

Men's Sexual Health and HIV/MSM Report for Fiji

- The known prevalence of HIV infection in is low, with poor sexual and reproductive health statistics.
- Fiji is a recipient of a five-year funding (2003-2008) together with a group of 11 Pacific countries through Round 2 of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). Majority of the resources from this went into the health sector mainly on laboratory capacity and blood safety, surveillance, and STI and HIV clinical services.
- No specific amount was allocated to Men's sexual health or MSM.
- Fiji was also a beneficiary of the Pacific Regional HIV Project (PRHP), an Australian Government funded programme that began in late 2003.
- NAC received funding from this PRHP project but no funding commitment was geared towards Men's Sexual Health or MSM.
- In terms of advocacy, public policy and the legal framework for MSM, Fiji faces constraints because Lack of political will to meet the challenges of the epidemic; Disparities in power: gender, sexuality, and age; Stigma and discrimination against people living with HIV and AIDS; and lack of Human rights-based approaches towards HIV and Sexual Health.
- Fiji's draft National Strategic Plan for 2006-2011 does not clearly spell out MSM prevention activities.
- According to the Pacific Report on Universal Access (Jeff Buchanan) Fiji has a well-established Human Rights Commission (HRC). The Fiji HRC was pivotal in lobbying the Fiji Judicial System in 2005 in order to overturn a court ruling that sentenced two men for consensual sex. The Fiji HRC invoked the Fiji Constitution that provides for equality of sexual orientation and the sentence was overturned on appeal by the Courts on the basis of the Constitution. MSM are one of the vulnerable and hard to access groups in he Fiji. Securing human and legal rights for MSM would be a major step in scaling-up to effective prevention.
- Fiji's National Advisory Council on AIDS (NACA) is perceived by many as being unable to fully implement the country's identified programmes and activities. NACA therefore suffers a credibility gap and thus its response to the epidemic is undermined.
- Epidemiological situation for MSM is unknown, no in depth study has been conducted except for a small sample of a study by an academic of the University of the South Pacific.
- The Universal Access report states that civil society organisations in Fiji noted that the power differentials inherent in traditional Fiji cultures were root causes of continued violence against MSM and that certain aspects of faith based organisations perpetuated discriminatory responses to changing the status of sexual minorities.
- MSM activity is happening but invisible.
- A official Men's Sexual Health programme is covered in the Sexual Reproductive Health within the Public Health Department of the Ministry of Health
- There are programmes like the Adolescent Reproductive Health which focuses on prevention and awareness activities, provision of commodities and these services are available throughout the country through the divisional, sub divisional hospitals and health centers
- In a small unpublished study by an NGO, 71% of openly gay men said they have sex with "straight men"
- Gay men and the general public have very little knowledge about the law in relation to MSM
- Certain organizations have called that MSM should not be clearly identified as a vulnerable group in the National Strategic Plan because it is an illegal activity

- 80% of HIV infection is through heterosexual infection
- There is a window of opportunity within the NAC secretariat, particularly the Director Public Health as they have acknowledged MSM as the missing link to the rate of infection in Fiji
- Second generation surveillance from the Global Fund and WHO reveal very little information about MSM activity.
- There is a lack of supportive legislation for MSM.
- There has to be lessons from small scale studies to convince NACA.
- The partnership between ATFF and Equalground Pacific linking and working together to commence a study
- Support needed from NAC to assist with the study to establish programs for suitable data collection
- A good start to this study would be to conduct a mapping exercise and technical support is needed to build capacity in survey methodology
- Reproductive health clinics are under staffed and health workers lack the skills and knowledge to deal with men's sexual health and MSM issues
- Condom is not readily available in all places where MSM exists and water based lubricants is almost non-existent
- Marginalised groups have access to condoms but no lubricants
- Local NGOs sometimes get their supplies faster from overseas than from their local suppliers
- Even the registration of a local NGO which addresses MSM and other related issues seems to be going nowhere with government
- General homophobic within churches.
- There is a penal code reform process for the sodomy provision piece of legislation
- Lobbying by various groups to retain the sexual orientation in Fiji's constitution
- International lobbying are happening during UNGASS meeting, UNHCR meetings, Universal Access and in a sexual orientation resolution meeting
- Local NGO to conduct study in 3 countries on Human Rights, Culture and Religion
- There are existing gaps in the outreach activities as MSM are not clearly defined nor identified
- Good data collection and interpretation needed to develop activities.
- Bisexual men to be targeted in all prevention activities.
- There is lack of quality of VCCT available.
- Human Rights is perceived as a threat to people in the Pacific. How could Human Rights be approached and addressed in a Pacific context and its relationship to Culture?
- NAC need to identify champions for vulnerable and marginalized groups
- There is more discrimination towards MSM than PLWHA
- More training needed on VCCT provision and Human Rights.
- Reproductive Health Association of Fiji stated that their emphasis is on men-women relationship with a gender perspective.
- Methodist church is against MSM, however, there are certain pastors and preachers within the Methodist church that are calling for change and requesting for a more proactive approach for Reproductive and Sexual Health training to be part of the training curriculum.