I. THE CURRENT SITUATION

Epidemiology

- There is no estimate of the population size of MSM/TG in the Solomon Islands. Various surveys of young men have found estimates of 0.8% to 7.6% ever having had sex with another man. (References: 2, 6, 10)
- In 2004-05, the second generation surveillance found no cases of HIV among MSM. (10)
- The overall prevalence rate for the Solomon Islands (all adults) was 1.9 per 100,000 in 2004-05 (5 cases). In 2010, 13 cases of HIV had been reported. However, it is estimated that there should be approximately 150 to 200 people living with HIV in the country and the 2010 UNGASS Report acknowledges the likelihood of significant underreporting. (8, 10, 11)

Behaviour, Knowledge and Social Research relating to HIV

- There is very little data on MSM behaviour and knowledge in the Solomon Islands with regard to HIV.
- The 2004-05 survey of 374 youth (190 male) found that 20.3% reported having sex for money or gifts, but the data was not disaggregated by sex. The 2008 survey of youth found that 6.2% of the men (13 men) received money for sex in the past 12 months, and 10.5% (22 men) received goods or favours in exchange for sex in the past 12 months. This study did not report whether the partners were male or female. (6, 10)

Legal Situation and Law Enforcement Authorities

- Sex between males is illegal. Sections 160 and 161 of the Penal Code criminalizes “buggery” with another person and committing any acts of “gross indecency” with persons of the same sex. (9)
- Sex work is illegal. (4)
- There are no laws protecting MSM/TG. (4)
- With regard to HIV testing, a policy of voluntary informed consent testing has been established. (4)

- The legal system has been classified as “prohibitive in high intensity” or “highly repressive” for MSM/TG. (3, 9)

MSM Community, other Social Research and Stigma/Discrimination

- There is no published information about the MSM and TG community in the Solomon Islands.
II. THE RESPONSE TO HIV

Government Response
- In the National Strategic Plan, MSM is considered a high risk group for prevention. (5)
- There is no specific budget line for MSM in the NSP. (5)
- The programs are not specific to MSM, as they are focused on all high risk groups combined (including injecting drug users and sex workers). Programs include: HIV prevention, peer outreach, targeted condom and lubricant distribution. (5)
- The current NSP ends in 2010. (5)
- There is no specific MSM strategy.
- In 2008, the government did not produce an UNGASS report. In the 2010 UNGASS Report, the Solomon Islands did not report on any of 5 indicators directly related to MSM. (11)
- The Solomon Islands was part of the Global Fund to Fight AIDS, Malaria and Tuberculosis Multi-Country Round 2 grant, and was successful with its Round 8 proposal. The Round 8 grant appears to have a strong focus on “vulnerable youth”, but does mention “other MARPs” which includes MSM. (8)

Community-based Response
- There is currently no published information on the MSM community response to HIV in the Solomon Islands.

Strategic Information
- There is very little in the academic literature on MSM/TG in the Solomon Islands.
- There has been two rounds of second generation surveillance. The first in 2004-05 had very limited information on MSM, while the second in 2008 was marginally better. The 2008 report recommends that MSM be included in future surveillance, but that formative research will be needed to make this effective. Currently, very few MSM are being included in the surveys. (6,8)

Health System
- There are no specifically MSM-friendly sexual health clinics in the Solomon Islands. (1)
- It has been noted by the Country Coordinating Mechanism that the present VCT services do not effectively reach most-at-risk populations, including MSM. (8)

National and International Networks
- There is no national network of people living with HIV. (8)
- The Solomon Islands are represented in the “Pacific Sexual Diversity Network” for organisations working with MSM and TG in the Pacific sub-region. (7)
III. THE RESULTS

- There is no information available about the coverage of prevention, treatment, care and support for MSM, the resource needs and gaps, or the effectiveness of prevention efforts.

IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex workers.
- 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.
SOLOMON ISLANDS
MSM Country Snapshots – Country Specific Information on HIV, men who have sex with men (MSM) and transgender people (TG)
AUGUST 2010
VERSION 2

V. REFERENCES

All references are available at:

www.apcom.org/snapshots2010.html

Contact details of the UNAIDS Pacific office in Fiji are available at: