



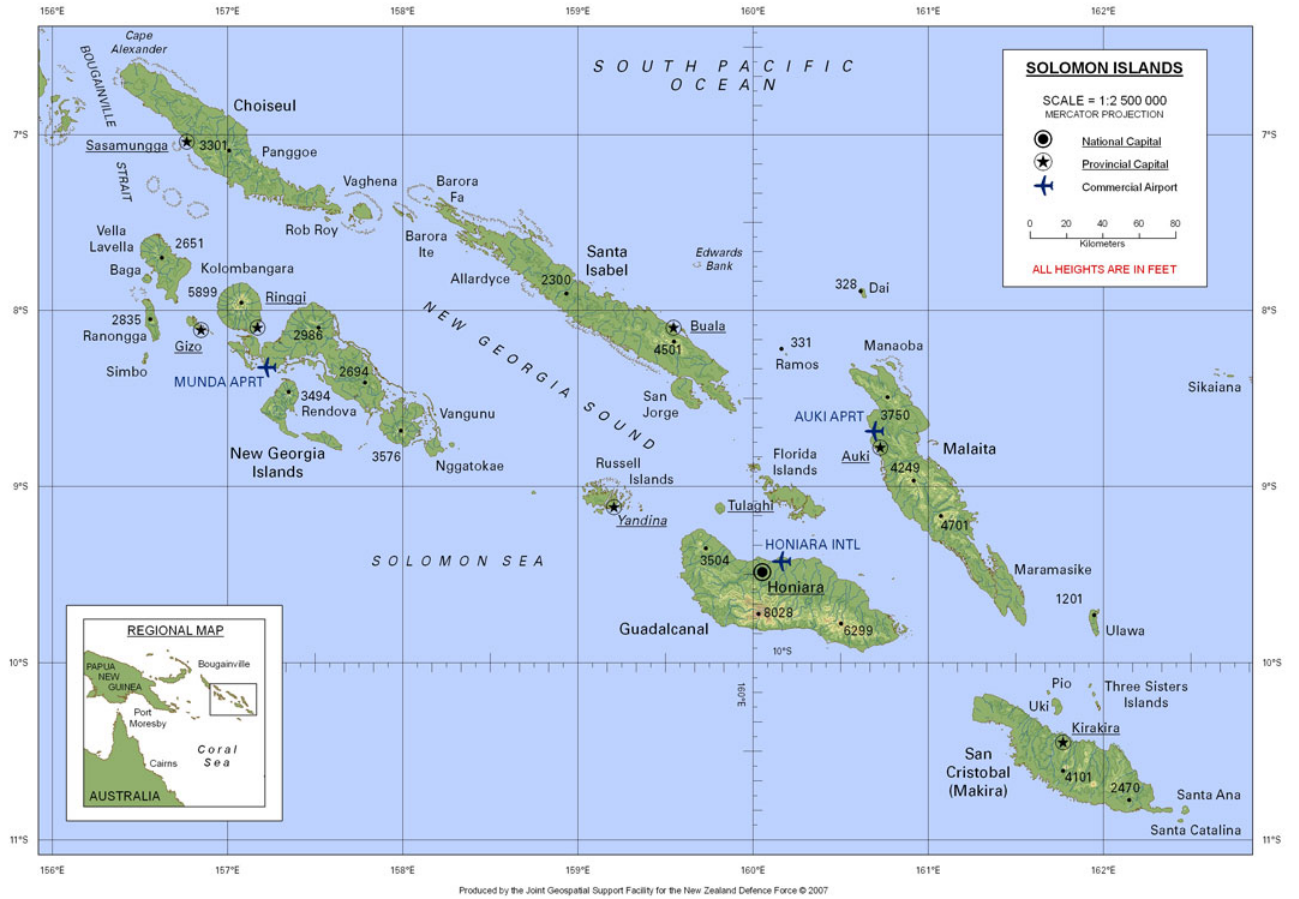
SOLOMON ISLANDS GLOBAL AIDS RESPONSE PROGRESS REPORT 2014

Reporting period: January - December 2013

CONTENTS

ACKNOWLEDGEMENTS	5
THE REPORTING PROCESS	6
STATUS OF THE EPIDEMIC	6
THE POLICY AND PROGRAMME RESPONSE	8
THE NATIONAL HIV COORDINATION MECHANISM	9
THE HIV NATIONAL STRATEGIC PLAN	10
NATIONAL HIV POLICIES AND LEGISLATION	11
HIV INFORMATION AND MONITORING	12
HEALTH SYSTEM CAPACITY	12
NATIONAL FUNDING OF HIV RESPONSE	13
COUNTRY CONTEXT	14
SOLOMON ISLANDS HEALTH SYSTEM	15
HIV TESTING	18
SEXUALLY TRANSMITTED INFECTIONS	19
TESTING IN PREGNANT WOMEN	19
YOUNG PEOPLE	20
POPULATIONS AT HIGHER RISK	21
ART TREATMENT	22
TUBERCULOSIS CO-INFECTION	23
KNOWLEDGE AND BEHAVIOUR CHANGE	23
MONITORING AND EVALUATION	26
REFERENCE DOCUMENTS	28

MAP OF SOLOMON ISLANDS



ACRONYMS

ACOM	Anglican Church of Melanesia
AIDS	Acquired immune deficiency syndrome
ANC	Ante Natal Care
BCC	Behavioral Change Communication
CD4	CD4+ T lymphocyte
CSW	Commercial Sex Worker
YFHS	Youth Friendly Health Services
EVA/YP	Especially Vulnerable Adolescents and Young People
HCC	Honiara City Council
HIS	Health Information System
HIV	Human immunodeficiency virus
IDU	Injection Drug Use
MOE	Ministry of Education
MARA/YP	Most-at-Risk Adolescents and Young People
MSM	Men who have sex with men
MWYCA	Ministry of Women Youth and Children Affairs
NGO	Non-Governmental Organization
NSP	National Strategic Plan
PICT	Pacific Island Countries and Territories
SIPPA	Solomon Islands Planned Parenthood Association
SGS	Second Generation Surveillance
SPC	The Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint UN Organization on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
VCCT	Voluntary Confidential Counseling and Testing
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
M&E	Monitoring and Evaluation
NGO	Non-governmental organization
PLHIV	People Living with HIV
PMTCT	Prevention of mother-to-child transmission

ACKNOWLEDGEMENTS

Data for this report was collected and validated by a working group from the national HIV and STI Unit in the Ministry of Health and Medical Services. The report was prepared with support of a consultant.

Contact person for the report:

Isaac Muliloa, Clinical Coordinator, Ministry of Health and Medical Services, P.O. Box 349, Honiara, Solomon Islands,

Dr. Henry Kako, STI/HIV Unit, Medical Officer, Ministry of Health and Medical Services, P.O. Box 349, Honiara, Solomon Islands, hkako@moh.gov.sb, +677 28210

STATUS AT A GLANCE

This report provides the most current available information on the HIV/AIDS epidemic and response to it in Solomon Islands for 2013, with the aim of tracking the country's progress towards achievement of the *2011 Political Declaration on HIV/AIDS*. It is the third time Solomon Islands has prepared a country report (following UNGASS 2010 and GARP 2012).

THE REPORTING PROCESS

This report was prepared under the authority of the Government of Solomon Islands, led by the Ministry of Health and Medical Services (MHMS) HIV & STI Unit and the Solomon Islands National AIDS Council (SINAC). Data collection for the report was undertaken by staff from the HIV & STI Unit, with inputs from other government officers, a representative of people living with HIV (PLHIV), and representatives from civil society organisations. This is the third Report prepared by Solomon Islands.

While country partners have had capacity development and training to enable reporting, and have experience through earlier reports, changes in management and leadership resulted in substantial impediments to collecting and compiling data. A consultant provided support in compiling the available data and drafting the narrative report.

Separate focus groups were organized with government and civil society stakeholders to complete the National Commitments and Policy Instruments. Programmes and funding for civil society's participation in the HIV response has significantly declined in recent years and only two representatives, one from an NGO and one from a faith-based organisation, contributed in the civil society focus group. Key informant interviews were conducted with other stakeholders. People living with HIV were consulted and supported the compilation of data.

STATUS OF THE EPIDEMIC

- **By the end of 2013, a cumulative total of 22 HIV positive cases had been diagnosed in Solomon Islands and an estimated 14 people were living with HIV infection.** This corresponds to a prevalence of approximately 0.004% of the total population. A total of eight (8) people have died of AIDS-related causes.
- **Based on estimates from testing data, only 0.3% of Solomon Islanders know their HIV status,** but because of the high number of STIs, low access to testing, and known risk behaviors in some populations, the number of people infected with HIV is thought to be significantly higher than the recorded cases.
- **Two (2) people were newly diagnosed with HIV in 2013, and three (3) people in 2012.** All five people diagnosed with HIV in 2012 and 2013 were symptomatic with AIDS, and one of the people newly diagnosed with HIV died of AIDS-related causes in 2012. All five new infections were transmitted through sexual contact.

- **Five children have been born to women living with HIV** but there are no known cases of perinatal exposure to HIV. One of the children was not tested before death, two were tested and confirmed negative as of 2012, and two children require follow-up testing to confirm their negative HIV status.
- **More women than men are living with HIV in Solomon Islands.** Eleven (11) women, and three (3) men have been diagnosed with HIV. Social and cultural norms, including gender inequality and high rates of gender-based violence, contribute to women and girls' risk and vulnerability to infection and contribute to barriers in access to HIV services, including testing.
- **Solomon Islanders have limited access to HIV testing, and the availability of testing declined in 2013.** Throughout Solomon Islands, only 9 HIV testing services (voluntary confidential counseling and testing (VCCT) and prevention of parent to child transmission (PPTCT)). Access to testing by rural people, who comprise 80% of Solomon Islands population, is very low. Three testing sites are based in Honiara, the capital and six sites are based in the other eight provinces.
- **Solomon Islands has a high rate of sexually transmitted infections (STI).** In 2013, 11% of pregnant women who attended their first antenatal visit were tested for HIV, and 39% were tested for syphilis. Among the pregnant women who had access to testing, 14% tested positive for syphilis and no women tested positive for HIV.
- **There were 10 people living with HIV (PLWH) receiving ART in 2013.** Treatment services are available at three health facilities nationwide, including in the provinces where people living with HIV reside. ART is procured, distributed and monitored regionally through the Global Fund, and the National Pharmacy and the HIV Unit lead 6-monthly forecasting and monitors use of treatment.
- **Stigma and discrimination in Solomon Islands continue to challenge prevention efforts, and to the treatment, care and support of people living with HIV.** Two people living with HIV in Solomon Islands are not on antiretroviral therapy for reasons attributed to fear of stigma and discrimination. Economic constraints, including the cost of mobility due to geography and transport, are also barriers to HIV treatment, care and support.
- **In 2013, there was no progress towards the protection or fulfillment of the rights of some vulnerable populations, or towards minimizing their vulnerability.** Political leadership, media coverage and public advocacy efforts in support of the HIV response waned in 2013. No progress towards the development of HIV-related legislation was achieved during the year and Solomon Islands laws that discriminate against men who have sex with men and sex workers continue to impede prevention efforts.

Table 1: HIV status in Solomon Islands

Type of epidemic	Low level		
Cumulative number of HIV infections	Male	9	22
	Female	13	
Cumulative number of HIV infection in children	Male	0	0
	Female	0	
New cases 2013	Male	1	2
	Female	1	
People receiving ART	Male	1	10
	Female	9	
	Lost to or refusing treatment	4	
People tested for HIV	Male	741	
	Female	1783	
HIV testing in pregnant women	14,460 women attended a 1 st ANC visit	1647 were tested	11%
Cumulative AIDS-related deaths	Male	6	8
	Female	2	
AIDS-related death 2012	Male	1	1
	Female	0	
AIDS-related death 2013	Male	0	0
	Female	0	

THE POLICY AND PROGRAMME RESPONSE

Solomon Islands' Ministry of Health and Medical Services (MHMS) has a 10 year history of managing and implementing the health system's response to HIV, through the HIV & STI Unit. The Ministry of Health recognises HIV in its National Health Strategic Plan for 2011-2015, and notes there a 'probable increase in incidence', but responding to HIV is not explicitly included in other government policies or plans.¹

The HIV & STI Unit's work is aimed at improving prevention, increasing access to testing, coordinating HIV treatment and care, enhancing policy development and planning, developing capacity in monitoring and evaluation, strengthening technical expertise in health staff, and building relationships with technical and funding partners. It has strived to mount and maintain the national HIV response in the context of the epidemic's low prevalence and diminishing financial and human resources for HIV globally.

Before 2013, the HIV response, and prevention and awareness activities in particular, were delivered in collaborative partnership with a wide group of international and national NGOs, multilateral agencies, churches and community-based organisations. However, programming and funding for the

¹ Solomon Islands Ministry of Health & Medical Services 2011-2015 Corporate Plan

HIV response has significantly decreased, and in 2013, only one NGO and one faith-based organization were directly implementing HIV-related activities in Solomon Islands.

In 2013, a change of leadership in the HIV Unit, coupled with the uncovering of major fraud within the Ministry of Health, were critical incidents that adversely impacted on the HIV programme's effectiveness and achievements, and undermined staff morale.

THE NATIONAL HIV COORDINATION MECHANISM

The Solomon Islands Cabinet established the Solomon Islands National AIDS Council (SINAC) in 2005 with the mandate to set and guide the national HIV response. The role of SINAC is to provide leadership and accountability for HIV policies and programmes.

SINAC is supported by a Secretariat, comprised of a full time paid Coordinator who has held the role since 2007. The SINAC Coordinator shares office space and resources with the HIV & STI Unit and is funded through the Government's funding allocation to HIV. The Coordinator reports directly to the Permanent Secretary of the Ministry of Health.

According to its terms of reference, the SINAC executive is comprised of the Minister of Health, as Chairperson, the Permanent Secretary of the Ministry of Health, as Vice Chairperson and the National SINAC Coordinator, as Secretary. According to its terms of reference, SINAC membership includes a group of multi-sectoral stakeholders that include;

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

Since 2011, there has been low engagement among SINAC members and limited commitment and capacity among SINAC leadership and staff to carry out the Council's national steering role. No representatives of SINAC spoke publicly or in the media on any HIV related topic or in support of the response in 2013.

National level political changes, internal capacity gaps, and a reduction in the involvement of civil society stakeholders due to lack of funding and donor support, has eroded the effectiveness of SINAC, and has adversely impacted on the progress and performance of the national HIV response. Further, an overlap of roles with Solomon Islands' National Country Coordinating Mechanism (SINCCM), whose mandate includes managing, coordinating and implementing the Global Fund Grant for Tuberculosis, HIV/AIDS and Malaria, has weakened SINAC's influence and profile.

THE HIV NATIONAL STRATEGIC PLAN

Solomon Islands' HIV response has been guided by a National Strategic Plan (NSP) since 2001, which was endorsed by Cabinet in 2003. The last *National Multi-Sectoral Strategic Plan for HIV and AIDS* expired in 2010. A review of this Plan, and a national process to develop and cost a new one (*National Strategic Plan 2011-2015*), was initiated in 2010. A multi-stakeholder NSP Working Group was formed and the development process involved substantial technical and funding inputs from the Burnet Institute and SPC, and capacity strengthening support from UNAIDS.

Despite efforts to strengthen capacity, Solomon Islands' ownership, systems and resources are unlikely to be sufficient to finalise or implement the Plan without additional financial and technical assistance. In 2013, members of an NSP Finalization Task Force, including HIV Unit staff, travelled to Fiji in an effort to finalise the Plan, but as of December 2013, *NSP Draft v20* remains incomplete. Country stakeholders and regional technical agencies both express frustration and uncertainty on the path to its completion.

The goal of the draft Solomon Islands National Strategic Plan for HIV and STIs 2013-2017 is:

By 2017, halt the spread of HIV and reduce transmission of STIs through the reduction of risk and vulnerability in the Solomon Islands population, with specific focus on vulnerable groups.

It comprises six *thematic areas* that shape activities and will guide investments, which are aligned with the Pacific Regional Strategy and Implementation Plan, HIV and other STIs (2009–2013);

- Prevention
- Diagnosis
- Treatment, Care and Support
- Leadership and Enabling Environment
- Strategic Information and Communication
- Governance and Coordination

Progress toward achievement (by 2017) will be measured against four impact level outcomes:

- 1 **Zero HIV Incidence**, as measured by the number of new HIV infections in the Solomon Island population annually,
- 2 **HIV prevalence maintained** (from 2013), as measured by the percentage of young people aged 15–24 who are HIV infected, the percentage of most at risk populations who are HIV infected, the percentage of adults (>15 years) and children (<15 years) who are known to be alive at 12, 24, 36 and 48 months after initiation of antiretroviral therapy,
- 3 **Zero Parent to Child Transmission of HIV**, as measured by the percentage of infants born to HIV- infected mothers who are infected,
- 4 **Reduction in STIs (Chlamydia) prevalence**, as measured by the proportion of young people and antenatal attendees with STIs (Chlamydia) detected during diagnostic testing.

Progress against the impact areas may prove difficult to measure using the proposed indicators, as baseline data is unavailable, incomplete, or expensive to collect. There is limited available evidence to estimate the size or confirm the extent of HIV risk behaviours among vulnerable groups. As sex between men is highly stigmatized in Solomon Islands, an accurate understanding of the prevalence of risk behaviours is not available. The extent and nature of commercial sex work and transactional

sex is also not quantified or well understood, and there are multiple cultural, social, legal and political barriers to investigation.

NATIONAL HIV POLICIES AND LEGISLATION

Solomon Islands has no explicit anti-discrimination laws or regulations to protect the rights of people living with HIV. Section 15 of the Constitution makes discrimination unlawful on the grounds of race, place of origin, political opinions, color, creed or sex. There are very weak legal protections for vulnerable groups and no specific protections for people living with HIV or those assumed to have HIV by reason of their membership in a vulnerable group.

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

Offences relating to sex work in the Solomon Islands Penal Code include 'knowingly living on the earnings of prostitution' (Section 153), 'soliciting in a public place for immoral purposes' (Section 153), 'aiding, abetting or compelling the prostitution of a prostitute for the purpose of gain' (Section 153), 'keeping a brothel' (Section 155), and 'permitting premises to be used as a brothel' (Section 155). An HIV Legislative Working Group was established in 2009 to analyse legislative gaps and examine legal reforms towards addressing them.

The HIV Legislative Taskforce developed a draft **HIV Management, Prevention and Control Legislation** in May 2012 and produced a Cabinet Paper to guide the process for a HIV Bill to be passed through the Ministry of Health and Medical Services for review, and tabled in Parliament. The proposed Bill incorporates international good practices outlined for the *United Nations International Guidelines on HIV and Human Rights*, the *Handbook for Legislators on HIV and the Pacific*, and *Enabling HIV Responses: HIV for Pacific Islands Countries*. No progress toward development of the HIV Bill was made in 2013.

A Solomon Islands **HIV Testing Policy** and **Policy on the Prevention of Parent to Child Transmission of HIV** were both developed in 2010. The draft Policy for HIV Testing requires that all HIV testing in Solomon Islands is voluntary and that consent is obtained after appropriate pre-test counseling by a qualified counselor, and results are provided with post-test counseling. Neither policy has yet been officially endorsed by the Ministry of Health Executive Committee. The HIV Testing Policy stipulates that viral load be measured every three months and level of CD4 be measured after HIV diagnosis, and every three months thereafter. In practice, the country does not have the laboratory capacity to measure viral load and CD4 counts are generally measured every 6-12 months for the people living with HIV who are currently on treatment.

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

responsible for reviewing them biennially. Solomon Islands has also developed guidelines on *Establishment of Youth Friendly Clinics*, *TB/HIV Co-Infection Management*, and an *STI Treatment Protocol*.

HIV INFORMATION AND MONITORING

A monitoring system capable of providing strategic information and guidance on HIV programming is a significant challenge for the Ministry of Health and there is currently no effective system for monitoring of the HIV epidemic or response. The draft *National Strategic Plan 2013-2017* does not yet have a monitoring and evaluation framework linked to it.

Capacity to monitor prevention efforts, evaluate progress and use the information to guide the HIV response remains weak. The system for data collection and analysis of HIV & STI testing and prevention activities from provincial clinics (and even those based in Honiara) is not well established or consistent. A very limited evidence base hinders understanding of the epidemic, especially risk behaviours among vulnerable groups, and results in very little quality information to guide program responses.

Part of the SINAC's mandate is to meet regularly to monitor the implementation of the National Strategic Plan and to facilitate national partnerships. In practice, SINAC is not fulfilling this aspect of its mandate. The SINAC Coordinator has historically convened an HIV stakeholders group to share program information, challenges, best practices, and report on progress against the results in the NSP. However, the number of civil society stakeholders participating in the response has shrunk, and no coordinated effort to assess progress is currently in place.

An effort to integrate HIV data collection in the broader MHMS Health Information System (HIS) through a new section on the HIS data collection form has been operationalised. A series of questions that capture HIV testing data was implemented in 2013, and if all health facilities submit their reporting forms, a more accurate picture of HIV testing will be available from 2014. Issues around different data collection and analytical methods, multiple forms and guidelines, and multiple databases (National Laboratory, MHM Statistics Unit, HIV Unit), contribute to data limitations.

HEALTH SYSTEM CAPACITY

Efforts to integrate and embed the HIV response in Solomon Islands have exposed the fragility of health service delivery, including its human resources and infrastructure gaps. Nurses trained in HIV testing and counseling are key actors in enhancing prevention and in reducing stigma among all Solomon Islanders, and especially those at higher risk, and maintaining and expanding the number, and refreshing the skills, of health workers who provide HIV related services is an ongoing challenge.

HIV staff estimate that while more than 150 nurses have been trained in VCCT and PMTCT over the years, there are fewer than 50 who are currently active, and even fewer who are utilizing their skills to provide services. For example, Rove Clinic, one of the busiest in Honiara, is not currently performing testing and counseling 3 of the nurses trained from the clinic are on long (study) leave or otherwise unavailable. Health staff training in testing and counseling who are reassigned leave some facilities unable to continue to deliver HIV testing services.

Health facility infrastructure has also hindered the response in 2013. With the roll-out of rapid testing in Honiara clinics, Choiseul and Western Province, many testing sites that were previously active have become inoperative because the required infrastructure to complete the tests (a

dedicated room with a table, 2 chairs and a sink) are not available, which has reduced the overall number of testing sites.

NATIONAL FUNDING OF HIV RESPONSE

Financial data on HIV spending in Solomon Islands was not available at the time of writing the report.

Resourcing for the response was predominately funded through international development partners with activities being implemented by the HIV Unit, churches, NGOs, and international agencies.

The Pacific HIV & STI Response Fund and the Global Fund, both managed by SPC, were sources of funding for the national response in Solomon Islands.

OVERVIEW OF THE EPIDEMIC

The first recorded HIV case in Solomon Islands was in 1994. As of December 2013, there were 22 reported cumulative cases. Though prevalence remains low, the true scale of HIV in the community is considered to be significantly higher. The main route of HIV transmission is through unprotected sex and populations thought to be most at risk include mobile workers, commercial sex workers, students, and men who have sex with men,² however the size of these populations are not known.

Solomon Islanders have limited access to sexual and reproductive health information, knowledge and services. Social and behavioral risks and contexts, including poverty, high rates of forced sex and sexual violence, and low condom use, increase HIV vulnerability. The number of potentially infected people who do not know their HIV status points to potential for a more widespread epidemic.

COUNTRY CONTEXT

Solomon Islands is an archipelago of 922 islands spread over 1.3 million square kilometres of ocean in the western South Pacific. There are 347 inhabited islands and an estimated 70 different language groups. The country has been independent since 1978 and the capital and largest urban area, Honiara, is located on the island of Guadalcanal. There are nine administrative provinces; Central, Choiseul, Guadalcanal, Isabel, Makira, Malaita, Rennell and Bellona, Temotu, and Western, plus the capital territory (Honiara).

The estimated 2013 mid-year population in Solomon Islands was 565,582, with an annual growth rate of about 2.7 percent.³ Urban growth is increasing at more than twice the overall rate of population growth and nearly 20% of the population live in three urban areas – Honiara, Gizo and Auki.⁴ Over 40 percent of Solomon Islands' population is under 15.

Population structure (2009) ⁵	
Number of children (<15 years)	209,463
Youth population (15-24 years)	96,542
Population aged 25-59 years	182,816
Older population (60 years and older)	27,049
Median age	19.7

The UN Human Development Index places Solomon Islands 143 out of 187 countries.⁶ Over 80 per cent of the population live in rural areas and more than 75 per cent rely on farming and fishing for subsistence.⁷

² *Rubbish Sick Bad Sickness: Understanding HIV Risk and Vulnerability among Solomon Islands Youth*. UNICEF Pacific and Government of Solomon Islands. 2010

³ Solomon Islands Ministry of Health and Medical Services Statistics Unit

⁴ Ibid.

⁵ Ibid.

⁶ UNDP Human Development Report (www.hdr.undp.org/en/data, accessed March 2014)

⁷ Oxfam New Zealand Solomon Islands Profile (www.oxfam.org.nz, accessed March 2014)

Table 1: Key development indicators, Solomon Islands⁸

Indicator	Measure	Year
Adult literacy rate (%)	76.6	2007
Total health expenditure (% of GDP)	5.5	2009
Proportion of people living below national poverty line (%)	22.7	2010
Life expectancy at birth (years)	68.2	20
Crude birth rate (per 1,000 population)	32.2	2009
Crude death rate (per 1,000 population)	6.7	2009
Infant mortality rate (per 1,000 live births)	23.0	2010
Maternal mortality rate (per 100,000 live births)	110.0	2008

Many Solomon Islanders live in small isolated communities on remote islands and coastal villages. Solomon Islands' infrastructure, geography and human resources pose significant challenges to the country's service delivery, including sexual and reproductive health services.

Between 1998 and 2003, Solomon Islands endured a period of violent conflict and near-collapse of the state. From 2003 until mid-2013, the Regional Assistance Mission to Solomon Islands (RAMSI), a partnership between Solomon Islands, contributing Pacific countries, and international development partners, supported efforts to restore peace and stability, and re-establish essential services and the foundation for economic growth. RAMSI withdrew from the country in July 2013, but the Australian Federal Police remain in Solomon Islands and provide support to the Royal Solomon Islands Police Force.

SOLOMON ISLANDS HEALTH SYSTEM

The Ministry of Health and Medical Services is organised through four major divisions under the leadership of an Undersecretary: health improvement; health care; health policy and planning; and administration and management.⁹ Current health sector priorities, as reflected in the *National Health Strategic Plan 2011-2015*, focus on the growing significance of NCDs and multi-sectoral approaches to health promotion and disease prevention.

Of the nine provinces in the Solomon Islands, eight have access to a public hospital, and there are four private hospitals operated through church organisations. The provinces also have access to a health network comprised of health centres and aid posts, based on the size and distribution of their population. There are approximately 324 health facilities at five different levels of care:¹⁰

⁸ World Health Organization. Western Pacific Region Health Databank, Country Health Information Profile, 2011 Revision (www.wpro.who.int/countries/slb/31SOLtab2011_finaldraft.pdf?ua=1, accessed March 2014), and UNDP Human Development Report 2014.

⁹ *National Health Strategic Plan: The Ministry of Health and Medical Services.*, Ministry of Health and Medical Services, 2011

¹⁰ Health Service Delivery Profile Solomon Islands, WHO and Solomon Island Ministry of Health, 2012

- **Nurse Aid Posts** are the basis of all health services. Nurse aid posts are commonly located in remote areas and offer basic primary care, and public health and prevention services
- **Rural Health Clinics** offer the next level of care; play a supervisory role to multiple Nurse Aid Posts within the same area, and arrange outreach activities.
- **Area Health Centres** provide inpatient, outpatient, outreach and public health care services to a wider population, and act as referral facilities for a number of rural health clinics. Area Health Centres offer specific birthing facilities, as well as administration space, and staff housing.
- **Provincial Hospitals** are often the highest level of care logistically available; particularly to people residing in remote outer islands. Provincial Hospitals generally lack infrastructure and staff to offer any surgical or specialist services.
- **National Referral Hospital** is the highest level of care offered in Solomon Islands. This facility is staffed by local clinical specialists and visiting specialists from overseas.

Registered nurses and nurse aides are the front line clinical personnel in health centers, clinics and aid posts. Area Health Centers typically have between four to five staff (comprised of Registered Nurses or Nurse Aids, and laboratory/malaria microscopists) and provide the highest clinic level of primary health care, including outpatient and basic inpatient care. There are 30 AHCs and 5 Urban Health Clinics in the country, including five that function as AHCs. Rural Health Clinics have up to two staff and are smaller than AHCs, but provide similar services. There are 109 RHCs in Solomon Islands.

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

There are close to 30 privately run medical clinics in the country, including four run by an NGO, seven managed by clinics within private companies and more than ten private health care providers. Despite the critical need for comprehensive HIV related data, private health providers (those based in companies and run by private practitioners) are not mandated by any legislation to provide HIV and STI data to the Ministry of Health, and while most work collaboratively, many do not routinely do so. Diagnostic laboratory data captures the number of patients that undergo tests from private practitioners, but private practitioners do not report clinical data on HIV and STI diagnosis or treatment, resulting in under reporting.

Table : People diagnosed with HIV by sex, age and year of diagnosis

Year	<15		15-19		20-24		25-49		50>		Unknown Age		Cumulative Cases	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1994							1						1	
1995-2003														
2004							2	2					2	2
2005						1								1
2006				1								1		2
2007					1			1					1	1
2008												2		2
2009						1								1
2010								1			1		1	1
2011					1			1					1	1
2012							2	1					2	1
2013							1	1					1	1
Total				1	2	2	6	7			1	3		22

HIV TESTING

In 2013 there were 1854 HIV tests (on antenatal women, and non-pregnant women and men) performed, with 2 new HIV positive cases identified. Data on the number of people who had post-test counseling and knew the results of their test is incomplete and/or not available.

Province	# of PPTCT pre-tests	# of VCCT		Total tests in 2013
		Male	Female	
Honiara	389	10	8	407
Guadalcanal	222	10	18	244
Malaita	421	17	18	456
Temotu	0	12	16	31
Choiseul	52	11	58	121
Western	563	14	18	595
Isabel	0	0	0	0
Central	0	0	0	0
Renbel	0	0	0	0
Total	1647	741	136	1854

According to the Ministry of Health, there are only 14 health facilities out of 324 total facilities throughout the country actively providing HIV testing and counseling services. The table below maps facilities offering HIV services (VCCT and PPTCT) in 2013.

Honiara	Guadalcanal	Malaita	Western	Temotu	Choiseul
National Referral Hospital VCCT PPTCT	Good Samaritan Hospital VCCT PPTCT	Kilufi Hospital VCCT PPTCT	Gizo Hospital VCCT PPTCT	Lata Hospital VCCT PPTCT	Taro Hospital
MoH HIV Unit VCCT			Helena Goldie Hospital VCCT PPTCT		
SIPPA Clinic VCCT PPTCT			SIPPA Gizo Clinic VCCT PPTCT		
Rove Clinic VCCT PPTCT			Noro Clinic VCCT		
Kukum Clinic VCCT PPTCT			Vonunu Area Health Centre VCCT PPTCT		

HIV testing without counseling was initiated in Solomon Islands in 1988 for blood donor screening and clinical purposes. HIV counseling and testing was introduced in Solomon Islands in 2004. There have been approximately 175 HIV counselors trained within Solomon Islands since the end of 2013, but only a fraction of these are actively providing testing and counseling services.

In 2013, no new counselors were trained for work in testing sites throughout the country. Given the high turnover of staff, including Ministry of Health's deployment of staff to new posts, retirement and study leave, there is a significant gap in qualified counselors providing testing services.

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

SEXUALLY TRANSMITTED INFECTIONS

Outside of the provincial hospitals, sexually transmitted infections are diagnosed and managed syndromically due to the unavailability of laboratory capacity at the primary health care level. Since 2003, the rates of STI syndromes have been steadily increasing.¹¹

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

Equipment required for Chlamydia detection is based at the National Referral Hospital, however, the equipment was contaminated and Chlamydia testing was unable to be performed in 2013. The table below shows the percentage of HIV and Syphilis testing desegregated by sex and year.

Syphilis testing in pregnant women

Year	Estimated number of ANC visits	Number of ANC attendees tested for Syphilis ¹²	Number of new cases among pregnant women	Percentage of new cases among pregnant women
2013	14460	5586	767	39%

TESTING IN PREGNANT WOMEN

According to available data, only 8% of pregnant women in Solomon Islands were tested for HIV during pregnancy. In 2013, an estimated 14,460 women attended a first antenatal visit in Solomon Islands, and there were 8680 births reported. Of these, 1647 women were given an HIV test with pre-test counseling, and only 131 women were reported to receive their results with post-test counseling.¹³ No pregnant women tested positive for HIV. Several testing sites within each of the

¹¹Solomon Islands MHMS Statistics Department

¹² Solomon Islands National Laboratory data

¹³ Solomon Islands MHMS Statistics Department

provinces did not report data and the actual number of pregnant women tested for HIV is possibly under-reported.

All health facilities in Solomon Islands provide some antenatal screening services, although the range of available services varies by level of facility. Tests for pregnant women at all levels of ANC facilities in the country include measurement of height, weight, blood pressure, gestational diabetes and assessment of gestational age. Testing of hemoglobin for anemia and syphilis are only offered at 8 sites with laboratory facilities (i.e., provincial hospitals). HIV testing and counseling services for pregnant women was provided in only 5 of the 9 provinces.

PPTCT services are available to pregnant women in 7 antenatal care facilities throughout Solomon Islands; at 2 clinics in Honiara, 1 in Guadalcanal province, 1 in Malaita, 2 in Western Province, and 1 in Temotu. In 2013, HIV testing was not available in Makira, Central, Isabel.

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

The Ministry of Health's policy position on infant feeding where the mother is HIV positive¹⁴ includes counseling on artificial feeding when it is feasible, acceptable, safe, sustainable and affordable. The Ministry of Health (MoH) should provide the baby's milk up to 12 months of age. In all other cases, exclusive breastfeeding with rapid weaning at 6 months is recommended. The Policy notes that mixed feeding should be strictly avoided due to high risk of HIV sero-conversion in the baby.

YOUNG PEOPLE

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

UNICEF and the Ministry of Health and Medical Services undertook a special study on HIV and AIDS risk and vulnerability among Solomon Islands youth in three provinces and Honiara, and published findings in 2010. The study found that 67% of sexually active youth were having unprotected high risk sex and that nearly 15% of all 15-19 year olds sampled had first sex before age 15.¹⁶ First sex was forced for 20.4% of sexually active youth overall and 45.9% of Choiseul province respondents.

The youth surveyed had a relatively low level (32%) of comprehensive knowledge of HIV and AIDS and only 5% of the sexually active youth had been tested for HIV and received their results.

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

¹⁴ Draft PMTCT Policy 2010

¹⁵ Statistical Bulletin 06/2011, Solomon Islands Report on 2009 Population & Housing Census

¹⁶ Rubbish Sick/Bad Sickness: Understanding HIV and AIDS Risk and Vulnerability Among Solomon Islands Youth, UNICEF Pacific Offices and The Government of Solomon Islands, 2010

There are currently three health facilities that provide youth friendly health services (YFHS) in Solomon Islands, although there was not a consensus among stakeholders on the accessibility of these services. Substance abuse among youth, including alcohol, homebrew and marijuana, is considered an issue of concern in Solomon Islands, particularly in Honiara.¹⁷ Forty-four percent of the sample in the UNICEF study reported alcohol use and 28% used homebrew or *kwaso*.

HIV education is reported to be a part of the primary and secondary school syllabus in Solomon Islands and included in the Solomon Islands Institute of Higher Education's teacher training curriculum, however, evidence for this was not available.

POPULATIONS AT HIGHER RISK

Violence against women in Solomon Islands is amongst the highest in the Pacific region and contributes to HIV and STI vulnerability of women and girls. The Solomon Islands Family Health and Safety Survey (2009) found that two out of three women between the ages of 15 and 49 who have ever been in a relationship have experienced violence by their husband or boyfriend, and 55% of women have experienced sexual violence from their intimate partner.¹⁸

The UNICEF and MHMS special study on HIV and AIDS risk and vulnerability among Solomon Islands youth show that there are specific groups among Solomon Islands adolescents and young boys and girls who carry higher risks and vulnerability to STIs, HIV and AIDS. The survey found that 38% of sexually active youth in three targeted provinces and Honiara reported having been forced to have sex, with ongoing vulnerability for 71% of them.¹⁹

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

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

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

¹⁷ Rubbish Sicki/Bad Sickness: Understanding HIV and AIDS Risk and Vulnerability Among Solomon Islands Youth, UNICEF Pacific Offices and The Government of Solomon Islands, 2010

¹⁸ Solomon Islands Family Health and Safety Study: A Study on Violence against Women and Children, report prepared by the Secretariat of the Pacific Community, 2009.

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

- high rate of Sexually Transmitted Infection (STI),
- high internal migration, particularly to urban centres,
- transactional sexual activities, exchange of goods, food, and money for sex
- international travel for training, education and employment,
- high population of young people,
- close proximity and frequent cross border movement to PNG with a generalised epidemic,
- commercial industries (logging, mining, fishing) representing a range of risk factors
- gender inequality which reduces women's ability to negotiate for safer sexual practices
- high rates of gender based violence
- cultural and religious values in conflict with HIV/STI prevention
- legislation that criminalises potentially vulnerable groups and limits prevention

A 2011 report, *Trafficking in Persons in Solomon Islands*²⁰, noted that children, many under the age of 15, were subjected to sex trafficking, particularly near foreign logging camps and on foreign and local commercial fishing vessels, as well as hotels and entertainment establishments.

There were 1.8% males who reported ever having sex with males in a study with a sample of 280 male youth, of whom 233 were sexually active.²¹ There are currently no health facilities that provide services, including HIV counseling and testing, for sub-populations or marginalized groups with higher risk of HIV exposure.

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

PEOPLE LIVING WITH HIV

Despite substantial prevention efforts by government and civil society, stigma and discrimination persist in Solomon Islands and PLHIV perceive significant fear and risk if their HIV status is known. The Government is open to engaging all PLHV in planning, decision making and programming. A person living with HIV works as an advocate for PLHIV and HIV prevention as a staff member of the MHMS HIV/STI Unit.

ART TREATMENT

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

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

²⁰ United States Department of State, 2011 *Trafficking in Persons Report - Solomon Islands*, 27 June 2011, available at: <http://www.unhcr.org/refworld/docid/4e12ee4a.html>

²¹ Solomon Islands Family Health and Safety Study: A Study on Violence against Women and Children, report prepared by the Secretariat of the Pacific Community, 2009.

There were 10 people living with HIV receiving ART in 2013. Treatment services are available at three health facilities nationwide, including in the provinces where people living with HIV reside. ART is procured, distributed and monitored regionally through the Global Fund, and the National Pharmacy and the HIV Unit lead 6-monthly forecasting and monitors use of treatment

Antiretroviral therapy drugs are provided to Solomon Islands through a vertical drug distribution mechanism financed through the Global Fund. The Secretariat of the Pacific Community (SPC), which distributes ART drugs to Pacific Island Countries and Territories (PICTs) and ART pharmaceuticals are dispensed through Solomon Islands' national drug distribution channels. People living with HIV access ART through nurses trained in HIV counseling and treatment at one of three hospitals and health facilities.

TUBERCULOSIS CO-INFECTION

Available evidence indicates that Solomon Islands has a low prevalence rate of HIV among TB patients. Prior to 2010, TB patients were not routinely tested for HIV infection. In 2013, TB patients were tested for HIV and no cases of co-infection were reported among the people tested.

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

KNOWLEDGE AND BEHAVIOUR CHANGE

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

Prevention is a primary part of Solomon Islands' national response. The 2010 National AIDS Spending Assessment reported that prevention accounted for 34.4% of total funds in 2008-2010. The MHMS HIV and STI Unit have implemented social and behavioral change approaches using information, education and communication materials in their prevention work. Civil society stakeholders promote and distribute condoms to entertainment establishments, hotels, business houses, and to taxi drivers in Honiara and many of the provinces.

MAJOR CHALLENGES AND GAPS

There has been little progress made on some of the gaps reported in the 2012 Country Progress Report and many continue to pose persistent challenges. In 2011, Minimum Guidelines for Rapid Testing and accompanying training manuals were developed, and training of testing and counseling personnel was rolled out for the delivery of Rapid Test services.

Additional challenges that remain include;

- . Limited leadership in championing the HIV response

- . Competing commitments and responsibilities, changes in staff/representation in the HIV/Unit
- . Human resource capacity - high staff turnover and low capacity in several areas of the health care system, those available are overstretched
- . Staff shortages in provincial health centers and laboratories
- . Inconsistent supply of some materials (clinical supplies and forms)
- . Challenges in participation in VCCT and PMTCT in rural communities due to economic constraints, and stigma
- . Lack of testing facilities and other health infrastructure
- . Cultural sensitivity around public discussion of sex
- . Absorptive capacity to oversee and manage large grants
- . Weak surveillance system, not fully implemented in all provincial centers, particularly in testing follow-up

Other challenges that hinder the national response include the lack of broad coverage of prevention and testing, especially at the community level. Though there is attention to improving the quantity and quality of testing, without further scale up and efforts to address the social and economic barriers to people getting tested and knowing their results, Solomon Islands is at risk of a spreading epidemic.

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

There are gaps in Solomon Islands high-level planning, monitoring and evaluation mechanism. Robust HIV information systems and capacity in data collection, collation and strategic use of information to support decision-making, planning and implementation and evaluation are required for an accurate, sensitive and evidence based HIV response.

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

RECOMMENDATIONS

The following recommendations are considered priorities for 2014 to 2015:

Programming

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

Policy

- Finalise and endorse the National Strategic Plan for HIV and STIs 2013-2017 and its monitoring and evaluation framework.
- Finalise the HIV Bill and advocate for leadership support at all levels.
- Ensure all HIV legislation is gender responsive and addresses the particular HIV vulnerability among women and girls due to gender inequality and gender based violence.
- Formally approve and implement the HIV Testing Policy.
- Finalise and implement the PPTCT Policy.

HIV Testing

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

Monitoring and evaluation

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

Technical assistance and financial support

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

Advocacy

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

Development partner support

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

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

major contributor to the HIV response through the Health System Strengthening Programme (HSSP) under the health SWAp.

Development partners also include the Secretariat of the Pacific Community, the Global Fund, UNICEF, UNAIDS, and WHO. The work implemented through SIPPA is funded by development partner support through programme grants. UNAIDS Pacific provided support in monitoring and evaluation and capacity building in development of the National Strategic Plan. UNICEF provided technical and financial support to the implementation of rapid testing at point of care and capacity building. UNFPA continued to supply condoms through the MHMS National Pharmacy Division. SPC provided support through technical assistance and support for in country laboratories. The Global Fund to fight AIDS, Malaria and Tuberculosis supported provision of HIV confirmatory testing and CD4 cell count and viral load estimation to all LabNet Level 2 laboratories, provision of antiretroviral (ARV) drugs for treatment, prevention of mother-to-child transmission (PMTCT) of HIV, drugs for treatment of opportunistic infections, and provision of training and support to health care providers.

There was a significant reduction in development partner support to HIV programmes in 2103. Country stakeholders note that the number of reported cases is a reflection of low levels of supply and demand for HIV testing, and increased funds for prevention programmes remain highly relevant to country needs.

Priorities for development partner support to address Solomon Island's specific challenges include the following areas:

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

Monitoring and Evaluation

HIV stakeholders report being challenged by insufficient data and evidence to inform the response, and monitoring and evaluation is considered to be inadequate by all those consulted. Collection and analysis of complete data are chronic barriers to knowing the epidemic. Ongoing capacity support is required in a number of areas, including technical assistance to support the development of a monitoring and evaluation framework (and implementation plan) to guide the HIV National Strategic Plan 2013- 2017. A Second Generation Surveillance Survey, envisioned for 2015, will also require technical support.

List of stakeholders consulted

Name	Organisation	Role
Ben Angoa	SIPPA	Community Health Education Officer
Henry Oti	MOH	Project Support
Dr Nemia Bainivalu	MOH	Medical Officer
John Gela	SINAC	Solomon Islands National Aids Council Coordinator
Isaac Muliloa	MOH	National STI/HIV coordinator
Henry Oti	MOH	STI/HIV Support Officer
Japhet Honimae	MOH	STI/HIV Community & Research Facilitator
Hellena Tomasi	MOH STI/HIV	STI/HIV Facilitator
Baakai Iakoba	HIS Unit, MOH	Chief Medical Statistician
Elliot Pulahi	National Referral Hospital	Principle Pharmacy Officer
Alice Buko	MoH	Community Awareness Advocate
Rebecca Tahosanau	Church of Melanesia	Project Officer

REFERENCE DOCUMENTS

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

SPC (2009). Solomon Islands Family Health and Safety Study: A study on violence against women and children. Solomon Islands Ministry of Women, Youth & Children's Affairs, Honiara

Solomon Islands Government (2011). DRAFT Solomon Islands National AIDS Spending Assessment (NASA), 2008 – 2010. Honiara. UNAIDS

Solomon Islands Government (2011). Report on 2009 Population and Housing Census: Statistical Bulletin 06/2011: Basic Tables and Census Description, Solomon Islands Government

Solomon Islands Government (2011). National Health Strategic Plan 2011-2015, Ministry of Health and Medical Services, Honiara

Solomon Islands Government (2008). Second Generation Surveillance of Antenatal Women and Youth, Solomon Islands, Honiara

UNGASS Country Progress Report, Solomon Islands, 2010

UNICEF (2010). Rubbish Sick Bad Sickness: Understanding HIV and AIDS Risk and Vulnerability Among Solomon Islands Youth, UNICEF Pacific Offices and The Government of Solomon Islands

UNDP Pacific Centre, Regional Rights Resource Team, SPC and UNAIDS (2009). HIV, Ethics and Human Rights: Review of legislation of Solomon Islands, Suva, Fiji

United States Department of State (2011). Trafficking in Persons Report for Solomon Islands