

# Pacific Consultation on Legal and Policy Barriers to Accessing HIV Services for PLHIV and Key Affected Populations

TANOA INTERNATIONAL HOTEL, NADI, FIJI  
17–19 APRIL 2013



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This report was produced by Rachael le Mesurier, Consultant for the UNAIDS and TSF Assignment: TA/RST/PAC/015/2013. A seven-country consultation on national laws, policies and practices impacting HIV responses in the Pacific. Held in April, 2013.

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**Cover photo:** The Pacific Consultation on Legal and Policy Barriers to Accessing HIV Services for PLHIV and Key Affected Populations brought together 23 participants from 7 countries.

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**HIV and the Law Consultation: 17-19 April 2013**  
**Participating Countries:**  
**Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu and Vanuatu**

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# ACRONYMS

<b>AG</b>	Attorney General
<b>AIDS</b>	Acquired Immunodeficiency Syndrome.
<b>ARV</b>	Antiretroviral (drugs for treatment of HIV)
<b>ART</b>	Antiretroviral Therapy
<b>CBO</b>	Community Based Organisation
<b>CSO</b>	Civil Society Organisation
<b>CRC</b>	Convention of the Rights of the Child
<b>ESCAP</b>	Economic and Social Commission for Asia and the Pacific
<b>FBO</b>	Faith Based Organisation
<b>GIPA</b>	Greater Involvement of People living with HIV/AIDS
<b>GoPNG</b>	Government of PNG
<b>HIV</b>	Human Immunodeficiency Virus
<b>HLM</b>	High Level Meeting
<b>IDU</b>	Injecting Drug Users
<b>IEC</b>	Information, Education and Communication
<b>KP</b>	Key Populations (Also known as Key Affected Populations)
<b>MoE</b>	Ministry of Education
<b>MoH</b>	Ministry of Health
<b>MoL</b>	Ministry of Law
<b>MSG</b>	Melanesian Spearhead Group
<b>MSM</b>	Men who have Sex with Men
<b>NCDs</b>	Non Communicable Diseases
<b>PNG</b>	Papua New Guinea
<b>PICT</b>	Provider Initiated Counselling and Testing
<b>PICTs</b>	Pacific Island Country and Territories
<b>PLHIV</b>	People Living With HIV
<b>RRRT</b>	Regional Rights Resource Team
<b>RST</b>	Regional Support Team (UNAIDS)
<b>SPC</b>	Secretariat of the Pacific Community

<b>SW</b>	Sex workers
<b>TG</b>	Transgender people
<b>TRIPS</b>	Trade-Related Aspects of Intellectual Property Rights.
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>VCCT</b>	Voluntary and Confidential, Counselling and Testing
<b>WHO</b>	World Health Organization

# EXECUTIVE SUMMARY

## Background

UNAIDS in the Pacific coordinated a process in mid April 2013 to review laws and policies in seven Pacific nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu) which impact on access to HIV services for PLHIV and key populations. This initiative was supported by the UNDP Pacific Centre, the Regional Rights Resource Team (RRRT) of the Secretariat of the Pacific Community (SPC), the Economic and Social Commission for Asia and the Pacific (ESCAP), UNAIDS Asia Pacific Regional Support Team and ILO Pacific. The review was undertaken by:

- consulting on legal and policy barriers to effective HIV responses in the seven countries through a multi-sectoral and participatory dialogue on laws, regulations, and policies including issues pertaining to access to justice and law enforcement in the context of HIV, and which reviews earlier commitments including the Auckland and Suva Declarations; and
- developing action plans for the seven countries, which can be supported by country partners (including the United Nations), and monitored for progress and success.

The primary purpose of undertaking this seven-country consultation meeting in April 2013 was to identify the national laws and policies which need review and/or reform, or other programme initiatives which will increase access to rights-respecting HIV services by eliminating real or perceived impediments to delivery of equitable health services to all individuals and communities.

It was intended that countries would develop a measurable and monitorable action plan for undertaking key legal and policy reforms at country level to bring national legislation and policies in line with international good practice relating to human rights and rights-based HIV responses which the United Nations and/or other partners can support in the lead up to the 2015 deadline for achieving global targets and commitments on HIV, including the MDGs, Declaration of Commitment (2006) and Political Declaration (2011), and as part of the ESCAP Framework for regional support to countries.

The Action Plans are not intended to replace any existing national plans of action, nor are they intended to restrict countries to actions that the delegates at the meeting can/could implement. Hence the intention of the plan is to map out key actions to be taken to address priority issues identified at the consultation, and to identify those stakeholders that need to be engaged at the national level to make this a reality.

## Meeting Objectives

The meeting objectives were to:

- i. review Laws and policies in seven Pacific nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu) which impact on human rights-based health programming initiatives and enjoyment of human rights by persons living with HIV/AIDS;
- ii. consult on legal and policy barriers to effective HIV responses in line with international human rights standards in the seven countries through a multi-

- sectoral and participatory dialogue on laws, regulations, and policies including the Auckland and Suva Declarations; and
- iii. develop prioritised action plans that will include provisions for monitoring and success for the seven countries, which can be supported by country partners (including the United Nations).

The anticipated outputs of the consultation included:

- Increased awareness and understanding of HIV, the law and human rights issues for a range of stakeholders;
- Documented consensus on prioritized recommendations for removing legal and policy barriers to combat stigma and discrimination and enhance universal access in each country for national partners to take forward;
- A time frame for action; and the formation of a national multi-sectoral working group with responsibility for monitoring progress on agreed actions and recommendations; and
- A multi-sectoral working group with responsibility for monitoring progress on the agreed actions and recommendations, which can be used to support governments' reporting on the ESCAP and HLM commitments.

## **Overview of the Agenda**

The three-day programme had three sessions.

### **Session One: “HIV related law reform, where are we in the Pacific/ selected countries”**

*Session objective: Overview of global and regional status update, overview of progress and challenges in the selected countries.*

The format of Day One and part of Day Two provided an opportunity for a health, justice and CSO cross-sectoral dialogue on laws, regulations, and policies in the context of HIV. The Country participants were provided with a refresher on the earlier commitments including the Auckland and Suva Declarations as well as the recent UN ESCAP Resolutions 66/10 and 67/9 and an opportunity to discuss the key findings and recommendations of the Global Commission on HIV and the Law.

### **Session Two: “ Way forward”**

*Session objective: Prioritised Action Plans.* On Day Two the Country groups began the drafting of their Action Plans, which were then presented to the full consultation for comment and feedback. Day Three involved more peer based review of the draft Action Plans.

### **Session Three: “ Monitoring Progress”**

Day Three continued with a focus on national and regional monitoring mechanisms and systems for progressing the Action Plans. The day ended with a summary of the three days contributions, the next steps in the Action Plan process and closing speeches.

## **Key points from the Country participants' identification of issues for Action**

After the first day's presentations and panel, the Country delegations provided a checklist of concerns/issues they wished to see as focus points for the drafting of the Action Plans.

## **Issues of Concern**

- 1) How do we raise the awareness of HIV, HIV law and policies with Pacific Police Forces, health workers and officials, and law and justice agencies?
- 2) Political commitment – how do we advocate to parliamentarians and policy makers? How do we get the political will to pass HIV laws?
- 3) Enforceability. How to ensure compliance of HIV laws, policies and plans?
- 4) The need for HIV legislation that addresses rights of PLHIV (including realising children's right to education)
- 5) How to ensure Key Populations are included in Human Rights bills and legislation?
- 6) How do we deal with constitutions that include an express commitment to culture and tradition, which may undermine protections for Key Populations (MSM, SW and TGs)?
- 7) HIV testing in ANC - Mandatory testing, opting out systems and protecting Human Rights.
- 8) VCCT - how to make it work, get more people from Key Populations testing and protect human rights?
- 9) How to eliminate stigma and discrimination?

## **Conclusions**

A clear message from the regional and global partners was the need for action, not a 'talkfest'. Participants acknowledged the slow progress for the actions from the meeting held on *Accelerating HIV Law reform in selected Pacific Island Countries*, 11-14 September 2011, (the Sub-regional 'writeshop' report was provided in the Resource Manual). Country participants noted that to achieve progress on realistic and achievable Action Plans developed at the Consultation, key senior government personnel, with authority to implement the proposed changes, either needed to be present at the Consultation or be part of a post-Consultation process to review and approve the Action Plan. This was feasible for PNG, Kiribati, Tuvalu and Fiji who had brought key political leaders/officials with authority. For the remaining countries it was necessary to include a further two weeks after the consultation for participants to engage and secure senior staff agreement on the proposed Action Plan.

Despite the difference in population sizes and hence numbers of people affected by HIV, all countries could identify laws and policies that were holding back the HIV response, as well as stigma and discrimination and access to justice that could be improved through programmatic interventions.

Competing priorities, particularly where HIV prevalence is low, included climate change challenges and the impact of non-communicable diseases (NCD) on a country's health outcomes. Several countries noted that despite low HIV prevalence, the high prevalence of STIs indicates the presence of potential for HIV transmission.

This meeting underscored the challenges for many Pacific Island nations to progress the protection of the human rights of Key Populations (KPs) particularly for men who have sex with men, sex workers and transgender people. The strength and influence of the traditional leaders and conservative churches in the majority of Pacific nations was noted in relation to efforts to create enabling legal and social environments. This contrasted against the relative weakness and challenges of scale for civil society groups representing the needs and rights of marginalised populations such as PLHIV (in some countries), sex workers and men who have sex with men.



The small country delegations (3 persons per country for most) posed some challenges in terms of strategic planning around key priorities. For some country delegations that had a good depth of understanding in one sector, there were understandable gaps in knowledge about the current HIV pertinent policies and implementation in another key sector. For example, in delegations where there was strength in legal expertise and HIV it was not realistic to expect similar levels of knowledge in HIV and the health sector. This did result in some Actions, such as HIV education in schools and HIV awareness activities that needed to be validated with the key sectors after the Consultation had ended to ensure that these priorities are not already being addressed.

The report that follows elaborates on each of the topics mentioned in this summary. In addition, it includes the final agenda for the meeting (Appendix A), a list of all participants (Appendix B), a copy of the Notes of the Meeting (Appendix C), the Evaluation report (Appendix D) and the Country Action Plans (Appendix E).

## **INTRODUCTION**

### **Meeting Overview**

UNAIDS in the Pacific supported a process in mid April 2013 to review laws and policies in seven Pacific nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu) which impact on human rights-based health programming and initiatives. The objectives were to review, and consult on the legal and policy barriers and to develop Action Plans that would progress the reduction or removal of these barriers.

The primary purpose of undertaking this seven-country consultation meeting in April 2013 was to identify the national laws and policies which need review and/or reform, or other programme initiatives which will increase access to rights-respecting HIV services by eliminating real or perceived impediments to delivery of equitable health services to all individuals and communities.

The consultation was held at the Tanoa International Hotel, Nadi, Fiji from Wednesday 17th April through to midday Friday 19th April. Seven Pacific Island nations were invited to attend, with three participants per country. Senior representatives from health and justice were encouraged to be represented in the country delegation along with a civil society partner from PLHIV, sex work, MSM and transgender communities. There were 23 country participants.

UNAIDS wishes to formally thank His Excellency, the President of the Republic of Fiji for his support with the opening and closing speeches, his presence throughout the three day programme and the generosity of his invitation to dinner, on Thursday 18th, for all participants.

### **Background**

In the *Political Declaration on HIV/AIDS* (2001) and *Declaration of Commitment on HIV/AIDS* (2006), governments committed themselves to protecting the human rights of people living with HIV, women and members of vulnerable populations.

In the 2011 *Political Declaration: Intensifying our Efforts to Eliminate HIV/AIDS*, they committed to review, as appropriate, laws and policies that adversely affect the successful,

effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV.

These two international commitments were reinforced by the governments of Fiji, Kiribati, Papua New Guinea, Samoa, the Solomon Islands, Tuvalu and Vanuatu, in the United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP) Resolutions 66/10 and 67/9. These seven Pacific countries also agreed to a Roadmap for Implementation of the Political Declaration on HIV and AIDS, developed at the ESCAP Intergovernmental Meeting on HIV in February 2012 and agreed at the 68<sup>th</sup> ESCAP Commission Meeting. These international and regional commitments reinforce and strengthen earlier Pacific regional Declarations on HIV and AIDS signed by these seven countries in Suva in October 2004, and again in Auckland in April 2007.

Recognizing the importance of addressing HIV-related stigma and discrimination, and gender inequality, UNAIDS (the Joint United Nations Programme on HIV and AIDS) has also made Zero Discrimination one of the three pillars of its vision and strategy for 2011-2015. UNAIDS is focused on supporting governments to meet their regional and international commitments and targets relating to the elimination of HIV-related stigma and discrimination especially through review and revision of laws which impede human rights-based health programming.

In implementation of the commitment made by ESCAP members in Resolution 67/9 to conduct national reviews of legal and policy barriers to access to HIV services for PLHIV and key populations, a consolidated legislative review exercise for each country was undertaken prior to this consultation. This review entailed an update of the existing reviews and recommendations on the legal environment impacting on HIV, focusing on key issues that are critical for all or most participating countries, as well as a report on progress at global and regional levels. The purpose of the review was to inform the development of time bound action plans for each country. Delegates reviewed the draft review document at the consultation and provided inputs to the consultant author. The validated reviews were finalised shortly after the meeting and will be circulated to participants and other partners for future reference

It was intended that countries would develop a measurable and monitorable action plan for undertaking key legal and policy reforms at country level to bring national legislation and policies in line with international good practice relating to human rights and rights-based HIV responses which the United Nations and/or other partners can support in the lead up to the 2015 deadline for achieving global targets and commitments on HIV, including the MDGs, Declaration of Commitment (2006) and Political Declaration (2011), and as part of the ESCAP Framework for regional support to countries.

The Action Plans are not intended to replace any existing national plans of action, nor are they intended to restrict Countries to actions that the delegates at the meeting can/could implement. Hence the intention of the plan is to map out key actions to be taken to address priority issues identified at the consultation, and to identify those stakeholders that need to be engaged at the national level to make this a reality. The individual participants then have the obligation/role of liaising with relevant stakeholders on the action plan to get agreement and support from the identified decision makers and any other stakeholders

## **OBJECTIVES AND AGENDA**

The meeting addressed the following Meeting Objectives (see Appendix A for the complete agenda):

- i. Review Laws and policies in seven Pacific nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu) which impact on human rights-based health programming initiatives and enjoyment of human rights by persons living with HIV/AIDS;
- ii. Consult on legal and policy barriers to effective HIV responses in line with international human rights standards in the seven countries through a multi-sectoral and participatory dialogue on laws, regulations, and policies including the Auckland and Suva Declarations; and
- iii. Develop action plans for the seven countries, which can be supported by country partners (including the United Nations), and monitored for progress and success.

The Consultation aimed to provide the following longer-term possible outputs/ outcomes of the consultation:

- a) Protective laws concerning non-discrimination and non-violence with regard to people living with HIV and key populations (including MSM, TG, IDU, sex workers, prisoners, migrants, young people), drafted, considered, enacted, disseminated, resourced and enforced;
- b) Expanded programmes to assist countries to improve legal environments;
- c) Design and implementation of programmes, or drafting of laws and policies that will increase access to prevention and treatment, including prevention of transmission from parent to child (PMTCT), and deal with intellectual property issues related to medication and other commodities;
- d) Provision of legal protection against discrimination for people living with HIV, women, children and key populations in various sectors including housing, labour, education and social services; and
- e) Expanded means by which to obtain redress for discrimination and violence in the context of HIV.

Immediate outputs of the review and the consultation process were to include:

- Increased awareness and understanding of HIV, the law and human rights issues for a range of stakeholders;
- Documented consensus on prioritized recommendations for removing legal and policy barriers to combat stigma and discrimination and enhance universal access in each country for national partners to take forward;
- A time frame for action; and formation of a multi sectoral working group with responsibility for monitoring progress on agreed actions and recommendations.
- A multi-sectoral working group with responsibility for monitoring progress on the agreed actions and recommendations, which can be used to support governments reporting on the ESCAP and HLM commitments.

## **PARTICIPANTS**

The consultation was honoured to have the support and contribution of His Excellency, the President of the Republic of Fiji, Ratu Epeli Nailakitau, throughout the three-day

programme. The country participants were appreciative of this strong representation of political leadership and commitment.

Attending the consultation were 23 participants representing 7 Pacific Island countries: Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu. The Special Envoy to the UN Secretary General on AIDS in Asia and the Pacific, Mr Prasada Rao (formerly of the Global Commission on HIV and the Law and Regional Director of the UNAIDS Regional Support Team for Asia and the Pacific) also participated. In addition there were 13 resource and support personnel from UNAIDS, UNDP, ILO, ESCAP and RRRT from the SPC.

The aim was to have a minimum of three participants from each country with representatives from Health, Justice and at least one civil society member (ideally a PLHIV and/or someone who was from a Key Populations e.g. MSM, transgender and/or sex workers).

## **ORGANISATION AND PROTOCOLS OF THE PROGRAMME**

The three-day programme was designed to provide participants with an overview of the current status of laws and policies that are barriers for accessing services and supporting human rights of those most affected.

The structure of the programme aimed to provide opportunities to learn from regional and global experts but also to share, support and learn from other Pacific nations and peers from health and justice sectors facing similar challenges to reducing/removing such barriers. Emphasis was placed on the need to engage in questions and answers at each session and to recognise that many of the 'answers' were within the skills, experiences and expertise of peers and professional colleagues within the country delegations. There were formal structures in the programme and informal meeting kawa/rules to encourage country pairing and mutual review and support of the draft Action Plans.

The consultation organisers aimed to ensure a strong representation of affected communities, including PLHIVs and key populations as delegates at the meeting, in recognition of the value in honouring GIPA. Where this was not possible, country delegations included a CSO participant working directly with PLHIV and key populations, such as legal service providers.

Country delegations were requested to develop a 10-minute presentation for Day One's session based on the context of the HIV epidemic in their country, the key legal and policy barriers for PLHIV and the KPs (see Appendix E for the Country Brief Questions).

A comprehensive Information manual was provided on Day One of the Consultation that provided the following key documents for Country participants to access during the consultation and as a reference tool on their return to their countries. The Manual included:

- Legal Desk Review: *The Legal Environments for the HIV Response in Participant Countries* Josephine (Jo) Cooper, consultant to UNAIDS for the UNAIDS Pacific Consultation on Legal and Policy Barriers to Accessing Services for PLHIV and Key Populations. April 2013.
- *Global Commission on HIV and the Law*. Report July 2012 – Executive Summary. (A CD e-copy and a hard copy of the full report was supplied to all participants)

- Declarations:
  - a) Economic and Social Commission for Asia and the Pacific (ESCAP). *ESCAP Report of the Asia and Pacific High Level Inter-government meeting on the assessment of progress Against Commitments in the Political Declaration on HIV/AIDS and the MDGs*. May 2012
  - b) ESCAP. *Asia Pacific Regional Roadmap for the Implementation of the Political Declaration on HIV and AIDS*. January 2012
  - c) ESCAP. *Asia Resolution 67/9 Asia Pacific regional review of the progress achieved in realising the Declaration of the Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS*. November 2011.
  - d) *ESCAP. Resolution 66/10 Regional call for action to achieve universal access to HIV prevention, treatment, care and support Asia and the Pacific*. Fifth plenary meeting. 19 May 2010.
- Auckland Declaration 2007
- Suva Declaration 2005
- Pacific Human Rights project 2009: Country reviews. Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu
- Country HIV Fact Sheets: Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu
- Reports:
  - a) Sub-regional 'writeshop' on Accelerating HIV Law reform in selected Pacific Islands Countries: Summary Report. September 2011
  - b) APCOM and UNDP: *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific*. An agenda for action. 2010 (Pacific Issues)
  - c) UNAIDS, UNFPA and UNDP. *Sex work and the Law in Asia and the Pacific*. October 2012. (Pacific Issues)

## KEY POINTS FROM THE GLOBAL AND REGIONAL OVERVIEW

### Regional snapshot: punitive laws and policies

- Thirty years into the HIV epidemic, many countries around the world continue to have punitive laws and policies that undermine HIV responses.
- Here in the Asia-Pacific region, it is unacceptable that 90% of countries still have laws that obstruct the rights of people living with HIV.
- The report of the Global Commission on HIV and the Law provided persuasive evidence and recommendations designed to save lives, save money and help end the AIDS epidemic globally. The Commission's Report is a unique tool to inform countries in designing a strategy and action plan for creating an enabling environment for an effective national response to HIV.
- In the Pacific region, of 12 Pacific island nations:
  - 8 countries (67%) are known to criminalize same-sex relations
  - At least 9 countries (75%) are known to criminalize some aspect of sex work
  - At least 5 countries (41%) are known to impose travel restrictions on people living with HIV.

*\*The 12 referred to here are: Fiji, Kiribati, RMI, FSM, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.*

### **Legal environments should protect, not punish**

- The law should work *for* the AIDS response, not against it.
- Legal environments – laws, law enforcement and access to justice - should protect, not punish, people vulnerable to HIV infection.
- Legal environments should never obstruct the health or survival of any individual.
- Men who have sex with men, sex workers, people who use drugs, transgender people, prisoners, migrants, women and young people—they all have a right to access HIV treatment, prevention support and care.
- Supporting countries to remove punitive laws, policies and practices is a priority area for UNAIDS.

### **Recent signs of progress in addressing punitive laws**

- Over the past year, several countries in the region have taken steps to remove punitive laws and practices.
- UNAIDS applauded the Fiji Cabinet and the President of Fiji for taking the important steps, through the HIV decree, towards securing rights and security for people living with HIV, for lifting travel restrictions, and for decriminalizing sex between men.
- Papua New Guinea has put in place programmes to ensure that law enforcement does not act as an obstacle to HIV treatment and prevention.
- In the broader Asia Pacific context, it was noted that China, the Republic of Korea and Mongolia have lifted HIV-related travel restrictions and the High Court in New Delhi has decriminalized consensual sex between men.
- We must learn from these examples and encourage other countries to follow.

### **Community involvement critical in addressing legal barriers**

- It was noted that community leaders have been significant in addressing punitive legal environments and pushing forward HIV successes in the region.
- The most effective HIV strategies and programmes are designed *by* and *for* communities.
- Communities are a critical partner of governments and parliamentarians in this area. Communities are best placed to identify challenges and develop solutions to achieve real and sustainable progress in addressing the laws, policies and practices that hinder their access to HIV services.

## **KEY POINTS FOR ACTION IDENTIFIED BY THE COUNTRY PARTICIPANTS**

The Country participants responded to Day One's presentations and discussion with a list of key concerns and issues, as seen by Pacific nations that needed to be considered in the drafting of the Action Plans. The list proved to be an effective 'checklist' for the following days' Sessions and the majority of the issues raised were integrated into the Country Action Plans by the end of Day Three.

## **Issues of Concern**

1. How do we raise the awareness of HIV, HIV law and policies with Pacific Police forces, health workers and officials, and law and justice agencies?
2. Political commitment – how do we advocate to parliamentarians and policy makers? How do we get the political will to pass HIV laws?
3. Enforceability. How to ensure compliance of HIV laws, policies and plans?
4. The need for HIV legislation that addresses rights of PLHIV (including realizing children's right to education)
5. How to ensure Key Populations are included in Human Rights bills and legislation?
6. How do we deal with constitutions that include an express commitment to culture and tradition, which may undermine protections for Key Populations (MSM, SW and TGs)?
7. HIV testing in ANC - Mandatory testing, opting out systems and protecting Human Rights.
8. VCCT - how to make it work, get more people from Key Populations testing and protect human rights.
9. How to eliminate stigma and discrimination.

The country participants also shared suggestions, advice and possible solutions based on their experience, expertise and understanding of the issues specific to the Pacific context. This list was a source of encouragement and support throughout the three-day programme.

## **Suggestions/Advice/Solutions**

1. "Never give up" and "Keep chipping away".
2. Focus on strengthening political will – it takes time, but takes the opportunities when they arise – could be after a number of government/political changes, but be ready.
3. Share knowledge with Ministers and other key people – don't assume they know about HIV and also don't assume they don't want to know.
4. Manage the opposition. Know where and what it will be and plan to respond to it. Work with local / district governance decision makers who can influence others especially village leaders and Church leaders.
5. National HIV multi-sectoral groups and committees – be sure to include key decision makers and peak bodies in the processes of decision making.
6. Remind people that high STI rates are evidence of risky behaviours that could lead to an increase in HIV, and remind them of the links between STIs and HIV (particularly in contexts where numbers of PLHIV are low).
7. Think outside the box – use networks and connections to raise issues for change. i.e. the Minister's wife and family members.
8. Use external technical capacity - for example to draft a new law. It can speed up the process. Technical capacity can also be 'in-country' based expertise but outside the government departments.
9. Models of recourse to justice - criminal, civil, constitutional – make it simple, make it free, make it fast track.
10. Involve meaningfully MSM, SWs, and PLHIV in design, delivery, monitoring, and evaluation of all responses to the HIV epidemic.

# DAY 1: April 17, 2013

## Opening Speeches: Key Points

### Mr Knut Ostby, UN Resident Coordinator for Fiji

- There has been significant progress in the Pacific responses to HIV, especially in the area of treatment, but much remains to be done to make progress against established targets;
- Treatment costs have decreased but overall treatment costs in the Pacific remain high because of the cost of support structures in a logistically challenging environment;
- The level of stigma and discrimination for MSM and other vulnerable people remains high and much remains to be done to address these impediments to national and the regional responses to HIV;
- Stigma and discrimination remain key issues, and in many Pacific countries are fuelled by a lack of legal and policy protective environments;
- Adopting responses with human rights at the core is the only way to succeed in responding to HIV in the Pacific region.

### Temo Sasau, Empower Pacific, Fiji

- Emphasised the importance of the meaningful involvement of people living with HIV and other key affected individuals and communities in decision making and planning processes;
- Reminded participants that we aren't just talking about an epidemic, that we are talking about people – our brothers, sisters and friends

### His Excellency, President of the Republic of Fiji, Ratu Epeli Nailatikau

- More than 30 years into the HIV epidemic, punitive laws, policies and practices in the Pacific region—and across Asia Pacific (and globally)—are blocking access to HIV programmes and services;
- Laws should work *for* the AIDS response, not against it. Legal environments – laws, law enforcement practices and access to justice - should protect, not punish, people vulnerable to HIV infection;
- A number of countries in the Asia Pacific region have taken concrete steps to remove punitive laws and policies (*Fiji, China, and India*). Let us learn from these examples and encourage other countries to follow;
- All UN Member States including PICs, have made commitments to eliminate HIV-related stigma and discrimination and remove legal and policy barriers to access to HIV services for people living with HIV and key populations including MSM, sex workers, people who use drugs and transgender people by 2015. To achieve these goals, the pace of progress must be dramatically accelerated;
- Community involvement will be critical to push forward the agenda on legal barriers.



# **Session One: HIV related law reform: Where are we in the Pacific and in selected countries?**

## **A: Key highlights of the HIV epidemic in the Asia Pacific Region – Steve Kraus, Director UNAIDS Asia Pacific RST.**

### **1. MDG6 Unfinished agenda in developing a common vision towards ending AIDS in Asia and the Pacific**

- i. Globally new HIV infections have declined by around 20%.
- ii. Commitments made by member states in the 2011 Political declaration on HIV include:  
By 2015:
  - 50% reduction in new HIV infections;
  - 15 million people on treatment,
  - Zero discrimination.
- iii. In 2011 – of the approximately 5 million PLHIV in the Pacific, one in three are women (1.6 million) and there were 370,000 new HIV infections, 310,000 Deaths, and 170,000 Children living with HIV;
- iv. In 2011 the region had 370,000 new infections against the target for 2015 of 180,000 new sexual and injecting-related infections – about 140,000 sexual and 32,000 injecting;
- v. The regional Spectrum projection shows a rise in new infections in the last couple of years suggesting the trend is going in the wrong direction;
- vi. The best case scenario is that the overall declining trend since 2005 resumes and we reach about 290,000 new infections by 2015 – still short of the target by 110,000 infections. But intensifying interventions and a prioritization of investment approaches with community involvement may help the region reach the agreed goal;  
  
The alternative appears to be that the HIV epidemic resurges and new infections increase again to what a simple projection shows may be as many as 440,000 infections i.e. >250,000 infections short of the 2015 goal;
- vii. The Commission on AIDS in Asia predicted this situation in their regional projections assuming that prevention efforts were not focused appropriately;
- viii. The Commission projection was based on evidence of rising epidemics amongst MSM due to turning a blind eye to these and other populations at higher risk due to social prejudice and barriers to service. Also the evidence indicated that emerging epidemics in populous countries like Indonesia and Pakistan would expand due to slow action;
- ix. Unfortunately when we look at the evidence, the Commission's dire prediction may be happening; and
- x. The Asia / Pacific Region is likely to miss its ART target by half a million people by 2015.

### **2. ART – improving but lagging behind global averages**

- i. globally, ART coverage expanded from 36% in 2009 to 54% in 2011
- ii. in the Asia Pacific region ART coverage expanded from 18% in 2009 to 44% in 2011, with better figures in Southeast Asia than in South Asia

### **3. PMTCT- the region is doing poorly compared to the global average**

- i. Globally, there has been an increasing trend from 48% in 2010 to 57% in 2011

- ii. Regionally, there has been an increasing trend from 16% in 2010 to 19% in 2011
4. **ART coverage status in the Asia Pacific Region**
- i. According to the latest GARPR data, in the Asia Pacific region only 44% of the people eligible for treatment are receiving ART; and
  - ii. CD4 counts at treatment initiation remain low, and below CD4 100 in some countries (e.g. Thailand, Viet Nam, Myanmar)
5. **Strategic use of ARV's and Prevention benefits: The Prevention- Treatment continuum**  
support countries to enhance the implementation of the current WHO treatment guidelines (recommendation for treatment initiation at CD4 350)
- i. Combine with *Treatment as Prevention*. This would mean that ARV would be offered to the following groups regardless of CD4 counts:
    - a. Sero-discordant couples;
    - b. Pregnant women; and
    - c. Key populations (SW, IDU, MSM, transgender)
  - ii. Support country level adaptation of Treatment 2.0
  - iii. Support countries in costing their treatment needs; development of “return of investment “ analysis and financial sustainability scenarios
6. **Unequal access to health services: key populations left behind**
- i. Reducing infections among MSM and transgender people should be a top priority
    - a. Despite high numbers of new HIV infections among MSM and transgender people, responses remain conventional and limited;
    - b. Programmes do not sufficiently reach out to young MSM and transgender people
  - ii. Countries need to adopt Harm Reduction measures to make an impact on the epidemics among people who use drugs
    - a. Stigma and discrimination, including legal barriers are fundamental barriers to accessing services;
    - b. 3 - 4 million men and women inject drugs
  - iii. There is growing regional momentum and action towards comprehensive and rights-based Sex Work programmes that are more effective
    - a. Empowerment and involvement of sex workers;
    - b. Coordination and partnerships between health workers, police, social services, venue owners and managers;
    - c. Changes in punitive laws, policies and practices;
    - d. Addressing stigma and discrimination in healthcare settings;
    - e. Prevention of violence against sex workers;
    - f. Scale up of programmes for non-venue based and mobile sex workers, and male and transgender sex workers; and
    - g. Identifying and reaching people who buy unprotected sex.
7. **Funding mismatch** – Total prevention spending in 2010 - 2011 was \$333 million USD. Of this, inadequate amounts were allocated to prevention programmes for Key Populations at highest risk of HIV.

- 8. Legal and political challenges remain in 38 UN member States in Asia and the Pacific:**
- a. 12/38 impose restrictions on entry, stay, or residence for PLHIV;
  - b. 37/38 criminalize some aspect of sex work;
  - c. 11/38 have compulsory detention centres for people who use drugs;
  - d. 15/38 provide for the death penalty for drug related offences; and
  - e. 18/38 criminalize same sex relations.
- 9. At the regional level, Pacific Island countries and other ESCAP Members have committed to a number of key processes aimed at eliminating stigma and discrimination by 2015, including:**
- a. "...ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to Key Populations". (*ESCAP Resolution 66/10*);
  - b. "...initiate, as appropriate, in line with national policies, a review of national laws, policies and practices to enable full achievement of universal access to with a view to eliminating all forms of discrimination against people at risk of infection or living with HIV, in particular Key Populations." (*ESCAP Resolution 67/9*); and
  - c. "organize national, multi-sectoral consultations on legal and policy barriers to universal access..." (*Roadmap endorsed at 68<sup>th</sup> ESCAP Commission, 2012*).
- 10. Transforming Health and development practice– “nothing for us without us”:**
- a. Redesign delivery systems to work for people;
  - b. Empower communities to identify problems and solutions allowing them to own their programmes;
  - c. Maximize service provision through integration;
  - d. Promote innovative partnerships; and
  - e. Strengthen community systems that support prevention and deliver effective treatment.
- 11. The Way Forward:**
- Political Commitment;
  - Community Mobilization;
  - Adequate Funding; and
  - Rights based evidence informed laws policies and programs.

**B: Risks, rights and health outcomes of the Global Commission on HIV and the Law and implications for the Pacific – Brianna Harrison, Human Rights Officer, UNAIDS Asia Pacific RST**

**1. Introduction:**

- a. In 2010 the Board of UNAIDS called for the establishment of an independent Global Commission on HIV and the Law. This was led by UNDP on behalf of the UNAIDS family.

- b. The Global Commission on HIV and the Law undertook a broad and rigorous process of research, analysis and deliberation. The Commission used public health data, legal analysis, qualitative research, and community consultations to build an understanding of how legal environments influence HIV epidemics. Conscious that laws exist for important reasons that go beyond public health—the protection and promotion of human rights, maintaining public order and safety and the regulation of trade—the Commission also examined the degree to which HIV-related law, on the books and in practice, is consistent with human rights and other legal norms.
- c. The Commission received 140 submissions from the Asia Pacific Region and also gathered evidence through the regional dialogues, the first of which was the Asia Pacific regional dialogue in February 2011, which brought together government and civil society participants, including from the Pacific. Its report was launched on 10 July 2012.
- d. Scope of the Enquiry: The Commission considered the three aspects of the legal environment, namely laws, law enforcement and access to justice. Issues of particular relevance that it examined included:
  - How countries punish vulnerability through criminalization of HIV transmission, exposure and non-disclosure;
  - The relationship between risk and stigma, particularly as experienced by key populations;
  - Gender and disempowerment of women and others;
  - The impact of the legal environment on vulnerability of children and youth; and
  - Intellectual property laws and the global fight for access to affordable medical treatment

## **2. Key messages of the Commission**

- a. An epidemic of bad laws is costing lives, resulting in human rights violations and fuelling the spread of HIV.
- b. An epidemic of bad laws is wasting money and limiting effectiveness and efficiency of HIV and health investments.
- c. Good laws and practices that protect human rights and build on public health evidence already exist – they strengthen the global AIDS response and they must be replicated.
- d. We have the science and tools to end AIDS. Biomedical tools and behavioural approaches alone will not be enough – structural drivers like the law have a vital role to play.

## **3. Findings**

- a. 123 countries have legislation to outlaw discrimination based on HIV; 112 legally protect at least some populations based on their vulnerability to HIV. But these laws are often ignored, laxly enforced or aggressively flouted.
- b. To safeguard their health and that of others, key populations need access to effective HIV prevention, treatment, care and support. Ensuring this is also a human rights obligation.
- c. Legal environments that dehumanize people allow stigma and violence to flourish.

- d. Some governments stand by as the police administer society's disapproval – beatings, torture, arbitrary arrest, mistreatment, and unsafe prison conditions.
- e. Laws against consensual adult sex work undermine HIV prevention, allow excessive police harassment and violence, and weaken sex workers' ability to negotiate safer sex with clients.
- f. When States have recognized their rights, sex workers have collectivised to protect their health, bodily integrity and to control HIV within their communities and beyond.
- g. Hostility towards homosexuality and transgender people in many instances is a colonial import. Scholars have demonstrated that pre-colonial cultures were often much more tolerant of sexuality and gender diversity.
- h. Laws prohibiting—or interpreted by police or courts as prohibiting—gender nonconformity, defined vaguely and broadly, are often cruelly enforced.
- i. Immigration laws present barriers to access to services for migrants, exposing them to a risk of infection 3 times higher than that faced by those in secure homes.
- j. Blanket exclusions of entry, stay or residence of PLHIV are ineffective as a measure to protect public health. In fact, they create a dangerous false impression that “outsiders” are contaminated and citizens are pure, and that their health is secure as long as the borders are secured.
- k. Despite international law, constitutional equality and protective laws on the books, gender inequality is pervasive – legal loopholes, multiple legal frameworks, and inadequate enforcement increase women and girls' vulnerability to HIV

#### **4. Generating momentum for change:**

- a. Stakeholders in Pacific Island countries should use the key findings and recommendations of the Global Commission on HIV and the Law to support efforts to identify and eliminate legal and policy barriers holding back HIV responses in their countries. The Report brings together the evidence and compelling arguments that can strengthen national advocacy efforts and can help build momentum for the necessary reforms and programmes.
- b. The website of the Global Commission on HIV and the Law also contains a range of other resources, including all the written submissions made to the Commission, Issue Briefs and the report of the Asia Pacific Regional Dialogue, the entire film of the Regional Dialogue, and Powerpoint presentations for use with partners.

### **C: An Overview of the Legal Environments impacting on the HIV response in participant countries (findings of the desk review). Jo Cooper. Consultant to UNAIDS**

#### **1. 'One size does not fit all'**

- Countries cannot know what needs changing until they know what is already there.
- Many different areas of law can have laws that are barriers to/affect the HIV response – such as criminal law; employment law; immigration law; prison law; jurisdiction of courts + more.

- To address this situation one needs to know what primary law exists - Laws, Acts, Decrees
- One also needs to know what secondary law exists - Regulations, Orders, Notices

## **2. The sources for the Desk review for Each Country Included:**

- Legislative Data-Bases (and what is found there);
- International Treaties, Obligations and Memberships;
- Constitutional Protections (Bills of Rights);
- National Plans and Reports;
- Alphabetical List of Laws of relevance to focus areas and law revision activities; and
- Updating and enlarging upon LCR 2009 showing changing environment for HIV response

The consultant requested participants to read the desk review for their country. She was available to the participants throughout the consultation to provide further explanation and detail and to receive notice of any legislative development that was not available to her prior to the consultation. She responded to participant requests to provide copies of any documents they required to inform their work at the consultation.

## **D: Country Presentations on Progress and Challenges** (Provided in Appendix C: Note of the Consultation)

## **E: Panel Presentation and Group Discussion**

### ***Barriers to good HIV Law and policy- Presented by Tuvalu***

- Lack of political motivation to improve the legal environment, and government instability slowing law reform;
- Lack of resources – financial and technical;
- Social constraints – cultural & religious;
- Lack of commitment and/or understanding of the need to involve key populations;
- Lack of legal support – legislative and policy framework in place. The dissemination, implementation and monitoring of existing laws, policies and strategies; and
- Stigma & Discrimination – targeted legal and humanrights education for vulnerable groups in order to increase awareness

### ***Sex Work and CSO participation – Presented by Fiji***

- Awareness of all levels of society when legislative changes are introduced. E.g. in Fiji's HIV Decree it is illegal to deny people the means to protect themselves from HIV; and
- There is a need to help police and security personnel understand their roles and build awareness of the Police/Security personnel as enforcers of Laws/Decrees. An example was given of peer educators picked up by police in Nadi at 2.00am and were told they were promoting sex on the streets. This was cited as an example that the Fiji police officers may not fully understand the HIV Decree.

### ***Legal issues: Models of Enforceability - Presented by Fiji***

There are a number of different ways through which protective laws can be enforced through the courts to ensure access to HIV services:

- i. Criminal law mode: Under this model you go to the police to report your case. Police should prosecute on your behalf. Your role is to give evidence.
- ii. Civil Law model. In Fiji it is through using the Human Rights Commission and going to the courts directly for constitutional cases. For this to work HIV has to be a protected status and there needs to be a constitutional redress mechanisms which is free (such as a 'fast track' approach to human rights cases).
- iii. Constitutional model: there needs to be a direct application for redress under a breach in the Constitution

*"Provide the laws. Guarantee the rights. Make them enforceable."*

### ***Issues raised by Country participants***

- Education sector's responsibilities and integration of HIV into the curriculum is uneven and of questionable quality in many countries;
- Challenges in accessing redress re issues of illiteracy and complex language/processes. There need to be simple and 'fast track' approaches. Papua New Guinea provided an example where Interim Protection Orders could be quickly accessed where urgency was a factor;
- Training of law enforcement agencies and personnel – necessary as can hold traditional/stigmatising attitudes or views and they may not be aware of protective law. Can be the subject of complaints by key populations including violence, harassment, and failure to protect. In some countries, law enforcement are also an 'at risk' population due to risky practices such as unsafe sex;
- Partnerships between police and affected populations can be effective in reducing barriers to access in the legal environment; and
- Training of health workers on HIV, stigma and discrimination is also important – reports of high levels of S & D from health service providers

## **DAY 2: April 18, 2013**

There was a screening of the 15-minute TED video titled *"An epidemic of bad laws"* delivered by *Shereen El Fekia*, member of the Global Commission on HIV and the Law.

### **Presentations:**

**A:** *The Global Commission on HIV and the Law*. Mr JRV Prasada Rao, The UN Secretary General's Special Envoy on AIDS in Asia and the Pacific

### **Key points:**

- We have to change the laws "on the books" but also "on the streets" and if we don't we are wasting the vast amount of money that we are spending on responding to HIV;
- The money spent on prevention for Key Populations still lags far behind - governments find it more comfortable to spend their prevention budgets on the general population;
- We hang onto colonial era laws – it is time for these to be removed, repealed and/or reformed;
- The Global Commission recommendations which are important to consider during the consultation –

- sex between two consenting adults should never be criminalised and the State has no room in the bedroom (this affects MSM and sex workers);
- drug users are victims, not criminals;
- access to justice – you can have the best laws, but often the most vulnerable aren't able to access the justice system and to do this you need civil society helping to ensure that there are mechanisms that help people (all people) access justice.
- Post 2015 – we must not lose the momentum on HIV that has been gained through the period of the Millennium Development Goals

**B:** *Revisiting the Commitments Made at Key Pacific Regional Consultations.* Dr. Dennie Iniakwala (Public Health Division), Sandra Bernklau (Regional Rights Resource Team), Secretariat of the Pacific Community (SPC).

The purpose of the SPC / RRRT session was to recall specific, national level commitments to progress human rights compliant legislative reform in response to HIV in the region. The session covered:

- the commitments already made by PIC governments;
- the details of these commitments; and
- how to use this information to start thinking about how to progress towards meeting these commitments by 2015 (which is the UN ESCAP goal) .

SPC / RRRT noted that:

- Significant work to address HIV-related stigma and discrimination has been undertaken in the Pacific, through the support of national governments, the UN and Heads of Council of Regional Organisations of the Pacific (CROP) agencies as well as national and regional civil society organisations. The Country Coordinating Mechanisms have been key rallying points for organising national level support in progressing human rights and gender compliant legislative and policy responses to HIV;

In addition to global level commitments and targets (such as the 2011 *Political Declaration*, which was sponsored by Fiji) a number of other key Declarations and other process and outcome-oriented commitments made to date in the Pacific were noted (and are available in the Appendix C: Notes of the Consultation as well as the Consultation resource Manual) including the:

- Suva Declaration of 2004;
- Auckland Declaration of 2007;
- launch of the Pacific Response Fund on STIs and HIV in 2008;
- Pacific Sub Regional “Write Shop” on HIV, Human Rights and the Law; and
- ESCAP’s High Level Intergovernmental meeting held last year in Bangkok (at which the Roadmap to 2015 was agreed).

Additionally, other key activities and support in the region has included:

- UNDP PC support to the development of legislation in the Cook Islands;
- SPC RRRT work with Tuvalu, Solomon Islands and Vanuatu;
- PIAF’s support for legislative reform in a number of Pacific Island Countries (prior to their closure); and
- PIAF and other organisations’ work on workplace discrimination regarding PLHIV.



## **Country Participant Contributions**

### **Issues**

- There have been insufficient proactive efforts to communicate political commitments or decisions to the people who need to implement them. Important to note that we cannot just rely on the politicians to pass the information on. The Regional and Country based UN agencies need to ensure that the people who need the information in country are provided with it, independently of the politicians. All conference and meeting conclusions and decisions need to be communicated to the people who are expected to implement them.
- Politicians can support Declarations but if they have no authority in the sector responsible their commitment can be undermined by fellow cabinet members. There is a need to think carefully about who attends the high level meetings.

### **Suggestions/strategies**

- When calling together parliamentarians, try to involve civil society in the meetings, so that a broader range of people are aware of discussions and commitments.
- In 2014 all of the governments in the region will be required to report on progress in implementing the ESCAP recommendations, which provides an opportunity to highlight the commitments to progress.
- It is the job of the country representative from the conference / meeting to coordinate the communication of decisions and commitments. If there is a disagreement between the representative and the implementing ministry it has to be brought to the attention of the Prime Minister. Individual countries must take responsibility for better coordination. (Suggestion from HE the President of the Republic of Fiji).
- A Request that the Pacific Islands Chief of Police group's engagement on HIV issues be reactivated.

## **Session Two: *'Way Forward'*: Presentations of Draft Country Action Plan**

Each Country group worked for 2 hours on a draft Action Plan to reduce/remove legal and policy barriers to the HIV response. Country groups were encouraged to provide support and feedback to assist with ensuring the Action Plan was specific, measurable, achievable, realistic and had a timeframe (SMART). Only the key action points presented on Day Two are raised here as further refinement and revision occurred on Day 3. The drafting and the presentations of the draft Action Plans were completed on Day Two. By the end of Day 3 each country had reviewed their draft Action Plan.

The Final Action Plans were completed by 03 May 2013. This was 2 weeks after the end of the consultation so that approval from decision makers, who may not have been present at the Consultation, could be obtained. These are presented at Appendix E:

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### **Kiribati**

1. **Action:** Obtain Cabinet approval to draft the HIV Bill. To establish a new draft document and mandate Attorney General's office to start work on it.

**Obstacles:** Not all cabinet members might agree and approve.

**Strategies:** Will organize consultation with cabinet members; raise awareness of the need for the Bill during a working dinner hosted by MoH. Members of CCM can also influence respective leaders to support approval of cabinet paper.

2. **Action:** Drafting the HIV Bill: produce a working draft by December 2013.

**Obstacles:** Do not have the technical capacity to draft and will require external technical assistance.

**Assistance and Support Needs:** Will need technical assistance with drafting the HIV Bill from RRRT and UNAIDS.

### **Country Participant Comments**

- Suggestion to use a multi-sectoral working party to review draft cabinet paper
- 

## **Fiji**

### ***Overarching Action Theme***

#### ***A: Focus on Youth:***

1. **Action:** HIV Board to conduct awareness and education campaign nationally on HIV Decree targeting young people, MSM, sex workers, health personnel, law enforcements personnel. Plan and secure funds by December 2013 for the 2014 calendar year.
2. **Action:** Media campaign beginning with media sensitization so they understand the issues related to the HIV Decree. Following sensitization of the media, develop and implement a mass media campaign. June – December 2013.
3. **Action:** Requesting the Melanesian Spearhead Group to adopt HIV in a regional strategy that ensures the police understand their role in HIV prevention as part of law enforcement and care and to incorporate HIV training for all police officers. During June – December 2013..

**Obstacles:** Funding. Advice on how to get MSG to prioritize HIV

**Strategies:** Standards of Practice for the HIV Board will support all of the proposed Actions.

Active participation by leaders needs to be encouraged.

#### **Assistance and Support Needs:**

- Need all Melanesian countries to support this initiative. Leaders' summit in New Caledonia at the end of June 2013 -Assistance with how this can be put on the agenda?
- Funding
- Technical assistance

#### ***B: Focus on TG/MSM/Sex workers***

1. **Action:** Unrestricted access to condoms, lubricants and information. Condom vending machines in every public toilet by June 2015
2. **Action:** Law Reform. Amend Human Rights Commission Decree to align to constitution. Consultant to draft amendments
3. **Action:** Decriminalization of Sex Work. Strategy will be a communication strategy including media campaign on the public health benefits of decriminalization. Take the focus away from morality to a public health strategy. HIV board to communicate with SG's office to endorse engagement of a consultant. When new constitution is passed will submit paper on decriminalization. Should be by June 2014.

**Assistance and Support Needs:** Business Houses, Community Leaders, SG's office to approve consultants

*C: Focus on gender Inequality (This Action was not presented in depth as the Template did not extend to three Actions)*

1. **Action:** Strengthen ability of women in Fiji to insist on sexual and reproductive rights. Partner with Ministry of Women and Social Welfare.

#### **Country Participant Comments**

- The importance in addressing sex work and reproductive health of women in the Pacific
- 

### **Vanuatu**

1. **Action:** The first HIV positive child in Vanuatu to access schooling/enter school as soon as possible, thereby breaking the barrier of HIV positive children not being supported to attend school. Ideally this should happen in 2013.

**Obstacles:** Possible resistance by headmasters.

**Strategy:** If this happens formally involve Director MoH and cabinet members

**Assistance and Support Needs:** SPC / UNAIDS for technical assistance.

2. **Action:** Public Health Act to be completed by October 2013. Final draft should be completed by 2014.

**Obstacles:** Instability of government. Lack of Funding. Legal Support

**Strategy:** Call NAC meeting, inform them, National Secretary to NAC will facilitate the meeting. Convince legal officers to prioritize.

**Assistance and Support Needs:** Need resources, funds, legal support from ILO, SPC to draft the final paper.

#### **Country Participant Comments**

- First priority to get the child to school, but how many more are there to follow? Need a strong legal framework to enforce HIV rights and the right to apply for an injunction against the state when necessary. This needs to be included as a provision of the Public Health / HIV legislation.
  - MSG may be a good advocacy platform to lobby.
  - Fiji may be able to provide advice / assistance drawing on their experience. Country to country support.
  - Vanuatu signed up to CRC and could be an avenue to attract international support to gain support. Education Act seems to have provisions for compulsory education, which could also be used to get the child into school.
  - Vanuatu Constitution has many protections against discrimination. Have already ratified CRC. Could get the MoE to issue a policy directive to force them to take positive children into school.
  - Minister of Education must act, it is his job. Advise the mother to go straight to the Minister and ask him to go straight to cabinet to make the necessary changes to allow the child into school. Force the issue with the Minister.
-

## Papua New Guinea

1. **Action:** Study on the impact of laws on HIV&AIDS to identify which laws need to be changed and how. There is no comprehensive evidence on the positive and negative impacts of existing laws. June 2013 start planning and complete by June 2014.

**Obstacles:** budget

**Strategy:** approach key government agencies, departments, NGO's, FBO's

2. **Action:** Sensitize politicians, public leaders, judiciary on HIV and Human Rights issues

**Obstacles:** lack of interest & commitment.

**Strategy:** The GoPNG has already shown they are very unwilling to consider decriminalization of MSM and sex work; therefore evidence in the PNG context is required to convince them. Planning can begin straight away and will be an on-going activity

### Country Participants Comments

- Important point about judicial education.
- Human Rights Track allows for direct access to the National Court by filling in a very simple form.
- UNAIDS is developing a handbook for Judiciary which will be launched in June.
- Might like to consider some other activities such as travel restrictions and Intellectual Property.
- Any thoughts on how to strengthen the law enforcement aspect.

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## Samoa

1. **Theme:** Strengthen HIV awareness. **Objective for Action:** – to continue with HIV prevention programs and services. Focus on peer educations. Improve outreach programs. Improve advocacy methods that are non-media. By targeting key affected population. Ensure access and availability of condoms. By June 2014

**Obstacles:** Religious and cultural beliefs. Accessibility and distribution of condoms

**Strategies:** Generally creating understanding through health and HIV education. People with relevant education and expertise. Regional technical assistance required. Condom dispensers.

**Assistance and Support Needs:** SPC training for peer educators in Sept 2013.

**Monitoring:** incorporated into MoH M&E framework.

2. **Theme:** Enforceability of HIV policy. **Objective for Action:** – Consult with all stakeholders who participated in the development of this policy to find out what has been done and what obstacles exist. Distribute to business and private sector so they are aware.

**Obstacles:** Lack of understanding. Cultural and religious opposition.

**Strategies.** Keep going with health education

**Need.** Sufficient resources and capacity

**Assistance and Support Needs.** RRRT, SPC, UN on training and resourcing.

### Country Participant Comments

- Through MoL working with private companies to develop HIV&AIDS workplace policies. MoL and MoH support business to educate workers on HIV&AIDS, then develop and implement workplace policy.
- ILO has a project which supports constituents develop HIV&AIDS policies, Samoa is able to link in with this.

- Perhaps do awareness from a wellness perspective and integrating with Sexual and Reproductive Health.
  - Using the chief system and Churches can be very effective.
- 

## Tuvalu

1. **Action:** Awareness among general public, judiciary, police and key stakeholders. Training for all of justice system, police health workers and enforcers of law. Complete by 31 December 2013

### Obstacles

- Delay in passing the law
- Availability of key stakeholders.
- Funding.
- Outer Island Consultation – can cause delays

### Strategies:

- Submit cabinet paper that includes this plan. Prepare together with AG.
- Plan ahead and communicate with Key Stakeholders. Emails to key people to secure dates.
- Use existing funds. Approach MoH.
- Outer Island Consultation: Need to request in advance logistics (shipping schedule) in advance. Written request to Department of Marine.

**Assistance and Support Needs:** Trainer for justice and police, probably in 2015.  
Funding for all training and awareness programs across all levels in the community by 2015.

2. **Action:** Gain political commitment to international and regional declarations and agreement. Complete by 31 December 2014

### Obstacles

- Competing priorities.
- Government instability.
- Government not aware.
- Having all Ministers in country.

### Strategies

- Cabinet submission of meeting outcomes.
- Press release; write to Ministers with meeting outcomes plus copies of declarations.
- Communicate with secretaries re: cabinet-meeting schedules.

**Assistance and Support Needs.** UNAIDS, RRRT to draft cabinet paper by 2 weeks after this meeting.

### Country Participant Comments

- Judicial Training in June for Pacific Judges run by RRRT. UNAIDS also publishing a Handbook for the Judiciary in June 2013 – a resource for future training activities..
- An explanatory memorandum to go alongside the Bill.
- HIV law awareness and training for enforcement authorities needs to happen once Bill in place
- Stakeholder consultations on draft BIL prior to passing had the result of raising awareness as well as contributing to the development of the decree.

- Countries can use the time while waiting for the Bill to pass to prepare for implementation. E.g. the Fiji HIV Decree required certified VCCT counsellors, however training of VCCT counsellor training and certification did not start until after the Decree came into force.

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## Solomon Islands

1. **Action:** Finalize cabinet paper – for development of an HIV Bill, by June 2013. Stakeholder’s consultation to finalize the draft cabinet paper to ensure it complies with human rights requirements before presented to cabinet.

**Obstacles and Strategies:** Competing priorities for responsible officers. Extend communication to all Ministers not just Minister of Health. Face to face consultation to senior public servants and leaders to inform them about HIV in Solomon Islands and the need for the legislation.

**Assistance and Support Needs:** RRRT, UNAIDS, SPC – one day consultation with cabinet ministers in May 2013.

2. **Action:** Finalize draft legislation and drafting of HIV legislation.

**Obstacles.** Unavailability of local drafters – may need external assistance.

**Assistance and Support Needs:** Funds and technical assistance – RRRT can help

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## DAY 3: April 19, 2013

There was a screening of the *Video Message by United Nations Secretary-General Ban Ki-moon at the International Conference on Human Rights, Sexual Orientation and Gender Identity* (Oslo, 15-16 April 2013).

## Session Three: “Monitoring Progress”

### A: Peer Review and Refining the Action Plans

The Country groups then went into working pairs to review each other’s Action Plans to further assist with refining the Plan’s content. The pairs were loosely matched to the size and profile of their HIV epidemic. Each pairing had a member of the resource team in support.

After 30 minutes each Country presented back to the group the Action Plan, as they understood it, of their Country pair. The purpose of this activity was to highlight the need to promote and the skills needed to explain the Action Plan to a third party, particularly on return to their Pacific nation after the Consultation. After each presentation the full group were invited to provide further comment on the SMART attributes of each Action Plan.

Points were raised on the need:

- To ensure KPs were named and protected, that they may need to be more targeted rather than reference to the general population;
- Ensuring Bills and draft policies are grounded in human rights;
- That the timelines/target dates were realistic; and

- That the terms such as ‘incidence’ and ‘diagnosis’ were understood and carefully used

## **B: Building Consensus on the return to Country**

The group then identified what could be done to ensure progress on their Action Plans once they have returned to their countries. The aim being to focus on how to achieve consensus on the Actions identified with those responsible for authorising and implementing the Actions.

### **What can be done to ensure success of the Action Plan?**

- Make appointments with the people you need to talk to, to explain how the action plan was developed and how it will be implemented.
- Provide a brief overview – make their understanding of the issues easy to follow.
- Remember to use the high STI rates to create a sense of urgency.
- Use opportunities for Media coverage – make it a win/win for the politicians.
- Consider offering/providing a meal/dinner or a social occasion where the key decision maker may wish to attend.
- Take other key stakeholders with you to encourage/promote the Action Plan - especially KP's.
- If your Minister or boss does not have an ‘open door’, find someone else who does.
- Use your personal, church, village and work based contacts to find a connection to the person you are trying to encourage.

## **C: Closing Remarks – Key Points**

### **Mr Prasada Rao, the United Nations Secretary General’s Special Envoy on AIDS in the Asia Pacific Region**

- There must be a sense of urgency in what we are doing;
- We need to work towards meeting the 2015 targets;
- Ensure HIV remains on the post-2015 agenda;
- The key partners in the Pacific must work together to ensure that countries are supported in meeting their targets;
- Make use of the media to keep the issues and our work in the public arena and make use of social media and other innovative tools;
- Monitoring of action plans at country and regional levels is important. While NACs may do it at country level, the RST and SPC should collaborate to ensure proper monitoring of progress against commitments made; and
- Keep the civil society pressure up. Involvement of communities is crucial.

### **Steve Kraus, Director of the UNAIDS Regional Support Team for the Asia Pacific Region**

- Important to engage with the community in all our efforts;
- Noted the effective use of the different countries to challenge and support other countries during the consultation;
- Reminded participants that at the 2011 HLM ALL participating countries made ten commitments to achieve certain targets and will be required to report back to the UN General Assembly in 2015. He suggested that this “pressure” to report on country progress is also a significant advocacy opportunity;
- Countries were reminded to make use of the resources that were provided at the consultation and to make use of these in country level consultations in the lead up to the

2015 reporting process and the preliminary ESCAP peer review process. Countries were encouraged to see these events as opportunities;

- Countries were reminded that they are not on the road alone. It was noted that this consultation brought countries together and worked to create support systems for actors working towards achieving the ten targets and those working specifically on legal and policy reforms;
- Noted that the recommendation to work with police forces in the Pacific to address issues around the law on the streets is an excellent opportunity and needs to be a crucial activity;
- Take the opportunities for support that are available: pro bono legal service available through UNAIDS, upcoming judicial consultations, and other significant opportunities;
- Be vigilant to moves to undermine access to high quality, low cost drugs through patent and intellectual protection laws and seek assistance from UNAIDS and others to counter these efforts;
- The fist of intolerance versus the hand of support: We must remain advocates for the hand of support over the punitive fist of intolerance; and
- Our challenge – no matter our circumstances, employment or affiliation – is to help give a voice to the voiceless, the marginalized, and the disenfranchised.

### **His Excellency, the President of the Republic of the Fiji Islands, Ratu Epeli Nailatikau**

- The President noted the empowering experience that the consultation provided;
- He noted that we know what works and we have seen evidence of what works and that must be the full focus of our efforts; and
- He noted that we are on the right track, but must not be allowed to be distracted

## **PARTICIPANT EVALUATIONS**

The participants were invited to provide a written evaluation on their rating on the Consultations' Objectives, facilitation, reading material, logistics, increased knowledge and suggestions for improvement. All 23 participants provided written feedback. The speakers and resource personnel were also invited to contribute and 7 did so. The full Evaluation Report is at Appendix D and has been provided to UNAIDS and the supporting agencies for assistance in future planning of similar meetings.

**Objective 1.** *The presentations and discussion on the overview of the laws and policies in seven Pacific nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu), which impact on human rights-based health programming initiatives and enjoyment of human rights, by persons living with HIV/AIDS.*

- 82.5% of the participants rated the Objectives as 'Very Effective' or 'Effective'.
- The majority (14) selected the 'Effective' rating

**Objective 2.** *Consultation and discussion on legal and policy barriers to effective HIV responses, in line with international human rights standards in the 7 countries, through a multi-sectoral and participatory dialogue on laws, regulations, and policies including the Auckland and Suva Declarations*

- 73.8% rated this Objective as 'Very Effective' or 'Effective'.
- The largest group (10) selected 'Effective'.



**Objective 3.** *Develop prioritised action plans that will include provisions for monitoring and the success for the seven countries, which can be supported by country partners (including the United Nations).*

- 82.5% rated this Objective as either 'Very effective' or 'Effective'.
- The largest group (10) selected 'Very Effective' as their rating.

## CONCLUSION

### Overview

A clear message from the regional and global experts was the need for Action and not another 'talkfest'. Reference was made by many to the challenges in progressing the Actions from the meeting held on *Accelerating HIV Law reform in selected Pacific Island Countries*, 11-14 September 2011, (the Sub-regional 'writeshop' report was provided in the Resource Manual). This sentiment was shared by the country participants, however it was noted that for real progress on realistic and achievable Action Plans key senior government personnel, with authority to implement the proposed changes, needed to be present at the Consultation. This was feasible for PNG, Kiribati, Tuvalu and Fiji who had brought key political leaders/officials with authority. For the remaining countries it was necessary to include a further two weeks after the consultation for participants to engage and secure senior staff agreement on the proposed Action Plan.

Despite the difference in population sizes and hence numbers of people affected by HIV, all countries could identify laws and policies that were holding back the HIV response, as well as stigma and discrimination and access to justice that could be improved through programmatic interventions.

Competing priorities, particularly where HIV prevalence was very low, included climate change challenges and the impact of non-communicable diseases (NCD) on a country's health outcomes.

This meeting underscored the challenges for many Pacific Island nations to progress the protection of the human rights of Key Populations particularly for MSM, sex workers and transgender people. The strength and influence of the traditional leaders and conservative churches in the majority of Pacific nations highlighted the relative weakness/ and challenges of scale for marginalised populations such as sex workers and MSM.

For some countries that had ensured a good depth of understanding in one sector, there were understandable gaps in knowledge about the current HIV pertinent policies and implementation in another key sector. For example, where there was strength in legal expertise and HIV it was not realistic to expect similar levels of knowledge in HIV and the health sector. This did result in some Actions, such as HIV education in schools and HIV awareness activities, in the draft Action Plan that needed to be validated with the key sectors after the Consultation had ended.

### Evaluation

The participant's Evaluation provided a strong indication that the Consultation had been successful in achieving the 3 Objectives (73.8% - 82.5% ratings for 'Very Effective' to 'Effective' for all Objectives).

Key for the complete evaluation of the effectiveness of this Consultation will be:

- a) The submission of the finalised Action Plans, by all seven countries, 03 May 2013;
- b) The monitoring (nationally and regionally) of progress linked to these Action Plans; and
- c) Documentation and reporting of actual progress, with dissemination of information to key stakeholders at the national level, and at regional level in accordance with the ESCAP Roadmap to 2015 (first regional review is early 2014).

## **Action Plans**

The emphasis was on what was realistic and achievable as well as what reflected a priority concern for the Pacific nation. Therefore each Action Plan's content varied i.e. from Fiji looking at ways to de-criminalise sex work, building on the success of their HIV Decree, to Vanuatu on how to ensure a Cabinet paper on possible HIV legislation could be presented to cabinet.

## **Monitoring System for the Action Plan**

The purpose of the monitoring systems for each Action Plan was primarily to support the Consultation participants to take the Action Plans back to their countries and translate them into action and results, by facilitating communication between the country participants and development partners over the time period set out in the action plan. The aim is that the agreed monitoring systems for each Action Plan will also ensure that countries are able to access the support required in a timely fashion, and will strengthen accountability of the countries and of the development partners who offered support.

**In-Country:** Each Country delegation reached an agreement on who would take personal responsibility for either implementing the Actions identified or would be responsible for liaising with the relevant stakeholders back in country to get their agreement on the action plan and the proposed monitoring system in the Action Plan.

As a number of the Action Plans required the agreement of a senior decision maker who was not present, the monitoring system was uncertain until that agreement was secured. For others where there were sophisticated M & E frameworks in place, it was assumed that the actions set out in the Action Plan could be easily incorporated into the national M&E framework

**Regional:** The proposed approach was that UNAIDS Fiji would allocate UN personnel to follow up and support each Country's progress (though direct liaison with the participants), once the Action Plan had been submitted on the 3 May 2013. This would fit within the system in place to support and collect country reporting for ESCAP.

## **Recommendations for Regional Strategies to support Action Plans in PICs**

Whilst the intended outputs of the Consultation did not include formal recommendations or a Declaration there were key points for future regional strategies that could assist with reducing/removing barriers in HIV and the law in the Pacific.

- a) Re-establish the Pacific Islands Chief of Police group Work on HIV**  
It was noted that this initiative had been a successful vehicle for delivering HIV and the Law training and influencing key decision makers within the Police/enforcement authorities.
- b) Strategies to ensure high level decision maker's engagement with the Action Plans**

In noting the absence of key decision makers for some country groups it was suggested that the following initiatives could assist with securing the increased engagement/ownership by high level decision makers with the Consultation's Action Plans.

- In-Country Consultations: Led/hosted by the Senior Personnel in the key sectors
- Regional meetings, such as the upcoming Chief of Justice's meetings, could be an opportunity to discuss the Action Plans developed at the Consultation.
- Dissemination and discussion of the meeting report and Action Plans by UN to senior Government officials (including those invited to the Consultation who were unable to attend).

**c) Pacific-to-Pacific peer based Country support**

The country delegates identified the opportunity to provide support to each other after the Consultation, across differing levels of capacity and experience, 'Pacific to Pacific', to assist the Pacific region support both individual Action Plans and maintain regional level progress. The group suggested UNAIDS consider supporting this initiative through:

- UNAIDS facilitating the sharing of Facebook addresses via the participant's email addresses (It was noted that Facebook often works more effectively as a means to engage across the challenges of distance in the Pacific)
- The UN agencies/SPC support the offer of support by larger countries to smaller countries through the providing cost of travel and/or procurement of training deliverables from the support country. (i.e. Fiji to Vanuatu)

## Appendices

Appendix A: Consultation Agenda

Appendix B: Participants

Appendix C: Notes of the Consultation (including Country Reports from Day One)

Appendix D: Evaluation Report

Appendix E: Country Action Plans

**HIV and the Law Consultation: 17-19 April 2013**  
**Participating Countries:**  
 Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu and Vanuatu

**APPENDIX A: Consultation Agenda**

<b>Day 1 – 17April 2013</b>			
<b>Opening and Welcome</b>			
<b>Time</b>	<b>Topic</b>	<b>Presenter(s)</b>	<b>Outcomes/ methods</b>
8.00-8.30	<i>Registration</i>		<i>Self-registration</i>
	<i>Official Opening</i>	§ UCC Pacific	
8.30	<ul style="list-style-type: none"> <li>• Prayer</li> <li>• Opening and Welcome Statements</li> </ul>	§ TBD § UN Resident Coordinator § Community Representative § HE President of Fiji	<i>Session outcome:</i> <i>Participants aware of meeting process</i> <i>Session methods:</i> <i>Key note speech</i>
9.30	<ul style="list-style-type: none"> <li>• Programme Overview</li> <li>• Engagement approach</li> </ul>	§ Meeting Facilitator	<i>Session outcome</i> <i>Agenda overview, timelines agreed, participants introduced</i> <i>Session method</i> <i>Presentation of Agenda</i> <i>Engagement approach</i> <i>Participants self-introduction</i>
10:00	<i>Group Photo</i> <i>Tea/Coffee Break</i> <i>Media Briefing</i>		<i>Group Photo taken with Guests</i>  <i>Media Briefing with Press</i>
<b>Session One: "HIV related law reform, where are we in the Pacific/ selected countries"</b> <i>Session objective: Overview of global and regional status update, overview of progress and challenges in the selected countries</i>			
10.30	<ul style="list-style-type: none"> <li>• <b>Key highlights of the HIV epidemic in the Asia Pacific Region</b></li> </ul>	§ Steve Kraus, UNAIDS RST Director Asia Pacific	<i>Session outcome</i> <i>Participants informed of Key highlights in Asia and Pacific; and Key Outcomes of the Global Commission on HIV and the Law Report</i> <i>Session methods:</i>

	<ul style="list-style-type: none"> <li>• “Risks, Rights &amp; Health” outcomes of the Global Commission on HIV and the Law and implications for the Pacific.</li> </ul>	§ Brianna Harrison, Human Rights Officer, UNAIDS RST	<i>Presentation of key findings. Q &amp; A</i>
<b>Session One: continues</b>			
11.30	<ul style="list-style-type: none"> <li>• An overview of the legal environments for the HIV response in participant countries (findings of the desk review by consultant)</li> </ul>	Jo Cooper/Consultant	<i>Session outcome</i> <i>Participants are informed and have an increased awareness of existing legal environments in the context of their 7 countries, from the desk review</i> <i>Session methods:</i> <i>Presentation of key findings.</i> <i>Q &amp; A</i>
12.30 13.30	<i>Lunch</i>		
<b>Session One continues</b>			
13.30	<b>Country presentations on progress and challenges. 15 + 5 min Q/A</b> <ul style="list-style-type: none"> <li>- Solomon Islands</li> <li>- Tuvalu</li> <li>- Samoa</li> <li>- PNG</li> <li>- Fiji</li> </ul>	§ Country groups with facilitation of Resource Persons.	<i>Session outcome</i> <i>Participants have advised of issues in their country, are informed of issues in neighbouring/other Pacific nations and have an increased awareness of HIV, the law and human rights issues</i> <i>Session methods:</i> <i>Presentation of Country Progress. (to be completed by countries prior to arrival).</i> <i>Q &amp; A by each country of each presentation</i>
15.00	<i>Tea Break</i>		
15:15	<b>Country presentations on progress and challenges. 15 + 5 min Q/A</b> <ul style="list-style-type: none"> <li>- Vanuatu</li> <li>- Kiribati</li> </ul>	Same as above	<i>Same as above</i>
16.00	<b><i>Video teaser: ‘An epidemic of bad laws’ El Feki TED Talk</i></b>	Video (15 mins)	
16.15	<b><i>Panel discussion</i></b>	§ Panel discussion with Q/A from plenary on key issues	<i>Session outcome.</i> <i>Panel present and engage on Key issues with reference to the Global</i>

		e.g.: <ul style="list-style-type: none"> <li>- Protection against stigma &amp; discrimination</li> <li>- Criminalisation of certain behaviours</li> <li>- Criminalisation of HIV transmission</li> <li>- Privacy &amp; confidentiality</li> <li>- Challenges in moving legislation</li> <li>- Role of Civil society and community</li> </ul>	<i>Commission Chapters /Recommendations.</i> <b>Session methods:</b> <i>Panel present key issues</i> <i>Participants Q &amp; A</i>
16.55	Wrap-up Day	§ Meeting Facilitator	<b>Session Methods</b> <i>Country to make list of top 3 areas of concern in removing/reducing barriers in their country and provide List to facilitator</i>
17.00	Day End		

## Day 2 – 18April 2013

### “Prioritized country action plans to implement ESCAP resolutions 66/10 and 67/9 by 2015”

Time	Topic	Presenter(s)	Outcomes/
8.30	<b>Re-cap of Day 1- 10min</b>	§ Meeting Facilitator	<i>Summary of key issues/points of Day 1, noting emerging consensus on prioritised recommendations for removing legal and policy barriers</i>
8.45	<b>Intro session:</b> <ul style="list-style-type: none"> <li>• <b>Moving Forward the Global Commission on HIV and the Law Recommendations in the Pacific/Post 2015 Agenda</b></li> </ul>	§ JVR Prasada Rao/UN SG Special Envoy on AIDS in Asia Pacific	<b>Session outcome:</b> <ul style="list-style-type: none"> <li>- <i>Set the stage and remind of linkages between HR and HIV in terms of determinants and consequences</i></li> <li>- <i>Review regional commitments and mechanisms</i></li> <li>- <i>Understanding of community issues/ challenges</i></li> <li>- <i>Identification of progress in HIV related law reform, remaining barriers and challenges</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Presentation: Revisiting the outcomes of key regional commitments ( Auckland and Suva Declarations, UN ESCAP Intergovernmental meeting Feb 2012)</b></li> </ul>	§ SPC	<i>Session Methods.</i> <i>Presentations by resource personnel</i> <i>Country Q &amp; A engagement</i>
<b>Session Two: " Way forward"</b>			
<i>Session objective: Prioritised Action Plans</i>			
9.45	<ul style="list-style-type: none"> <li>• <b>Introduction of methodology/ Action Plan template attached</b></li> </ul>	§ Meeting Facilitator	<i>Session outcomes</i> <i>Participants understand the use of the template and the expectations that they draft their Action Plan</i>
10:15	<ul style="list-style-type: none"> <li>• <b>Group work/ country groups</b></li> </ul>	§ Country groups with facilitation by Resource Persons § Use check list of Key Priority issues	<i>Session outcomes.</i> <i>Prioritised action plan in draft form (Law reform/updated policies/Roadmap to ESCAP resolution implementations).</i> <i>Session methods:</i> <i>Country groups to focus on 3 priority issues that are achievable by 2015 and to complete template in draft form</i>
10:30	<i>Tea Break (working)</i>		
<i>Continued</i>	<ul style="list-style-type: none"> <li>• <b>Group work/ country groups</b></li> </ul>	§ Same as above § Include 15 minutes for Groups to draft afternoon presentation	<i>Same as Above</i>
12:30pm	<i>Lunch</i>		
13:30pm	<ul style="list-style-type: none"> <li>• <i>Country presentations (15 min + 5 min Q &amp; A)</i> <i>- 4 countries</i></li> </ul>	§ Country groups	<i>Session methods.</i> <i>To present Action Plan of Top 3 Priority issues and strategies for action Q &amp; A from Country groups</i> <i>Session Outcome:</i> <i>Country groups to present evidence that they have focused on priority issues that are achievable by 2015 and have completed template in draft form</i>
15.00	<i>Tea Break</i>		

15:30	· 3 countries	<ul style="list-style-type: none"> <li>Country groups</li> <li>Group engagement via Q &amp; A</li> </ul>	<i>Same as above</i>
16:50	Wrap-up Day 2	Meeting Facilitator	Key conclusions of Day 2
17.00	<i>Day End</i>		

### Day 3 – 19 April 2013

Time	Topic	Presenter(s)	Outcomes/methods
8:30	<b>Re-cap of Day 2</b>	Meeting Facilitator	<i>Summary of Day Two: Focus sustained on the prioritised recommendations for removing legal and policy barriers in each country</i>
<b>Session Three: " Monitoring Progress"</b>			
8.45	§ <i>Draft Action Plan review (30 mins)</i>	§ Meeting Facilitator § Country pairs with facilitation by resource personnel in support	<p><b>Session Outcome</b> <i>Each Country Action Plan review been reviewed by a peer country, have a date for peer progress review and been signed by both parties of the pair</i></p> <p><b>Session Methods</b> <i>In country pairs, to review each other's Action plan using SMART tool, to agree date in future to re-convene to monitor progress and to offer support.</i></p>
9.15	§ <i>Country's Pair present proposed Prioritised Action Plan (5 mins each = 35 mins)</i>	§ Country presentations	<p><b>Session Outcome</b> <i>Each Country Action Plan's Actions are adequately presented by the opposite Pair</i></p> <p><b>Session Methods</b> <i>Country pair presents their partner country's Monitoring process Q &amp; A from one participant if needed</i></p>
9.50	§ <i>Consensus - process to identify key approaches to achieve consensus from key stakeholders</i>	§ Meeting facilitator	<p><b>Session Outcome</b> <i>The participants identify approaches to achieve a consensus on the prioritised recommendations for removing legal and policy barriers to combat stigma and discrimination and enhance universal access in each country for national partners to take forward</i></p> <p><b>Session Methods</b></p>



			<i>Presenter asks for the group to identify suggested strategies to achieve consensus of key stakeholders</i>
<b>10:15</b>	<i>Coffee/Tea Break</i>		
<b>10.45</b>	§ <i>Identification of national and regional mechanism for implementation and follow-up on commitments</i>	§ Meeting Facilitator	<i><b>Session Outcome</b> A national and regional multi-sectorial mechanism has been agreed with key personnel named and an outline of a planned process <b>Session Methods</b> Presenter proposes options, the group debate and agree the regional mechanism</i>
<b>11.45</b>	§ <i>Meeting summary and closure</i> § <i>Summary of key decision points</i> - <i>Emerging issues</i>	§ Meeting Facilitator	<i><b>Session Outcome</b> Participants can confirm increased awareness, have tool to enable focused progress on reducing barriers, have an identified partner /colleague to support progress and are engaged with the new multi-sectorial monitoring mechanism for the region <b>Session Methods</b> Presenter presents the summary of key decisions and emerging issues confirming decision points and emerging issues with the participants</i>
<b>12:30</b>	<i>Closing Remarks: UN Special Envoy for HIV/AIDS in Asia-Pacific UNAIDS RST Director HE President of the Republic of Fiji</i>		
<b>1.00 pm</b>	<i>Lunch/ Departure of Participants</i>		

**HIV and the Law Consultation: 17-19 April 2013**  
**Participating Countries:**  
**Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu and Vanuatu**

**APPENDIX B: Participants List**

**Pacific HIV and the Law Consultation**

Tanoa International Hotel, Nadi  
17-19 April 2013

**LIST OF PARTICIPANTS**

- |      |   |   |
|------|---|---|
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**HIV and the Law Consultation: 17-19 April 2013**  
**Participating Countries:**  
**Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu and Vanuatu**

**Appendix C: Meeting Notes**

**Pacific HIV and the Law Consultation,  
17 – 19 April 2013, Nadi, Fiji**

**Day 1 – 17 April 2013**  
**Pacific HIV and the Law Consultation**

**Opening Speeches**

**UNDP Resident Coordinator**

- There has been significant progress in the Pacific responses to HIV, especially in the area of treatment, but much remains to be done to make progress against established targets;
- Treatment costs have decreased but overall treatment costs in the Pacific remain high because of the cost of support structures in a logistically challenging environment;
- The level of stigma and discrimination for MSM and other vulnerable people remains high and much remains to be done to address these impediments to national and the regional responses to HIV;
- Stigma and discrimination remain key issues, and in many Pacific countries are fuelled by a lack of legal and policy protective environments;
- Adopting responses with human rights at the core is the only way to succeed in responding to HIV in the Pacific region.

**Temo Sasau, Empower Pacific**

- Emphasised the importance of the meaningful involvement of people living with HIV and other key affected individuals and communities in decision making and planning processes;
- Reminded participants that we aren't just talking about an epidemic, that we are talking about people – our brothers, sisters and friends

**President Ratu Epeli Nailatikau**

- More than 30 years into the HIV epidemic, punitive laws, policies and practices in the Pacific region—and across Asia Pacific (and globally)—are blocking access to HIV programmes and services.
- Laws should work *for* the AIDS response, not against it. Legal environments – laws, law enforcement practices and access to justice - should protect, not punish, people vulnerable to HIV infection.

- A number of countries in the Asia Pacific region have taken concrete steps to remove punitive laws and policies (*Fiji, China, India*). Let us learn from these examples and encourage other countries to follow.
- All UN Member States including PICs, have made commitments to eliminate HIV-related stigma and discrimination and remove legal and policy barriers to access to HIV services for people living with HIV and key populations including MSM, sex workers, people who use drugs and transgender people by 2015. To achieve these goals, the pace of progress must be dramatically accelerated.
- Community involvement will be critical to push forward the agenda on legal barriers.

**Regional snapshot: punitive laws and policies**

- Thirty years into the HIV epidemic, many countries around the world continue to have punitive laws and policies that undermine HIV responses.
- Here in the Asia-Pacific region, it is unacceptable that 90% of countries still have laws that obstruct the rights of people living with HIV.
- The report of the Global Commission on HIV and the Law provided persuasive evidence and recommendations designed to save lives, save money and help end the AIDS epidemic globally. The Commission's Report is a unique tool to inform countries in designing a strategy and action plan for creating an enabling environment for an effective national response to HIV.
- In the Pacific region, of 12 Pacific island nations:
  - 8 countries (67%) are known to criminalize same-sex relations
  - At least 9 countries (75%) are known to criminalize some aspect of sex work
  - At least 5 countries (41%) are known to impose travel restrictions on people living with HIV.

*\*The 12 referred to here are: Fiji, Kiribati, RMI, FSM, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu. Please see attached table for the breakdown of laws they do / do not have. Please see note in Background regarding other PICs.*

**Legal environments should protect, not punish**

- The law should work *for* the AIDS response, not against it.

- Legal environments – laws, law enforcement and access to justice - should protect, not punish, people vulnerable to HIV infection.
- Legal environments should never obstruct the health or survival of any individual.
- Men who sex with men, sex workers, people who use drugs, transgender people, prisoners, migrants, women and young people—they all have a right to access HIV treatment, prevention support and care.
- Supporting countries to remove punitive laws, policies and practices is a priority area for UNAIDS.

#### **Recent signs of progress in addressing punitive laws**

- Over the past year, several countries in the region have taken steps to remove punitive laws and practices.
- UNAIDS applauded the Fiji Cabinet and the President of Fiji for taking the important steps, through the HIV decree, towards securing rights and security for people living with HIV, for lifting travel restrictions, and for decriminalizing sex between men.
- Papua New Guinea has put in place programmes to ensure that law enforcement does not act as an obstacle to HIV treatment and prevention.
- In the broader Asia Pacific context, it was noted that China, the Republic of Korea and Mongolia have lifted HIV-related travel restrictions and the High Court in New Delhi has decriminalized consensual sex between men.
- We must learn from these examples and encourage other countries to follow.

#### **Community involvement critical in addressing legal barriers**

- It was noted that community leaders have been significant in addressing punitive legal environments and pushing forward HIV successes in the region.
- The most effective HIV strategies and programmes are designed *by* and *for* communities.
- Communities are a critical partner of governments and parliamentarians in this area. Communities are best placed to identify challenges and develop solutions to achieve real and sustainable progress in addressing the laws, policies and practices that hinder their access to HIV services.

#### **Pacific Legal review**

- We look forward to the rich discussions and dialogue of this multi-sectoral and participatory review and consultation.
- Through this consultation, the seven participating Pacific nations are leading the way in Asia and the Pacific in the implementation of commitments made at the United Nations General Assembly (2011) and through the United Nations Economic and Social Commission for Asia and the Pacific (2010, 2011) to review laws and policies that adversely affect the successful delivery of HIV services to people living with HIV.
- We look forward to sharing experiences and perspectives with policymakers, law, human rights representatives, people living with HIV, key affected populations, community advocates, UN experts and other participants.
- Through the meeting, country delegates will generate action plans on key issues around HIV, human rights and the law—galvanizing momentum and action towards revision and removal of punitive laws, policies and practices and provision of legal protection for people living with HIV by 2015.

#### **Review of the Meeting objectives:**

- i. Review laws and policies in seven Pacific Island nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu which impact on human rights based health programming initiatives and enjoyment of human rights by persons living with HIV & AIDS
- ii. Consult on legal and policy barriers to effective HIV responses in line with international human rights standards in seven countries, through a multisectoral and participatory dialogue on laws, regulations, and policies including the Auckland and Suva Declarations.
- iii. Develop prioritized action plans that will include provisions for monitoring and success for the seven countries, which can be supported by country partners.

#### **Anticipated outputs**

- i. Increased awareness and understanding of HIV, the law and human rights issues for a range of stakeholders
- ii. Documented consensus on prioritized recommendations for moving legal and policy barriers to combat stigma and discrimination and enhance universal access in each country for national partners to take forward.



- iii. A time frame for action, and formulation of a multi sectorial working group with responsibility and recommendations.
- iv. A multisectoral working group with responsibility for monitoring progress on the agreed actions and recommendations which can be used to support governments reporting on the ESCAP and HLM commitments.

Session One: HIV related law reform, Where are we in the Pacific and in selected countries?

1. Key highlights of the HIV epidemic in the Asia Pacific Region – Steve Kraus, UNAIDS RST, Director Asia Pacific.

***MDG6 Unfinished agenda developing a common vision towards ending AIDS in Asia and the Pacific***

- vii. Globally new HIV infections have declined. 20%.
- viii. Commitments made by member states in the 2011 Political declaration on HIV include. By 2015:
  - 50% reduction in new HIV infections;
  - 15 million people on treatment,
  - Zero discrimination.
- ix. In 2011 – approx. 5 million PLHIV in the Pacific, one in three are women (1.6 million). There were 370,000 new HIV infections, 310,000Deaths, and 170,000 Children living with HIV
- x. In 2011 we had 370,000 new infections while the target for 2015 is 180,000 new sexual and injecting-related infections – about 140,000 sexual and 32,000 injecting.
- xi. The regional Spectrum projection shows a rise in new infections in the last couple of years suggesting the trend is going in the wrong direction
- xii. The best case scenario is that the overall declining trend since 2005 resumes and we reach about 290,000 new infections by 2015 – still short of the target by 110,000 infections. But intensifying interventions and a prioritization of investment approach with community involvement may help us reach the goal.

The alternative appears to be that the HIV epidemic resurges and new infections increase again to what a simple projection shows may be as many as 440,000 infections i.e. >250,000 infections short of the 2015 goal.

- xi. This situation was predicted by the Commission on AIDS in Asia in their regional projections assuming that prevention efforts are not focused appropriately.
- xii. The Commission projection was based on evidence of rising epidemics amongst MSM due to turning a blind eye to this and other populations at higher risk due to social prejudice and barriers to service. Also the evidence indicated that emerging epidemics in populous countries like Indonesia and Pakistan would expand due to slow action.
- xiii. Unfortunately when we look at the evidence, the Commission's dire prediction may be happening.
- xiv. ZERO AIDS-RELATED DEATHS the Asia / Pacific Region is likely to miss ART target by half a million
- xv. **ART – improving but lagging behind global averages**
  - Global increasing trend from 36% in 2009 to 54% in 2011
  - Regional increasing trend from 18% in 2009 to 44% in 2011, better in Southeast Asia than in South Asia
- xvi. **PMCT- the region is doing poorly compared to global average**
  - Global increasing trend from 48% in 2010 to 57% in 2011
  - Regional increasing trend from 16% in 2010 to 19% in 2011
- xvii. **ART coverage status in AP**
  - According to the latest GARPR data, in the Asia Pacific region only 44% of the people eligible fortreatment are receiving one.
  - CD4 count at treatment initiation is low , and below CD4 100 in some countries ( e.g. Thailand , Viet Nam , Myanmar)
- xviii. **Strategic use of ARV's and Prevention benefits - Prevention- Treatment continuum (**
  - Support countries to enhance the implementation of the current WHO treatment guidelines ( recommendation for treatment at CD4 350 )

- Combine with *Treatment as Prevention*. This would mean that ARV would be offered to the following groups regardless CD4 count
    - Serodiscordant couples
    - Pregnant women
    - Key populations ( SW, IDU, MSM)
  - Support country level adaptation of T2.0
  - Support countries in costing their treatment needs; development of “return of investment “ analysis and financial sustainability scenarios
- xix. **Unequal access to health services: key populations left behind**
- 1) Reducing infections among MSM and Transgender People should be a top priority
    - Despite high numbers of new HIV infections among MSM and transgender people, responses remain conventional and limited
    - Programmes do not sufficiently reach out to young MSM and transgender people
  - 2) Countries need to adopt Harm Reduction measures to make an impact on the Injecting Drug Use epidemic
    - Stigma and discrimination, including legal barriers are fundamental barriers to accessing services
    - 3 - 4 million men and women inject drugs
  - 3) There is growing regional momentum and action towards comprehensive and rights-based Sex Work programmes that are more effective
    - Empowerment and involvement of sex workers
    - Coordination and partnerships between health workers, police, social services, venue owners and managers
    - Changes in punitive laws, policies and practices
    - Addressing stigma and discrimination in healthcare settings
    - Prevention of violence against sex workers
    - Scale up of programmes for non-venue based and mobile sex workers, and male and transgender sex workers
    - Identifying and reaching people who buy unprotected sex
- xx. Funding mismatch – Total prevention spending 2010 - 2011 333 million. 12 to MSM, 33 to IDU and 19 to SW
- xxi. Legal and political challenges remain in 38 UN member States in Asia – Pacific.
- 12/38 impose restrictions on entry, stay, residence for PLHIV
  - 37/38 criminalize some aspect of sex work
  - 11/38 compulsory detention centers for people who use drugs
  - 15/38 provide for death penalty for drug related offences
  - 18/38 criminalize same sex relations.
- xviii. HLM commits member states to undertake national legal reviews – laws policies practices
- xix. “...ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to key affected populations”. (***ESCAP Resolution 66/10***)
- xx. “...initiate, as appropriate, in line with national policies, a review of national laws, policies and practices to enable full achievement of universal access to with a view to eliminating all forms of discrimination against people at risk of infection or living with HIV, in particular key affected populations.” (***ESCAP Resolution 67/9***)
- xxi. “organize national, multi-sectoral consultations on legal and policy barriers to universal access...” (**Roadmap endorsed at 68<sup>th</sup> ESCAP Commission, 2012**)
- xxii. Transforming Health & development – nothing for us without us
- Redesign delivery systems to work for people
  - Empower communities to identify problems and solutions allowing them to own their program
  - Maximize service provision through integration
  - Promote innovative partnerships
  - Strengthen community systems that support prevention and deliver effective treatment
- xxiii. The Way forward
- Political Commitment
  - Community Mobilization
  - Adequate Funding
  - Rights based evidence informed laws policies and programs

**2. Risks, rights, health outcomes of the Global Commission on HIV and the Law and implications for the Pacific – Brianna Harrison, Human Rights Officer, UNAIDS RST**

- i. In 2010 the Board of UNAIDS called for the establishment of an independent Global Commission on HIV and the Law. This was led by UNDP on behalf of the UNAIDS family.
- ii. The Global Commission on HIV and the Law undertook a broad and rigorous process of research, analysis and deliberation.
- iii. The Commission used public health data, legal analysis, qualitative research, and community consultations to build an understanding of how legal environments influence HIV epidemics. Conscious that laws exist for important reasons that go beyond public health—the protection and promotion of human rights, maintaining public order and safety and the regulation of trade—the Commission also examined the degree to which HIV-related law, on the books and in practice, is consistent with human rights and other legal norms.
- iv. 140 submissions from Asia Pacific. Its report was launched on 10 July 2012.
- v. Scope of the Enquiry. Legal environment = laws, law enforcement and access to justice
  - Antidiscrimination: health and Dignity through the law
  - Punishing vulnerability: Criminalization of HIV transmission, exposure and non-disclosure
  - Risk and Stigma. Key populations
  - Gender and disempowerment: women
  - Their whole lives to live: children and youth
  - Medicines for whom? Intellectual property law and global fight for treatment.
- vi. Key messages
  - Epidemic of bad laws is costing lives, resulting in human rights violations and fueling the spread of HIV.
  - Epidemic of bad laws is wasting money and limiting effectiveness and efficiency of HIV and health investments
  - Good laws and practices that protect human rights and build on public health evidence already exists – they strengthen the global AIDS response and they must be replicated.

- We have the science and tools to end AIDS. Biomedical tools and behavioural approaches alone will not be enough – structural drivers like the law have a vital role to play.
- vii. Findings
- 123 countries have legislation to outlaw discrimination based on HIV; 112 legally protect at least some populations based on their vulnerability to HIV. But these laws are often ignored, laxly enforced or aggressively flouted.
  - To safeguard their health and that of others, key populations need access to effective HIV prevention, treatment, care and support. Ensuring this is also a human rights obligation.
  - Legal environments that **dehumanize** people allow stigma and violence to flourish.
  - Some governments stand by as the police administer society's disapproval – beatings, torture, arbitrary arrest, mistreatment, unsafe prison conditions
  - Laws against consensual adult sex work undermine HIV prevention, allow excessive police harassment and violence and weaken sex workers' ability to negotiate safer sex with clients.
  - When States have recognized their rights, sex workers have collectivized to protect their health, bodily integrity and control HIV within their communities and beyond.
  - Hostility towards homosexuality and transgender people in many instances is a colonial import. Scholars have demonstrated that pre-colonial cultures were often much more tolerant of sexuality and gender diversity.
  - Laws prohibiting—or interpreted by police or courts as prohibiting—gender nonconformity, defined vaguely and broadly, are often cruelly enforced.
  - Immigration laws present barriers to access to services for migrants, exposing them to a risk of infection 3 times higher than that faced by those in secure homes.
  - Blanket exclusions of entry, stay or residence of PLHIV are ineffective as a measure to protect public health. In fact, they create a dangerous false impression that “outsiders” are contaminated and citizens are pure, and that their health is secure as long as the borders are secured
  - Despite international law, constitutional equality and protective laws on the books, gender inequality is pervasive – legal loopholes, multiple legal frameworks, and inadequate enforcement increase women and girls' vulnerability to HIV

### 3. An Overview of the Legal Environments for the HIV response in participant countries (findings of the desk review). Jo Cooper

- i. One size does not fit all
  - Cannot know what needs changing until know what is already there
  - Many different areas of law can have laws that are barriers to/affect the HIV response – such as criminal law; employment law; immigration law; prison law; jurisdiction of courts + more
  - Need to know what primary law exists - Laws, Acts, Decrees
  - Need to know what secondary law exists - Regulations, Orders, Notices
- ii. Desk review for Each Country
  - Legislative Data-Bases (and what is found there)
  - International Treaties, Obligations and Memberships
  - Constitutional Protections (Bills of Rights)
  - National Plans and Reports
  - Alphabetical List of Laws of relevance to focus areas and law revision activities
  - Updating and enlarging upon LCR 2009 showing changing environment for HIV response

#### Country Presentations on Progress and Challenges

##### Solomon Islands

###### Background

- 1994 SI recorded first HIV case
- 2004 first AIDS case and that raised alarm for national leaders
- 2004 first HIV Policy multi-sectoral strategic plan
- Confirmed reported HIV & AIDS cases in Solomon Islands, 20 Cumulative Cases as of last year 2012.
- Mode of transmission is heterosexual

###### Key legal and policy barriers to access to HIV services for people living with HIV and key populations

- VCCT Policy – Testing is Voluntary this does not encourage people to come forward to access HIV testing even thou they are at risk, e.g. Contact tracing, Health Workers are not able to directly test someone even if they know someone have contacted with a HIV Positive patient.
- Service Provider – Health and civil society workers

- The Environmental Health (Public Health Act) – Govern the Public Health in Solomon Islands, deals with notifiable disease. At the present HIV / AIDS are not on the schedule list.
- Culture is also barriers to access HIV services even thou it has no legal document or has no Policy, because of culture brother and sister from the same family/ tribe will not attend the same training or HIV workshop, awareness. If the Health worker from same family /tribe, will not attend that VCCT clinic.

###### Key steps taken in Solomon Islands to: Eliminate discriminatory laws, policies and practices hindering access to HIV services by PLHIV

- Development of the HIV Legislation started in 2010, which we now have the Draft Cabinet Paper yet to be presented for approve by Cabinet.
- Development of the New National Strategic Planning 2013 – 2018 – Stigma and Discrimination as a Cross Cutting issues, We would like to establish and maintain an environment in which PLHIV and vulnerable groups are enable to lives free from stigma and discrimination
- Involvement of PLHIV in the HIV program, to Facilitating HIV awareness to all communities where PLHIV lived.
- Basic HIV information to the general population, communities and Schools etc.

###### Key steps taken in Solomon Islands to: Eliminate discriminatory laws, policies and practices hindering access to HIV services by MSM

- The Penal Code of Solomon Islands, This practise is illegal, but practised.
- Two of our stakeholders (Save the Children and SIPPA) who work with this group.

###### Key steps taken in Solomon Islands to: Eliminate discriminatory laws, policies and practices hindering access to HIV services by Sex Workers

- The Penal Code Solomon Islands, this Practise is Illegal but it happens/exists.
- HIV stakeholders like Save the Children, Ministry of Health/ HIV Unit, Solomon Islands Planned Parenthood Association, and Churches who are working with this group. - Providing Basic HIV information / Training /workshop out of Honiara. VCCT done after the training.

###### Key steps taken in Solomon Islands to: Eliminate discriminatory laws, policies and practices hindering access to HIV services by Prisoners

- Establishment of VCCT Clinic with in the Prison services, and Counsellor who work in the Solomon Islands Correctional Services.
- Basic HIV information to prisoners /Steeping approach facilitated.

###### Migrants

- The current immigration Act provides that a person entering the country or leaving the country may be subject to Medical Examination if required by an immigration officer or organisations.

**Key steps taken in Solomon Islands to: Eliminate discriminatory laws, policies and practices hindering access to HIV services by Young people**

- Ministry of Youth, Women and Sport.
- Establishment of Youth Friendly Clinics, 6 sites SICHE, SIPPA, ROVE, Vonunu, Kukum, Temotu
- Resource centre, Honiara High School, SIPPA and MOH

**Challenges**

- Political will – competing priorities.
- Reactive culture.
- Access to VCCT – below 2%.
- Legal support.
- More support needed from high-level officials.

**Recommendations**

- Need for strong political support.
- Training for SINAC Members.
- . Awareness on VCCT;
- Engage with Ministry of Justice.
- Bring more high level officials onboard with the legislative working group actions;

**HIV Policy development**

- HIV stakeholders Consultation in March 2010 supported by RRRRT; Draft Skeleton HIV Policy developed
- HIV Legislation Working group trip to PNG in June 2011
- March 2012 Action Plan for HIV Legislation / Road map.
- The Solomon Islands National Consultation on HIV Legislation in May 2012 supported by RRRRT / SPC/ SIG – The Draft Cabinet paper developed which we yet to presented to Cabinet.

**Tuvalu**

**Situation:**

- Population of 11,000 people
- Predominant young population
- 9 Islands, 1 main hospital and 9 Medical centres
- VCCT available at main hospital
- Current HIV Situation: 11 cases since 1995, 4 deaths, 7 alive on record, None on treatment now, Last case reported in 2008, No legal cases related to PLWHA, High rates of STIs (Chlamydia)

**Current HIV situation**

- NSP 2009 – 2013 implementation ongoing
- NAC established
- ARVs available
- STI services available
- Strong Government and NGO partnership
- Participate in regional HIV initiatives

**Key legal & Policy issues**

- Stigma and Discrimination
- Legal framework – HIV legislation drafted
- Constitution – not specific for PLWHA
- Penal code – criminalize MSM, Sex work, brothels
- Work place policies – restricted to departments
- Cultural barriers
- Religion
- Active Political commitment

**Steps taken to date**

- HIV Legislation drafted – consultation ongoing now
- Work place policies completed for several departments
- Awareness campaign on going
- School curriculum (SRH) implemented
- HIV and STI Unit established
- Availability of VCCT
- PMTCT program available
- Availability of free treatment for PLWHA
- Involvement of key stakeholders
- Support from NGO partners

**Successful Strategies**

- Multi-sectoral approach
- HIV legislation drafted
- Work policies introduced successfully
- Government – continue to support HIV program
- Active National AIDS Committee
- Strong support from MoH

- Strong support from media (advocacy)
- Active participation and contribution from sub-committees.

#### Main barriers

- Current political situation – delay processing HIV legislation
- Religious ideology (particularly for MSM)
- Cultural ideology
- Stigma remains an issue

#### Samoa

##### Background

- } Population: 186,000 approx.
- } Land area: 2,934 km<sup>2</sup> (1,133 sq mi), consisting of the two large islands of [Upolu](#) and [Savai'i](#) which account for 99% of the total land area, and eight small islets.
- } Capital City: Apia
- } Type of Government: Democratic

##### **Status of HIV/AIDS:** 22 confirmed cases since December 2010

- 14 males, 8 females, 9 of the 22 confirmed cases have passed away (including 2 infants under the age of 4 years)
- } Routine and mandatory HIV testing only applies to pregnant women in antenatal care services
- } 90% of HIV infections are Heterosexual transmission
- } 2 suspected cases PMTC – mother to child transmission
- } Prevalence of HIV - LOW

##### **Key legal & policy barriers**

- People living with HIV – No specific protection from discrimination;
- Men who have sex with men (MSM) – remains criminalized in the Crimes Act 2013 (sections 67, 68 & 71).
- Transgender people – Crimes Act 2013 is now silent.
- People use drugs –general provisions in Food & Drugs Act 1967, Pharmacy Act 2007, Narcotics Act 1967
- Sex workers – remains criminalized in the Crimes Act 2013. (Sections 70, 72, 73 & 74). Section 16 of the Police Offences Ordinance 1961.
- Prisons – general provisions in Prisons Act 1967. Currently being reviewed.
- Migrants – section 5 of Immigration Act 2004

#### **Key Steps taken**

##### **A. Eliminate punitive or discriminatory laws, policies and practices hindering access to HIV services:**

- } National HIV & AIDS Policy 2011 – 2016;
- } Samoa National HIV/AIDS Plan of Action 2010;
- } Crimes Act 2013 (i.e. Female Impersonation);

##### **B. Strengthen protective laws concerning non-discrimination (e.g. in housing, employment, education and social services) and non-violence:**

- } Articles 9 and 15 of the Constitution;
- } Section 19, Ombudsman Act 1988 – make a complaint;
- } Human Rights Commission Bill;

##### **C. Strengthen laws and policies that will increase access to prevention and treatment, including PMTCT and deal with IP issues:**

- } Health Research Committee – ethical clearance for related research
- } Technical Advisory Committee (TAC)
- } National AIDS Council Committee (NACC)
- } Intellectual Property Act 2011

##### **d. Implement or scale up programmes to reduce stigma and discrimination and increase access to justice (e.g. legal services, legal literacy campaigns, stigma reduction programme in health settings, with law enforcement and with faith based organisations):**

- Stigma reduction programme in health settings –
  - Women in Leadership Advocacy Group) WINLA
  - Samoa Parliamentary Advocacy Group for Healthy Living (SPAGHL)
  - Adolescent Health Programme with Ministry of Education, Sports & Culture.
- Relationship between MOH, MWCSO & Community Groups, NGOs, workplaces and church youth groups.

##### **Strategies and Key Stakeholders**

- } National HIV & AIDS Policy 2011 – 2016;
- Ø Health Sector Monitoring & Evaluation Framework in 2010 includes indicators relevant to HIV/AIDS and STIs.
- } **Key Stakeholders:** Ministry of Health, National Health Service, Samoa Red Cross, Samoa Family Health Association, Samoa Fa'afafine Association, Samoa Aids Foundation, National AIDS Council Committee, Technical Advisory Committee.

##### **Main Barriers**

- } Samoa is based on Christian principles and Samoan custom and tradition; (Preamble, Constitution of Samoa)
- } Resourcing - Capacity & Expertise.
- Ø Competing health priorities over HIV with comparatively few cases.

## **PNG**

### **Background**

Pop 7 million, culturally diverse. Most rural. High illiteracy. High levels of poverty.

PNG's HIV epidemic continued to be categorized as "generalized" up until late 2010. By then, the quantity and quality of data and information available related to HIV in PNG had increased significantly, allowing for more accurate projections and estimations to be calculated. In 2011 the HIV epidemic in PNG was re-categorized as a national HIV epidemic that is "concentrated" in certain populations rather than "generalized". It is probably correct to say in 2012 that PNG has a "mixed" epidemic. The most recent data (2011) shows:

- i. NCD, Western Highlands and Enga provinces have HIV prevalence rates of 1% and over amongst women attending antenatal care. NCD (1.2%), Enga (1.9%) and Western Highlands Province (1%). Jiwaka and Eastern Highlands province both have a prevalence rate of 0.8% amongst their antenatal attendees.
- ii. Testing data from all sources in 2011, which include: ANC, Blood Bank, VCT, STI, TB, and Other health facilities shows that for all HIV tests conducted during 2011 there were:
  - Three provinces where > 5% of HIV tests performed were confirmed positive: Enga (8.7%), Morobe (6.8%) and Western Highlands (6.5%)
  - Four provinces were between 2 – 5% of all HIV tests performed were confirmed positive; NCD (3.6%), Jiwaka (3.7%), Simbu (4.5%) and Eastern Highlands (3.3%)
  - Five provinces where between 1 – 2% of all HIV tests performed were confirmed positive: Western (1.1%), Southern Highlands (1.4%), Hela (1.4%), Madang (1.3%) and East Sepik (1.1%) .
- iii. HIV case report indicate that majority of infections are through heterosexual transmission. Of the 3179 reported HIV cases that contained information related to modes of transmission, 85.4% were through heterosexual transmission, 8.6% were recorded as "other", and 2.0% were recorded as perinatal transmission.
- iv. Although information regarding HIV prevalence amongst sex workers is limited, studies have shown prevalence rates of up to 17.79% amongst sex workers in Port Moresby. Similar information on men who have sex with men and other groups defined as "more at risk of HIV" is not currently available.

Factors contributing to the sexual transmission of HIV in PNG include (i) early sexual debut, often resulting from coercion and abuse of girls and boys; (ii) multiple and concurrent sexual partnerships, including polygamy and male-to-male sex; (iii) the exchange of sex for cash, goods and services; (iv) low and inconsistent condom use; (v) high levels of sexual violence

and rape; (vi) the use of penile modifications and inserts; (vii) risk-taking behaviour; and (viii) migration and mobility. The biggest single factor affecting a person's risk of contracting HIV, however, is often described as gender.

### **Key legal and policy barriers**

- Lack of awareness and enforcement of protective measures in existing legislation.
- Prostitution / sex work and male-to-male sex are currently criminalised. There is a conflict between the HAMP Act provisions that seek to empower key HIV-affected populations to access condoms and other means of prevention, and provisions of the *Criminal Code* and *Summary Offences Act* criminalize sex work and same-sex practices.
- Restrictions on entry stay and residence related to HIV status.
- Christian values, traditions and morals are used as arguments against the realization of rights for more at risk populations.
- Transgender is not recognized as a gender category

### **Steps Taken to date**

- i. Multisectoral National HIV&AIDS Strategy 2011 – 2015 identifies the Law & Justice Sector (LJS) as the key implementing partner for 31 of its 155 strategic objectives. Areas in the NHS of direct relevance to the LJS include:
  - a) Reduce the risk of HIV transmission (people in custody)
  - b) Address factors that contribute to HIV vulnerability (gender based and sexual violence)
  - c) Drug and alcohol interventions (barracks based communities, people in custody)
  - d) Counseling and testing (sexual assault, child abuse)
  - e) Strengthen enabling environment for the national response (law reform, implementation and application of current laws, increasing awareness of human and legal rights, referral pathways between LJS, community development, health and civil society)
- ii. HIV&AIDS Prevention & Management Act makes it illegal to stigmatize or discriminate against a person on the grounds that the person is infected or affected by HIV/AIDS.
- iii. Private Members Bill 2011 to review laws related to MSM and sex work. NEC requested reference be provided to CLRC on need to review, however the reference has never been passed from the AG to the CLRC
- iii. Family Protection Bill drafted

- iv. Community legal Education with MSM, Sex workers, TG and PLHIV commenced
- v. Process to align all national legislation with CEDAW has commenced
- vi. Draft Policy on drugs and alcohol in 2013
- vii. National Dialogue on HIV, Human Rights & law held in 2011
- viii. The Village Court System can and does deal with complaints related to HIV if the complaint fits within one of the proscribed offences in the Village Courts Act.
- ix. The Office of the Public Solicitor provides a legal aid service and has established a Human Rights Unit which is designed to deal with cross cutting issues especially HIV/AIDS, Gender based violence and fraud and corruption; Increase representation of HIV/AIDS victims and related cases and increase public awareness of legal rights and responsibilities.
- x. The PNG Development Law Association (PNGDLA) provides a free non-governmental legal aid service which specializes in cases related to HIV, GBV / FSV.
- xi. The National Court Human Rights Track provides a fast track process for redressing human rights violations and allows people to submit complaints related to human rights violations including HIV&AIDS directly to the national court without having to go through the police or engage lawyers.
- xii. Human Rights violations by the police can be reported directly to The Commissioner, The RPNGC Internal Investigation Unit or the Ombudsman Commission
- xiii. Employment related discrimination complaints can be lodged with Department of Labour & Industrial Relations, Public Services Commission or the PNG Trade Union Congress
- xiv. Human Rights violations by public figures, politicians, leaders and LLG leaders can be lodged with the Ombudsman Commission.

**Most successful strategies for promoting action and change**

- i. Multisectoral National HIV&AIDS Strategy 2011 – 2015
- ii. Raising awareness and educating more at risk groups on civil, legal and human rights, existing mechanisms for redress and how to access them. This includes supporting individuals through the process of reporting and documenting incidences.

- iii. Public, active advocacy for the review and revision of laws criminalizing sex work and male-to-male sex by the former Minister for Community Development (no change yet but certainly caused a lot of public discussion and debate).

**Main barriers to efforts to address legal and policy barriers to access services for PLHIV and key populations in PNG.**

- i. HIV-related discrimination is prohibited by national law, and the country is officially committed to working towards gender equality and women's empowerment, however PNG does not afford formal legal protections for certain key populations, such as sex workers, men who have sex with men, and transgendered individuals.
- ii. Key gaps in knowledge still exist, particularly for sex workers, men who have sex with men, transgendered individuals, people with disabilities, Law & justice sector personnel and health care workers.
- iii. PNG has no formal or institutional Social Protection mechanism. There are on-going discussion with the government to development a Social Protection Policy, that will cover three groups i.e.: children, the disabled, and the elderly)
- iv. Access to justice for MSM, TG, and Sex Workers is constrained by poor levels of understanding of legal rights, and where and how to get legal assistance.
  - i. A study conducted with sex workers in Port Moresby in 2010 found 46% of them reported physical abuse, 50% reported being forced to have sex against their will and 14% reported being forced to have sex by police. 43% stated they were refused treatment at health centres after disclosing
  - ii. Use of Criminal Code sections 210 and 212 against MSM and Trans genders (persecution, blackmail, harassment etc.) They key issue related to the criminalization of male-to-male sex and sex work appears to be that it facilitates opportunities for blackmail, bribery and persecution. Despite only small numbers of cases related to sodomy or prostitution prosecuted in court, these provisions are de facto enforced by police officers through arrest and harassment of sex workers and MSM for minor offences. This police harassment sends a message to the broader community that sex workers and MSM are criminals and that stigma and discrimination are acceptable.
  - ii. The Chair of the Technical Working Group on Law Reform and the only member who was a politician, retired. A replacement chair is yet to be identified. Legislators and leaders continue to choose not to recognize or prioritize law reform related to sex work and MSM



- iii. Institutionalized discrimination and stigmatizing attitudes contribute to the disproportionate risk and vulnerability experienced by sex workers, men who have sex with men and transgendered individuals. Seemingly insurmountable levels of discrimination and homophobia and continuing high levels of HIV-related stigma and discrimination. Deeply entrenched stigma and discrimination in society
- ii. The capacity of groups more at risk of HIV to lobby and advocate using their collective voices to bring about change remains extremely low.
- iii. Low rates of legal literacy amongst PLHIV and key populations and high levels of shame/self-stigma.
- iv. Lack of equality of women coupled with high levels of GBV/FSV.
- v. Insufficient research nationally so needs of MSM and / or trans genders not particularly well understood therefore it is difficult to develop prevention programs and services that are MSM and / or transgender -sensitive in the PNG context
- vi. No GOPNG financial support for key civil society organisations Igat Hope, Kapul Champions, Poro Sapot, PNG Development Law Association, Friends Frangipani providing services or advocating on behalf of those more at risk of HIV..
- vii. The HAMP Act states that intentionally transmitting or attempting to transmit HIV to another person amounts to an “assault causing bodily harm” under the *Criminal Code, 1974*, and that intentional transmission amounts to an “unlawful killing” under the *Criminal Code*. The potential for criminal prosecution for HIV transmission can discourage PLHIV from accessing services. This is a complex debate but, given the operating environment in PNG, there is a real risk these laws will be used in a very punitive manner that will have poor public health outcomes.
- viii. Prostitution / sex work and male-to-male sex are currently criminalised. There is a conflict between the HAMP Act provisions that seek to empower key HIV-affected populations to access condoms and other means of prevention, and provisions of the *Criminal Code* and *Summary Offences Act* criminalize sex work and same-sex practices.
- ix. Limited numbers of paralegal services throughout the country.
- x. Insufficient capacity to collect data on acts of stigma and discrimination at community level.
- xi. Social environment remains hostile to the needs of key populations.

- xii. Tension between social and cultural traditions and human rights perspective protecting fundamental rights and entitlements

## **Fiji**

### **Key legal and policy barriers to access HIV services for people living with HIV and key populations**

The HIV Decree has overcome the legal barriers but

- There is a need for ongoing training of health officials
- And members of society on its anti-discrimination provisions
- Attitudes of law enforcement officials need to change to facilitate prosecution of discrimination
- Educate general public on issues related to HIV for PLWHA and for the other Key Affected Populations.

### **Steps taken**

- HIV Decree in 2011 (Removes all forms of discrimination)
- However sex work continues to be unlawful and criminal and this prevents sex workers from complaining to police about unlawful acts under the Decree e.g. Condom Use
- There has been nationwide training on the HIV Decree funded by Ministry of Health.
- The draft constitution will have social and economic rights for the first time including the right to housing employment education food water social services and nonviolence.
- The Domestic Violence Decree, the Child Welfare Decree and the Crimes Decree all strengthen Fiji's laws on violence against the vulnerable.
- The Criminal Procedure Decree provides for the use of special measures in court for vulnerable witnesses
- The HIV Decree gives the unborn child the right to Prophylaxis against HIV. It is an offence to refuse PPTCT (Prevention of Parent to Child Transmission of HIV).
- The Copyright Act protects intellectual property in relation to designs and creations. There are no cases in the courts about patented medicines.
- Programs to reduce stigma and discrimination is happening at different levels: Health Care workers, Key Affected Populations, Community (PLWHA), Work Place

### **Which strategies have been the most successful in terms of promoting action and change?**

- Training of law enforcement officials including judges, magistrates, training of health professionals and sex workers.

- Main barriers are attitudinal and resource based, there needs to be more training of police officers who will enforce the HIV Decree, and more Health care worker and community training.
- National Stakeholder Discussions on identifying GAPS and addressing them

**Identify the main barriers (structural, technical, political, resource, social, ideological, etc.) to efforts to address legal and policy barriers to access the HIV services for PLWIV and key populations.**

- Criminalization of Sex workers
- Sites of STI/HIV Clinics (should be user friendly)
- Commodity provision (e.g. No Lubricants available)
- IEC materials need to be more realistic to the target audience E.g. KAP's and PLWHA (Needs Based)

**Vanuatu**

**Key legal and Policy barriers**

- Legal – no legislation (VLC is reviewing our PH Act)
- Policy – Reviewing of NSP in Progress
- No Work Place Policy, it's in a preliminary Discussion

**Steps Taken**

- Developed HIV/AIDS Policy in 2010
- Submitted to VLC in 2012
- Targeted People are covered Nation Strategic Plan
- 2008 family Protection law – Which addresses Domestic Violence in a domestic Situation

**Strengthen laws on increase access to prevention and treatment and PMTCT**

- National Strategic Plan
- WHO Guidelines. (We still referring to the WHO guidelines for treatment and preventions, PMTCT)

**Scale up Programs to Reduce Stigma and increase access to Justice**

- Save the Children Programs, Wan Smol Bag Programs, Vanuatu Family Health Program, Ministry of Health Program Activities
- Awareness, - Love Patrol..... (WSB)
- Training
- Workshops
- School Outreach
- IEC Materials

**WHAT STRATEGIES HAVE BEEN THE MOST SUCCESSFUL IN TERMS OF PROMOTING ACTION AND CHANGE**

- NSP is reviewed currently.
- Legal awareness for our legal leaders

**MAIN BARRIERS TO EFFORTS TO ADDRESS LEGAL AND POLICY BARRIERS TO ACCESS HIV SERVICES FOR PLWHIV**

- Under resource
- Political wheel
- Technical assistance
- Legal Support

**Kiribati**

- Kiribati is experiencing a low level general HIV epidemic, has 55 cumulative cases of HIV dating from 1991
- Kiribati national response to HIV/AIDS has been shaped by its overall health resource and relies heavily on international donor support for its programmatic response
- To date there has been no endorsed National HIV/AIDS Strategy, however there a draft Strategy 2005-2008 and draft National HIV & STI Strategic Plan 2012-2015
- There is a Kiribati Country Coordination Mechanism for HIV, Sexual transmitted infections and Tuberculosis (CCM) consisting of 30 members from relevant stakeholders to coordinate programs on HIV/AIDS

**Key legal & Policy barriers**

- Stigma and discrimination against people living with HIV/AIDS is still very high
- Out-dated Laws
- Limited experience drafters
- High staff turnover and poor handing over at HIV/AIDS office within Ministry of Health
- Lack of Monitoring by MHMS derive from concentrating on the pressing issue of NCDs nationally
- Wide geographic area for service delivery
- Limited resources
- Wide general mandate of CCM

**Key Steps Taken**

- Gaps have been identified in existing laws
- Kiribati HIV team undertook preliminary parliamentary session on the HIV/AIDS law reform in 2011 – proposal well received
  - Awareness, condom distribution, pamphlet distribution, Radio spots,

- Cabinet proposal on HIV Bill has been drafted and currently awaiting submission to Cabinet
- A lawyer from Attorney-general's office has been identified and has undertaken some training on HIV/AIDS
- Numerous stigma elimination programs has been conducted by CCM, KFHA, AHD, Red Cross
- Education program within targeted people, e.g. HIV training for seafarers before travelling overseas
- HIV testing and counselling

**10** VCCT sites, which also provide PPTCT (all in South Tarawa)

Majority in selected urban areas based on high population density and evenly distributed:-

- ✓ Betio area : 3 sites
- ✓ Bairiki, Teaoraereke , Banraeaba : 1 each
- ✓ Bikinibeu : 2 sites
- ✓ Nawerewere :2 sites

Roll-out to Rural areas now awaiting results of Piloting exercise.

#### **Key Steps taken**

- People living with HIV
  - Involved in CCM
  - Stigma elimination through educational programs
- Men who have sex with men
  - Currently illegal under Penal law
  - Invisible groups, no specific data on MSM
- Transgender People
  - Same as MSM
- People who use drugs
  - Not used in Kiribati society, therefore not applicable
- Sex workers
  - Increasingly becoming more visible
  - There was educational programs conducted by KANGO specifically aimed at this
- Migrant workers (Seaman)
  - HIV/AIDS education is part of the training for Seafarers
- Young People
  - Has been a focus group for many educational programs
  - Many youth focus service centers

#### **Successful Strategies**

- Parliamentarian session is very helpful in gaining support of parliamentarian
- Working with Church groups and obtaining their participation in CCM and help in conducting awareness
- Condom distribution at night clubs and kava club
- Youth friendly health service – conducted by AHD and KFHA (NGO)
- Mobile service delivery of counseling by KFHA – at home counseling and testing

#### **Main barriers and Key Limitations**

- Funding and human resources
- High stigma and discrimination against people living with HIV/AIDS and HIV/AIDS generally
- Time consuming and expensive outreach program
- Sensitivity of sexual intercourse awareness programs in the cultural or traditional context.
- Religious beliefs vs. HIV protection measures e.g. the use of Condoms etc...

#### **Conclusions**

- Kiribati Government through MHMS and AG's Office had been coordinately work on HIV proposal concept paper and drafting
- NO HIV/AIDS Bill in place, but Government and Non- Government Organisation were very active in addressing HIV issues.
- MHMS committed to complete HIV Bill before end 2013
- Technical and Financial support will be needed to speed up the process

#### **Question & Comments raised by participants and answers provided.**

**Tuvalu.** Initiative treatment as prevention. C4 count below 200, which is the current WHO guideline. Can we change?

**SK** – the latest guidance is saying if you test +ve start treatment. Currently WHO is CD4 <350 this will be raised to 500 later this year.

**Fac** - How does one know if Ministers, Secretaries, Directors have seen a copy of the global Commission report. **Response** - ASK

**PNG** –To get Political Will. Workshops with politicians. Will be hard but never give up.

**JC** - Handbook on parliamentarians has many arguments that can be used to engage with parliamentarians

**Vanuatu** – constantly changing politicians means that lots of time and resources required to training the new ones.

**BH** – the process for drafting cabinet paper, how was it shared, how was views of others taken on board. ....**Response** - Written with support from HIV stakeholders and Justice department.

**JC**–FaleKopule Act has there been specific stakeholder consultation with this group. –

**Response:** Yes it is happening now. Once bill tendered for the first reading it will go back to community, Comments to parliament for second read.

**Samoa** – how did you (Tuvalu) get started on the draft legislation? Was there any major opposition and who were they. In the draft are they key populations addressed in the draft.....**Response:** Process came from initiative of Tuvalu national AIDS committee (very multisectoral, high level representation). Commission private legal firm to push forward with the draft. Consultation taking place now. No strong opposition yet.

Maintain commitment and motivation by tying it to high levels of STI and maintaining the zero HIV prevalence has been motivating.

Are MSM, sex workers part of the multisectoral group in Tuvalu – **Response.** Not yet. No people who clearly identify as sex workers or MSM. Very hard in such a small community.

**Tuvalu** – asked Samoa to confirm that HIV testing is mandatory for antenatal mothers.

**Response** Samoa confirmed this is the practice.

**Vanuatu** – is consent required for ANC testing. ... **response** - consent is Verbal.

**Kiribati** – is every pregnant women tested, on the principle of informed consent -... **response** - yes

**PNG** – what are the reactions of people to the draft human rights bill. – **Response** - Lots of support,

**Fiji** – if legislation prevents mandatory testing including amongst ANC. Does the legislation protect the right of the unborn child to the treatment. **Response** - Samoa clarified that although testing was strongly encouraged in the ANC setting, if a women did not want to be tested then she could refuse. She could not be forced to take the test.

**PNG** – HAMP Act makes mandatory testing for HIV illegal under any circumstances including ANC. Legislations says HIV testing cannot be done without individual pre and posttest counseling. NDoH have introduced policy of opt out testing for ANC. The practice is group consent, which is outside of legislation. In PNG Mother cannot be prosecuted for passing HIV to child under any circumstances, even if she knows she is positive and refused to take treatment. Currently the right of the unborn child to have access to the ARV is not covered by the HAMP Act.

**PNG** – HIV. Decree made 2011. Constitution currently under review. Will the decree be reflected in the constitution. **Response:** Has a unique provision – if any other law which conflicts with HIV Decree the HIV Decree prevails. Future Government could repeal. Is there a provision in the draft constitution that will protect PLHIV?. Broad list of characteristics which are listed in the antidiscrimination provisions of the draft constitution but does not currently include PLHIV.

**BH** – Added that the draft constitution recognizes the evolving capacity of the child to have access to HIV services. **Fiji** added that the Remove legal barriers which prevent young people accessing services. If any child under 12 comes to health care center for condoms, IEC materials if health worker denies they are acting unlawfully. Has assisted health workers as they feel protected by law in providing commodities, information and testing to young people.

**Samoa** – how will HIV decree reconcile with the constitution when constitution is supposed to be supreme. **Response** ...It can still be repealed or revised in the future. All laws will be subordinate to the constitution. Equality provisions apply to gender, sexual orientation health status (this may include HIV). Currently feel the constitution is entirely consistent with the HIV decree. Protection for HIV is also in the Public Service Act.

## Panel Discussion

### *Barriers – Presented by Tuvalu*

- vii. Lack of political motivation and government instability
- viii. Lack of resources – financial and technical
- ix. Social constraints – cultural & religious
- x. Importance of involving key affected groups
- xi. Lack of legal support – legislative and policy framework in place. The dissemination, implementation and monitoring of existing laws, policies and strategies.
- xii. Stigma & Discrimination – targeted education for vulnerable groups. Increased awareness

### *Sex Work – Presented by Fiji*

- iii. Awareness of all levels of society when legislative changes are introduced. E.g. in HIV Decree it is illegal to deny people the means to protect themselves from HIV. Peer educators picked up by police in Nadi at 2.00am. Were told they are promoting sex on the streets. It seems that Fiji police officers may not fully understand the HIV Decree.

### *Legal issues: Models of Enforceability. Presented by Fiji*

Criminal law model. Under this model you go to the police to report your case. Police should prosecute on your behalf. Your role is to give evidence.

Civil Law model using Human Rights Commissions and going to the courts directly for constitutional matters. For this to work HIV has to be a protected status and there needs to be a constitutional redress mechanisms which is free (in PNG this is the Human Rights Track).

Constitutional redress Application.

Need rules of interpretation which ground HIV law in the international law on the particular issue.

Provide the laws. Guarantee the rights. Make them enforceable.

**SPC** – during presentations through the day a number of countries did not specifically mention the education sector in their multisectoral response to HIV.

**TUV** – includes education in their response but feels it is very superficial, focusing more on life skills as a “club” activity but not completely integrated into core curriculum of primary and secondary school and not focused enough on Sexual & Reproductive Health.

**PNG** – is currently drafting legislation to make it a crime for parents not to send children under 12 to school.

**PNG** – the criminal or civil procedure is very difficult for ordinary people to understand and negotiate. PNG has simplified by introducing the Human Rights Track .....

**PNG** – Under the Family Protection Bill an Interim protection order will be able to be issued by a community leader. It doesn't have to be a magistrate. Summons can be read on the radio and that will be counted as being served. IPO's can be emailed.

**NS** – training police in HIV decree, sexual offences, GBV, child protection has many challenges. Often hold very traditional views. It is a big challenge for them to move from arresting people for sex work and MSM to protecting them. How do you get them to analyse the law objectively without their personal view.

**PNG** – many problems trying to get through to police officers, when they have received complaints against police. Need to target officers who are at a sufficiently high level who are sympathetic. Key contact points essential.

**Kiribati** – one of the vulnerable groups in Kiribati is police.

**FS** – Health sector is also important and is often the place where S&D begins. Often assume that health staff are all sympathetic to issues related to HIV. There are many reports of high level s of S&D from health workers. This needs to be a group targeted for education.

**BH** – Training is one strategy for building up awareness and knowledge with law enforcement, but it is not the only strategy. Partnerships between affected communities and police can be very effective. One example is to include placements for police cadets with organizations working with PLHIV.

**Fiji** – agrees health care workers and police officers are a target group for sensitization. Facilitating joint discussions, workshops and interactions between police / health workers and MSM, TG, sex workers, PLHIV can be a very useful activity.

**Vanuatu** –Civil Society rep described a personal experience of her 12 year old positive daughter who has not yet started in school..

**Fiji** – PIAF worked with the girl described above to prepare her to start school. The girl was accepted, a place for her confirmed but when the school was informed of the girls HIV status the place was no longer available. Also described an experience with a highly educated Fijian leader, where he introduced himself as a PLHIV. The leader was very distressed to know that he had shaken hands with an HIV +ve person and asked if he was now at risk of contracting HIV. Demonstrates that there are still many people who still have limited understanding of how HIV is and is not spread.

## **Day 2 – 18 April 2013**

### **Pacific HIV and the Law Consultation**

## **Recap of day 1**

### **Issues of Concern**

- 1) How do we raise the awareness of HIV, HIV law and policies with Pacific Police forces, health workers and officials, and law and justice agencies?
- 2) Political commitment – how do we advocate to parliamentarians and policy makers? How do we get the political will to pass HIV laws?
- 3) Enforceability. Compliance of laws policy and plans.
- 4) HIV legislation that addresses rights of PLHIV (children to realize the right to education)
- 5) How to ensure key affected populations are included in Human Rights bills and legislation.
- 6) How do we deal with constitutions that include culture and tradition which may undermine protections for key affected pops?
- 7) HIV testing in ANC - Mandatory testing and protecting Human Rights.
- 8) VCCT how to make it work and protect human rights
- 9) How to eliminate stigma

### **Suggestions**

- 1) Never give up
- 2) Keep chipping away
- 3) Focus on strengthening Political Will
- 4) Share the knowledge with Ministers and other key people
- 5) Manage the opposition. Work with local / district governance
- 6) HIV multisectoral groups and committees – be sure to include key decision makers and peak bodies
- 7) Remind people about High STI rates and the links between STIs and HIV
- 8) Think outside the box
- 9) Use external technical capacity for example to draft a bill

- 10) Models of recourse to justice criminal, civil, constitutional – make it simple, make it free, make it fast track
- 11) Involve meaningfully MSM, SWs, and PLHIV in design, delivery, monitoring, and evaluation.

**Presentation: The Global Commission on HIV and the Law** Mr JRV Prasada Rao, The UN Secretary General's Special Envoy on AIDS in Asia and the Pacific

Key points:

- We have to change the laws “on the books” but also “on the streets” and if we don't we are wasting the vast amount of money that we are spending on responding to HIV
- The money spent on prevention for key affected populations still lags far behind - governments find it more comfortable to spend their prevention budgets on the general population
- We hang onto colonial era laws – it is time for these to be removed, repealed and/or reformed
- The Global Commission recommendations which are important to consider during the consultation –
  - sex between two consenting adults should never be criminalised and the State has no room in the bedroom (this affects MSM and sex workers)
  - drug users are victims, not criminals
  - access to justice – you can have the best laws, but often the most vulnerable aren't able to access the justice system and to do this you need civil society helping to ensure that there are mechanisms that help people (all people) access justice
- post 2015 – we must not lost the momentum on HIV that has been gained through the period of the Millennium Development Goals

**Presentation: *Revisiting the Commitments Made at Key Pacific Regional Consultations.*** Dr. Dennie Iniakwala (Public Health Division), Sandra Bernklau (Regional Rights Resource Team), Secretariat of the Pacific Community.

The purpose of the SPC / RRRT session was to relook at national level commitments in progressing human rights compliant legislative reform in response to HIV in the region. The session covered:

- the commitments already made by PIC governments,
- the details of these commitments, and
- how to use this information to start thinking about how to progress towards meeting these commitments by 2015 (which is the UN ESCAP goal)

SPC / RRRT noted that:

- Significant work has been undertaken in the Pacific, through the support of national governments, the UN and CROP agencies as well as national and regional civil society organisations and noted that the Country Coordinating Mechanisms have been key rallying points for organising national level support in progressing human rights and gender compliant legislative and policy responses to HIV;

Key Declarations and other commitments made to date in the Pacific were noted including the:

- Suva Declaration of 2004,
- Auckland Declaration of 2007,
- Launch of the Pacific Response Fund on STIs and HIV in 2008,
- Pacific Sub Regional “Write Shop” on HIV, Human Rights and the Law, and
- ESCAP High Level Intergovernmental meeting held last year in Bangkok.

Additionally, other key activities and support in the region has included:

- UNDP PC support to the development of legislation in the Cook Islands
- SPC RRRT work with Tuvalu, Solomon Islands and Vanuatu.
- PIAF's support for legislative reform in a number of Pacific Island Countries (prior to their closure), and
- PIAF and other organisations' work on workplace discrimination regarding PLHIV.

**The Suva declaration (2004)** committed PIC's to

- i. **Advocacy: proactive and energetic** advocacy for HIV/AIDS awareness and prevention which:
  - **Acknowledges** the critical role of PLWHA in the fight against HIV/AIDS and strongly supports their involvement,
  - **Encourages** partnerships with faith-based organisations, community leaders and civil society groups, including NGOs specifically working on HIV/AIDS
  - **Promotes** HIV/AIDS strategies that specifically focus on women and girls
  - **Strongly encourages** Pacific Island Countries and Territories to share information and monitor their respective implementation of the various national strategies and international instruments on HIV/AIDS
- ii. **Legislation: encourage and facilitate** legislative action at government level and with other constituencies, including the establishment of appropriate Parliamentary Committees to spearhead the fight against HIV/AIDS. Further commitments included:

- **Promotion** of economic independence, equal access to resources and opportunities and a life free of stigma, violence and discrimination of the most vulnerable groups in Pacific communities, particularly amongst women and girls, the young and the disadvantaged;
  - **Protection** in the workplace for the rights of PLWHA and those at greatest risk of HIV/AIDS, taking into account established international guidelines on HIV/AIDS in the workplace; and
- iii. **Resourcemobilisation: advocating** for adequate levels of financial and other resources to the most in need for multi-sectoral responses to the HIV/AIDS prevention, treatment, care and support programmes within all relevant ministries, civil society organisations, and with particular emphasis on PLWHA;
- **ensure** that our countries allocate and spend financial and other resources from their national budgets and help identify the gaps for resource mobilisation. This can be done through development of Investment Frameworks on HIV at country level
  - **recommend** the continuation of the Pacific Regional Fund to assist and expand national and regional programmes in the fight against HIV/AIDS;
  - **recognize** that effective responses to the epidemic requires strong leadership from all sectors of society including core institutions of society such as legislative bodies

**The Auckland Declaration 2007** followed on from the High Level Ministerial Consultation on HIV, Ethics and the Law – a joint initiative of UNAIDS, UNDP PC and RRRT, held in April 2007

- The purpose was to discuss the Pacific situation as well as global experiences to assist in accelerating an effective legislative and policy response to HIV in our Pacific communities that, importantly, respects the rights of people living with HIV (PLHIV)
- The consultation's key aim was to provide attorneys general, health and justice ministers and other senior government officials from 15 Pacific Island countries the opportunity to discuss with colleagues and regional experts issues relating to HIV, the law, ethics, human rights and gender; existing laws related to HIV; and the development of appropriate legislative responses to the pandemic based on human rights norms and standards.
- Preliminary reviews of current legislation in the 15 Pacific Island countries relevant to HIV issues were also presented, specifically in relation to issues of discrimination, ethics, access to treatment and privacy/confidentiality issues.
- The organizers of the consultation presented human rights-based drafting instructions for legislative reform, adaptable for each Pacific Island country context. The proposed legislative drafting instructions provide countries with a blueprint for

legislative initiatives for the prevention, management and care of HIV, and ensure that people living with HIV are respected, their rights are fully protected.

- Countries were given the opportunity to discuss, review and comment on the draft drafting options presented, as well as the country reviews – The country reviews, plus the drafting options are still relevant documents for current use.
- The following countries also signed the Auckland Declaration. Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, PNG, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. The text of the Declaration is in your folders, with the main commitments regarding legislation on the slide presented. The Auckland Declaration is quite a comprehensive Declaration and covers access to health care, discrimination, treatment in addition to legislation and policy reform.

Under the Pacific Response Fund, which began in 2008, funding was provided to development agencies in partnership with Governments to address leadership and enabling environments, to support the development of policies and legislation, which address HIV through human rights, and gender compliant approaches. As a result a number of projects were undertaken with Response Fund support.

SPC has supported and undertaken work at the National level in the Pacific through NACCs including:

- RRRT working with Tuvalu, The Solomon Islands and Vanuatu in developing Cabinet Papers to progress legislative change
- RRRT mainstreaming of HIV, Human Rights and the law into all regional activities including the Regional Judges and Magistrates consultations, Regional Members of Parliaments, Regional lawyers and the graduating law students of USP programme, and in the Pacific Diploma In Legal Practice;
- The 'writeshop' held in Nadi, Fiji - a joint initiative by UNDP, UNAIDS, PIAF and RRRT - to strengthen the legal environments in Tuvalu, Solomon Islands, Vanuatu, and Kiribati and to foster regional cooperation. Papua New Guinea, Fiji and Cook Islands were invited to share their recent experiences.
- An extensive legal review project implemented by UNDP, UNAIDS and RRRT from 2006 to 2009 in 15 countries which revealed that Most Pacific Islands Countries remain ill equipped to address a number of growing challenges posed by HIV and AIDS. The meeting noted that punitive laws in the Pacific undermine access to effective HIV services for marginalized populations such as men who have sex with men, transgendered people and sex workers; and that most legislation in the region is 'silent' on the issue of protecting people living with HIV from stigma related discrimination.

- RRRT / SPC noted that some countries in the region have already passed human rights-based legislation to better address HIV and AIDS (i.e. PNG, Fiji, FSM), some are in the process to start drafting new HIV laws (i.e. Tuvalu, Cook Islands); and some are just starting to develop new policy framework to do the same (i.e. Kiribati, Solomon Islands, Vanuatu); and
- SPC / RRRT noted that there is therefore a great opportunity for scaling up these initiatives, for synergies and for experience sharing within the region and with technical support from a range of partners.

**Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals** (Feb 2012). Fiji, Kiribati, Nauru, RMI, PNG, Tuvalu

- The Meeting welcomed the efforts by some countries in the region to address legal and policy barriers as well as discriminatory practices which impeded HIV responses and compromised the rights of people living with and affected by HIV. Those efforts included decriminalization of drug use and acknowledgement of the right to treatment and rehabilitation under the 2009
- Narcotics Law in Indonesia, legal recognition of transgender persons as the third gender in Nepal, recognition of the civil rights of transgender persons in Pakistan and endorsement of legislation on HIV/AIDS control and prevention, which committed government to providing the necessary resources for the HIV response and tackling stigma and discrimination.
- In short – there was support from PIC governments to progress legislative and policy barriers in addressing HIV.

**Questions / Responses on Day Two**

**TUV** – No proactive communication to communicate political commitments or decisions to the people who need to implement them. Can't just rely on the politicians to pass the information on. The Regional and Country agencies need to ensure that the people who need the information in country are provided with it, independently of the politicians. All conference and meeting conclusions and decisions need to be communicated to the people who are expected to implement them.

**PNG** – Experience in the Global Commission. Dame Carol Kidu was the representative, but Law Reform is the responsibility of Minister of Justice. Dame Carol represented PNG's at the Global Commission however the Minister for Justice was not obliged to follow through on her commitments. PNG's representative was not in a position and did not have the authority to implement the decisions. Need to think carefully about who attends the high level meetings.

**SK** – Existing mechanisms include;

- When calling together parliamentarians, try to involve civil society in the meetings, so that a broader range of people are aware of discussions and commitments.
- Reporting on progress in achieving the HLM targets.
- In 2014 all of the governments in the region will be required to report on ESCAP recommendations

**HE the President of Fiji**– it is the job of the country representative from the conference / meeting to coordinate the communication of decisions and commitments. If there is a disagreement between the representative and the implementing ministry it has to be brought to the attention of the Prime Minister. Individual countries must take responsibility for better coordination.

**Prasada Rao** – asked that groups consider not only law reform but law enforcement in their action planning. Requested that Pacific Islands Chief of Police group be reactivated.

**TR** – Ongoing agreement with PICP, however all agreed activities have now been completed. Now may be a good time to revive the group to support the outcomes of this meeting.

**SK** – New Zealand used to fund much of the PICP work, but have since stopped. If this is something that is important to participants then it could be included in action plan recommendations / actions and used as an advocacy tool to obtain further funding.

**Prioritized Actions by Country**

**Kiribati**

1. Action: cabinet approval of HIV Bill drafting. To establish a new document and mandate AG's office to start work on it.

This should have been done in 2012, but paper has not been presented to cabinet for approval. Plan to complete by end of June 2013. Is already a national goal

Obstacles: not all cabinet members might agree and approve. Will organize consultation with cabinet members; raise awareness of the need for the Bill during a working dinner hosted by MoH. Members of CCM can also influence respective leaders to support approval of cabinet paper.

Accountable: HIV Unit Kiribati

2. Drafting the HIV Bill: produce a working draft by December 2013.

Obstacles: do not have the technical capacity to draft and will require external technical assistance.

Drafting instructions from MoH – will need technical assistance (RRRT / UNAIDS)

External support could be provided by RRRT in drafting exercise.



Draft will be reviewed by the CCM.

AG's office, Monitoring by Director Public Health will monitor.

AG focal officer from AG's will be George McKenzie, from MoH Kaateti Toto.

### Comments

**Samoa** – suggested a multisectoral working party to review draft cabinet paper

### Fiji

#### *Focus on Youths:*

1. HIV Board to conduct awareness and education campaign nationally on HIV decree targeting young people, MSM, sex workers, health personnel, law enforcements personnel. Plan and secure funds by December 2013 for the 2014 calendar year.
2. Media campaign beginning with media sensitization so they understand the issues related to HIV decree. Following sensitization of media, develop and implement a mass media campaign. June – December 2013.
3. Requesting Melanesian Spearhead Group to adopt HIV as a regional strategy ensuring that police understand their role in HIV prevention as part of law enforcement and care and to incorporate HIV training for all police officers. During June – December 2013.

Is in line with national strategy.

**Obstacles:** funding, how to get MSG to prioritize HIV

**Strategies:** standards of practice for the HIV Board. Active participation by leaders.

#### **External support:**

- Need all Melanesian countries to support this initiative. Leaders' summit in NC at the end of June 2013, can we get this on the agenda
- Funding
- Technical assistance

**Monitor** through HIV Board the yet to be convened HIV technical Monitoring group.

#### *Focus on TG/MSM/Sex workers*

4. Unrestricted access to condoms, lubricants and information. Condom vending machines in every public toilet by June 2015
5. Law Reform. Amend Human Rights Commission Decree to align to constitution. Consultant to draft amendments

6. Decriminalization of Sex Work. Strategy will be a communication strategy including media campaign on the public health benefits of decriminalization. Consultant to develop a submission based on extensive community consultations. Take the focus away from morality to public. Health strategy. HIV board to communicate with SG's office to endorsed engagement of a consultant. When new constitution is passed will submit paper on decriminalization. Should be by June 2014.

**External Support:** Business Houses, Community Leaders, SG's office to approve consultants

**Monitor:** Adolescent Health program for condoms on an ongoing basis. HIV Board will monitor the Law reform process

#### **Focus on gender Inequality**

2. Strengthen ability of women in Fiji to insist on sexual and reproductive rights. Partner with Ministry of Women and Social Welfare.

### Comments

**PNG** – how do you plan to address sex work and reproductive health of women in the Pacific?

**Fiji response** -MoW&SW already has a program on right to reproduction centered around CEDAW and the rights of women within marriage. HIV is featured in it but not mainstreamed. Permanent Secretary for Women was previously Dep Sec Health and member of HIV Board and is very familiar and supportive of these initiatives. HIV Board has many members who are permanent Secretaries of other Ministries, so relatively easy to get traction.

It is against the law to rape within marriage. Previously judicial attitudes could not confront these issues.

**FAC** – a very big strategic plan, a lot of work will require a lot of human, financial resources. Suggests that HIV Board think about how to let other interested countries know about successes and difficulties in implementing this plan.

### Vanuatu

1. Have the first HIV positive child enter school as soon as possible, thereby breaking the barrier of HIV positive children not being allowed to attend school. Ideally this should happen in 2013.
  - Director NAC, Director Public Health to meet with Director Education Sector to find a way forward.
  - Irene (mother) to monitor. If schools will not accept the child they must say so in writing.
  - Obstacles: possible resistance by headmasters. If this happens formally involve Director MoH and cabinet members.
  - Director Public Health should take the lead supported by NAC, NGO and UN partners.

- External assistance: SPC / UNAIDS for technical assistance.

2. Public Health Act to be completed by October 2013. Final draft should be completed by 2014.

- Obstacles: Instability of government. Lack of Funding. Legal Support
- Strategy: call NAC meeting, inform them, National Secretary to NAC will facilitate the meeting. Convince legal officers to prioritize.
- To make it happen: resources, funds, legal support
- Who can help? Director Public Health should lead. State Law Office.
- External Support: ILO, SPC to draft the final paper.
- Monitor: progress email every 2 weeks by NACS.

**Comments**

**Fiji** – First priority to get the first child to school, but how many more are there to follow. Will Vanuatu need to lobby every time an HIV positive child is refused entry to school. Need a strong legal framework to enforce HIV rights and the right to apply for an injunction against the state when necessary. Need the right to get a mandatory injunction against the state. This needs to be included as a provision of the Public Health / HIV legislation.

MSG may be a good advocacy platform to lobby.

Fiji may be able to provide advice / assistance drawing on their experience. Country to country support.

**Samoa** – Vanuatu signed up to CRC and could be an avenue to attract international support to gain support. Education Act seems to have provisions for compulsory education, which could also be used to get the child into school.

**Prasada** – If the constitution provides a constitutional right to education, then a constitutional writ could be taken out

**SPC** – Vanuatu constitution has many protections against discrimination. Have already ratified CRC. Could get the MoE to issue a policy directive to force them to take positive children into school.

**President** – MoE must act, it is his job. Advises mother to go straight to the Minister and ask him to go straight to cabinet to make the necessary changes to allow the child into school. Force the issue with the Minister.

**Papua New Guinea**

1. Study on the impact of laws on HIV&AIDS

Identify which laws need to be changed and how. There is no comprehensive evidence on the positive and negative impacts of existing laws. This is to be used as an advocacy tool. This needs to happen as soon as possible. June 2013 start planning complete by June 2014.

**Obstacles:** budget

**How:** approach key government agencies, departments, NGO's, FBO's

**Stakeholders:** CIMC, CLRC, LJS, NDoH, Justice, NACS

**Monitoring:** regular monthly meetings

2. Sensitize politicians, public leaders, judiciary on HIV and Human Rights issues

The GoPNG have already shown they are very unwilling to consider decriminalization of MSM and sex workers; therefore evidence in the PNG context is required to convince them.

Planning can begin straight away and will be an ongoing activity

Obstacles: lack of interest & commitment.

**Comments**

**Fiji** – important point about judicial education. Chief Justice and 10 judges attended the Fiji training to encourage an adoption of

**Prasada** – social interest / public interest litigation required.

**PNG** – environmental law in PNG interested groups can make a case. Ombudsman Commission is very small and deals with all public figures. Don't have the capacity to deal with public complaints. Human Rights Track allows for direct access to the National Court by filling in a very simple form.

**BH** – developing a handbook for Judiciary, which will be launched in June. Two judges from PNG will be attending. We hope that it will be the beginning of a judicial education program. Consider the Global Commission Report as a blueprint for the study. Might like to consider some other activities such as travel restrictions and Intellectual Property.

**SK** – laws on streets and laws on books. Any thoughts on how to strengthen the law enforcement aspect.

**Samoa**

1. Strengthen HIV awareness. Obj – to continue with HIV prevention programs and services

**What needs to be done:** assistance of relevant stakeholders? Focus on peer educations. Improve outreach programs. Improve advocacy methods that are non-media.

**How:** target key affected population. Ensure access and availability of ..... Educate Samoans generally on HIV

**Timeframe:** June 2014

**Obstacles:** religious and cultural beliefs. Accessibility and distribution of condoms

**Strategies:** Generally creating understanding through health and HIV education. People with relevant education and expertise. Regional technical assistance required. Condom dispensers.

**Responsible:** UNFPA through MoH

**External support:** SPC training for peer educators in Sept 2013.

**Monitoring:** incorporated into MoH M&E framework.

2. Enforceability of HIV policy

Consult with all stakeholders who participated in the development of this policy to find out what has been done and what obstacles exist. Distribute to business and private sector so they are aware.

**Obstacles;** lack of understanding. Cultural and religious opposition.

**Strategies.** Keep going with health education

**Need.** Sufficient resources and capacity

**Who can help.** MoW, other ministries.

**External support.** RRRT, SPC, UN on training and resourcing.

**Monitor.** M&E framework of the MoH.

### Comments

**Fiji** – through MoL working with private companies to develop HIV&AIDS workplace policies. MoL and MoH support business to educate workers on HIV&AIDS, then develop and implement workplace policy.

**ILO** – has a project which supports constituents develop HIV&AIDS policies, Samoa is able to link in with this.

**Fiji** – does Samoa undertake community awareness programs and work with churches? Using positive people to tell their stories has been one of the best strategies for awareness. Perhaps do awareness from a wellness perspective and integrating with Sexual and Reproductive Health. Using the chief system has also proved very effective.

**Samoa** – the village health theatre – village based programs on healthy living.

**Tuvalu** – community consultations very effective.

**Kiribati** – using the churches most effective.

### Tuvalu

1. Awareness among general public, judiciary, police and key stakeholders. Training for all of justice system, police health workers and enforcers of law. Complete 31.12.2014.

### Obstacles.

- Delay passing the law. Submit cabinet paper that includes this plan. Prepare together with AG
- Availability of key stakeholders. Plan ahead and communicate. Emails to key people to secure dates
- Funding. Use existing funds. Approach MoH.
- Outer Island Consultation. Request in advance. Written request to DoM.

**Need:** trainer for justice and police, probably in 2015.

Funding for all training and awareness programs across all levels in the community by 2015.

Monitoring. Cabinet submission – AG. Secure training time – MoH, Shipping schedule

2. Gain political commitment to international and regional declarations and agreement. Complete by 31.12.2014

### Obstacles

- Competing priorities. Cabinet submission of meeting outcomes.
- Government instability
- Government not aware. Press release; write to Ministers with meeting outcomes plus copies of declarations.
- Having all ministers in country. Communicate with secretaries re: cabinet meeting schedules.

External support. UNAIDS, RRRT to draft cabinet paper by 2 weeks after this meeting.

Monitoring. Action plan to TUNAC on 10<sup>th</sup> May. Cabinet submission by 10<sup>th</sup> May.

### Comments

**RRRT** – Judicial Training in June for Pacific Judges.

**JC** – What progress on the explanatory memorandum to go alongside the Bill. Need to follow up.

**Prasada** – HIV law awareness and training needs to happen earlier than 2015.

**TUV** does not want to start training related to a law that is not yet in place, otherwise how they will be sure they are including the correct and relevant content for medical staff, judges, law enforcers etc.

**JC** – Fiji stakeholder consultations had the result of raising awareness as well as contributing to the development of the decree. How did Fiji put the structures in place so that when the decree was passed it could be implemented and what was the time frame.

**Fiji** – when decree came into force Feb 4<sup>th</sup> 2011. If pre planned consultations, training, awareness could have happened straight away but this is totally dependent on the person responsible. Did not Plan well enough for implementation. Decree required certified VCCT counselors prior to passing of the decree, however training of VCCT counselor training and certification did not start until after the decree came into force.

### Solomon Islands

1. Finalize cabinet paper – for HIV management by June 2013.  
Stakeholder's consultation to finalize the draft cabinet paper to ensure it complies with Human Rights requirements before presented to cabinet.  
Obstacles: competing priorities for responsible officers. Extend communication to all Ministers not just Minister of Health. Face to face consultation to senior public servants and leaders to inform them about HIV in Solomon Islands and the need for the legislation.  
Help: RRRT, UNAIDS, SPC – one day consultation with cabinet ministers in May 2013.  
Monitor. Cross check by email.
2. Finalize draft legislation and drafting of HIV legislation.  
New process has not yet been commenced.

Obstacles. Unavailability of local drafters – may need external assistance.  
Need: Funds and technical assistance – RRRT can help  
External support. RRRT and SPC  
Monitor: cross check with deadline and email.

### Comments

**JC** – what strategies are in place if the Minister says HIV is not a priority, Dengue or another problem should take priority?

**SI** – feels that the Dengue problem is under control and will not be an issue.

**PNG** – requested clarification about why is it taking so long to finalize the cabinet submission.

**SI** – Changeover of Ministers and other staff during the process has impacted.

**SK** – Target 9 – Eliminating travel restrictions – what is the situation for Solomon Islands and Samoa

**Samoa** – on arrival cards must specific if you have an NCD or CD. Unclear what happens if someone says yes they have a communicable disease.

**SI** – Interpretation of the immigration rules is subjected to individual officers.

Day 3

### Samoa reporting Kiribati

Cabinet approval of HIV drafting. Should have a decision by June 2013. Kiribati wants a standalone legislation to address HIV. Already ministerial support.

Drafting of the new bill. Need to undertake consultations. By December 2013 first working draft of HIV legislation.

#### Questions

- What will be in the draft legislation?
- Will it be based in human rights
- Will it specifically refer to key affected populations

### Kiribati reporting Samoa

Strengthen HIV awareness and advocacy by end of June 2014. Intend to review advocacy and awareness program and find ways to improve it.

Check enforceability of current HIV policy. Intend to review and find ways to implement the policy.

#### Questions?

- Perhaps action should be evaluating and reviewing the awareness and advocacy program and the justifications is to strengthen HIV awareness.

### PNG reporting Fiji

Increase awareness of the HIV decree at community level. It seems many people at community level do not understand the rights provided to them in the decree. Will explore including a reference to HIV in the draft constitution. One strategy will be training the media, another using the Chief system.

#### Questions?

- Maybe need to have a targeted approach i.e. KAP's in first year

### Fiji reporting on PNG

Only able to discuss the first strategy. Underlying problem lack of political will to create an enabling environment. Strategy recommended was study of the impact of law on HIV in PNG. Not just HAMP Act but other human rights laws. Why has the underlying legislation for the Human Rights Commission taken so long what is the barrier? Will not go straight to decriminalization but will look into equality issues. Use the media, train the judiciary.

#### Questions?

- Need to name the laws?
- Are they national or organic
- Be more specific
- Might want to consider the impact of law on PLHIV rather than the incidence? Incidence cannot be measured in PNG.

### Tuvalu on Solomon Islands

Finalize draft cabinet paper that complies with parliamentary handbook and seek approval in principal to approve drafting of legislation.

Drafting of legislation. Use of the explanatory document.

### Solomon Islands on Vanuatu

First positive child in school by 8<sup>th</sup> May this year. Will inform the Minister of Education Review of the Health Act

#### Questions / comments

- Time frame may not be realistic and should consider extending.

### Vanuatu on Tuvalu

Drafting the HIV Bill.

HIV awareness and training on the new HIV law – general public. Training for professionals

### Building Consensus when you get home

#### What are the things that would cause the action plan to fail?

- Do nothing
- Don't tell anyone
- Don't pass the action plan on
- Don't send it by email without some face-to-face interaction.

#### What can be done to ensure success of action plan?

- Make appointments with the people you need to talk to, to explain how the action plan was developed and how it will be implemented.
- Provide a brief
- Remember to use the high STI rates to create a sense of urgency
- A good financial agreement
- Take other key stakeholders with you especially KAP's
- If your Minister or boss does not have an open door, find someone else. If necessary find a social occasion to find the people you need.
- Use your contacts.

#### **Closing Remarks – Key Points**

##### **Mr Prasada Rao, the United Nations Secretary General's Special Envoy on HIV and AIDS in the Asia Pacific Region**

- There must be a sense of urgency in what we are doing
- We need to work towards meeting the 2015 targets
- Ensure HIV remains on the post-2015 agenda
- The key partners in the Pacific must work together to ensure that countries are supported in meeting their targets
- Make use of the media to keep the issues and our work in the public arena and make use of social media and other innovative tools

##### **Steve Kraus, Director of the UNAIDS Regional Support Team for the Asia Pacific Region**

- Important to engage with the community in all our efforts
- Noted the effective use of the different countries to challenge and support other countries during the consultation
- Reminded participants that at the 2011 HLM ALL participating countries made ten commitments to achieve certain targets and will be required to report back to the UN

General Assembly in 2015. He suggested that this “pressure” to report on country progress is also a significant advocacy opportunity;

- Countries were reminded to make use of the resources that were provided at the consultation and to make use of these in country level consultations in the lead up to the 2015 reporting process and the preliminary ESCAP peer review process. Countries were encouraged to see these events as opportunities
- Countries were reminded that they are not on the road alone. It was noted that this consultation brought countries together and worked to create support systems for actors working towards achieving the ten targets and those working specifically on legal and policy reforms
- Noted that the recommendation to work with police forces in the Pacific to address issues around the law on the streets is an excellent opportunity and needs to be a crucial activity
- Take the opportunities for support that are available: pro bono legal service available through UNAIDS, upcoming judicial consultations, and other significant opportunities
- Be vigilant to moves to undermine access to high quality, low cost drugs through patent and intellectual protection laws and seek assistance from UNAIDS and others to counter these efforts
- The fist of intolerance vs the hand of support: we must remain advocates for the hand of support over the punitive fist of intolerance.
- Our challenge – no matter our circumstances, employment or affiliation – is to help give a voice to the voiceless, the marginalized, and the disenfranchised.

##### **HE The President of the Republic of the Fiji Islands, Ratu Epeli Nailatikau**

- The President noted the empowering experience that the consultation provided
- He noted that we know what works and we have seen evidence of what works and that must be the full focus of our efforts
- He noted that we are on the right track, but must not be allowed to be distracted

**HIV and the Law Consultation: 17-19 April 2013**  
**Participating Countries:**  
**Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu and Vanuatu**

**Appendix D: Evaluation Report**

**Participation Evaluation Report on the Pacific Consultation on Legal and Policy Barriers to Accessing HIV Services for PLHIV and Key Populations. Nadi, Fiji. 17-19 April 2013**

**1. How do you rate the Pacific Consultation on Legal and Policy Barriers on the Intended Objectives?**

*(23 Participants: 23 Forms received. 100% - participation in the Evaluation)*

Country Participants	Very effective	Effective	Adequate	Poor	Very Poor	VE+ E Comb. Totals
<b>Objective 1.</b> The presentations and discussion on the overview of the laws and policies in seven Pacific nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu), which impact on human rights-based health programming initiatives and enjoyment of human rights, by persons living with HIV/AIDS.	IIIII 5 (21.7%)	IIIIIIIIII <b>14 (60.8%)</b>	III 3 (12%)	I 1 (4%)		<b>VE + E= 82.5%</b>
<b>Objective 2.</b> Consultation and discussion on legal and policy barriers to effective HIV responses, in line with international human rights standards in the 7 countries, through a multi-sectoral and participatory dialogue on laws, regulations, and policies including the Auckland and Suva Declarations	IIIIII 7 (30.4%)	IIIIIIII <b>10 (43.4%)</b>	IIIIII 6 (26%)			VE + E= 73.8%
<b>Objective 3.</b> Develop prioritised action plans that will include provisions for monitoring and the success for the seven countries, which can be supported by country partners (including the United Nations)	IIIIIIII <b>10 (43.4%)</b>	IIIIIIII 9 (39.1%)	IIII 4 (17.3%)			<b>VE + E= 82.5%</b>

**Comments:** (Feedback sheet no #)

- 22. Nothing About Us without Us
- 21. More concrete outcomes and better focus of laws
- 19. Should organize follow-ups to keep the momentum
- 16. I think discussion should have a human rights based approach
- 14. Individual countries clearly identified their Action Plans with specific and achievable monitoring plans
- 13. Thoroughly enjoyed the discussions and dialogue on the issues affecting each member country and will use this experience to build/develop my own internal skills (in-country) on these issues, to generate similar dialogue/discussion
- 12. It is very important that we engage His Excellency as a champion to visit all PICTS to talk directly to our Politicians about this work. The fact that he attended the entire consultation is incredible and this is a perfect example of political commitment. Thank you UNAIDS for a successful consultation and I cannot wait to get our legislation Act/out (?)
- 10. A bit more time on specific Pacific issues
- 4. Networking is one the very fast and effective ways in this phase of the exercise. Quick response on difficulties face by each individual country is another way to speed every process.
- 3. Need more consultation – in-country consultation would be another option to make sure we keep the countries traced.
- 2. Thank you for inviting myself for this mtg (consultation), my first time and what's going on with members / agencies, CSO

Country Participants – 1 participant did not rate Q6.

Facilitator, Reading Materials, Venue, Increased Awareness and Improvements	Very Good	Good	Average	Poor	Very Poor	VG + G=
<b>4. How do you Rate the Facilitation of this Consultation?</b>	IIIIIIIIII <b>14 (60.8%)</b>	I, .5, IIIII 7.5 (32.6%)	.5, I 1.5 (6.5%)			<b>93.2%</b>
Comments: (Feedback sheet no #) 2. No comment – but keep up your good work 6. Cultural sensitivity when comments are made 7. They well presented their topics with proved documents 8. Care could have been taken to be more culturally sensitive and working with a Pacific Island framework						

10. Very effective facilitation of the Consultation  
 12. Excellent job by the facilitator  
 13. Very engaging  
 15. Too much talking by the facilitator, eating up time.  
 19. Excellent facilitation skills

<b>5. How do you Rate the Reading Materials provided at the Consultation?</b>	 13 (56.5%)	 8 (34.7%)	 2 (8.6%)			<b>VG + G= 91.2%</b>
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Comments: (Feedback sheet no #)  
 2. Very good information but will have to sit down and read to understand carefully  
 4. Could be better if they send in advance  
 6. The reading material was handy  
 7. All the materials were all there, it's us to read it to know  
 8. The reviews of the individual countries required more information and detail. If this was not available the responsible consultant should have made steps to have this available.  
 10. Very big influence on Countries outside Pacific. Should have been more Pacific orientated  
 12. All relevant and the resource persons were spot on  
 13. Very thorough  
 15. Should have been sent to us to read first, particularly those that had e-copies.  
 19. Very good resources

<b>6. How do you Rate the Venue, Accommodation and Overall Logistics provided for this Consultation?</b>	 6 (27.2%)	 11 (50%)	 3 (13.6%)	 1 (4.5%)	 1 (4.5%)	<b>VG + G= 77.2%</b>
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Comments: (Feedback sheet no #)  
 3. Next time don't pay us the local currency as most of us on US rate in our countries  
 4. Good, enjoyable, but a bit expensive. Logistics so far so good  
 6. Accommodation & venue, not a good experience although logistics were good  
 8. The accommodation was not clean, room service and customer services were poor for a place which is known as an international hotel. In the future UNAIDS may like to consider these issues and book elsewhere.  
 9. The DSA should be sent through the Western Union – more easier for accessing  
 14. Venue and accommodation very well arranged. However, I spent many hours at Brisbane airport for transit  
 15. Except that no proper brief on rooms, meals and information on workshop (should have been left at the reception).  
 19. Excellent overall

**7. How would you rate your Increased Awareness and Understanding of HIV, the Law and Human Rights Issues? (1 = minimal, 10 = significant)**

1	2	3	4	5	6	7	8	9	10
				 8.6%	 17.3%	 17.3%	 17.3%	 17.3%	 21.7%

Comments: (Feedback sheet no #)  
 3. Much information is given through the presentation and discussion but we need to put it into practice  
 4. Never been in the arena before, but able to get above average knowledge and understanding  
 6. Was good to re-focus energies on in Country needs & affected Key populations, as one size does not fit all  
 13. I chose 6 because I already possessed quite a lot of understanding on it and this dialogue helped to affirm and in some way specify/cover those areas that were vague.  
 13. I have learnt new information and innovative/common sense approaches to addressing HIV/AIDS  
 19. Informative and interactive. Lots of learning

### 8. Which improvement(s) (if any) would you like to see for Future Consultations?

1. More inclusion of Key Populations from all countries at the consultation
2. To know the Action Plans be achievable from each country reports
3. In country consultation rather than regional consultation is an option to try out
4. Presenting evidence based case studies to learn from shortfalls
6. The Resource people (UN Agencies) don't overtake questioning as seen in Day 1. To allow countries to speak with one another rather than resource people overtake the conversation.
7. Yes, so that we know how far we reach
8. The information in the folder be made available prior to the consultation and the activities required of the participants be made known to them to ensure effective discussion and efficient use of time.
9. To extend it to one week cause there's a lot to say but not enough time and we have to rush cause of the time.
10. More data on HIV in Pacific – Fiji stats and PNG stats
11. Inclusion of more or at least one Key Populations representative from the different countries
12. Higher level from Ministries (Health/Justice) to give more support at the 'decision making level'.
13. Perhaps having more representations from the government heads of each country, more representatives from NGOs/CSOs actually implementing HIV legal issues in the work they do, so we can gain more insight on the issues they face on the ground.
14. a) Regional approaches
  - Champions/Ambassadors such as HE the Presidentb) Institutionalise regional approaches through regional groupings such as MSG.
15. Get the right people here. Decision makers where possible
17. Get the Ministries of Law and Justice and Internal security (Home Affairs) into the discussion.
18. The meeting should take a bit longer. 4 Days. Thank you for the logistics and consultation plus the presence of His Excellency.
20. Need a more solid outcome and answers to assistance.
21. More technical knowledge of laws, which will work e.g. Constitutional provisions, human rights laws etc.
22. Inclusiveness/more involvement/representation from Key Populations and PLHIV at future consultations from other Pacific countries

### Notes

\*one participant did not rate Q 6. But did provide a comment

- Highest rated: **Dark Grey & Bold**

### Summary of Participant rating on objectives

Objective 1 and 3 received the highest rating for the combined scores of VE and E. However for the rating VE, Objective 1 received the lowest rating and Objective 3 the highest but by the margin of 1. Objective 1 was rated Poor by one respondent.

### Participant Feedback

#### Key Areas of achievement

1. The majority of participants rated the Consultation on the Objectives as either Very Effective or Effective.
2. The majority of participants rated the Facilitator and Reading materials as Very Good.
3. The majority of the participants rated the venue and accommodation as Good, but 2 rated it as Poor or Very Poor. The comments suggested that the accommodation/venue was the source of some dissatisfaction but that logistics were satisfactory.

#### Key Areas for improvement

1. Follow ups and in-country consultations were supported as post consultation strategies
2. More culturally sensitive approaches needed. (Further clarification is needed as there is an implication that questioning of a Pacific delegation by a non Pacific Resource team member was culturally insensitive)



3. Reading material sent out in advance
4. More inclusions of Key Populations
5. More time needed for the Consultation process
6. More consideration on how to ensure decision makers are involved in the process.

**RESOURCE TEAM RESPONSES** (7 Respondents)

**1. HOW DO YOU RATE THE PACIFIC CONSULTATION ON LEGAL AND POLICY BARRIERS ON THE INTENDED OBJECTIVES? (Resource Team: 7 completed. 100% - all questions)**

Resource Team	Very effective	Effective	Adequate	Poor	Very Poor	VE+ E Comb. Totals
<b>Objective 1.</b> The presentations and discussion on the overview of the laws and policies in seven Pacific nations (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu), which impact on human rights-based health programming initiatives and enjoyment of human rights, by persons living with HIV/AIDS. Participants	II 2 (28.5%)	IIII 5 (71.5%)				
<b>Objective 2.</b> Consultation and discussion on legal and policy barriers to effective HIV responses, in line with international human rights standards in the 7 countries, through a multi-sectoral and participatory dialogue on laws, regulations, and policies including the Auckland and Suva Declarations	II 2 (28.5%)	IIII 5 (71.5%)				
<b>Objective 3.</b> Develop prioritised action plans that will include provisions for monitoring and the success for the seven countries, which can be supported by country partners (including the United Nations)		IIII 4 (57.1%)	II 2 (28.5%)	I 1 (14.3%)		

**Comments** (Feedback sheet no #)

3. More time required for Action Plans. Time allowed to consult with other key stakeholders and decision makers, Problems occur when no continuity of participants from similar exercises previous exercises. Need to consider issues of scale in all things i.e. relevance of situation/actions for PNG/Fiji when compared with Kiribati/Tuvalu. Perhaps need to fund resources to include representatives from LJS (SP?), Health, NACS, community development and key civil society to ensure actions/commitments truly reflective of multi-sectoral response.
5. Disappointing lack of focus on remaining specific legal and policy barriers. Cross country/peer reviews were helpful and improved quality of initial efforts.

Facilitator, Reading Materials, Venue, Increased Awareness and Improvements	Very Good	Good	Average	Poor	Very Poor	
<b>4. How do you Rate the Facilitation of this Consultation?</b>	IIIIII 6 (85.7%)		I 1 (14.3%)			
<b>Comments</b> 1. More time to be given to participants 2. Professional 5. Good energy and attention to detail. Good commitment to objectives.						
<b>5. How do you Rate the Reading Materials provided at the Consultation?</b>	IIII 4 (57.1%)	III 3 (42.8%)				
<b>Comments</b> 1. Excellent library of great resource 5. Review needed to be circulated prior to meeting. Maybe include an activity aimed at ensuring participants are familiar with the folder contents.						

<b>6. How do you Rate the Venue, Accommodation and Overall Logistics provided for this Consultation?</b>	I 1 (14.3%)	IIII 4 (47.1%)	II 2 (28.5%)			
Comments 1. Lack of facilities particularly internet 2. Food was OK. Dinner by H.E President was wonderful 4. Logistics exceptional. (Rating) refers to venue and accommodation						

**7. How would you rate your Increased Awareness and Understanding of HIV, the Law and Human Rights Issues? (1 = minimal, 10 = significant).** 3 respondents did not rate

1	2	3	4	5	6	7	8	9	10
					I		I		II
					1		1		2

**Comment:** (Feedback sheet no #)

3. Perhaps a better understanding of status and issues across the Pacific. Definitely aware of some regional expertise that could be utilised in third country responses.

**8. Which improvement(s) (if any) would you like to see for Future Consultations?**

2. Next time have countries talk and report on their own progress
4. Longer lead time. Better matching to meeting purpose of participants for all countries. PNG and Fiji exceptional in this respect.
5. More targeted action on specific legal and policy barriers in action plans. Perhaps greater awareness of what is already being done by health sector in HIV response would assure participation of the importance of action on these specific issues.
6. More time

**HIV and the Law Consultation: 17-19 April 2013**  
**Participating Countries:**  
**Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tuvalu and Vanuatu**

**Appendix E: Action Plans**

**Country Name:** **FJI**

**Date:** 19/04/13

a) Name of Lead Responsible for leading this Country's Action Plan: Dr Rachel Devi

**Title:** National Advisor Family Health  
**Organisation:** Ministry of Health

b) Names of Country Participants: Ms Nazhat Shameem

**Title:** Legal Practitioner  
**Organisation:** Independent Representative

c) Names of Country Participants: Temo Sasau

**Title:** National Manager Clinical Services  
**Organisation:** Empower Pacific

d) Names of Country Participants: Dr Atinesh Prakash

**Title:** Medical Officer Hub Centre Labasa  
**Organisation:** Ministry of Health

e) Names of Country Participants: Rebecca Kubunavanua

**Title:** Coordinator for the Pacific Positive Working Group  
**Organisation:** FJN+ Pacific Positive Working Group

f) Names of Country Participants: Rani Ravudi

**Title:** Coordinator  
**Organisation:** SAN Fiji

No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?
1. “Youth with multiple sexual partners”	a) HIV Board needs to carry out a national awareness and education campaign on the HIV Decree targeting civil society, SW, MSM, Law enforcers and medical personnel.	Statistics for the country: <ul style="list-style-type: none"> <li>• Country Stats</li> <li>• IBBS – SW and MSM</li> </ul>	HIV & Law – slow progress
	b) Media campaign: to be driven by the HIV Board, SHC: beginning with media and doing mass media.	Ditto	Media – Slow
	c) Request Melanesian Spearhead Group (MSG) to <ul style="list-style-type: none"> <li>• Adopt HIV/AIDS as a regional strategy and</li> <li>• A MSG Police Chief’s meeting on HIV/AIDS and the law, and the role of the police in enforcing the law and changing attitudes towards HIV.</li> <li>• To incorporate HIV/AIDS’ training for all police officers</li> <li>• Ensuring the training is delivered by to include PLHIV and KAPs.</li> <li>•</li> </ul>	Ditto	MSG – New
	By When: Dec 2013 (needs approval by HIV Board) in June 2013 and then Submission to Chair of the MSG via the MSG secretariat	Part of CEDAW Strategy but needs enforcement.	
2. “TG, MSM, SW and KAPs”	a) Unrestricted access to condoms, should be free and in all public toilets <ul style="list-style-type: none"> <li>• Needs to be packaged (lubricant, info, condoms)</li> </ul> “All or none Law”	<ul style="list-style-type: none"> <li>• Studies – IBBS (SW, MSM)</li> <li>• Statistics</li> <li>• Experience</li> </ul>	Partially new and slow progress
	b) Law reform: Amendment to the Human Rights Commission Decree to align it with the Constitution and ensure easy access to Justice	<ul style="list-style-type: none"> <li>• Under the HIV Decree we can only do criminal cases</li> </ul>	New
	c) Decriminalisation of Sex Work Media campaign (refer 1)	<ul style="list-style-type: none"> <li>• Statistics – IBBS</li> <li>• Better access to condom use</li> <li>• Due to of police intimidation</li> </ul>	New
	By When: June 2014	Linked to National HIV and AIDS Strategy/Alignment. Linked to Sub Regional ‘Workshop’ on Accelerating HIV Law Reform 2011	

No. of Action	What obstacles, if any?	Possible strategy to get progress started (again)	What do you need to make this happen?	Who can help? How
1. (Cont'd)	a) Funding b) Attitude to prioritise HIV	<ul style="list-style-type: none"> <li>HIV Board endorsement</li> <li>Leadership – Talking to Police Commissioner</li> <li>His Excellency the President to speak to Police Commissioner</li> </ul>	Submission to the HIV board on the Media Campaign and Financial Support towards the SHC for Fiji	<ul style="list-style-type: none"> <li>UNAIDS- Part of the HIV Board member.</li> <li>His Excellency the President to speak to the Police Commissioner</li> </ul>
2. (Cont'd)	a) <ul style="list-style-type: none"> <li>Vandalism</li> <li>Traditional and religious beliefs</li> </ul>	<ul style="list-style-type: none"> <li>Communication strategy incorporated with the media campaign for funding process. Endorsement via the HIV Board</li> </ul>	<ul style="list-style-type: none"> <li>Communication</li> </ul>	<ul style="list-style-type: none"> <li>UNFPA</li> <li>All stakeholders</li> <li>HIV CEO/AHD Co-ordinator</li> </ul>
	b) Lack of awareness by law reform officials on barriers to justice (positive person and health care workers)	<ul style="list-style-type: none"> <li>Current country situation presented to Solicitor General's Office, consultant to review draft submission</li> <li>Consultation process</li> </ul>	<ul style="list-style-type: none"> <li>HIV Board to communicate with SG's office</li> <li>HIV Board to assign a consultant to review</li> </ul>	<ul style="list-style-type: none"> <li>UNAIDS (model and consultant)</li> <li></li> </ul>
	c) <ul style="list-style-type: none"> <li>Attitudes</li> <li>Debatable issue by all</li> </ul>	<ul style="list-style-type: none"> <li>Consultant to prepare proper submission for Ministry of Health – AG's office</li> <li>Diversion from morality to Public Health Strategy</li> </ul>	<ul style="list-style-type: none"> <li>HIV Board to endorse for process</li> </ul>	<ul style="list-style-type: none"> <li>UNAIDS</li> <li>HIV Board</li> </ul>

No. of Action	If needing external support: Who?	What can they offer?	By When?	Named contact person at organisation/other country
1. (Cont'd)	a) UN Agency	<ul style="list-style-type: none"> <li>Funding and Technical Assistance</li> </ul>	June – Dec 2013 (HIV and Law)	<ul style="list-style-type: none"> <li>HIV CEO</li> <li>HIV Board</li> </ul>
	b) SPC	<ul style="list-style-type: none"> <li>(Securing of funds – preparation)</li> </ul>	June – Dec 2013 with delivery Jan – March 2014 (Media)	<ul style="list-style-type: none"> <li>HIV CEO</li> <li>HIV Board</li> </ul>
	c) Country Support in MSG	<ul style="list-style-type: none"> <li>Collaborative support and sharing of goals</li> </ul> <p>SPC MSG into leader's summit 20<sup>th</sup> June getting HIV onto the agenda</p>	June - Dec 2013 (MSG)	<ul style="list-style-type: none"> <li>HIV CEO</li> <li>HIV Board</li> <li>Prime Minister (Chair for MSG)</li> <li>His Excellency the President</li> </ul>

2. (Cont'd)	<ul style="list-style-type: none"> <li>City and Town Council</li> <li>Business Houses</li> </ul>	<ul style="list-style-type: none"> <li>Funding, Technical assistance</li> </ul>	June 2014	<ul style="list-style-type: none"> <li>HIV Board</li> <li>BAHA</li> </ul>
	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	When Constitution is passed	<ul style="list-style-type: none"> <li>NSWPXL</li> <li>APNSW</li> </ul>
	<ul style="list-style-type: none"> <li>UN/SPC</li> <li>AG/SG's Offices</li> </ul>	<ul style="list-style-type: none"> <li>Approval of consultant</li> </ul>	Dec 2014	<ul style="list-style-type: none"> <li>FSWA</li> <li>AG's Office</li> <li>Mayor/Special Administrator</li> </ul>

No. of Action	How will it be monitored?	By Whom?	By When?	Names of people who are accountable
1. (Cont'd)	a) HIV Board and HIV CEO	a) Chair – PSH and Board members (action oriented minutes and updates to the HIV board)	a) June – Dec 2013 (HIV and Law)	a) HIV Board Chair, PSH and members ii) CEO HIV Board
	b)	b)	b) June – Dec 2013 with delivery Jan – March 2014 (Media)	i) Minister of Health
	b) HIV and M & E Working Group	c)	c) June - Dec 2013 (MSG)	i)
2. (Cont'd)	a) AHD Programme	a) AHD Coordinator via peer educators, divisional Hubs	a) On-going	i) NAFH ii) AHD Coordinator
	b) Through the review process and the TORs for the consultant has to include monitoring	b) Consultant under HIV Board's supervision	b) When constitution is passed	i) HIV Board – CEO ii) HIV Board - Chair
	c) Reports and paper submission. TOR of consultant and process	c) MoH/Consultant and FSWA	c) Dec 2014	i) HIV Board – Chair/CEO/Chair of FSWA

2013

- **Actions completed by 31 Dec 2013.**
- **Action 1 a) June - Dec 2013 HIV and the Law**
- **Action 1 b) June - Dec 2013 Media funding & prep**
- **Action 1 c) June - Dec 2013 MSG**

2014

- **Actions completed by 31 Dec 2014.**
- **Action 1 b) Jan - March 2014 Media delivery**
- **Action 2 a) June 2014 Condoms**
- **Action 2 b) When Constitution is passed**
- **Action a c) Dec 2014 Decriminalising Sex Work**

2015

- **Actions Completed by Dec 2015**

Country Name: **KIRIBATI**

Date: 19/04/13

a) Name of Lead Responsible for this Country Plan. Mr Kaateti Toto

Title: Senior Assistant Secretary

Organisation: Ministry of Health & Medical Services

b) Names of Country Participants: Mr George U Mackenzie

Title: *State Attorney*

Organisation: Office of Attorney-General



No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?
1.	Cabinet Approval of HIV Bill drafting By the end of June 2013	To establish a new Legal HR documents and ensure the governmental support of the final draft in parliament	Slow progress, linked to 2011 Action plan
2	Drafting the new HIV Bill - first working draft for consultations of relevant stakeholders: By the end of the December 2013	To make the working drafts of the bill to be used to consult stakeholders	New

No. of Action	What obstacles, if any?	Possible strategy to get progress started (again)	What do you need to make this happen?	Who can help? How
(1) (Cont'd)	<ul style="list-style-type: none"> <li>Other Cabinet members might not approve the drafting exercise</li> </ul>	Organize consultation with cabinet members and education awareness - a working dinner to be hosted by the MHMS and HIV unit	Budget	Members of CCM can get their respective leaders to support move for approval, seeking funding from UNAIDS
(2)	Technical people for drafting and lack of resources	Drafting instruction needed	Budget Technical Assistance	<ul style="list-style-type: none"> <li>RRRT,</li> <li>SPC and</li> <li>UNAIDS</li> </ul>

No. of Action	If needing external support: Who?	What can they offer?	By When?	Named contact person at organisation/other country
(1) & (2)	RRRT	Drafting and other legal assistance	May 2013	Salote / Sandra RRRT, SPC
	SPC	Funding from national strategic goals application to SPC	September 2013	Salote / Sandra RRRT, SPC
	UNAIDS	Information materials and able to point to other sources of assistance		Brianna Harrison UNAIDS Asia Pacific Regional Support Team

No. of Action	How will it be monitored?	By Whom?	By When?	Names of people who are accountable
1. (Cont'd)	a) HIV/STI Unit every month and CCM	a) CCM and assisted by Director of Public Health and Secretary of MHMS	a) June 2013 and monthly reporting to CCM –Agenda standing issues	i) Mr Kamaua Bareua ii) Mr Kaateti Toto, Ministry of Health
2. (Cont'd)	b) AG's Office internally and CCM meeting	b) CCM and assisted by Attorney-General office	b) <ul style="list-style-type: none"> <li>Dec 2013 (deadline)</li> <li>CCM report every meeting</li> </ul>	i) George Mackenzie ii) Mr Kaateti Toto, Ministry of Health

2013

- **Actions completed by 31 Dec 2013. Describe Action and number (1, 2)**
- **Action 1 End of June 2013**
- **Action 2 End of Dec 2013**

2014

- **Actions completed by 31 Dec 2014**

2015

- **Actions Completed by Dec 2015**

Country Name: **Papua New Guinea**

Date: 19/04/13

- a) Name of Lead Responsible for leading this Country's Action Plan: Dr. Eric Kwa  
Title: Secretary of Commission  
Organisation: Constitutional Law Reform Commission (CLRC)
  
- b) Names of Country Participants: Alois Gaglu  
Title: Project Co-ordinator  
Organisation: Consultative Implementation and Monitoring Council (CIMC)
  
- c) Names of Country Participants: Sarah N Tsiamalili  
Title: Senior Legal Officer  
Organisation: PNG Development Law Association (PNGDLA)

No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?	
1	Undertake a study of how criminalization of sex work and male to male sex impacts on the ability of these groups to access HIV prevention, testing, treatment and care services and if and how decriminalization would make a difference.	Evidence is required on the impacts of leaving the laws as they are (doing nothing) compared to the expected benefits if the laws were changed (decriminalization).  The evidence can be used to lobby politicians and law makers and also to try and influence public opinion.	A new activity in the on-going process to review and reform discriminatory laws.  Advocacy around HIV related law reform in PNG has stalled since 2011. New motivation and energy is required.	If such a study were to be undertaken it should also investigate what impact, does criminalization of wilful or negligent transmission of HIV have (HAMP Act).
	Jan – Dec 2014	One of the strategic objectives in the NHS is to decriminalise sex work and male to male sex in PNG by 2015.	Is linked to the 2011 Action Plan but new in the sense that it has not been carried out within the country in terms of the legal context.	
1	What obstacles if any?	Possible strategy to get progress started (again).	What do you need to make this happen?	Who can help? How?
	Funding. Technical Expertise  Gaining the support of government agencies	Funding for TA can be included in the JUNTA 2014 annual work plan and budget.  Request NACS to include this in their 2014 work plan and budget.  Approach research institutes to see what technical capacity they might have to support such a study – IMR, Kirby Institute, UNSW, NRI etc  CLRC with assistance from CIMC to lead this process.	Financial support/assistance.  Technical assistance.  Leadership and Co-ord. (CLRC approval received)	CLRC – Leadership & Technical/Financial  CIMC – Co-ord. and Human resource/capacity.  PNGDLA – Co-ord. & Resource/Data.  LJS agencies  NACS/PACS  CSO's/NGO's/FBO's  UN Agencies
1	If needing external support: Who?	What can they offer?	By when?	Named contact person at organisation/ other country.
	UN Agencies  NACS  Research Institutes/ Consultant Researcher	Financial  Technical Expertise	During 2014 annual work planning in September / October 2013.	Director NACS  Director IMR  Stuart Watson, UNAIDS  Joanne Robinson, UNAIDS

1	How will it be monitored?	By whom?	By when?	Names of people who are accountable.
	<ul style="list-style-type: none"> <li>i. Formation and meeting of working group to oversight</li> <li>ii. CLRC, CIMC, NACS, JUNTA 2014 work plans</li> <li>iii. Documented objectives and expected outcomes of the study.</li> <li>iv. TOR for the study</li> <li>v. Fully costed study proposal.</li> <li>vi. Contracting of researcher</li> <li>vii. Preliminary findings</li> <li>iii. Final report and recommendations</li> <li>ix. Approved plan for dissemination of findings, results and recommendations.</li> </ul>	Study working Group	<ul style="list-style-type: none"> <li>i. By 1<sup>st</sup> September 2013</li> <li>ii. By the 31<sup>st</sup> October 2013</li> <li>iii. By the 31<sup>st</sup> December 2013</li> <li>iv. By 1<sup>st</sup> Feb 2014</li> <li>v. By 1<sup>st</sup> March 2014</li> <li>vi. By 1<sup>st</sup> May 2014</li> <li>vii. By 1<sup>st</sup> September 2014</li> <li>viii. By 31<sup>st</sup> October 2014</li> <li>ix. By 31<sup>st</sup> October 2014</li> </ul>	<ul style="list-style-type: none"> <li>- Dr Eric Kwa – CLRC</li> <li>- Alois Gaglu Project Co-ordinator, Consultative Implementation and Monitoring Council (CIMC)</li> <li>- Sarah . N. Tsiamalili. Senior Legal Officer, PNG Development Law Association (PNGDLA)</li> <li>- NACS representative (to be identified).</li> <li>- Sex worker representative (to be identified)</li> <li>- MSM representative (to be identified)</li> <li>- TG representative (to be identified)</li> <li>- Joanne Robinson, UNAIDS</li> </ul>

No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?	
2	<p>Engage with and establish a working relationship with the Special Parliamentary Committee on HIV&amp;AIDS and/or the National Judiciary and/or Magisterial Services to:</p> <ul style="list-style-type: none"> <li>i. introduce key findings and recommendations of the Pacific Consultation on Legal and Policy Barriers to Accessing HIV Services for PLHIV and Key Affected Populations</li> <li>ii. orient these groups to their roles and responsibilities in addressing violations of human and legal rights of PLHIV</li> <li>iii. support the groups to plan specific actions they can undertake by the end of 2015.</li> </ul>	<p>The National HIV&amp;AIDS Strategy 2011 – 2015 has 31 out of 105 strategic objectives and 60 out of 400 major activity areas that list the Law &amp; Justice Sector as key implementing partners.</p> <p>Currently the Special Parliamentary Committee on HIV&amp;AIDS and/or the National Judiciary and/or Magisterial Services are not visibly involved in the national HIV response. HIV is generally seen as something that should be dealt with by NACS / NDoH, the broader public sector and especially the law and justice sector have difficulty in seeing how they fit into the national response and how they can address stigma, discrimination and the violation of rights of PLHIV into their routine daily work.</p>	A little bit of slow progress but mostly stalled.	
2	<b>What obstacles if any?</b>	<b>Possible strategy to get progress started (again).</b>	<b>What do you need to make this happen?</b>	<b>Who can help? How?</b>
	<p>Members of the Special Parliamentary Committee on HIV were sworn into office in December 2012, since then no contact between the committee and NACS or the committee and any of the key stakeholders in the National HIV response.</p> <p>Members appointed to the Parliamentary Committee on HIV&amp;AIDS, do not self-nominate and may have little or no knowledge and/or interest in HIV.</p> <p>The National Court established it's Human Rights Track in 2011, but limited contact made with the three high court judges appointed to the Human Rights Track and key stakeholders in the National HIV response.</p> <p>Since the new Chief and Deputy Chief Magistrate were appointed in early 2013, limited contact made with senior management of Magisterial Services and key stakeholders in the National HIV response.</p>	<p>For Director CLRC to engage with the new Chair of NAC and the new Director of NACS to formally invite one or more of these groups to an initial meeting with newly sworn members of the National AIDS Council.</p> <p>At the meeting the NAC will need to clearly outline how the Special Parliamentary Committee on HIV&amp;AIDS and/or the National Judiciary and/or Magisterial Services fit within the NHS, what NAC expectations are of these groups and what support (technical and financial) might be available to assist in and map out the future working relationship.</p> <p>If the proposed visit to PNG of Fiji's President goes ahead, this may present an opportunity to engage with these groups, especially the Special Parliamentary Committee on HIV.</p>	Financial support/assistance. Leadership. Accountability. Commitment.	<p>CLRC – with technical support from UNAIDS to seek meeting with Chair NACS and Director NACS to plan an initial engagement activity with one or more of these groups.</p> <p>These activities are already budgeted in the JUNTA approved 2013 annual work plan.</p> <p>Technical assistance can be provided by NACS, JUNTA and AusAID as required.</p>

2	If needing external support : Who?	What can they offer?	By when?	Named contact person at organisation/ other country.
	<p>NACS CLRC UNAIDS</p>	<p>NAC and NACS can engage and work with the Special Parliamentary Committee on HIV&amp;AIDS and/or the National Judiciary and/or Magisterial Services.</p> <p>The Director CLRC provides a high level link with the LJS.</p> <p>UNAIDS will be able to liaise with the office of the President of Fiji to monitor progress (or not) of his proposed visit to PNG and the possibility of the President setting aside some time to meet with the Special parliamentary committee.</p>	<p>Before November 2013</p>	<p>Eric Kwa – Director CLRC Director NACS Chair NAC Stuart Watson, UNAIDS</p> <ul style="list-style-type: none"> <li>- Joanne Robinson, UNAIDS</li> <li>- The President of the Republic of Fiji</li> </ul>
2	How will it be monitored?	By whom?	By when?	Names of people who are accountable.
	<ul style="list-style-type: none"> <li>i. Initial meeting between CLRC, Chair NAC and Director NACS.</li> <li>ii. Meetings and agenda's set</li> <li>iii. Minutes / reports from meetings</li> <li>iv. Action points for each group to be achieved by 2015 agreed and documented.</li> <li>v. Determine support required to achieve action points</li> <li>vi. Report on progress in achieving action points</li> </ul>		<ul style="list-style-type: none"> <li>i. Before end June 2013</li> <li>ii. By end July 2013</li> <li>iii. By end of October 2013</li> <li>iv. By the end of December 2013</li> <li>v. By the end of 2013</li> <li>vi. By the end of 2015</li> </ul>	<p>Dr Eric Kwa – CLRC Chair NAC Director NACS</p>

2013

**•Actions completed by 31 December 2013. Describe Action and number (1, 2 etc.) :**

- 1) Formation and meeting of working group to oversight study into impact of criminalization of sex work and male to male sex
- CLRC,CIMC,NACS, JUNTA 2014 annual workplans include the proposed study
- 2) A minimum of one engagement between NACS / CLRC and Special Parliamentary Committee on HIV and/or Judiciary.
- Action points for Special Parliamentary Committee on HIV and / or Judiciary and/or Magisterial Services developed and agreed

2014

**•Actions completed by 31 December 2014:**

- 1) Study on the impact of criminalization of sex work and male to male sex on the ability of these groups to access HIV prevention, testing, treatment and care services completed.
- Plan for dissemination of study findings & recommendations and use as an advocacy tool developed
- 2) Support to Special Parliamentary Committee on HIV and / or Judiciary and/or Magisterial Services to implement agreed action points provided.

2015

**•Actions completed by December 2015 :**

- 1) Ongoing advocacy for reform of laws related to sex work and male to male sex involving a range of stakeholders.
- 2) Special Parliamentary Committee on HIV and / or Judiciary and/or Magisterial Services actively and visibly involved in national HIV response.



## Draft Action Plan

Country Name: **SAMOA**

Date: 17/05/13

a) Name of shared responsibility for leading this Action Plan. Focal person In-country: Ualesi F. Silva

Title: Strengthening the National HIV Programme in Samoa  
Organisation: Ministry of Health

b) Name of Country Participant: Delphina Kerslake

Title: Legal Consultant  
Organisation: Ministry of Health

c) Name of Country Participant: Hai-Yuean Tualima

Title: Senior Legal Analyst  
Organisation: Samoa Law Reform Commission

d) Name of Country Participant: Peati Maiava

Title: HIV Programme Officer  
Organisation: Samoa Red Cross Society

No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?
1.	<p>Strengthen HIV Awareness.</p> <p>Objective: To improve HIV prevention and promotion programmes and services.</p> <ul style="list-style-type: none"> <li>Ø Work towards satisfying HIV Global Indicators identified in the GARP 2010-2011.</li> <li>Ø Base national programmes and services on evidence from current research including most recent SGS, and GARP 2010-2011. Special emphasis to be given to Key Populations identified who are more 'at risk' and required policies/legislations actions to support them.</li> </ul>	Evidence from more current research has not yet been integrated into the policy plan of action and national programmes. Key issues such as addressing key populations who are mostly marginalised and who are vulnerable against stigma and discrimination will be highlighted and brought to the forefront through proper research and literature reviews.	<ul style="list-style-type: none"> <li>Ø Slow Progress</li> <li>Ø Slow progress</li> </ul>
2.	<p>Enforceability of current HIV Policy 2011-2016.</p> <p>Objective: To ensure updated research evidence influences national programmes and provides an updated workplan for the HIV Policy.</p> <ul style="list-style-type: none"> <li>Ø Review with stakeholders progress and relevance of the current policy and make amendments where required.</li> <li>Ø Ensure electronic or hard copy of Policy is Distributed smallest administrative level.</li> </ul>	Alignment between strengthening national programmes as identified via research and current policy require requires strengthening so that 2014/2015 national programmes are truly in aligned with policy, research and indicators.	<ul style="list-style-type: none"> <li>Ø On time</li> <li>Ø Slow progress</li> </ul>

No. of Action	What obstacles, if any?	Possible strategy to get progress started (again)	What do you need to make this happen?	Who can help? How
1. (Cont'd)	<ul style="list-style-type: none"> <li>Ø Completing current activities.</li> <li>Ø Replacing activities that are not evidence based.</li> </ul>	Literature and research review process to identify key areas for programmatic focus in the 2014/2015 workplan.	Ø Endorsement from MoH Management.	ACEO SDPD, ACEO HPPSD, ACEO SWAp, Legal Consultant MoH, Principal HIV support Officer.
2.(Cont'd)	None.	Consultation led by SDPD Division, MoH	Ø Endorsement from MoH Management.	ACEO SDPD, ACEO HPPSD, ACEO SWAp, Principal HIV support Officer.

No. of Action	If needing external support: Who?	What can they offer?	By When?	Named contact person at organisation/other country
1. (Cont'd)	UNAIDS	HIV specific strategic planning advice and guidance.	March 2014	Ualesi F. Silva, MoH
2. (Cont'd)	UNAIDS	HIV specific strategic planning advice and guidance.	December 2013	Ualesi F. Silva, MoH

No. of Action	How will it be monitored?	By Whom?	By When?	Names of people who are accountable
1. (Cont'd)	Ø A monitoring and Evaluation tool will be developed.	HPPSD Division in collaboration with the SDPD Division MoH	December 2013	Ualesi Falefa Silva Aaone Tanumafili
2. (Cont'd)	Ø Consultation report Ø Recommendations added to M&E Tool	HPPSD Division in collaboration with the SDPD Division MoH	January 2014	Ualesi Falefa Silva Aaone Tanumafili

2013

• **Actions completed by 31 Dec 2013.**

- Ø Review of current research findings relating to HIV/AIDS, STIs and SRH
- Ø Development of draft Monitoring and Evaluation Framework
- Ø Review of current HIV/AIDS Policy

2014

• **Actions completed by 31 Dec 2014.**

- Ø Development of HIV/AIDS Performance Measures for the Ministry of Health based on HIV/AIDS Policy (2014/2015)
- Ø Alignment of global HIV Indicators into Performance Measures
- Ø Development of Sector work plans based on National HIV/AIDS Policy
- Ø Review of HIV/AIDS Policy
- Ø Review of M&E framework and Global Indicator progress
- Ø Development of GARP 2012/2013

2015

• **Actions Completed by Dec 2015**

- Ø **Review Development of new HIV/AIDS Policy and Plan of Action**
- Ø **Development of HIV/AIDS Performance Measures for the Ministry of Health based on HIV/AIDS Policy (2015/2016)**
- Ø **Alignment of global HIV Indicators into Performance Measures**
- Ø **Review of M&E framework and Global Indicator progress**

Country Name: **Solomon Islands**

Date:13/05/2013

a) Name of Lead Responsible for this Country Plan: John Gela

Title: SINAC Coordinator

Organisation: SINAC

b) Names of Country Participants:Anthony Makabo

Title: Senior Crown Counsel

Organisation: Attorney General's Office

c) Names of Country Participants:Alice Buko

Title: HIV Community Advocator

Organisation: Ministry of Health & Medical Services

No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?
<b>1. Finalisation of Cabinet Paper</b>	<p>a) National stakeholders' consultation, including permanent Secretary and Minister for Health.</p> <p>b) HIV legislation working group draft cabinet paper if a is not possible then B</p>	<ul style="list-style-type: none"> <li>• Revisit the content of cabinet paper to make it Human Rights compliance specially addresses key target population.</li> <li>• Cabinet paper must be complying with Parliamentary Hand book.</li> <li>• Seek approval in for drafting of legislative framework.</li> <li>• Organise consultations for cabinet minister to approve and endorse the cabinet paper.</li> </ul>	Slow Progress
<b>2. Drafting of HIV Legislation</b>	Approval of HIV Cabinet paper	<ul style="list-style-type: none"> <li>• Don't put the wording of the Bill out too early but done and with legislative committee (working committee)</li> <li>• Use explanatory document with the drafting of the Bill.</li> </ul>	New

No. of Action	What obstacles, if any?	Possible strategy to get progress started (again)	What do you need to make this happen?	Who can help? How
1. (Cont'd)	Competing priorities by responsible officers.	<p>Extend communication to other Ministers.</p> <p>Face to face consultation to high light importance of HIV issues in Solomon Island</p>	Technical Assistance	<p>External Partners eg. RRRT and UNAIDS</p> <p>One day consultation for cabinet Ministers (National Leaders)</p>
2. (Cont'd)	Unavailability of local drafters as lack of resources	External drafter which will advertised to secure private firms or individual drafters to draft	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>• RRRT (SPC) and</li> <li>• UNAIDS to provide assistance</li> </ul>

No. of Action	If needing external support: Who?	What can they offer?	By When?	Named contact person at organisation/other country
1. (Cont'd)	RRRT(SPC)	In-country consultation on legislation drafting and lobbying.	May 2013	Salote (RRRT) SPC
2. (Cont'd)	<ul style="list-style-type: none"> <li>• UNAIDS and</li> <li>• RRRT (SPC)</li> </ul>	Technical assistance	Dec 2013	<ul style="list-style-type: none"> <li>• Salote Tagivakatini, RRRT SPC</li> <li>• Josephine Cooper (Consultant)</li> </ul>

No. of Action	How will it be monitored?	By Whom?	By When?	Names of people who are accountable
1. (Cont'd)	a) Cross check dateline of action plan	a) John Gela	a) July 2013	i) Permanent Secretary ii) John Gela, SNAC
	b) Email to legislation working group to meet monthly and update each other	b) John Gela	b) July 2013	i) As above ii) As above
2. (Cont'd)	a) Cross check dateline of action plan.	a) John Gela	a) Dec 2013	i) Permanent Secretary ii) John Gela, SNAC

2013

- **Actions completed by 31 Dec 2013. Describe Action and number (1, 2, etc)**
- **Action 1 a) By July 2013. Finalisation of Cabinet paper**
- **Action 2 b) Dec 2013. Approval of Cabinet paper**

2014

- **Actions completed by 31 Dec 2014**

2015

- **Actions Completed by Dec 2015**



Country Name: **Tuvalu**

Date: 19/04/13

a) Name of Lead Responsible for this Country Plan: Leader - Ms Ese Apinelu (Attorney General)

b) Names of Country Participants: Annie Homasi

Title: President  
Organisation: Tuvalu National AIDS Council (TUNAC)

c) Names of Country Participants: Efren Jogia

Title: Crown Counsel  
Organisation: Office of the Attorney General

d) Names of Country Participants: Dr Stephen Homasi

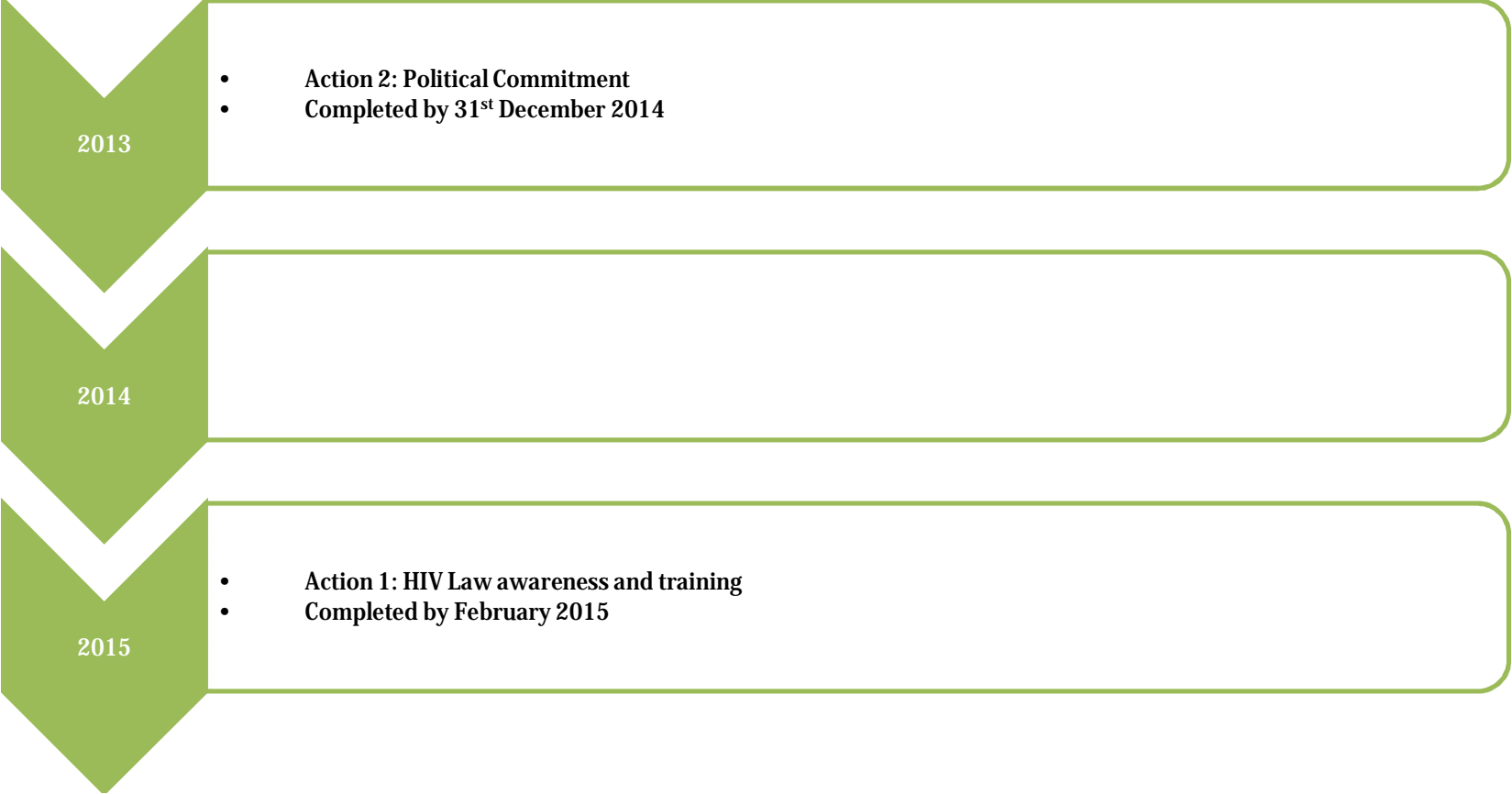
Title: Director of Health  
Organisation: Ministry of Health

No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?
1.	Action 1: HIV Law awareness and training	Awareness among general public, judiciary, police and key stakeholders Training for all of justice system, police, health workers and enforcers of the HIV Law	
2.	Action 2: Political Commitment	An opportunity to remind government of its commitment to international and regional declarations and agreements	

No. of Action	What obstacles, if any?	Possible strategy to get progress started (again)	What do you need to make this happen?	Who can help? How
1. (Cont'd) HIV Law awareness and training	1. Delay passing law	Submit meeting outcomes to cabinet	Prepare a Cabinet Paper	<ul style="list-style-type: none"> <li>AG,</li> <li>Prime Minister,</li> <li>MOH</li> </ul>
	2. Availability of key stakeholders	Plan ahead + communicate with stakeholders	Emails to key people to secure dates	<ul style="list-style-type: none"> <li>Steve Homasi and Efren Jogia to circulate</li> </ul>
	3. Funding	Use existing funding (RF, GF, MOH)	Approach MOH	<ul style="list-style-type: none"> <li>MOH</li> </ul>
	4. Outer Island consultation (issues with shipping schedule)	Request in advance	Written request to DOM	<ul style="list-style-type: none"> <li>Marine Department</li> </ul>
2. (Cont'd) Political Commitment	1. Competing priorities (health vs climate change)	Cabinet submission of meeting outcomes	UNAIDS and RRRT to assist with Cabinet submission	<ul style="list-style-type: none"> <li>UNAIDS</li> <li>RRRT</li> </ul>
	2. Political Instability			
	3. Government not aware at all	TUNAC to write to Ministers Press release	Meeting outcomes plus copies of declarations	<ul style="list-style-type: none"> <li>UNAIDS</li> <li>TUNAC Secretariat</li> </ul>
	4. Having all Ministers in country	Communicate with Secretaries re Cabinet meeting schedules	Cabinet meeting schedule	<ul style="list-style-type: none"> <li>Secretary to government</li> <li>AG office</li> </ul>

No. of Action	If needing external support: Who?	What can they offer?	By When?	Named contact person at organisation/other country
1. (Cont'd)	Trainer	Training in country on new Law	2015	Salote Tagivakatini RRRT, SPC (Salote said yes)
	Funding	Funding for training and awareness programs across all levels in the community	2015	<ul style="list-style-type: none"> <li>• UNAIDS to assist to identify funding</li> <li>• MOH /GF</li> <li>• Approach donor agencies (AusAID)</li> </ul>
2. (Cont'd)	UNAIDS	Outcomes of this meeting + declaration documents	2 weeks after this meeting	<ul style="list-style-type: none"> <li>• Tim Rwabuhemba UNAIDS</li> </ul>
	RRRT, SPC	Drafting of Cabinet paper	2 weeks after this meeting	<ul style="list-style-type: none"> <li>• Salote Tagivakatini RRRT, SPC</li> </ul>

No. of Action	How will it be monitored?	By Whom?	By When?	Names of people who are accountable
1. (Cont'd)	a) Cabinet Submission	a) Attorney General	a) May 2013	i) Attorney General ii) Efren Jogia ii) Stephen Homasi
	b) Secure training time	b) MOH	b) Dec 2014	i) Efren Jogia ii) Stephen Homasi
	c) Funding	c) MOH	c) Dec 2013	i) Stephen Homasi (MOH)
	d) Shipping Schedules	d) MOH to submit request	d) Dec 2014	i) Stephen Homasi (MOH)
2. (Cont'd)	Action Plan time frame	Tuvalu Meeting participants	Friday this week (19/04)	i) Efren Jogia ii) Stephen Homasi iii) Annie Homasi
	Follow up of Action Plan	TUNAC	10 <sup>th</sup> May TUNAC meeting	i) Annie Homasi (President of TUNAC)
	Cabinet Submission	Stephen Homasi and Efren Jogia	10th May	Attorney General
	Cabinet meeting schedule	Stephen Homasi and Efren Jogia	Upon return home (Tuesday 23/04)	Attorney General



Country Name: **Vanuatu**

Date: 19/04/13

a) Name of Lead Responsible for this Country Plan: Caleb Garae

Title: STI/HIV/AIDS Co-ordinator

Organisation: Ministry of Health

b) Names of Country Participants: Irene John

Title: HIV Coordinator

Organisation: Save the Children Fund Vanuatu

No. of Action	Action (describe what needs to be done as the intervention)	Brief justification	New? Stalled? Slow Progress?
1.	<p>Sarah to go to school (as soon as possible)</p> <p>Steps to be taken includes;</p> <ol style="list-style-type: none"> <li>1. NAC and HIV Unit, to come up with draft action plan send to UNAIDS</li> <li>2. NAC and HIV Unit formally meet with DPH to brief him on the approved Action Plan and brief him on the issue and get him to get acquainted with the plan so he is in the same page with NAC and the Unit.</li> <li>3. NAC to write to DG of Education: explain the issue; explain the action needed to be taken, explain action taken so far, request solution for Sarah's case. (Notice to all schools that they cannot discriminate)</li> <li>4. NAC/Secretariat to organise meetings with headmaster of schools for decision in writing</li> <li>5. Iren to call schools to ask for decision in writing</li> </ol> <p>By When: 08 May 2013</p>	Discrimination on grounds of HIV in accessing schools	New
2.	<p>Public Health ACT</p> <p>Steps to be taken includes;</p> <ol style="list-style-type: none"> <li>1. Follow with DG and DPH of Health about the progress of the Public Health Act, if drafting instructions has already been send</li> <li>2. To follow up on the Cabinet paper and recommendations of the VLC on the Public Health Act</li> </ol> <p>By When: May 2013</p>	The process has been too slow	Slow progress

No. of Action	What obstacles, if any?	Possible strategy to get progress started (again)	What do you need to make this happen?	Who can help? How
1. (Cont'd)	<p><b>Sarah Situation</b></p> <ul style="list-style-type: none"> <li>• DG and DPH of Health are both not aware of Sarah's Situation</li> <li>• NAC is not aware of Sarah's Situation</li> <li>• Instability in Government</li> <li>• Lack of support from Director and DG of Ministry of</li> </ul>	<ul style="list-style-type: none"> <li>• Involve DG and DPH of Health in the Action Plan and provide updates on progresses made</li> <li>• Ensure NAC is fully involved in the process</li> <li>• Inform and Involve the Director and DG of Ministry of Education</li> <li>• Seek support from regional partners</li> </ul>	<ul style="list-style-type: none"> <li>• Arrange a combination meeting with Director General and Consult. (?) and PAs for both Ministry of Health and Ministry of Education</li> </ul>	<ul style="list-style-type: none"> <li>• Director Public Health</li> <li>• Team Leader</li> <li>• NGO partners who can support the exercising of children's rights - Base/UNICEF/Save the Children</li> </ul>

	<b>Education</b> <ul style="list-style-type: none"> <li>• No HIV School based policy</li> <li>• School guidelines do not cater for Children with Special needs</li> <li>• Lack of knowledge on rights/HIV/AIDS in school headmasters/ Councils</li> </ul>	<b>for development of an HIV School base policy</b> <ul style="list-style-type: none"> <li>• Ensure Director and DG of Education draft instructions to schools to allow Children with special needs to attend school</li> <li>• Revise all school guidelines and policies</li> <li>• Involve PAs to the Cabinet</li> <li>• Involve Ministers</li> <li>• Use enforcement of law to have Sarah back at school if drafting instructions from the DG of Education does not work</li> <li>• Awareness for school councils/heads across the country on the laws and the Acts relating to PLWH</li> </ul>		
2.	<ul style="list-style-type: none"> <li>• Little or no Political Support</li> <li>• No Funding</li> <li>• Little or no Legal support</li> </ul>	<ul style="list-style-type: none"> <li>• Call a NAC meeting</li> <li>• Secretariat to NAC to facilitate</li> <li>• Convince our legal Officer to put this as priority</li> <li>• Consultation meeting with ILD (?)/VLC (Vanuatu Law Commission?)</li> </ul>	<ul style="list-style-type: none"> <li>• Fund</li> <li>• Resource</li> <li>• Legal support</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Public Health to take the lead</li> <li>• State Law Officer, Ken to take the lead</li> <li>• VLC – Powrie (?)</li> </ul>

No. of Action	If needing external support: Who?	What can they offer?	By When?	Named contact person at organisation/other country
1. (Cont'd)	<ul style="list-style-type: none"> <li>• Support from SPC (UNAIDS)</li> </ul>	<ul style="list-style-type: none"> <li>• If this process doesn't happen then we will seek assistance from UNAIDS</li> <li>• Funding</li> <li>• Resources</li> </ul>	2013 2014 2015	<ul style="list-style-type: none"> <li>• Tim Rwabuhemba UNAIDS Coordinator for the Pacific</li> <li>• And other colleagues</li> </ul>
2.	SPC	<ul style="list-style-type: none"> <li>• Resources</li> <li>• Funding</li> <li>• Support in the form of speeding up the process</li> <li>• T/A Assistance</li> </ul>	Oct 2013 – July 2014	<ul style="list-style-type: none"> <li>• <i>To be confirmed later as need to discuss</i></li> <li>• Salote Tagivakatini, Resource Trainer, RRRT, SPC</li> </ul>

No. of Action	How will it be monitored?	By Whom?	By When?	Names of people who are accountable
1. (Cont'd)	a) Sarah is attending school first week of July 2013	a) Irene to keep in touch with the STI/HIV/AIDS Unit at MoH	a) 29 June 2013	i) Caleb Garae, STI/HIV/AIDS Coordinator, Ministry of Health  ii) Irene John, HIV Coordinator, Save the Children Fund iii) Director of Public Health
1. (Cont'd)	b) By NAC secretariat every 2 weeks: by Phone call/email/minutes of the meeting	b) <ul style="list-style-type: none"> <li>• NAC Secretariat</li> <li>• National Unit</li> </ul>	b) July 2013	i) Caleb Garae, STI/HIV/AIDS Coordinator, Ministry of Health  ii) Ken Ture (SLO)
1. (Cont'd)	c) Number of participants that attend the meetings through minutes	c)	c) Oct 2013	i) Caleb Garae, STI/HIV/AIDS Coordinator, Ministry of Health  ii) Director of Public Health
1. (Cont'd)	d) Number of training sessions for School heads/Council completed	d)	d)	
2. (Cont'd)	a) Close Follow up	a) Ministry of Health	a) May 2013	a) Director of Public Health



2013

- **Actions completed by 31 December 2013. Describe Action and number (1, 2 etc.) :**
- 1) Formation and meeting of working group to oversight study into impact of criminalization of sex work and male to male sex
- CLRC, CIMC, NACS, JUNTA 2014 annual workplans include the proposed study
- 2) A minimum of one engagement between NACS / CLRC and Special Parliamentary Committee on HIV and/or Judiciary.
- Action points for Special Parliamentary Committee on HIV and / or Judiciary and/or Magisterial Services developed and agreed

2014

- **Actions completed by 31 December 2014:**
- 1) Study on the impact of criminalization of sex work and male to male sex on the ability of these groups to access HIV prevention, testing, treatment and care services completed.
- Plan for dissemination of study findings & recommendations and use as an advocacy tool developed
- 2) Support to Special Parliamentary Committee on HIV and / or Judiciary and/or Magisterial Services to implement agreed action points provided.

2015

- **Actions completed by December 2015 :**
- 1) Ongoing advocacy for reform of laws related to sex work and male to male sex involving a range of stakeholders.
- 2) Special Parliamentary Committee on HIV and / or Judiciary and/or Magisterial Services actively and visibly involved in national HIV response.