ministry of Health and Medical Services.

k) Monitoring and Evaluation framework

The National HIV Policy and Multi-sectoral Strategic Plan 2005-2010 includes a detailed logical framework that was originally developed according to the "UNAIDS Model"[11]. As the main monitoring and evaluation body for the national response, SINAC is mandated to convene meetings to oversee the coordination and implementation of the Plan and to facilitate national partnerships. During 2010-2011 period, the SINAC met four times.

The MHMS HIV Unit and individual stakeholders formulate annual operational plans that align to the key result areas outlined in the National HIV Policy and Multi-sectoral Strategic Plan. Stakeholders report against their own internal programme objectives and to the development partners that fund them. The MHMS HIV and STI Unit monitors HIV and STI epidemic trends and testing, treatment and care. During 2010 and 2011, the HIV and STI Unit did not have a budget allocation for monitoring and evaluation.

In addition to the Council, the SINAC Coordinator has also historically convened an HIV Stakeholders Group comprised of civil society and faith based organisations to share program information, challenges, best practices, and report on activities. The reporting does not systematically align to the M&E framework or assess progress against particular NSP targets in a coordinated way. During 2010 and 2011, the stakeholders group met three times.

l) National funding of HIV and AIDS prevention, treatment, care and support services

In 2010 and 2011, total AIDS spending is estimated at SBD 12,838,564.00.[12] This represents a 41% increase from the 2010 reporting period (2008 – 2009).

A National AIDS Spending Assessment (NASA) of HIV and AIDS expenditure in Solomon Islands was undertaken in 2011. A Government established NASA Taskforce collected and reported data on public and development partner expenditure on HIV and AIDS. Findings indicated that 31.5% of respondents were multinational agencies from the United Nations family, and 43.6% of the national response came from international NGOs.[13]

Response programmes and activities are implemented by the HIV Unit, community-based organisations, churches, NGOs, and international agencies. In compiling expenditure data, resources from some development partners were unable to be disaggregated according to UNAIDS spending categories. In these cases, figures were added to totals and so represent a best estimate of overall HIV and AIDS spending. Some stakeholders and development partners were unable to provide data on their expenditure.

[11] National HIV Policy and Multi-sectoral Strategic Plan 2005-2011, p.42. The Plan was drafted in 2004 and the Model was likely constructed according to the current guidelines of that time.

[12] Approximately $1,739,902 USD at an exchange rate of 1USD = SBD 7.3789.

[13] Solomon Islands National AIDS Spending Assessment 2010, Solomon Islands Government and SINAC, in collaboration with UNAIDS

The following table represents the best estimate of expenditure from domestic and international sources on the HIV response.

1 Domestic and international AIDS spending in 2010 and 2011

January to December 2010		January to December 2011	
Funding Source	**Solomon Island Dollars**	**Solomon Island Dollars**	**Total**
Domestic public (salaries and other overheads provided by Solomon Islands Government)	1,058,491.00	1,119,744.00	2,187,235.00
International funding (SPC, UNICEF, UNFPA, WHO, AusAID, Global Fund)	5,076,866.00	5,583,466.00	10,660,332.00
Total	6,135,357.00	6,703,207.00	**12,838,564.00**

m) HIV prevalence

Solomon Islands is classified as a low HIV prevalent country with an infection rate of 0.002% of the total population. Overall HIV prevalence has remained unchanged since 2010. A cumulative total of 17 HIV positive cases have been confirmed as of December 2011.

HIV in Solomon Islands is considered to be mainly heterosexually driven, with no known cases of vertical transmission. Key populations believed to be at higher risk are men who have sex with men, sex workers and young women who have been coerced into sex.

2 People living with HIV in Solomon Islands, by sex, age and year of diagnosis

Year	<15		15-19		20-24		25-49		50>		Unknown Age		Cumulative Cases	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1994							1						1	
1995-2003														
2004							2	2					2	2
2005						1								1
2006				1								1		2
2007					1			1					1	1
2008												2		2
2009						1								1
2010								1			1		1	1
2011					1			1					1	1
				1	2	2	3	5			1	3	17	

The table below shows the number of people diagnosed and living with HIV, and those who have died of AIDS related causes.

Sex	Age Range	Diagnosed with HIV/AIDS	Death from HIV/AIDS	Living with HIV/AIDS
Female	1 – 15 years	0	0	0
Female	Above 15 years	11	1	9
Male	1 – 15 years	0	0	0
Male	Above 15 years	6	6	1
Total		**17**	**7**	**10**

III. National response to the AIDS epidemic

n) Prevention: Young people

Solomon Islands has a young population profile. Almost 40% of the population is less than 15 years old and 59.2% is between 15 to 24 years old.[14]

UNICEF and the Ministry of Health and Medical Services undertook a special study on HIV and AIDS risk and vulnerability among Solomon Islands youth in three provinces and Honiara, and published findings in 2010. The study found that 67% of sexually active youth were having unprotected high risk sex and that nearly 15% of all 15-19 year olds sampled had first sex before age 15.[15] First sex was forced for 20.4% of sexually active youth overall and 45.9% of Choiseul province respondents. The youth surveyed had a relatively low level (32%) of comprehensive knowledge of HIV and AIDS and only 5% of the sexually active youth had been tested for HIV and received their results.

The study highlighted the concern that the most-at-risk adolescents and young people (MARA/YP) and especially vulnerable adolescents and young people (EVA/YP) are not accessing sexual and reproductive health (SRH) services to an acceptable level. The reasons for low utilisation cited by respondents included services were not readily available, not accessible, and not friendly to young people.

There are currently three health facilities that provide youth friendly health services (YFHS) in Solomon Islands, all of which provide HIV testing and counseling. With the support of UNICEF, the MHMS has developed guidelines to provide technical and operational assistance to the Adolescent Health Department, non-governmental agencies, youth networks and other stakeholders to scale up and expand effective youth friendly health services provision.

Substance abuse among youth, including alcohol, homebrew and marijuana, is considered an issue of concern in Solomon Islands, particularly in Honiara.[16] Fourty-four percent of the sample in the UNICEF study reported alcohol use and 28% used homebrew or *kwaso*.

[14] Statistical Bulletin 06/2011, Solomon Islands Report on 2009 Population & Housing Census

[15] Rubbish Sicki/Bad Sickness: Understanding HIV and AIDS Risk and Vulnerability Among Solomon Islands Youth, UNICEF Pacific Offices and The Government of Solomon Islands, 2010

[16] Ibid.

HIV education is part of the primary and secondary school syllabus in Solomon Islands and included in the Solomon Islands Institute of Higher Education's teacher training curriculum. An international NGO, ADRA, has implemented an HIV curriculum development program for teachers and primary schools. The programme was initiated in 2007 in response to the experience of stigma and discrimination by a child of a person living with HIV. A total of 17 schools in Honiara have been part of the programme and the Ministry of Education has indicated that it will integrate the resources developed for teaching health in primary schools nationally in 2012.

o) Prevention: populations at higher risk

Violence against women in Solomon Islands is amongst the highest in the Pacific region and contributes to HIV and STI vulnerability of women and girls. The Solomon Islands Family Health and Safety Survey (2009) found that two out of three women between the ages of 15 and 49 who have ever been in a relationship have experienced violence by their husband or boyfriend, and 55% of women have experienced sexual violence from their intimate partner.[17]

The UNICEF and MHMS special study on HIV and AIDS risk and vulnerability among Solomon Islands youth show that there are specific groups among Solomon Islands adolescents and young boys and girls who carry higher risks and vulnerability to STIs, HIV and AIDS. The survey found that 38% of sexually active youth in three targeted provinces and Honiara reported having been forced to have sex, with ongoing vulnerability for 71% of them.

There are no recent national surveys that identify populations potentially at greater risk of HIV infection in Solomon Islands. Stakeholders have begun to do limited research and program related studies among some populations, but certain groups, such as people who exchange sex and men who have sex with men, remain difficult to reach due to the potential for social and legal repercussions. There is limited available data about levels of concurrent sexual relationships or sex with multiple partners.

Sex work is considered to be common in places with higher economic activity in the country, including urban areas, mining sites, logging camps, ports and cannery sites, and hotels and entertainment establishments. The scope and nature of sex work in Solomon Islands is not well understood. Young women and young men are known to exchange sex for cash, goods, and food, and businessmen, seafarers and fishermen, logging and mining industry employees and youth are known to be clients of sex workers.

Mobile workers, students, out of school youth, and other mobile populations, including cross-border populations (with PNG) are also considered to be among vulnerable groups for HIV infection. Additional factors that represent vulnerability to and risk of a rising epidemic in Solomon Islands include:

- High rate of Sexually Transmitted Infection (STI)
- High internal migration, particularly to urban centres
- Transactional sexual activities, exchange of goods, food, and money for sex

[17] Solomon Islands Family Health and Safety Study: A Study on Violence against Women and Children, report prepared by the Secretariat of the Pacific Community, 2009.

- International travel for training, education and employment
- High population of young people
- Close proximity and frequent cross border movement to PNG with a generalised epidemic
- Commercial industries (logging, mining, fishing) representing a range of risk factors
- Gender inequality which reduces women's ability to negotiate for safer sexual practices
- High rates of gender based violence
- Cultural and religious values in conflict with HIV/STI prevention
- Legislation that criminalises potentially vulnerable groups and limits prevention

A 2011 report, Trafficking in Persons in Solomon Islands[18], noted that children, many under the age of 15, were subjected to sex trafficking, particularly near foreign logging camps and on foreign and local commercial fishing vessels, as well as hotels and entertainment establishments.

There were 1.8% males who reported ever having sex with males in a study with a sample of 280 male youth, of whom 233 were sexually active.[19] There are currently no health facilities that provide services, including HIV counseling and testing, for sub-populations or marginalized groups with higher risk of HIV exposure.

Due to the legal and social barriers to reaching people who exchange sex and men who have sex with men, there is no comprehensive understanding of the size of these populations. Some civil society organisations are have begun to establish trusted relationships among networks of sex workers and MSMs, and have undertaken HIV prevention and behavior change activities.

People living with HIV

Out of the ten people currently living with HIV in Solomon Islands, only one has publicly disclosed her HIV status. Despite substantial prevention efforts by government and civil society, stigma and discrimination persist in Solomon Islands and PLHIV perceive significant fear and risk if their HIV status is known.

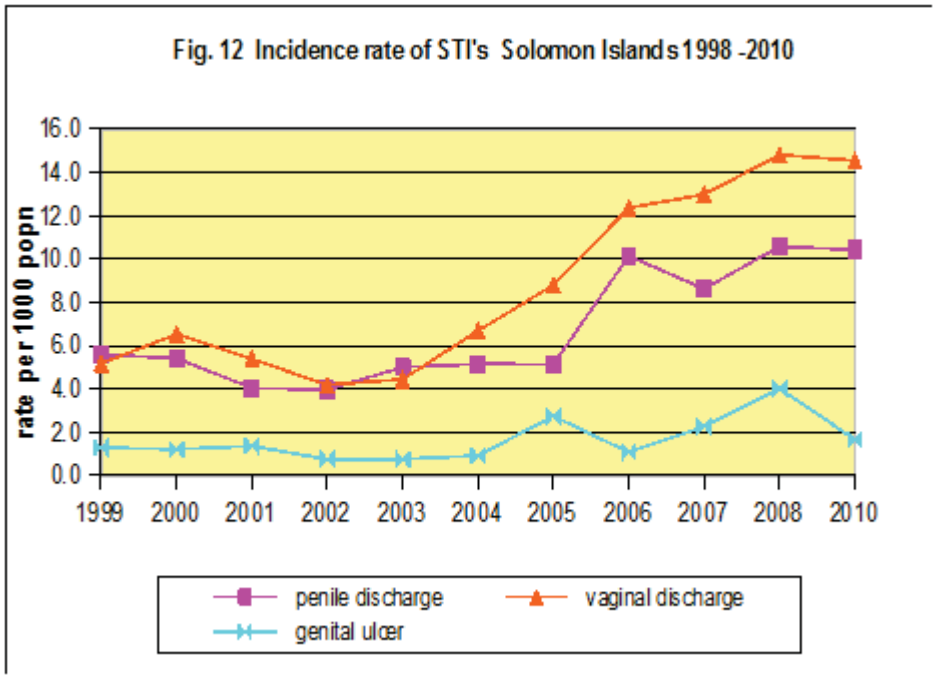
The Government is open to engaging all PLHV in planning, decision making and programming. Currently, one person living with HIV works as an advocate for PLHIV and HIV prevention as a staff member of the MHMS HIV/STI Unit.

[18] United States Department of State, 2011 Trafficking in Persons Report - Solomon Islands, 27 June 2011, available at: http://www.unhcr.org/refworld/docid/4e12ee4a5a.html

[19] Rubbish Sicki Bad Sickness: Understanding HIV and AIDS Risk and Vulnerability Among Solomon Islands Youth, UNICEF Pacific Offices and The Government of Solomon Islands

p) Sexually transmitted infections (STIs)

Outside of provincial hospitals, sexually transmitted infections are diagnosed and managed syndromically due to the unavailability of laboratory capacity at the primary health care level. The following figure shows the trend of the three STI syndromes that are recorded by the MHMS HIS. Since 2003, the rates of STI syndromes have been steadily increasing.



Until 2011, people presenting with symptoms of STIs were assessed and provided with STI Packs, which consisted of Docxycycline and Ciprofloxacin. A new comprehensive STI case management protocol was implemented in 2011 which consists of two new drugs, Azithromycin and Cefixime. Etiological management is used at the National Referral Hospital and provincial hospitals, including the use of Syphilis rapid tests.

Equipment required for Chlamydia detection is based at the National Referral Hospital. Women throughout Solomon Islands can only be tested for Chlamydia in Honiara. During the reporting period, Chlamydia testing was done as part of routine screening for antenatal women in Honiara and for etiological diagnosis for people who present with symptoms of STIs in Honiara health facilities.

According to the National Laboratory, in 2010, of the 5495 pregnant women who were tested for syphilis at an ante natal clinic visit, 67% tested positive. This figure decreased slightly in 2011, where 5627 pregnant women attended an ante natal clinic and 6.3% tested positive. In a recent survey of young people in Solomon Islands, 25% of males and 20% of females reported having had an STI in the past year.[20]

[20] Ibid.

The table below shows the percentage of HIV and Syphilis testing desegregated by sex and year.

3 NUMBER AND % OF HIV AND SYPHILIS TESTS PERFORMED A ANTENATAL CLINICS DISAGGREGATED BY SEX AND YEAR

Year	Number of ANC visits	Number of women tested at ANC visits		Percentage of ANC attendees tested		Number of new cases among pregnant women		Percentage of new cases among pregnant women	
		Syphilis	**HIV**	**Syphilis**	**HIV**	**Syphilis**	**HIV**	**Syphilis**	**HIV**
2010	5495	5495	733	100	13.3%	366	0	6.7%	0
2010	5627	5627	1057	100	18.8	357	6.3	0	

q) HIV counseling and testing

Data from the National Referral Hospital Serology Department recorded 10,155 HIV tests in 2010 and 2011. National and provincial data monitoring and collection challenges, information to accurately determine the total number of HIV tests performed in the country is unavailable.

4 HIV TESTS PERFORMED IN NATIONAL REFERRAL HOSPITAL SEROLOGY LABORATORY FROM 2009 TO 2011

Objective of testing	2009	2010	2011
Routine and clinical	570	1424	1630
STI/VCCT	951	458	408
TB/VCCT	0	0	32
ANC	738	733	1057
Blood Donor	1770	2079	2334
Total	4029	4694	5461

Data disaggregated by age is only available for 2011, below.

HIV Screening	Sex	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Unknown	Total
Routine, Clinical, STI/VCCT	Female	23	63	141	117	74	68	27	16	19	239	787
	Male	8	35	119	136	93	77	34	27	31	571	1131
		0	0	0	0	0	0	0	0	0	149	149
ANC	Female	3	101	330	287	178	92	23	0	0	43	1057
Blood Donors	Both			0	0	0	0	0	0	0	2334	2334
Total		34	199	590	540	345	237	84	43	50	3336	5458

According to MHMS HIV and STI Unit programming data from six provinces, a total of 2346 people had pre-test counseling in 2011. Out of these, 52.3% (1226) were tested and knew their results. 337 tests were provided at voluntary testing sites and 849 through PPTCT programmes at antenatal clinics.

HIV testing without counseling was initiated in Solomon Islands in 1988 for blood donor screening and clinical purposes. HIV counseling and testing was introduced in Solomon Islands in 2004. There have been 175 HIV counselors trained within Solomon Islands since the end of 2011.

Between 2010 and the end of 2011, 52 new counselors were trained and appointed to testing sites throughout the country. Given the high turnover of staff, including to deployment to new posts, retirement and study leave, a gap in qualified counselors remains. Currently, approximately 130 trained VCCT counselors are working at 25 counseling and testing sites throughout the country.

An HIV Testing Policy was developed in 2010. The draft Policy for HIV Testing requires that all HIV testing in Solomon Islands is voluntary and that consent is obtained after appropriate pre-test counseling by a qualified counselor, and results are provided with post- test counseling.

The Policy stipulates that viral load be measured every three months and level of CD4 be measured after HIV diagnosis, and every three months thereafter. In practice, the country does not have the laboratory capacity to measure viral load. CD4 counts are generally measured every 6-12 months for the PLHIV currently on treatment.

HIV Testing and Counseling Minimum Standards were adopted in May 2011. The Standards are based on guidelines developed by The Secretariat of the Pacific Community (SPC) and used by Pacific Counseling and Social Services, the principal regional training programme for Pacific Island HIV counselors. They were adapted to reflect the Solomon Islands context and were endorsed by the Solomon Islands STI and HIV Testing and Counseling Technical Working Group, which is also responsible for reviewing them biennially. Provincial Technical Working Groups were also established in Choiseul and Western provinces.

In 2010 and 2011, results of the HIV Determinant rapid test could only be determined in a laboratory with the capacity to process serology tests. There are eight laboratories in Solomon Islands with this capacity. Two provinces, Renbel and Choiseul, do not have laboratory services with the ability to process HIV screening test results, and two additional provinces, Ysabel and Temotu, do not have laboratory technicians to conduct the test.

Prior to 2010, HIV reactive samples based on screening were sent to Australia for confirmation of HIV infection. An HIV testing algorithm based on rapid test technology was introduced and adopted in Solomon Islands in 2010 for domestic confirmation of HIV infection. Based on the draft Policy for HIV Testing, an individual's HIV status is considered positive only after it is confirmed using the approved Solomon Island HIV testing algorithm. The confirmation testing is currently only available in the National Serology Reference Laboratory at the National Referral Hospital.

Twenty-six health facilities throughout the country provide HIV testing and counseling services; 11 in Honiara, 2 in Guadalcanal, 5 in Malaita, 5 in Western Province, 1 in Ysabel, and 1 in Temotu. The table below maps facilities offering HIV services (VCCT and PPTCT) in 2010 and 2011. Three facilities also offer Youth Friendly Health Services (YFHS).

5 Health Facilities offering HIV Testing and Counselling

Honiara	Guadalcanal Province	Malaita Province	Western Province	Makira Province	Ysabel Province	Temotu Province
National Referral Hospital VCCT/ PPTCT	Marara Clinic VCCT/PPTCT	Kilufi Hospital VCCT/PPTCT	Gizo Hospital VCCT/PPTCT	Kirakira Hospital VCCT/PPTCT	Buala Hospital VCCT/PPTCT	Lata Hospital VCCT/PPTCT
MHMS STI/HIV Unit VCCT	Grove Clinic VCCT/PPTCT	Afio Clinic VCCT/PPTCT	Helena Goldie Hospital VCCT/PPTCT			
SIPPA Clinic VCCT/YFHS		Malu'u Clinic VCCT/PPTCT	SIPPA Gizo Clinic VCCT/YFHS			
Rove Clinic VCCT/PPTCT/YFHS		Gwaonaoa Clinic VCCT	Noro Cannery Clinic VCCT			
Kukum Clinic VCCT/PPTCT/YFHS		Atoifi Adventist Hospital VCCT	Vonunu Area Health Centre VCCT/PPTCT			
Mataniko Clinic VCCT/PPTCT						
Vura Clinic VCCT/PPTCT						
Naha Clinic VCCT/PPTCT						
Mbokonavera Clinic VCCT/PPTCT						
White River Clinic VCCT/PPTCT						
Rove Prison Services VCCT						
11	**2**	**5**	**5**	**1**	**1**	**1**

A rapid assessment on counseling and testing in Solomon Islands was undertaken in 2011. Based on the findings, the Ministry elected to pilot Provider Initiated Testing and Counseling (PITC) and rapid testing in Choiseul Province, which had no HIV testing facilities or counselors. Nine PITC counselors were trained in 2011 but have not yet provided testing due to inadequate testing facilities and equipment. Roll out to facilities in Honiara and other provinces are planned for 2012.

r) Prevention of Parent to Child Transmission (PPTCT) services

There were an estimated 16,096 births in 2010 and 16,470 births in 2011 in Solomon Islands.[21] There were no pregnant women who tested positive for HIV and no women with HIV who gave birth during that period.

All health facilities in Solomon Islands provide ante natal screening services, though the range of available services varies depending on the level of the facility. Tests for pregnant mothers at all levels of ANC facilities in the country include measurement of height, weight, blood pressure, gestational diabetes and assessment of gestational age. Only 5% of health facilities that provide ANC services also provide HIV testing and counseling services for pregnant women. Testing of hemoglobin for anemia and syphilis are only offered at sites with laboratory facilities (i.e., the eight provincial hospitals).

In 2010, a reported 71% of pregnant women in Solomon Islands attended at least one antenatal care visit during pregnancy.[22] Based on available data from the National Referral Hospital Laboratory, of the 11,414 pregnant women who visited an ANC, 9% of them (1057) had an HIV test. Data is not available to determine how many women also knew their results.

Nationally, 81% of women had a skilled attendant at birth.[23] There are significant disparities in access to maternal health services between and within provinces, and in 2010, 66% of women in Guadalcanal, 73% of women in Malaita and 54% of women in Renbel provinces were recorded as having had a skilled attendant at birth.[24] The number of unattended births is considered to be under reported.

A Prevention of Parent to Child Transmission programme was initiated in Antenatal Clinics (ANC) in Solomon Islands in 2008. Twenty two nurses and midwives were trained in 2010 by two local trainers, increasing total trained staff to 52.

PPTCT services are available to pregnant women in 19 antenatal care facilities throughout Solomon Islands; at eight facilities in Honiara, two in Guadalcanal, three in Malaita and Western Province, and one facility each in Makira, Temotu and Ysabel. In 2011, HIV testing was not available in Temotu due to lack of a lab technician at Lata Hospital.

[21] MHMS Health Information System (HIS)
[22] Ibid.
[23] Ibid.
[24] Ibid.

In 2010, 11, 414 pregnant women had ante natal care, accounting for approximately 70% of the total births in 2010.[25] Based on programme data from PMTCT services, 733 women (6.4 %) had HIV tests, got their results and were provided post- test counseling. Several testing sites within each of the provinces did not report data and therefore the actual number of ante natal women tested for HIV is under-reported.

Solomon Islands Prevention of Parent to Child Transmission Policy was developed in 2010 by a PPTCT Technical Working Group. The current draft of the Policy does not incorporate the WHO PMTCT ARV guidelines (2010), which had not been released at the time of drafting. The Policy has not yet been endorsed by the Ministry of Health and Medical Services National Executive Committee.

The MHMS policy position on infant feeding where the mother is HIV positive[26] includes counseling on artificial feeding when it is feasible, acceptable, safe, sustainable and affordable. The MHMS should provide the baby's milk up to 12 months of age. In all other cases, exclusive breast feeding with rapid weaning at 6 months is still recommended. The Policy notes that mixed feeding should be strictly avoided due to high risk of HIV sero-conversion in the baby.

s) ART treatment

Solomon Islands has adopted the World Health Organizations (WHO) Antiretroviral Therapy for HIV Infection in Adults and Adolescents (2010 Revision) as its eligibility and treatment guideline. A combination of AZT + 3TC + EFV is the first line treatment regimen used for antiretroviral therapy. There were no Stockouts of ART during the reporting period.

Four health facilities in the Solomon Islands offer ART. Three are based at provincial health facilities and the National Referral Hospital serves as the fourth. There are eight people living with HIV currently enrolled on ART, and an additional two who are eligible.

Of the ten people currently living with HIV, two initiated ART during the reporting period. One PLHIV died before starting treatment. Two other PLHIV have not been able to be assessed at a VCCT facility for fear of community stigma and discrimination, and therefore have not had access to ART.

Antiretroviral therapy drugs are provided to Solomon Islands through a vertical drug distribution mechanism financed through the Global Fund. The Principal Recipient of Round 7 funding is the Secretariat of the Pacific Community (SPC), which distributes ART drugs to Pacific Island Countries and Territories (PICTs). Drugs are procured through a Fiji based pharmaceutical company which distributes to the National Pharmacy Division of the Solomon Islands MHMS. ART pharmaceuticals are dispensed through national drug distribution channels. People living with HIV access ART through nurses trained in HIV counseling and treatment at one of four hospitals and health facilities.

Tuberculosis Co-Infection

[25] Data for 2011 not available
[26] Draft PMTCT Policy 2010

Available evidence indicates that Solomon Islands has a low prevalence rate of HIV among TB patients. An estimated 341 new TB cases in 2010 and 405 cases in 2011 were diagnosed. Prior to 2010, TB patients were not routinely tested for HIV infection. In 2011, 32 TB patients (8%) were tested for HIV and no cases of co-infection were reported among the people tested.

Historically, there has been few programmatic links between the Solomon Islands National TB Programme and the HIV response. In 2010, TB treatment and management guidelines were formally reviewed and updated to include HIV/TB co-management, and in 2011, 12 TB nurses and coordinators throughout the country were trained to do HIV counseling and testing.

No new treatment regimens or protocols have been initiated for PLHIV during the reporting period and currently, none of the eight PLHIV who are taking ART are taking IPT prophylaxis for TB. The National TB Programme receives funds from Global Fund Round 8, which provides for HIV test kits, TB prophylactics and TB/HIV co-infection treatments to TB patients and PLHIV.

t) Knowledge and behaviour change

The Rubbish Sicki/Bad Sickness Baseline Report on understanding HIV and AIDS risk and vulnerability among Solomon Islands youth notes that 78% of respondents said that clinics/health facilities were their current and most preferred source of information and advice on HIV and AIDS, followed by radio (46%) and friends (25%). 91% of the interviewees listened to the radio (and virtually all had working access) and 59% read the newspaper once a week.

Prevention is a primary part of Solomon Islands' national response. The 2010 National AIDS Spending Assessment reported that prevention accounted for 34.4% of total funds in 2008-2010. The MHMS HIV and STI Unit and most civil society organisations involved in the response implement social and behavioral change approaches using information, education and communication materials in their prevention work, including radio, community theatre, and peer educator models. The MHMS HIV and STI Unit and SINAC coordinated and provided technical support and resources to implement major HIV awareness events on World AIDS Day in 2010 and 2011 in Honiara and all nine provinces.

Civil society stakeholders promote and distribute condoms to entertainment establishments, hotels, business houses, and to taxi drivers in Honiara and many of the provinces.

IV. Best practices

Solomon Islands' HIV epidemiology in the context of its small island, widely dispersed population has required stakeholders to be innovative in implementing the national HIV response. Legislation, social and religious norms, gender inequalities and other factors create seemingly intractable barriers.

Many civil society and faith based organisations reported innovative examples of prevention programmes as models of good practice in the country. Projects that promote community based and culturally embedded behavioral change through drama, popular media, peer networks, livelihood programmes, engaging religious leaders, and work with young people and their parents provide a

diverse range of effective, quality programming approaches to be assessed and learned from. Evidence of the impact of these programmes has yet to be measured.

As in 2010, stakeholders in Solomon Islands note the open and friendly collaboration between government and civil society to be an example of best practice. Effective relationships with national and provincial authorities, clinics, schools, communities, volunteers, and business houses are cited as factors leading to the slow, but steady progress in raising awareness, and in gaining access to hard to reach populations. Some civil society organisations report gains in building trust among a small number of sex workers and men who have sex with men, enabling early steps in prevention work.

V. Major challenges and gaps

There has been progress made on some of the gaps reported in the 2010 Country Progress Report, while many continue to pose persistent challenges.

In particular, there has been progress reducing the length of time required to run HIV tests and confirm results through the introduction of the new testing algorithm in 2010. In 2011, Minimum Guidelines for Rapid Testing and accompanying training manuals were developed, and training of testing and counseling personnel was rolled out for the delivery of Rapid Test services.

Some of the logistical challenges noted in the 2010 UNGASS Country, particularly for specimen transfer from the provinces to Honiara/National Referral Hospital, have begun to improve. As the country has continued to stabilize after the period of Tensions, transportation and communications have continually improved. This has led to a gradual improvement in the logistical ability to transfer specifics from provinces to the National Referral Hospital in Honiara.

Among the challenges that remain;

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

Other challenges that hinder the national response include the lack of broad coverage of prevention and testing, especially at the community level. Though strong effort has been made to improve the

quantity and quality of testing, without further scale up and efforts to address the social and economic barriers to people getting tested and knowing their results, Solomon Islands will not know the true size and scale of its epidemic.

Gaps also remain in efforts to ensure testing is being conducted in the right places and for the right populations, including pregnant women and their partners, sex workers, men who have sex with men, and young people. Strategies that respond to internal and international migration and mobility and the specific vulnerabilities that mobility and mobile populations create are critical.

There are gaps in Solomon Islands high level planning, monitoring and evaluation mechanism. Robust HIV information systems and capacity in data collection, collation and strategic use of information to support decision-making, planning and implementation and evaluation are required for an accurate, sensitive and evidence based HIV response. Programme monitoring systems for all stakeholders are largely program based and aligned to development partners' requirements. There is a need for tailored M&E technical assistance and capacity building amongst all levels of stakeholders in the HIV response.

HIV stakeholders noted that the country's leadership is not sufficiently proactive in championing the HIV response. Stronger advocacy by top political, community and religious leaders is critical.

VI. Recommendations

The following recommendations are considered priorities for 2012-2015:

Programming

- Increase access to and availability of prevention, counselling and testing programmes and services in all provinces and communities.
- Support civil society organisations to more comprehensively engage with at risk and vulnerable populations, including sex workers, men who have sex with men, mobile populations, women and young people.
- Increase access to youth friendly health services and further develop HIV education in schools.

Policy

- Finalise and endorse the National Strategic Plan for HIV and STIs 2012-2015 and its monitoring and evaluation framework.
- Finalise the HIV Bill and advocate for leadership support at all levels.
- Ensure all HIV legislation is gender responsive and addresses the particular HIV vulnerability among women and girls due to gender inequality and gender based violence.
- Formally approve and implement the HIV Testing Policy.
- Finalise and implement the PPTCT Policy.

HIV Testing

- Develop evidence based strategies that respond to the social and economic barriers to accessing HIV tests and results for all populations.
- Ensure the Rapid Testing programme is fully resourced, implemented and measured for impact.

Monitoring and evaluation

- Conduct population based behavioural surveillance and other special surveys to develop a clearer understanding of Solomon Islands' epidemic, particularly among vulnerable and at risk populations.
- Support the development of a robust HIV information system and capacity in high level monitoring and evaluation, including strategic use of information to support planning, decision making and implementation of the response at national and provincial levels.

Technical assistance and financial support

- Provide on-going technical support and resources to the MHMS HIV and STI Unit, the SINAC and civil society stakeholders in data collection, analysis, programme development and reporting.

Advocacy

- Increase efforts to actively address the fear and stigma associated with HIV and AIDS at all levels of the community.
- Support political, community and religious leaders to visibly champion the response to HIV.

VII. Development partner support

Solomon Islands has mobilized its own and external resources to support national HIV programs. Several development partners assisted the Government of Solomon Islands in improving the health system overall, and in its goal of providing universal access to quality prevention, care and treatment.

A health Sector Wide Approach (SWAp) developed jointly by Solomon Islands Government and its development partners establishes a shared vision to work together through increased and more effective aid and support to the long-term vision, strategies and priorities articulated in National Health Strategic Plan 2011-2015, including HIV.

During the reporting period, Australia was the major contributor to the HIV response through the Health System Strengthening Programme (HSSP) under the health SWAp. AusAID also provided separate funding toward the development of HIV Legislation. Based on MHMS priorities, a 98% reduction in the 2012 budget allocation ceiling for the HIV and STI Unit under the HSSP was announced in 2011, from SBD 2.7 million to a planned SBD 68,000.

AusAID also funded the Secretariat of the Pacific Community's *Pacific Response Fund for HIV/AIDS*, which was allocated to several programme and resource streams, including support to the National Strategic Plan development, Capacity Development Organization, the National AIDS Council Grants scheme, and a competitive grant scheme.

Development partners also include the Secretariat of the Pacific Community, the Global Fund, UNICEF, UNAIDS, UNFPA and WHO. The substantial work implemented through national and international NGOs is funded by development partner support through programme grants.

UNAIDS Pacific Office provided support in monitoring and evaluation, support for the National AIDS Spending Assessment and capacity building in development of the National Strategic Plan. UNICEF provided technical and financial to the development and establishment of youth friendly health services, training health personnel in PPTCT, implementation of rapid testing at point of care, development of information, education and communication material through the Communication for Development strategy, dissemination of a special behavioral survey, and monitoring and evaluation planning. UNFPA continued to supply condoms through the MHMS National Pharmacy Division.

SPC also provided support through:

- Technical and financial assistance to build capacity to implement behavior change and communications (BCC) programmes in HIV and STIs.
- Human resource development for counseling and STI case management
- Financial support for in country programmes
- Training in Continuation of Care for PLHIV
- Programme operation costs for the Capacity Development Organizations to assist in building capacity of community based organisations and HIV stakeholders
- Prevention programmes (peer to peer education programmes and sexual health education for youth)
- Technical assistance and support for in country laboratories

The Global Fund to fight AIDS, Malaria and Tuberculosis supported the following programmes in 2010 and 2011:

- Provision of HIV confirmatory testing and CD4 cell count and viral load estimation to all LabNet Level 2 laboratories
- Provision of antiretroviral (ARV) drugs for treatment, prevention of mother-to-child transmission (PMTCT) of HIV, occupational post-exposure prophylaxis, drugs for treatment of opportunistic infections
- Training of the Continuum of Care team
- Provision of training and support to improve STI diagnosis and treatment skills of health care providers

There is evidence of diminished inclination by development partners to continue funding HIV programmes because HIV prevalence is low.[27] HIV Stakeholders note that the number of reported cases is a reflection of low levels of supply and demand for HIV testing, and may not be an accurate reflection of HIV incidence in the population. Furthermore, the determinants of HIV, including high STI rates, high

[27] Consultations with stakeholders in the HIV response.

risk behavior, low condom use, sexual violence and lack of consent remain persistent concerns and require continued development partner support.

Priorities for development partner support to address Solomon Island's specific challenges to achieving the targets agreed to in the Political Commitment include the following areas:

- Ensure comprehensive and consistent funding to scale up VCCT and PPTCT sites
- Support civil society organisations in their ongoing implementation of the response
- Continue support to expand PMTCT program
- Undertake formal research on populations that are at higher risk of infection
- Provide continued technical assistance and support in monitoring and evaluation capacity building

VIII. Monitoring and evaluation environment

All HIV stakeholders report being challenged by insufficient data and evidence to inform the response, and monitoring and evaluation is considered to be inadequate by all stakeholders. Collection and analysis of complete data are chronic barriers to knowing the epidemic.

In 2011, a mapping of all stakeholders active in the response was led by SINAC, but the results of that process have not been published or disseminated to stakeholders. The participatory development process of the 2011-2015 National Strategic Plan throughout 2010 and 2011 was considered to be a positive exercise by all stakeholders. More than five formal consultations were convened, including two in the provinces. The development process involved substantial technical assistance from the Burnet Institute, UNAIDS and SPC, and the active involvement of a multi-sectoral group of HIV stakeholders.

The resulting document was deemed incomplete and insufficient for the country's needs, and required substantial additional input. As at December 2011, a final draft had not been completed. A monitoring and evaluation framework to guide the implementation is also not yet finalized.

UNICEF's has supported the development of a national HIV monitoring system for counseling and testing data, which has included adapting forms and other tools. Roll out and assessment of progress will be continued in 2012.

Ongoing capacity support is required in a number of areas, including technical assistance to support the development of a monitoring and evaluation framework to guide the HIV National Strategic Plan 2011-2015 and management of the framework. An Second Generation Surveillance Survey, envisioned for the next reporting period, will also require technical support.

IX ANNEXES

ANNEX 1: People and organisations involved in the consultation process

Name	Organisation	Role
Julia Fationo	Oxfam International	HIV Project Officer
Ben Angoa	SIPPA	Community Health Education Officer
Kennedy Folasi	Save the Children	HIV Program Manager
Henry Oti	MOH	Project Support
Dr Nemia Bainivalu	MOH	Medical Officer
John Gela	SINAC	Solomon Islands National Aids Council Coordinator
Isaac Muliloa	MOH	National STI/HIV coordinator
Henry Oti	MOH	STI/HIV Support Officer
Japhet Honimae	MOH	STI/HIV Community & Research Facilitator
John	Correctional Services	Prison Nurse
Hellena Tomasi	MOH STI/HIV	STI/HIV Facilitator
Baakai Iakoba	HIS Unit, MOH	Chief Medical Statistician
James Faniagalo	National Referral Hospital	Principle Pharmacy Officer
Elliot Puiaha	National Referral Hospital	Serology Laboratory Officer
Alice Buko	MoH	Community Awareness Advocator

John Waneria	Prison Services	23812 ext 212
Joseph Tanugani	ADRA	38656 ext 205
Frauline Tito	ADRA	38656 ext 205 ftito@adra.org.sb
Sr Julie Abarquez	Catholic Church	22706
Dominic Baona	Catholic Church	20125 fla@solomon.com.sb
Sara Farnbach	WHO	farnbachs@wpro.who.int
Rebecca Tahosamau	COM	acomhiv@gmail.com
Gwen Rarai	Solomon Islands Development Trust	Gwen.salu@gmail.com

ANNEX 2: National Commitments and Policy Instrument (NCPI)

Refer to www.unaids.org Global AIDS Response Progress Report online database.

ANNEX 2: Reference Documents

Burnet Institute and SINAC (2011). Solomon Islands National Review of Responses to HIV and STIs: 16 – 23 November 2010: Report on Review Processes and Findings

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