I. THE CURRENT SITUATION

Epidemiology

- In 2005, a WHO estimation workshop estimated that there were 16,100 MSM and TG in Fiji, but no proper size estimation study has been conducted. (Reference: 6)

- In various studies of male adults such as STI clinic attendees, military and police, the proportion of men having ever had sex with another man ranged from 3-89%, and 1.3-6.4% in the past 12 months. (3,14,16)

- The country-wide HIV prevalence estimate for MSM and TG was 0.7% to 2% in 2005, which is 14 to 40 times higher than the national prevalence of 0.05%. (6)

- In 2007, it was noted that 3% of all 259 people living with HIV in Fiji acquired HIV through male-to-male sex. However, in 2008, the overall number of people living with HIV rose to 289, and is projected to rise to 6,500 by 2015. (6)

Behaviour, Knowledge and Social Research relating to HIV

- The WHO has reported that there is evidence of high risk activities among MSM in Fiji. (6)

- In 2004-05, studies for the second generation surveillance found that 20% used a condom at the last occasion of anal sex with another male, as compared to 21% at the last occasion of sex with a female. (14)

- In 2004-05, of 157 male STI clinic attendees, 3.8% reported having sex in exchange for money or gifts. (14)

Legal Situation and Law Enforcement Authorities

- Sex between males was decriminalized through the Fiji National Crimes Decree on 1 February 2010. Prior to this change, the colonial-era Penal Code prohibited sex between men. (12,13)

- Sex work is illegal. (9)

- There are laws protecting MSM and TG in the workplace only. (13)

- There are laws protecting discrimination on the basis of HIV status in the workplace. (13)

- An addition to the Public Health Act in 2006 made not taking precautions against HIV transmission an offence. (13)

- The legal system has been classified as "protective" or "neutral" for MSM/TG by two UN legal reviews. (4,13)

- In 2006, it was reported that MSM/TG and HIV project workers do face problems with law enforcement authorities. A review of laws in 2009 found that male and transgender sex workers are charged under loitering offences. (7,13)

MSM Community, other Social Research and Stigma/Discrimination

- There is very little published information about the MSM and TG community in Fiji.

- In 2006, it was reported that MSM are informally and formally organised, with social networks, CBOs and outreach programs. (7)

- In one study, a high rate of sexual abuse of MSM/TG was recorded (21%). (3)
II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the NSP, however, funds are not allocated. (8)
- The NSP defines MSM as a most-at-risk-population, and includes: HIV prevention, peer outreach, and targeted condom and lubricant distribution. However, the Fiji Country Coordinating Mechanism notes that Fiji’s Behavioural Change Communication has not focused on MSM. (6,8)
- The current NSP ends in 2012. (8)
- In 2008 and 2010, the government did not report on any of the 5 UNGASS indicators directly relevant to MSM. (2,16)
- Fiji is due to receive funds from the Global Fund to Fight AIDS, Malaria and Tuberculosis through Round 9, and the proposal includes MSM. (6)
- In 2006, it was reported that Fiji had no local MSM-related leadership, such as politicians or spokespeople. (7)

Community-based Response

- MSM are formally and informally organised, with social networks and CBOs. (7)

Strategic Information

- In 2006, it was reported that there is some ongoing research on MSM/TG in Fiji. However, there appears to be very little published literature on this topic. (7)
- In 2006, the ongoing national surveillance system did not include MSM, nor did it include behavioural surveillance. (7)
- The Global Fund Round 9 proposal states that “there is insufficient qualitative assessment of social and sexual networks of MSM.” (6)
- In 2010, community-based research on the sexual and social networks of MSM and TG in Fiji will be conducted by the Amithi Project of the AIDS Task Force Fiji, supported by the UNDP. (1)

Health System

- The AIDS Task Force Fiji runs VCT services which are MSM and TG friendly. Approximately 50% of the clients are MSM or TG. (1)
- The Global Fund Round 9 proposal aims to establish six “safe places” to increase MSM uptake of VCT (aiming for 500 MSM). (6)
- Treatment for all positive people in Fiji was paid for by the Global Fund Round 4 grant, which concluded in 2009. (6)

National and International Networks

- Fiji is represented in the “Pacific Sexual Diversity Network” for organisations working with MSM and TG in the Pacific sub-region. (11)
III. THE RESULTS

- No information was available on the coverage of prevention, treatment, care and support interventions with MSM, nor the effectiveness of prevention efforts.

Resource Estimation and Gaps

- In 2006, it was estimated that USD $2.5 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (10)

IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex work.
- National strategic plan should include a costed comprehensive response for MSM and TG.
- More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.
- Scale up MSM-friendly VCT and sexual health screening centers.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination toward PLHIV in MSM communities.
- Specific prevention activities should focus on transgender people.
V. REFERENCES

All references are available at:

www.apcom.org/snapshots2010.html

Contact details of UNAIDS office in Fiji are available at: