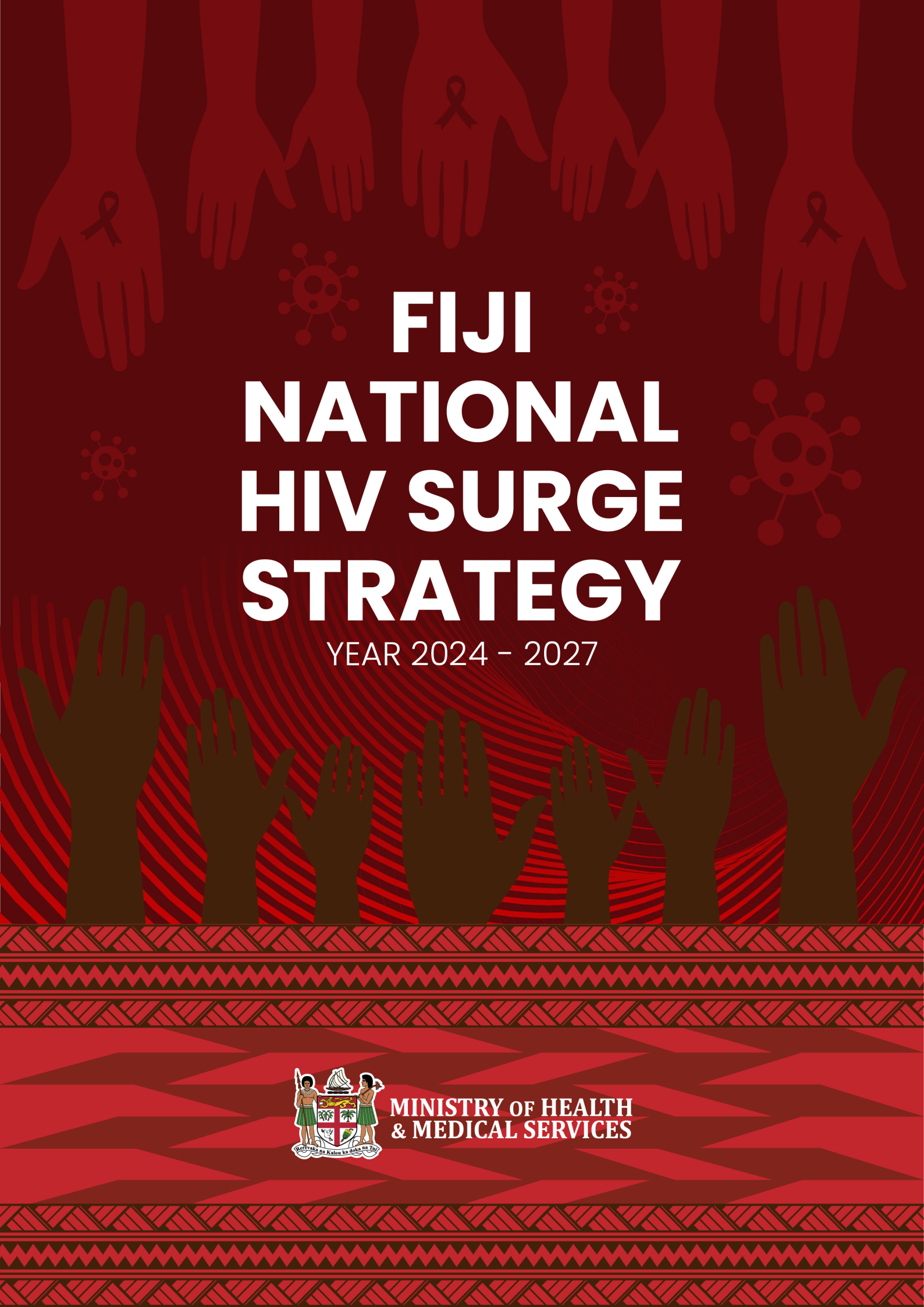


The background is a deep red color. At the top, there are several hands reaching down, some with black ribbons on them. In the middle, there are several virus-like icons. At the bottom, there are several hands reaching up. The entire background is decorated with traditional Fijian patterns, including a wavy line pattern in the center and a geometric pattern at the bottom.

FIJI NATIONAL HIV SURGE STRATEGY

YEAR 2024 – 2027



MINISTRY OF HEALTH
& MEDICAL SERVICES

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
MHMS	Ministry of Health and Medical Services
NGO	Non-Government Organisations
CSO	Civil Society Organisations
ART	Anti-Retroviral Therapy
CoC	Continuum of Care
PPTCT	Prevention of Parent-to-Child Transmission of HIV
SRH	Sexual Reproductive Health

MESSAGE



Message by the
Honourable Minister
for Health & Medical
Services

Through the Ministry of Health and Medical Services and its collaboration with government and non-government organisations, including faith-based organisations and civil society, the Fijian Government is committed to curbing the issue of HIV in Fiji.

Since the introduction of HIV Medications in Fiji, the Government has committed to providing them free of charge to all individuals living with HIV. This commitment continues. The government aims to have a Fiji free of stigma and discrimination, where service delivery is optimal for all, young and old, regardless of geographical location. It keeps universal access at the heart of it all, especially for our vulnerable population.

As an upper middle-income nation with a population of less than a million, Fiji's purchasing power is poor, and a challenge faced by small island nations like Fiji is the accessibility of medications and reagents, which are essential parts of the HIV response. Thus, we need to strengthen collaboration with development partners and the UN procurement system.

Through the "Fiji National HIV Surge Strategic Plan 2024-2027," the ministry will address areas for Prevention, Diagnostics, Treatment and Care, the Continuum of Care and an intense Monitoring, Evaluation, Accountability and Learning Framework for the government. This strategic plan aims to decentralise services and bring services closer to individuals in a non-stigmatising and discriminatory manner nationwide.

We have learnt in 2024 that a good 15% of individuals affected by HIV are those using injectable drug use, which is becoming a matter of concern. Thus, this surge plan aligns with the "National Narcotics Strategic Plan," and addresses critical preventative measures such as needle syringe programmes.

At the heart of this plan is the need to collaborate and make it a whole societal response, which it has since its inception. As a government, we cannot do this alone. We stand committed and seek the rest of the nation to stand with us in this response. Let's remove the thought of HIV as a death sentence, and let's speak life into individuals affected by or living with HIV today.

Dr. Ratu Atonio Lalabalavu.

Honorable Minister for Health and Medical Services, Fiji.

FORWARD



Forward by the
Permanent Secretary
for Health & Medical
Services

The Fiji National HIV Surge Strategic Plan sets the strategic direction for the next three years (2024-2027) in response to the increasing number of HIV cases. It addresses the HIV response under five key priority areas through a health systems response approach. We aim to use this approach to progress towards achieving global and national goals of 95% of individuals tested for HIV in Fiji, of these 95% on treatment and of 95% being virally suppressed. This will assist us in progressing towards our vision of a healthy population and better economic development.

The driver of the strategy will be supporting and strengthening the health system response to HIV in ensuring that the Ministry of Health and Medical Services is ready to respond to the HIV crisis through a collaborative approach within the Government and, most importantly, with Non-Government Organisations in Fiji, including the Faith Based Organisations across Fiji, including the LGBTQI population and Injectable Drug Users that are more vulnerable than others.

This Strategic Plan will provide the relevant framework for implementing yearly operational plans and implementation across society. The implementation of this plan will involve transparent monitoring, evaluation, accountability, and a learning framework with clear, actionable items and key performance indicators. We acknowledge our development partners' significant contribution and support, including government ministries, private sector providers, development partners, non-government, and civil society organisations. This strategic plan will allow further collaboration across government and civil society.

The Ministry of Health and Medical Services is committed to curbing the issue of HIV and AIDS in Fiji, preventing zero transmission of HIV, zero stigma and discrimination and zero AIDS-related deaths. We are committed and have developed this plan to aspire towards it. HIV will not be a death sentence in Fiji, and this is the message we want to advocate for. Prevention of HIV Transmission with appropriate intervention such as the needle syringe program, national condom dispensers, behaviour change messages, reducing stigma and discrimination, advocating for decentralised diagnostics, testing and treatment, continuum of care, strong monitoring, evaluation, accountability, learning and research.

The difference is clear; this needs a national response cause only together, we can!

Dr. Jemesa Tudravu.

Permanent Secretary for Health and Medical Services

ACKNOWLEDGEMENT

The HIV/AIDS Board of Fiji wishes to express its heartfelt gratitude to everyone involved in creating the Fiji National Surge Strategic Plan 2024–2027.

The Surge Strategic Plan has reached its final version after months of collective efforts. This document is a source of pride as it was crafted by Fijians for Fijians through numerous consultations with various national and local stakeholders. This comprehensive endeavor was facilitated by the technical working group led by the Permanent Secretary for Health and Medical Services.

National technical support, alongside assistance from international universities, development agencies and local United Nations organisations, enhanced this collaborative approach. Through advice, consultations, and participation in various meetings and workshops, we formulated a strategic plan tailored to our current context.

We sincerely thank the grassroots communities, particularly our key populations such as individuals living with HIV, youth, those with disabilities, and spiritual leaders. Their efforts, combined with those from health service providers, government representatives, civil society organizations, and academia, allowed us to include vital prevention and treatment strategies, along with care, support services, and systems strengthening initiatives. This partnership also highlighted the importance of gender equity and human rights at every phase of the surge plan.

We give special recognition to those living with HIV, as their insights significantly enhanced the practicality and responsiveness of this plan to their needs. We are immensely grateful for the tireless efforts contributed to the development of the surge plan.

A sincere appreciation on behalf of the Family Health Unit of the Ministry of Health and Medical Services to all.

EXECUTIVE SUMMARY

BACKGROUND

The global HIV epidemic in 2022 affected 39 million people, with approximately 1.3 million new infections and 630,000 AIDS-related deaths. Fiji has seen an increasing number of newly diagnosed cases since the virus first arrived in the nation, making it the second fastest-growing nation with new HIV cases in the Asia Pacific region. The Ministry of Health and Medical Services recorded 415 new HIV cases from January to December 2023, with 82 deaths, surpassing the 245 new cases in 2022 and 151 in 2021.

HIV and drug use are major public health concerns with widespread impacts on individuals, families, and communities worldwide. Understanding the global context is crucial for shaping effective national strategies.

FIJI NATIONAL HIV SURGE STRATEGY 2024–2027

The National HIV Surge Strategic Plan aims to significantly reduce HIV transmission, reverse its association with drug use, and prioritise prevention, diagnosis, treatment, care, and harm reduction strategies. The plan adopts the Global Targets of 95–95–95 and embraces the Three Zeros initiative. The goal is to enhance early diagnosis, ensure effective treatment, achieve sustained viral suppression, and foster a supportive environment free of stigma and discrimination to improve the quality of life for individuals living with HIV and reduce transmission rates.

POLICY STATEMENT AND OBJECTIVES

Our National Surge Strategic Plan in Fiji focuses on accelerating public health, treatment, care, human rights, and social justice for HIV and drug use. Our objectives include aligning legislation with international standards, increasing access to HIV testing and treatment, expanding harm reduction programs, promoting education and awareness, strengthening data collection and analysis, and advocating for policy changes. Our goal is to create a coordinated response to the intersecting issues of HIV and drug use, with a focus on prevention, treatment, harm reduction, and social justice.

The National Surge Strategic Plan 2024–2027 has five identified key priority areas.

THESE PRIORITY AREAS ARE:

PRIORITY AREA 1: comprehensive prevention strategy with cross-government ministry activities
GOALS: Reduce the incidence of new HIV infections among key and vulnerable populations by targeting the various modes of transmission.

PRIORITY AREA 2: "Improving HIV Diagnostic Services through Decentralisation, Quality Assurance, and Strengthening Supply Chain Management."

GOALS: (1) Developing and implementing a robust procurement and Supply chain management of HIV Testing Services in Fiji. (2) Implementing decentralised diagnostic services will increase access to prompt and precise HIV testing in various locations across Fiji's urban, rural, and maritime areas. (3) Elevate the level of ongoing care and support available for individuals affected by HIV and drug use through the implementation of decentralised clinical monitoring tools.

PRIORITY AREA 3: Treatment and Care

GOAL: At MHMS, we are committed to delivering comprehensive and unwavering care for individuals affected by HIV, TB, Non-Communicable Diseases and drug injection. We are dedicated to improving health outcomes and enhancing the quality of life for our patients.

PRIORITY AREA 4: Comprehensive Approach to the Care of HIV and individuals with Injectable Drug use (Continuum of Care- CoC)

GOAL: MHMS aims to provide comprehensive care for those affected by HIV, TB, Non-Communicable Diseases and injectable drug use, ensuring access to coordinated services for their well-being.

PRIORITY AREA 5: The Monitoring, Evaluation, Accountability and Learning (MEAL) Framework and Research for HIV and Drugs.

GOAL: The MHMS MEAL framework for HIV and drug use aims to improve health outcomes and reduce harm by ensuring efficient, effective interventions and services across the surge strategy.

The document outlines the specific policy statements, objectives, expected outcomes, and activities in more detail.

The **MEAL FRAMEWORK** in section 3 of this strategic plan aims to promote transparency and accountability in HIV and drug programs, foster a culture of learning and continuous improvement, strengthen the response to HIV, reduce transmission rates, and enhance the well-being of the population in Fiji.

The Results Framework for the HIV Surge Strategy outlines the outcomes, indicators, targets, and interventions for the strategy's implementation. It is a strategic planning tool commonly used in development projects to ensure clear objectives and a coherent pathway to achieving them. This framework reflects our commitment to tracking progress and making evidence-based decisions for continuous improvement as part of the HIV and Injectable Use Surge Strategy.

To provide accurate cost estimations for the National HIV Strategic Plan for Fiji, various factors such as the plan's scope, the specific interventions and programs to be implemented, the plan's duration, and the resources available and needed to accomplish it must be considered. These are elaborated in section 4 of the document.

SECTION 1: INTRODUCTION & BACKGROUND

BACKGROUND

The HIV epidemic globally has seen 39 million living with HIV in 2022, with approximately 1.3 million new infections and 630,000 AIDs related deaths¹. The spread of HIV is often linked to various factors, including unprotected sexual practices, sharing of contaminated needles among people who inject drugs, and other high-risk behaviours². Drug use, particularly injectable drugs, further exacerbates the risk of HIV transmission through unsafe injection practices and risky sexual behaviours³.

While the picture of HIV globally is decreasing in comparison to the last decade⁴, in Fiji, the story is different, with an increasing number of newly diagnosed cases since it first came to the nation⁵. Fiji is shown to be the second fastest-growing nation with new HIV cases in the Asia Pacific region, second to the Philippines⁶. The report states that since 2010, Fiji's estimated number of new infections has risen by 260%, making it the second fastest-growing epidemic in Asia-Pacific⁷. The prevalence of HIV remains relatively low compared to other countries in the region, with an estimated 0.23% of the adult population living with HIV. Despite treatment being made available to all HIV-positive patients, only 51% of all people living with HIV know their status in Fiji, with only 28% living who are on treatment⁸.

While HIV cases have risen significantly over the past years, and most recently in 2023, the government has exposed the issue of injectable drug use as a significant issue in Fiji⁹. The extent of this challenge is unknown; IDU, while not new to the people who use them, is a new context to address at the government level, including the Ministry of Health and Medical Services (MHMS) facing unique challenges in addressing HIV and drug use, given its uncertainty on the ground. The national response to HIV and illegal drug use in Fiji has evolved over the years, guided by global best practices and tailored to the local context.

At the global level, initiatives such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) have played a crucial role in shaping policies and strategies to combat HIV and its associated modes of transmission. These organisations have emphasised the importance of evidence-based interventions, harm reduction approaches, and human rights-based responses to address the complex challenges posed by HIV and drug use.

¹ https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

² <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs>

³ <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs>

⁴ https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

⁵ Ministry of Health and Medical Services HIV Validated data.

⁶ <https://unaids-ap.org/2024/03/12/unaids-calls-for-colletive-responsibility-and-community-support-to-address-fijis-growing-hiv-epidemic/>

⁷ <https://unaids-ap.org/2024/03/12/unaids-calls-for-collective-responsibility-and-community-support-to-address-fijis-growing-hiv-epidemic/>

⁸ <https://unaids-ap.org/2024/03/12/unaids-calls-for-collective-responsibility-and-community-support-to-address-fijis-growing-hiv-epidemic/>

⁹ <https://www.usip.org/publications/2024/03/illicit-drugs-are-undermining-pacific-security>

In Fiji, the government has taken steps to strengthen its response to HIV and drug use through the development of national strategic plans, partnerships with civil society organisations, and the implementation of prevention, treatment, and care programs. Efforts have been made to increase access to HIV testing and treatment services, promote harm reduction initiatives, and reduce stigma and discrimination against individuals affected by HIV and drug use.

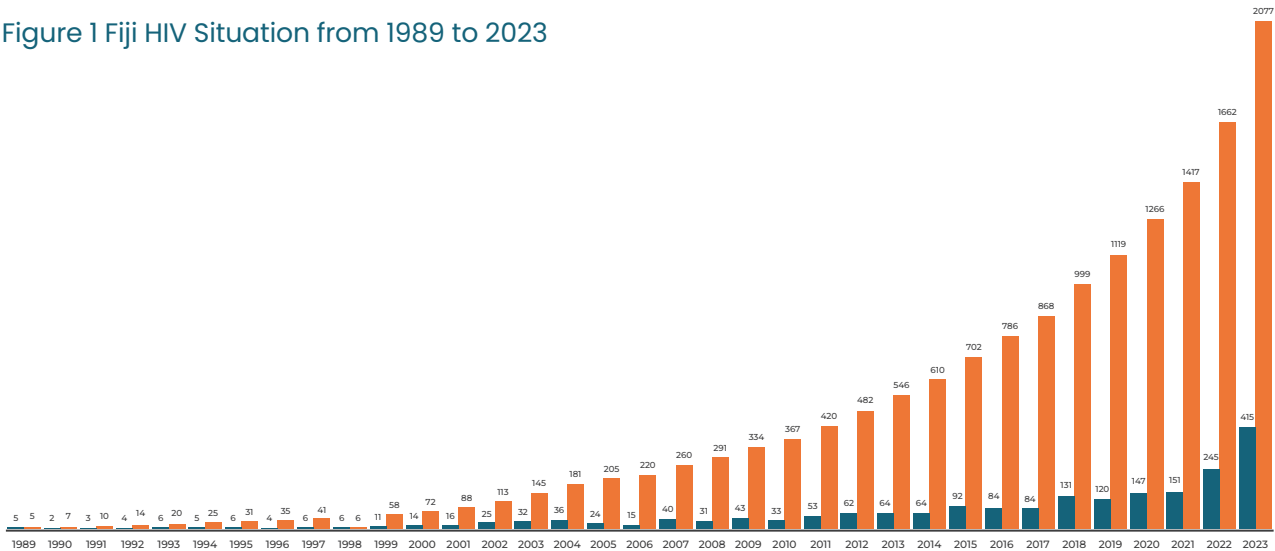
Moving forward, Fiji needs to continue building on these efforts and further enhance its response to HIV drug use by integrating evidence-based interventions, strengthening health systems, and promoting multisectoral collaboration. By addressing the root causes of HIV and drug use and adopting a holistic approach that prioritises prevention, treatment, and support services, Fiji can make significant strides towards achieving its goal of a healthier and more resilient population.

FIJI HIV SITUATION ANALYSIS:

Fiji recorded its first case of HIV in 1989. Since then, there has been a gradual increase in cases predominantly within the general population, with a possible prediction of HIV escalation through the Estimations done with the UNAIDs team in Fiji and the Regional Office.

The HIV data validation process for the Ministry of Health and Medical Services (Ministry) recorded 415 new HIV cases from January to December 2023, with 82 deaths. Already surpassing the 245 new cases of HIV in 2022 and compared to 151 in 2021. Of the 415 new cases, Fiji recorded 5.4% of cases within the adolescent group, with a notable 50% of new cases among individuals aged 20–29 and 28% between 30–39.

Figure 1 Fiji HIV Situation from 1989 to 2023



Adults constitute 94% (238 cases), and children under ten account for 2% (6 cases). Divisionally, Central/Eastern recorded 62% (160 cases), Western 33% (84 cases), and Northern 5% (14 cases) of the new infections. Regarding gender, males were the most affected with 70% (181 cases), followed by females with 28% (72 cases), and transgender with 2% (5 cases).

Figure 2 Fiji HIV Dissegregated by Age for 2023 New Cases.

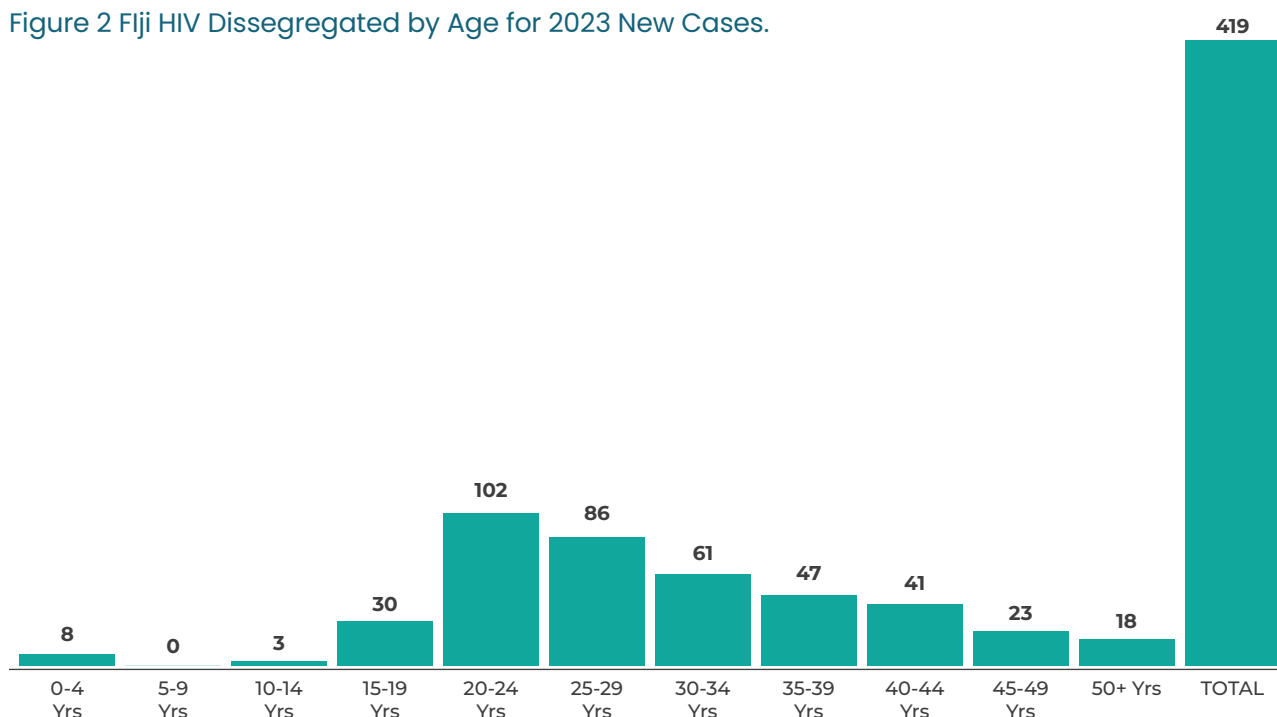
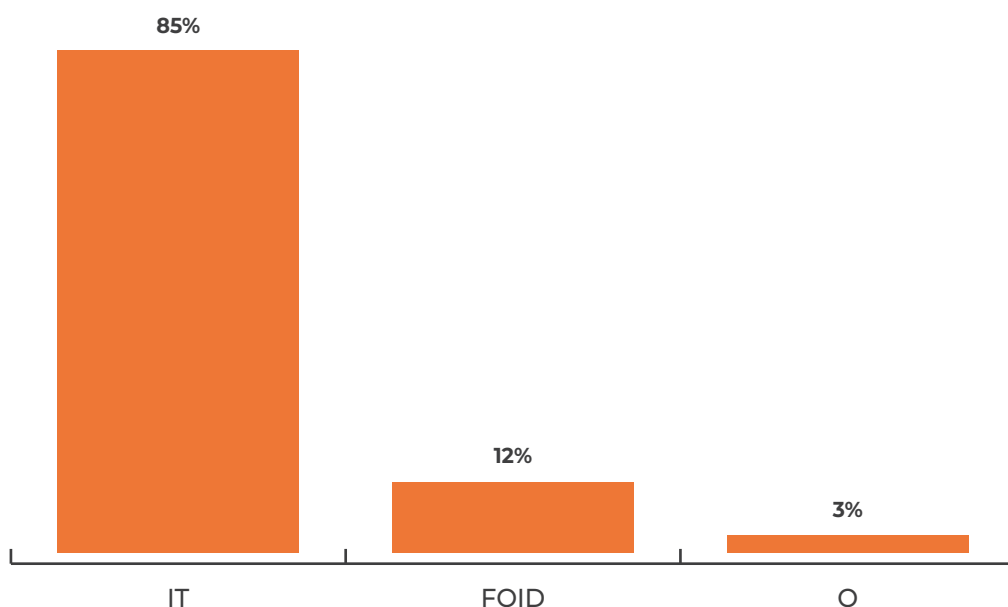
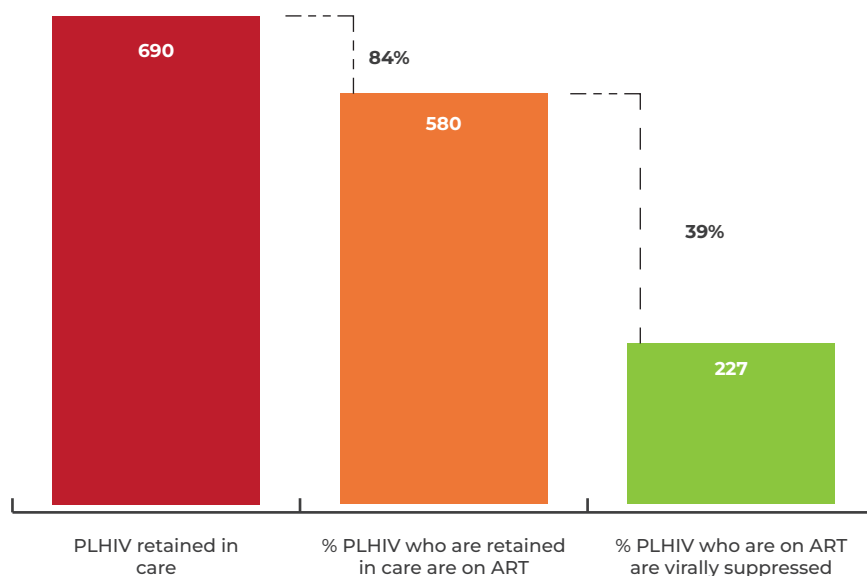


Figure 3 Fiji Case No's in 2023 by Ethnicity



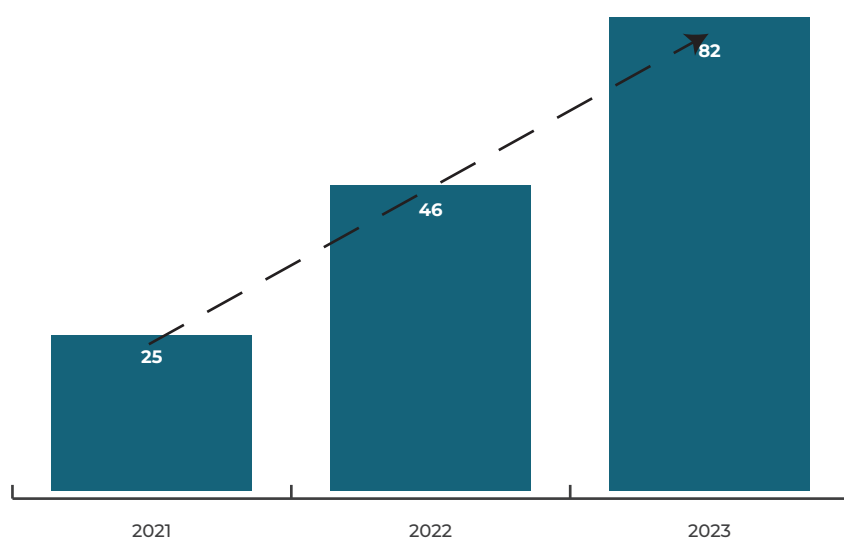
The ethnicity breakdown in Fiji has been predominantly within the ITaukei population, followed by Fijians of Indian Descent and others. Of the 2070 individuals that have ever been diagnosed with HIV, currently only 690 individuals are in care, 84% are on treatment, and of these, only 39% have been virally suppressed.

Figure 4 Fiji Cascade for Screening, Treatment and Viral Suppression



Unfortunately, Fiji lost HIV patients to AIDS-related deaths, which increased by almost 228% from the year 2021 to 2023. In 2021, Fiji reported 25 deaths, and in 2022, with 46 deaths in comparison to 82 deaths in 2023. Mother-to-child transmissions also increased, with 14 new infections reported in 2022 and 11 in 2023.

Figure 5 Fiji HIV or AIDS-related deaths



The cost of care in Fiji is estimated to be US\$6,035 or over FJ\$13,600, which the Fiji Government has supported since Fiji introduced medications in the early years. The Fiji Multiple Indicator Cluster Survey (MICS) was carried out in 2021 by the Fiji Bureau of Statistics in collaboration with the Ministry and other government ministries as part of the Global MICS Programme with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Pacific Community (SPC). This survey revealed concerning sexual health knowledge and practice whereby only 30% of women aged 15-24 years and 26% of men of the same age group were knowledgeable about HIV prevention¹⁰.

¹⁰ <https://www.unicef.org/pacificislands/media/2641/file/Fiji%20MICS%202021.pdf>

The survey revealed very low condom use among people with multiple partners, stating that 24% of men and 9% of women between the ages of 15–49 had reported using a condom at their last sexual encounter. Condom use among young people (15–24 years) who have non-regular partners at the last sexual encounter was 28.7 per cent for women and 39.8 per cent for men¹¹.

The MICS further revealed poor health-seeking behaviours and knowledge of the HIV status of individuals in Fiji. The proportion of women and men aged 15–49 undergoing HIV tests in the last 12 months and those who knew their results were very low at 7% and 4%, respectively¹².

The HIV/AIDS Act 2011 in Fiji provides a legal framework to protect the human rights of people affected by HIV¹³. The Act prohibits actions that discriminate against HIV-positive individuals and sharing of their positive results without their consent. Deliberate infection or attempt to infect another person is also unlawful under the Act. Additionally, the Act gives the unborn child the right to treatment, making it essential for HIV-positive mothers to undergo treatment to prevent transmission during pregnancy and breastfeeding¹⁴.

The Fijian government has implemented various strategies to address drug use, including law enforcement efforts, drug prevention and education programs, and harm reduction initiatives¹⁵. HIV transmission and blood-borne diseases can increase by using Injecting drug use if clean syringes and needles are not used¹⁶. Individuals who engage in drug use, particularly injection drug use, may face barriers to accessing HIV prevention, testing, and treatment services due to stigma, discrimination, and criminalisation of drug use¹⁷.

Curbing the issue of Drug use in Fiji, one must focus on three major strategies: Demand Reduction, Supply reduction and Harm Reduction^{18,19}. Addressing the intersection of HIV and drug use requires a comprehensive approach that includes harm reduction strategies, access to healthcare services, and support for individuals with substance use disorders.

HIV AND DRUG USE CATASTROPHE:

HIV and drug use are significant public health concerns that have far-reaching impacts on individuals, families, and communities worldwide. In Fiji, like many other countries, the intersection of these issues presents complex challenges that require a comprehensive and coordinated response. Understanding the global context of HIV and drug use is crucial in shaping national strategies and interventions to address these interconnected issues effectively.

¹¹ <https://www.unicef.org/pacificislands/media/2641/file/Fiji%20MICS%202021.pdf>

¹² <https://www.unicef.org/pacificislands/media/2641/file/Fiji%20MICS%202021.pdf>

¹³ <https://laws.gov.fj/Acts/DisplayAct/550>

¹⁴ <https://laws.gov.fj/Acts/DisplayAct/550>

¹⁵ Draft “The Fijian National Countering Illicit Narcotics Strategy

¹⁶ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00111-0/fulltext#:~:text=Injecting%20is%20a%20high%20risk,inject%20drugs%20\(PWID\)%20globally.](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00111-0/fulltext#:~:text=Injecting%20is%20a%20high%20risk,inject%20drugs%20(PWID)%20globally.)

¹⁷ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60832-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60832-X/abstract)

¹⁸ Nelson, E. U. E., & Pates, R. (2018). Supply control, demand reduction or harm reduction? Developments and directions for drug policy in Nigeria. *Addiction Research & Theory*, 26(6), 465–469.

¹⁹ Des Jarlais, D. C., McKnight, C., Goldblatt, C., & Purchase, D. (2009). Doing harm reduction better: syringe exchange in the United States. *Addiction*, 104(9), 1441–1446.

FIJI'S NATIONAL NARCOTICS STRATEGY FOCUSES ON:

- A) Prevention: Implementing education and awareness programs to prevent drug use and addiction, especially targeting at-risk populations such as youth.
- B) Law Enforcement: Strengthening law enforcement efforts to disrupt drug trafficking networks, intercept shipments, and prosecute those involved in drug trafficking.
- C) Border Security: Enhancing border security measures to prevent narcotics smuggling into the country.
- D) Treatment and Rehabilitation: Increasing access to treatment and rehabilitation services for individuals struggling with drug addiction to help them recover and reintegrate into society.
- E) International Cooperation: Collaborating with other countries to combat transnational drug trafficking networks and address the global drug trade.
- F) Research and Data Analysis: Investing in research and data analysis to better understand drug trends, identify emerging threats, and evaluate the effectiveness of counternarcotics strategies.

Injectable drug use can carry significant health risks, including the transmission of blood-borne infections such as HIV and hepatitis, as well as overdose and other health complications. Countries must have systems in place to address substance abuse issues, provide access to health care services harm reduction programs, provide access to health care services, harm reduction programs and support for those struggling with drug addiction.

Globally in the last 25 years, an important negative consequence of drug dependence has been the spread of HIV/AIDS, estimated more than 10% of all HIV infections worldwide are due to the use of contaminated drug injecting equipment and with the exclusion of Sub-Saharan African and the Caribbean, this rate of injecting drug users rises as high as 30– 40% among those with HIV infection. The rate of hepatitis infection in some places for injectable drug use is much higher than the HIV infection rates. Despite the size of the problem and the enormous costs related to drug abuse, in many countries specialised services are not available or, if present, are not accessible. There are a number of obstacles for drug abusers to access effective services, partly due to stigma and discrimination towards those who are drug abusers and HIV positive (Crime, 2009).

The Ministry of Health and Medical Services Components the National Narcotics Strategic Plan for the Government:

HARM REDUCTION

The Strategy will be led by the Ministry of Health and Medical Services and primarily focuses on the harm reductions on which it will reflect on actions to correct human or social forms of behaviour that are considered high-risk behaviours associated with drug use. The main actions for this approach are based on evidence from public policies and programmes that promote safer behaviour and settings, including prevention, early intervention, treatment, care recovery, rehabilitation, and social reintegration measures, including initiatives aimed at minimising the adverse public health consequences of drug abuse.

Reducing the adverse health and social consequences of drug abuse (e.g. HIV prevention) is set out that success in reducing the adverse consequences of drug abuse and halting the epidemic of blood-borne diseases requires a three-part strategy:

- i) Preventing drug abuse.
- ii) Facilitating entry into drug dependence treatment.
- iii) Establishing effective measures to reduce adverse health and social consequences of drug abuse.

I) PREVENTING DRUG ABUSE

The most important aspect of this strategy is to prevent drug abuse with evidence-based measures. The basic message is that not taking drugs is the best way of avoiding the negative health and social consequences associated with drug use. This is the most effective strategy for protecting vulnerable groups from developing dependence on harmful psychotropic drugs. Unprotected sex is significantly associated with drug abuse because of the lack of behavioural control induced by psychoactive drugs, whether injected or non-injected. Similarly, for example, car accidents, involvement in violent and unlawful behaviour, accidents in workplaces, suicide and overdoses can be significantly reduced, with decreased harm for individuals and society, if drug abuse is reduced.

II) FACILITATING ENTRY INTO DRUG DEPENDENCE TREATMENT

For those who are using drugs, providing accessible, evidence-based, good-practice treatment for drug abusers and drug-dependent individuals has been found to reduce individual and social harm. The option of drug-free oriented treatment, or at least the possibility to reduce drug use, as well as retention in treatment with continuous contact with health care providers, have proved effective in lowering overdoses, infections, car accidents, legal problems, criminal behaviour, psychiatric hospitalisations, and suicide rates. This has been demonstrated for both pharmacologically assisted treatment (long-acting opioid-agonists and use of antagonists) and drug-free oriented treatments. Differentiated and targeted treatment should be available for specific sub-groups of drug-dependent individuals according to the drug of choice, age, socio-cultural situation, and possible concomitant psychiatric and physical disorders.

III) ESTABLISHING EFFECTIVE MEASURES TO REDUCE ADVERSE HEALTH AND SOCIAL CONSEQUENCES OF DRUG ABUSE

To protect drug users and their families from health problems and infectious diseases, it's essential to engage them in prevention, treatment, and care strategies. Non-discriminatory interventions should be promoted to address the adverse health and social consequences of drug abuse. These strategies should focus on sub-groups of the population who are not responsive to prevention programs, drug-dependent individuals, non-responders to treatment, and patients who quickly relapse into substance abuse.

The Fijian Government collaborates with international organisations, Government line Ministries, NGOs, Faith Based Organisations (FBO), and stakeholders to address HIV/AIDS and drug use. Efforts include promoting HIV prevention education, providing access to testing and treatment services, implementing harm reduction programs, and supporting people living with HIV/AIDS and substance use disorders. Cross-sectoral collaboration is crucial for addressing these challenges in Fiji.

SECTION 2: HIV SURGE STRATEGY 2024-2027

GOAL:

The National HIV Surge Strategic Plan aims to significantly decrease HIV transmission and reverse the HIV situation and its association with drug use. It prioritises prevention, diagnosis, treatment & care, and harm reduction strategies and promotes access to care and support services from a rights-based approach. In alignment with global efforts, the plan adopts the Global Targets of 95-95-95:

1. 95% of people living with HIV know their HIV status.
2. 95% of people who know their HIV-positive status are on antiretroviral therapy (ART).
3. 95% of people on ART have achieved viral suppression.

Additionally, the plan embraces the Three Zeros initiative:

1. Zero new HIV infections.
2. Zero AIDS-related deaths.
3. Zero discrimination.

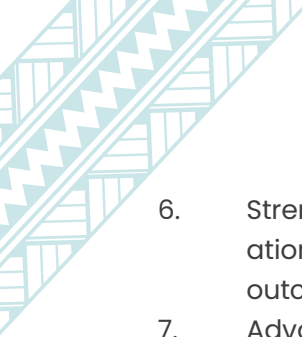
By integrating these ambitious targets and the Three Zeros initiative, the strategy aims to enhance early diagnosis, ensure effective treatment, achieve sustained viral suppression, and foster a supportive environment free of stigma and discrimination. This comprehensive approach seeks to improve the quality of life for individuals living with HIV and significantly reduce overall transmission rates.

POLICY STATEMENT:

Our National Surge Strategic Plan is focused on accelerating public health, treatment and care, the continuum of care, human rights, and social justice for HIV and drug use in Fiji. We understand the link between HIV and drug use and are dedicated to implementing policies and programs based on evidence, equity, and compassion. We believe in collaboration, inclusivity, and community engagement and respect the dignity and rights of all individuals affected by HIV and drug use.

OBJECTIVES:

1. Develop, review, and align existing legislation and policies to international and national standards, meeting the support required to curb the pathways for reforms.
2. Increase the demand and access to HIV testing, prevention, and treatment services for individuals who are at increased risk (key populations), including those who use injectable drugs, TB, and Non-Communicable Disease with a focus on reaching marginalised and underserved populations.
3. Expand harm reduction programs, such as needle exchange and supervised injection sites, to reduce the risk of HIV transmission and other harms associated with drugs, especially injectable drug use.
4. Enhance coordination and integration of HIV services across healthcare, social services, and the Fiji Corrections Services systems to provide comprehensive care for individuals affected by HIV and injectable drug use.
5. Promote education and awareness campaigns to reduce stigma and discrimination against individuals who are living with HIV and use drugs.

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6. Strengthen data collection and analysis, surveillance and research, monitoring, and evaluation systems to track progress towards reducing HIV transmission and improving health outcomes for individuals affected by injectable drug use.
 7. Advocate for policy changes and resource allocation at the national level to support the implementation of evidence-based interventions and programs that address the root causes of HIV and drug use.

Through these objectives, our national surge strategic plan aims to create a coordinated and comprehensive response to the intersecting issues of HIV and injectable drug use, with a focus on prevention, diagnosis, treatment and care, harm reduction, and criminal & social justice. We are committed to working collaboratively with stakeholders at all levels to achieve our goal of reducing the impact of HIV and drug use on individuals, families, and communities across the nation.

SECTION 3: PRIORITY AREAS FOR SURGE STRATEGY

GOAL:

The National HIV Surge Strategic Plan aims to significantly decrease HIV transmission and reverse the HIV situation and its association with drug use. It prioritises prevention, diagnosis, treatment & care, and harm reduction strategies and promotes access to care and support services from a rights-based approach. In alignment with global efforts, the plan adopts the Global Targets of 95-95-95:

1. 95% of people living with HIV know their HIV status.
2. 95% of people who know their HIV-positive status are on antiretroviral therapy (ART).
3. 95% of people on ART have achieved viral suppression.

Additionally, the plan embraces the Three Zeros initiative:

1. Zero new HIV infections.
2. Zero AIDS-related deaths.
3. Zero discrimination.

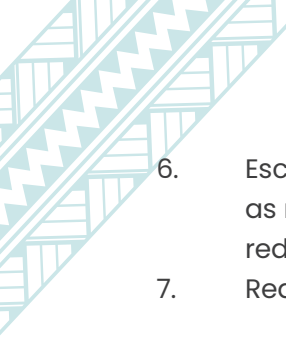
By integrating these ambitious targets and the Three Zeros initiative, the strategy aims to enhance early diagnosis, ensure effective treatment, achieve sustained viral suppression, and foster a supportive environment free of stigma and discrimination. This comprehensive approach seeks to improve the quality of life for individuals living with HIV and significantly reduce overall transmission rates.

POLICY STATEMENT:

Our National Surge Strategic Plan is focused on accelerating public health, treatment and care, the continuum of care, human rights, and social justice for HIV and drug use in Fiji. We understand the link between HIV and drug use and are dedicated to implementing policies and programs based on evidence, equity, and compassion. We believe in collaboration, inclusivity, and community engagement and respect the dignity and rights of all individuals affected by HIV and drug use.

OBJECTIVES:

1. Develop, review, and align existing legislation and policies to international and national standards, meeting the support required to curb the pathways for reforms.
2. Increase the demand and access to HIV testing, prevention, and treatment services for individuals who are at increased risk (key populations), including those who use injectable drugs, TB, and Non-Communicable Disease with a focus on reaching marginalised and underserved populations.
3. Expand harm reduction programs, such as needle exchange and supervised injection sites, to reduce the risk of HIV transmission and other harms associated with drugs, especially injectable drug use.
4. Enhance coordination and integration of HIV services across healthcare, social services, and the Fiji Corrections Services systems to provide comprehensive care for individuals affected by HIV and injectable drug use.
5. Promote education and awareness campaigns to reduce stigma and discrimination against individuals who are living with HIV and use drugs.

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6. Escalate, advocate, and implement policies that support harm reduction strategies, such as needle exchange programs and safe injection sites, to prevent the spread of HIV and reduce the harms associated with injectable drug use
 7. Reduction of HIV and drug use-related stigma and discrimination.

EXPECTED OUTCOMES:

A comprehensive prevention strategy involving cross-government ministry activities can yield several expected outcomes, including:

1. A multi-ministry strategy can reduce targeted issues by coordinating efforts. Collaborating between relevant ministries can comprehensively address the issue. For instance, substance abuse can be reduced through improved prevention, intervention, and enforcement measures.
2. Collaboration leads to better resource allocation and effective prevention programs.
3. A cohesive strategy enables ministries to implement prevention measures more efficiently by streamlining processes, sharing data, and leveraging strengths.
4. Collaborating with different sectors strengthens partnerships, communication, and mutual support. This can include NGOs, community groups and other stakeholders, extending the reach of prevention efforts.
5. Improved targeting of at-risk populations: A comprehensive approach enables a better understanding of contributing factors. By analysing data, ministries can more effectively identify and tailor prevention programs to meet specific needs.
6. Prevention strategies target root causes, not just symptoms. They have a lasting impact, improving public health, social outcomes, and overall well-being.
7. Coordinating activities across ministries ensures policy coherence and strengthens prevention strategy.
8. Targeted HIV testing initiatives, such as outreach programs for individuals who inject drugs, can increase testing uptake. This identifies people unaware of their HIV status, leading to prompt care and treatment.
9. HIV transmission can be prevented through harm reduction services. These services include needle exchange programs, opioid substitution therapy, and PrEP. They are effective in preventing transmission among drug users and their partners, reducing new infections in the community.
10. A coordinated approach by the government can enhance public trust and participation in prevention efforts.

A cross-government prevention strategy can lead to positive outcomes by addressing complex issues holistically and fostering collaboration across sectors.

The above goals, objectives, and indicators can help guide prevention efforts and measure the impact of interventions in addressing HIV and drug use.

PRIORITY AREA 2: "IMPROVING HIV DIAGNOSTIC SERVICES THROUGH DECENTRALISATION, QUALITY ASSURANCE, AND STRENGTHENING SUPPLY CHAIN MANAGEMENT."

GOALS:

1. Developing and implementing a robust procurement and Supply chain management of HIV Testing Services in Fiji.
2. Implementing decentralised diagnostic services will increase access to prompt and precise HIV testing in various locations across Fiji's urban, rural, and maritime areas.
3. Elevate the level of ongoing care and support available for individuals affected by HIV and drug use through the implementation of decentralised clinical monitoring tools.

POLICY STATEMENT:

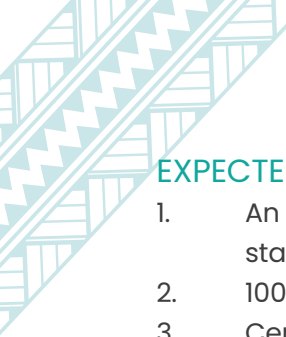
MHMS is committed to providing decentralised diagnosis for HIV & drug use for appropriate clinical use. Our goal is to ensure equal access to healthcare for all, regardless of intersectional identity, location or socioeconomic status. Early detection is crucial in preventing HIV transmission and addressing drug use through demand, supply and harm reduction.

OVERALL PRIORITY 2 OBJECTIVES:

1. Review and remove provisions in the HIV law and policies that create barriers to HIV testing. (2.1)²⁰
2. Ensure adequate supply of HIV testing commodities by strengthening the procurement chain. (2.3)
3. Establish decentralised diagnostic centres for the people of Fiji, particularly in KAP or priority populations for HIV. (2.3)
4. Establish and strengthen quality assurance for ALL HIV diagnostic centres.
5. Review diagnostic algorithms to reflect early case detection. (2.2-2.2.3)
6. Train healthcare providers in decentralised settings on the latest diagnostic techniques.(2.1-2.1.2;2.1.3;2.1.4)
7. Use information technology to diagnose and monitor HIV and drug use. (2.2-2.2.4)
8. Collaborate with stakeholders, including private health facilities and laboratories, CSOs, NGOs and communities, to raise awareness about decentralised diagnosis services. (2.2 – 2.2.5)
9. Strengthen point-of-care HIV testing across Fiji for timely and efficient dissemination of results.(2.1- 2.1.4)
10. Explore community-led -HTS and monitoring tools.(2.1-2.1.7)

These goals, policy statements, and objectives aim to guide efforts in strengthening decentralised diagnosis services for HIV and drug use, ultimately improving health outcomes and reducing the burden of these public health challenges.

²⁰ Link to Activity line in the Priority Area sheets under the "MEAL" framework.



EXPECTED OUTCOMES:

1. An increase of X% in the number of people living with HIV (PLHIV) who are aware of their status and enrolled in HIV treatment.
2. 100% of HIV Screening laboratories provide confirmatory services.
3. Certification of POCT providers, 100% participation of HTS laboratories and facilities in the Quality Assurance Program.
4. An increase in the number of people who get tested for HIV.
5. Improved turnaround times for HIV testing, more staff trained to provide stigma-free and discrimination-free HIV services, increased provider-initiated testing, and improved linkage to HIV care.

PRIORITY AREA 3: TREATMENT AND CARE

GOAL:

At MHMS, we are committed to delivering comprehensive and unwavering care for individuals affected by HIV, TB, Non-Communicable Diseases and drug injection. We are dedicated to improving health outcomes and enhancing the quality of life for our patients.

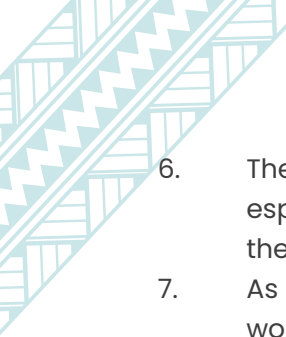
Policy Statement: At MHMS, we provide non-judgmental, tailored, and culturally sensitive treatment and care services for individuals affected by HIV and its associations and co-infections such as TB, Non-Communicable Diseases and injectable drug use. Our approach prioritises harm reduction and the well-being of all individuals by advocating for equitable healthcare access policies for all, including the most vulnerable population.

OBJECTIVES:

1. Increase access to integrated treatment services for individuals living with HIV, TB, Non-Communicable Diseases and drug use, including medication-assisted treatment, mental health support, and social services.
2. Strengthen the linkage to care and retention strategies to reduce preventable AIDS-related deaths.
3. Ensuring an uninterrupted supply of antiretroviral therapy, diagnostics and treatment of opportunistic infections and prophylaxis.
4. Identifying the right size workplace planning for the area of Sexual Reproductive Health and increasing the necessary workforce for service delivery.
5. Monitor and evaluate the effectiveness of our testing, treatment and care programs to continuously improve services and outcomes for individuals affected by HIV and drug use (P.A 5).

EXPECTED OUTCOMES:

1. The strategy aims to increase access to HIV testing and counselling for individuals who use injectable drugs & TB and Non-Communicable Disease patients. This will lead to earlier detection and treatment of HIV infection.
2. This surge strategy aims to improve the linkage between HIV testing and care/treatment programs. Those who test positive for HIV will be promptly connected to appropriate care and treatment services to manage their condition effectively.
3. The surge strategy is designed to enhance the availability and accessibility of antiretroviral therapy (ART) for people who have HIV and engage in injectable drug use. Ensure a consistent, adequate, and timely supply of ART medications and provide necessary support services to help individuals adhere to their treatment regimens.
4. The surge strategy provides support services for PLHIV, including referrals to psychosocial support, peer support groups, family planning counselling, opportunistic infections, cervical cancer screening, adherence counselling, and treatment for co-occurring conditions. These services are essential for improving treatment outcomes and well-being.
5. The "surge strategy" aims to reduce HIV-related illnesses and deaths among illegal drug users by providing timely treatment and care services. Effective treatment suppresses the virus, improves the immune system, and lowers the risk of developing complications.

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6. The surge strategy promotes harm reduction practices for those who use drugs, especially injectable drugs like needle exchange programs and opioid substitution therapy. This helps reduce HIV and blood-borne infections.
 7. As part of the surge strategy, healthcare infrastructure will be strengthened, and workforce training will be built.
 8. The surge strategy monitors and evaluates HIV treatment outcomes in individuals who use injectable drugs. Data collected will guide programmatic efforts and identify areas for improvement.

The surge strategy for Fiji aims to improve care services, reduce HIV-related morbidity and mortality, and promote the well-being of those affected by HIV by enhancing treatment for these individuals.

PRIORITY AREA 4: COMPREHENSIVE APPROACH TO THE CARE OF HIV AND INDIVIDUALS WITH INJECTABLE DRUG USE (CONTINUUM OF CARE- COC)

GOAL:

MHMS aims to provide comprehensive care for those affected by HIV and its association and co-infections with TB, Non-Communicable Diseases and injectable drug use, ensuring access to coordinated services for their well-being.

Policy Statement: MHMS provides evidence-based, culturally appropriate care for those affected by HIV and its association and co-infections with TB and Non-Communicable Diseases and injectable drug abuse. Our holistic approach addresses medical, mental health, substance abuse, and social service needs. Guided by harm reduction, equity, and dignity principles, advocating for high-quality care for all in need.

OBJECTIVES:

- 4.1 Establish and strengthen existing systems for a better-coordinated care system for HIV prevention, treatment, and support services for HIV and its associated links, such as TB, NCD and injectable drug use.
- 4.2 Enhance collaboration & effective communication among healthcare providers & community organisations through a mapping exercise.

EXPECTED OUTCOMES:

1. Strengthen referral systems and coordination between testing sites and healthcare providers for timely HIV care linkage.
2. Addressing engagement barriers and providing individualised comprehensive care to improve health outcomes.
3. To improve ART adherence among HIV-positive individuals and those who are HIV-positive drug users through support interventions, thereby lowering the risk of treatment failure and drug-resistant HIV strains.
4. Achieve and sustain viral load suppression among individuals with HIV and injectable drug use. This improves health outcomes and reduces HIV transmission risk.
5. Integrating services for co-occurring conditions into HIV care settings improves overall health outcomes and quality of life. Some such conditions can be TB/HIV, Viral Hepatitis & HIV, HIV and Injectable Drug Use, HIV and Non-Communicable Diseases, etc.
6. Reduces social barriers to accessing care by engaging communities, key stakeholders, and individuals with lived experience.
7. Tracking key performance indicators like retention, viral load suppression, and patient satisfaction helps make data-driven decisions and improve quality CoC. Continuous monitoring and evaluation ensure services are responsive to evolving needs and facilitate quality improvement efforts.

PRIORITY AREA 5: THE MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK AND RESEARCH FOR HIV AND DRUGS.

GOAL:

The MHMS MEAL framework for HIV and drug use aims to improve health outcomes and reduce harm by ensuring efficient, effective interventions and services across the surge strategy.

POLICY STATEMENT:

The MHMS is committed to implementing a robust MEAL framework for HIV and drug use programs that is data-driven, participatory, and transparent. We believe in the importance of continuous learning and adaptation to inform decision-making and improve the quality of care and support services provided to individuals in need. We ensure a principle of accountability, evidence-based practice, stakeholder engagement, and dedication to promoting a culture of learning and improvement within our governing structures.

OBJECTIVES:

1. Develop, Implement and strengthen a monitoring, evaluation, accountability and learning (MEAL) framework for HIV and drug use programs. (5.1)
2. We conduct regular assessments and evaluations to identify strengths, weaknesses, and areas for improvement in our services. We use the findings to inform programmatic decisions and resource allocation.(5.2)
3. Ensure accountability and transparency in our programs by engaging with stakeholders, including individuals affected by HIV and drug use, community partners, and funders, to solicit feedback and input on program design and implementation.(5.1.2)
4. Facilitate learning and knowledge sharing within our organisation and with external partners to promote best practices, innovation, and continuous improvement in the delivery of care and support services.(5.2)
5. Utilise data and evidence from all indicators and research activities to advocate for policy changes, resource allocation, and programmatic improvements that address the needs of individuals affected by HIV and drug use and promote health equity and social justice.(5.2)

The MHMS aims to establish a MEAL framework and conduct necessary research to improve HIV and drug use programs in Fiji, promoting transparency, accountability, and a culture of learning.

SECTION 4: "IMPROVING HIV DIAGNOSTIC SERVICES THROUGH DECENTRALISATION, QUALITY ASSURANCE, AND STRENGTHENING SUPPLY CHAIN MANAGEMENT."

GOAL:

The goal of the MEAL (Monitoring, Evaluation, Accountability, and Learning) framework for HIV and Drugs in Fiji is to improve the effectiveness and impact of programs and interventions aimed at preventing and addressing HIV and drug use in the country.

POLICY STATEMENT:

Fiji is committed to implementing a comprehensive MEAL framework for HIV and drugs that is evidence-based, participatory, and responsive to the needs of affected populations. This framework will ensure that resources are allocated efficiently, interventions are tailored to Fiji's specific context, and progress is monitored and evaluated to inform decision-making and improve outcomes.

OBJECTIVES:

1. **Monitoring:** Establish a robust monitoring system to track key indicators related to HIV prevalence, drug use, prevention efforts, treatment services, and outcomes for affected individuals.
2. **Evaluation:** Conduct regular evaluations of programs and interventions to assess their impact, effectiveness, and efficiency in addressing HIV and drug issues in Fiji.
3. **Accountability:** Promote transparency and accountability in implementing HIV and drug programs, ensuring that resources are used effectively and stakeholders are held accountable for their commitments.
4. **Learning:** Foster a culture of learning and continuous improvement within the HIV and drug response in Fiji by sharing best practices, lessons learned, and innovative approaches to address emerging challenges.

By achieving these objectives within the MEAL framework, Fiji aims to strengthen its response to HIV, reduce transmission rates, improve access to treatment and support services, and ultimately enhance the health and well-being of its population.

The National HIV Surge Strategic Plan 2024–2027 represents a multifaceted and ambitious effort to significantly curb the transmission of HIV and reverse the concerning trajectory of the epidemic, particularly in its association with substance use disorders. At the core of this plan lies a comprehensive and rights-based approach that prioritises prevention, diagnosis, treatment and care, harm reduction strategies, and the promotion of equitable access to essential support services.

Expanding and improving healthcare access and delivery lies at the heart of this strategic plan. By prioritising early diagnosis through increased and targeted testing initiatives, individuals can receive the necessary treatment and care to achieve viral suppression, a critical step in preventing onward transmission. Concurrently, the plan emphasises the scale-up of evidence-based harm reduction interventions, such as needle-syringe programs and opioid agonist therapies, which have been shown to reduce HIV transmission among people who inject drugs effectively.

Addressing the social determinants of health and dismantling the stigma and discrimination that impede access to services are also key tenets of this plan, reflecting its grounding in a human rights-based approach.

The successful implementation of the National HIV Surge Strategic Plan will require a multisectoral and collaborative effort, engaging diverse stakeholders ranging from public health authorities and healthcare providers to community-based organisations and people living with HIV. Sustained political commitment, adequate resourcing, and the meaningful involvement of affected populations will translate the plan's ambitious goals into tangible and equitable health outcomes. As the HIV epidemic continues to evolve, the National HIV Surge Strategic Plan represents a crucial and timely response, one that has the potential to significantly improve the lives of those affected and contribute to the global effort to end the HIV pandemic.

IDENTIFIED OUTCOMES UNDER THE HIV SURGE STRATEGY 2024-2027

The goal of the National HIV Surge Strategic Plan is to significantly decrease HIV transmission and reverse the HIV situation and its association with drug use. It prioritises prevention, diagnosis, treatment & care, and harm reduction strategies and promotes access to care and support services from a rights-based approach. In alignment with global efforts, the plan adopts the Global Targets of 95-95-95:

4. 95% of people living with HIV know their HIV status.
5. 95% of people who know their HIV-positive status are on antiretroviral therapy (ART).
6. 95% of people on ART have achieved viral suppression.

Additionally, the plan embraces the Three Zeros initiative:

4. Zero new HIV infections.
5. Zero AIDS-related deaths.
6. Zero discrimination.

By integrating these ambitious targets and the Three Zeros initiative, the strategy aims to enhance early diagnosis, ensure effective treatment, achieve sustained viral suppression, and foster a supportive environment free of stigma and discrimination. This comprehensive approach seeks to improve the quality of life for individuals living with HIV and significantly reduce overall transmission rates.

INDICATORS FOR THE STRATEGIC GOAL:

The 95-95-95 global strategy is an ambitious target set by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to help end the HIV/AIDS epidemic by 2030. The goal is to ensure that:

1. 95% of people living with HIV know their HIV status.
2. 95% of people who know their status are on antiretroviral therapy (ART).
3. 95% of people on ART achieve viral suppression.

A] Indicators for the 95% of people living with HIV know their HIV status.

Indicator 1: Percentage of people living with HIV who are aware of their HIV status.

- o **Data Source:** HIV testing and counselling services data, national health surveys.
- o **Calculation:** (Number of people diagnosed with HIV / Estimated number of people living with HIV) x 100

B] Indicators for the 95% of people who know their status are on antiretroviral therapy (ART).

- **Indicator 2:** Percentage of people diagnosed with HIV who are receiving ART.
- o **Data Source:** ART program records, national health information systems.
- o **Calculation:** (Number of people on ART / Number of people diagnosed with HIV) x 100

C] Indicator for 95% of people on ART achieve viral suppression:

- **Indicator 3:** Percentage of people on ART who have achieved viral suppression.
- o **Data Source:** Viral load testing data, laboratory records.
- o **Calculation:** (Number of people on ART with suppressed viral load / Number of people on ART) x 100
- o **Definition of Viral Suppression:** Viral load below 200 copies/mL of blood.

1. Zero new HIV infections.
2. Zero AIDS-related deaths.
3. Zero discrimination

D] Indicator for “Zero New HIV Infections:”

Indicators:

1. **Incidence Rate of HIV:**

- o Definition: Number of new HIV infections per 1,000 uninfected population per year.
- o Data Source: National surveillance systems, demographic and health surveys.
- o Calculation: (Number of new HIV infections / Number of uninfected persons) x 1,000

2. **HIV Incidence among Key Populations:**

- o Definition: Incidence rate of HIV among key populations such as sex workers, men who have sex with men (MSM), people who inject drugs, and transgender people.
- o Data Source: Targeted surveys and program data from organisations working with key populations.

3. **Mother-to-Child Transmission Rate:**

- o Definition: Percentage of HIV-positive mothers transmitting HIV to their children during pregnancy, childbirth, or breastfeeding.
- o Data Source: Health facility records, national program data.
- o Calculation: (Number of children born with HIV / Number of HIV-positive mothers) x 100

E] Indicator for “Zero AIDS-Related Deaths:”

Indicators:

1. **AIDS-Related Mortality Rate:**

- o Definition: Number of AIDS-related deaths per 100,000 population per year.
- o Data Source: National health statistics, death registries.
- o Calculation: $(\text{Number of AIDS-related deaths} / \text{Total population}) \times 100,000$

2. **Coverage of Antiretroviral Therapy (ART):**

- o Definition: Percentage of people living with HIV receiving ART.
- o Data Source: ART program records, health facility data.
- o Calculation: $(\text{Number of people on ART} / \text{Total number of people diagnosed with HIV}) \times 100$

3. **Retention in HIV Care:**

- o Definition: Percentage of individuals on ART who remain in care after 12 months, 24 months, etc.
- o Data Source: ART program records, health facility data.
- o Calculation: $(\text{Number of people remaining in care} / \text{Total number of people on ART at the beginning of the period}) \times 100$

F] Indicator for “Zero Discrimination:”

Indicators:

1. **Stigma Index:**

- o Definition: Index measuring perceived and experienced stigma and discrimination among people living with HIV.
- o Data Source: Surveys conducted among people living with HIV, such as the People Living with HIV Stigma Index.

2. **Discriminatory Attitudes towards People Living with HIV:**

- o Definition: Percentage of people expressing discriminatory attitudes towards people living with HIV.
- o Data Source: National surveys, such as the Demographic and Health Surveys (DHS) or AIDS Indicator Surveys (AIS).

3. **Legal and Policy Environment:**

- o Definition: Presence of laws, policies, and regulations that protect the rights of people living with HIV and ensure access to services without discrimination.
- o Data Source: National legal reviews, policy analysis reports.
- o Indicator Example: $\text{Number of protective laws enacted} / \text{Total relevant laws assessed}$

4. **Access to Social Services:**

- o Definition: Percentage of people living with HIV reporting access to essential social services such as healthcare, education, and employment without discrimination.
- o Data Source: Surveys among people living with HIV, national health surveys.

INDICATORS AT THE OUTCOME LEVEL:

OUTCOME AREA 1: INCREASED ACCESS TO HIV TESTING & COUNSELLING SERVICES.

INDICATOR:

Number of individuals who received HIV testing and counselling services.

TARGET:

Increase by 10% over the baseline within the first year of implementation.

INTERVENTIONS:

Conduct targeted outreach campaigns, expand testing sites, and train healthcare providers on HIV testing and counselling protocols.

OUTCOME AREA 2: IMPROVED LINKAGE TO HIV CARE AND TREATMENT.

INDICATOR:

Percentage of HIV-positive individuals successfully linked to care within one month of diagnosis.

TARGET:

Achieve a linkage rate of 90% within the first six months of implementation.

INTERVENTIONS:

Strengthen referral systems, support case management, and establish follow-up mechanisms to track linkage outcomes.

OUTCOME AREA 3: EXPANDED AVAILABILITY OF ANTIRETROVIRAL THERAPY (ART).

INDICATOR:

Percentage of individuals living with HIV receiving ART.

TARGET:

Increase ART coverage to 95% of eligible individuals within two years of implementation.

INTERVENTIONS:

Ensure a consistent supply of ART medications, train healthcare providers on ART initiation and management guidelines, and improve patient support services for ART adherence.

OUTCOME AREA 4: ENHANCED SUPPORT SERVICES FOR HIV-POSITIVE INDIVIDUALS

INDICATOR:

Number of support services utilised by HIV-positive individuals (e.g., psychosocial support, adherence counselling, substance use treatment).

TARGET:

Increase utilisation of support services by 25% over the baseline within the first year of implementation.

INTERVENTIONS:

Expand access to support services, conduct community education and outreach on available resources, and train healthcare providers on integrated care delivery.

OUTCOME AREA 5: REDUCED HIV-RELATED MORBIDITY AND MORTALITY

INDICATOR:

HIV-related morbidity and mortality rates.

TARGET:

Reduce HIV-related morbidity and mortality by 30% within three years of implementation.

INTERVENTIONS:

Ensure timely diagnosis and treatment of opportunistic infections, promote early initiation of ART, and provide comprehensive healthcare services for co-occurring conditions.

OUTCOME AREA 6: PROMOTION OF HARM REDUCTION PRACTICES

INDICATOR:

Percentage of individuals accessing harm reduction services (e.g., needle exchange programs, opioid substitution therapy).

TARGET:

Increase access to harm reduction services by 50% over the baseline within two years of implementation.

INTERVENTIONS:

Expand harm reduction programs, advocate for supportive policies, and provide education and training on harm reduction practices.

OUTCOME AREA 7: STRENGTHENED HEALTHCARE INFRASTRUCTURE AND WORKFORCE CAPACITY

INDICATOR:

Healthcare infrastructure readiness score (e.g., availability of trained personnel, diagnostic facilities, essential medications).

TARGET:

Achieve a minimum readiness score of 80% within the first year of implementation.

INTERVENTIONS:

Invest in infrastructure development, provide training and capacity building for healthcare providers, and strengthen supply chain management systems.

OUTCOME AREA 8: IMPROVED MONITORING AND EVALUATION OF TREATMENT OUTCOMES

INDICATOR:

Percentage of treatment outcomes monitored and evaluated regularly.

TARGET:

Ensure that 100% of treatment outcomes are monitored and evaluated annually.

INTERVENTIONS:

Establish robust monitoring and evaluation systems, train staff on data collection and analysis, and use data for programmatic decision-making and quality improvement.

RESULTS FRAMEWORK FOR THE HIV SURGE STRATEGY

The Results Framework for the HIV Surge Strategy outlines the desired outcomes, indicators, targets, and interventions to guide the strategy's implementation and evaluation.

A results framework is a strategic planning tool to outline and manage the logical flow from project activities to intended outcomes and impacts. It is commonly used in development projects, organisational planning, and performance management to ensure that the objectives are clearly defined and that there is a coherent pathway to achieving them. Here are the key components of a results framework:

1. **Goal (Impact):** The long-term change or benefit that the project aims to achieve. This is the highest-level objective, reflecting the initiative's ultimate purpose.
2. **Outcomes (Intermediate Results):** These are the short- to medium-term effects expected from project activities. Outcomes should contribute directly to achieving the goal.
3. **Outputs are the tangible products, services, or changes from completing activities.** They are necessary to achieve the outcomes.
4. **Activities:** The specific tasks or actions that must be carried out to produce the outputs.
5. **Inputs:** The resources required to perform the activities, such as funding, personnel, equipment, and materials.
6. **Indicators:** These are specific, measurable signs that show whether progress is being made toward the outcomes and goal. Indicators are used to monitor and evaluate the effectiveness of the project.
7. **Assumptions:** These are the external conditions that need to be met for the project to succeed but are beyond the project's control. Assumptions can affect whether activities lead to outputs, outputs to outcomes, and outcomes to the goal.

This Results Framework provides a structured approach to tracking progress, measuring outcomes, and adjusting interventions as needed to achieve the objectives of the HIV and Injectable Use Surge Strategy. Regular monitoring and evaluation will be essential to assess the strategy's effectiveness and make evidence-based decisions for continuous improvement.

ASSUMPTIONS:

1. Continued funding and support from government and international donors.
2. Cooperation and participation from local communities and stakeholders.
3. A stable political and economic environment enables program implementation.
4. Availability of healthcare professionals and resources.

To ensure the effectiveness of these indicators, regular monitoring and evaluation systems should be in place:

- **DATA COLLECTION:** Systematically collect data through reports, surveys, and health facility records.
- **DATA ANALYSIS:** Regular analysis to track progress, identify trends, and assess the impact of interventions.
- **REPORTING:** Periodic reporting to stakeholders, including government agencies, community organisations, and international partners.
- **FEEDBACK LOOPS:** Using feedback from monitoring and evaluation to inform and adjust strategies and interventions as needed.

POCT = Point Of Care Testing
 ISRH= Sexual Reproductive Health
 NSP= Needle Syringe Program
 HF= Health Facility
 HCW= Health Care Workers
 No= Indicator Reference



Consolidated Budget for The Fiji National HIV Surge Strategy 2024-2027

	Year			Total Budget Implications (Estimated) FJD
	Year 1 (2024-2025)	Year 2 (2025-2026)	Year 3 (2026-2027)	
Priority Area 1: Comprehensive Prevention Strategy with Cross-Government Ministry	\$3,420,000.00	\$2,990,000.00	\$2,900,000.00	\$9,310,000.00
Priority Area 2: "Improving HIV Diagnostic Services through Decentralization and Quality Assurance."	\$1,955,000.00	\$1,055,000.00	\$1,375,000.00	\$4,385,000.00
Priority Area 3: Treatment and Care	\$1,410,000.00	\$1,370,000.00	\$1,350,000.00	\$4,130,000.00
Priority Area 4: Comprehensive Approach to the Care of HIV and individuals with Injectable Drug use (Continuum of Care- COC)	\$120,000.00	\$100,000.00	\$70,000.00	\$290,000.00
Priority Area 5: The Monitoring, Evaluation, Accountability and Learning (MEAL) Framework and Research for HIV and Illicit Drugs	\$800,000.00	\$90,000.00	\$20,000.00	\$980,000.00
Total Estimated Cost for the Surge Strategic Plan	\$7,705,000.00	\$5,605,000.00	\$5,715,000.00	\$19,095,000.00

Priority Area 1: Comprehensive Prevention Strategy with Cross-Government Ministry									
Strategic Goal: Reduce the incidence of new HIV infections among key and vulnerable populations by targeting the various modes of transmission.									
Policy Statement: MHMS is dedicated to preventing HIV and drug use through evidence-based strategies. We prioritize education, harm reduction, and healthcare access. Our policy aims to reduce stigma and empower individuals to make informed decisions. The MHMS will collaborate with stakeholders, implement targeted interventions, and advocate for policies that support prevention efforts for safer and healthier communities.									
	Year 1 (2024-2025)	Year 2 (2025-2026)	Year 3 (2026-2027)	Lead Agency & Support Organisations	Expected Deliverables against Activity	Baseline	Target Yr 1	Target Yr 2	Target Yr 3
Strengthen governance structures across all government, non-government, and civil society organisations, including faith-									
Objectives 1.1									
MHMS and other government and non-government partners in delivering HIV and drug services.									
Activities	1.1.1 Organise quarterly meetings with multistakeholders-IDU,community outreach,integration and collaboration			Ratu Epeli,FJN+, RPF, SAN,Strumphet, FCC,PRAN,DIVA,FBOs,BIRT HFiji, C&C,Mendingminds Fiji, Interfaith,Empower Pacific	Quarterly to Six Monthly Meetings to allow a strong Monitoring, Evaluation, Accountability and Learning	1	2-4 meetings per year	2-4 meetings per year	2-4 meetings per year
Objective 1.2									
Provide education and awareness campaigns on HIV Prevention, including safe sex practices, Testing, Treatment, and drug									
Activities	1.2.1. Develop an upscaled, year-round communication plan that includes continuous radio, digital messaging and talanoa sessions for all stakeholder platforms			MHMS, UNICEF, WHO, UNAIDS, UNFPA, NGO Partners	National HIV Campaign Developed and Implemented	nil	A Communication strategic plan developed for the Surge Strategic Plan		
	1.2.1.2 Implement the communication plan- multilingual			MHMS, UNICEF, WHO, UNAIDS, UNFPA, NGO Partners		N/A	Mid Term Review of the Communications Plan	End of Term Review	

Objective 1.3 Reduce the incidence of new HIV infections among key and vulnerable populations by targeting the various modes of transmission.

Activities	1.3.1 Launch accelerated targeted testing integrated campaigns around significant dates which not only restricted to HIV Testing Day (June 27) and World AIDS Day (December 1), with PoC testing to reach key populations including opportunistic events & Pop-up clinics	1.3.2 Quantify and ensure continuous availability of quality, variety condom and lubricants (safe sex commodities), focusing on key populations and high-risk areas.	1.3.3 Introduce innovative approaches for e.g. PrEP (feasibility, awareness, uptake and implementation), digital health intervention (ChatBot) and Telemedicine, and Mhealth	1.3.4 Strengthen the need for HIV counselling and testing, and antiretroviral treatment for HIV-infected drug users should be made available and accessible through community-based/led programming (the need for legal framework review and definitions- HIV Act Review)	1.3.5 There should be low-threshold pharmacological interventions (for example opioid-agonists and antagonist drugs), not directly related to drug-free oriented programmes but to immediate health protection accessible to individuals	1.3.6 The vaccination programmes against Hepatitis B should be available to all drug users, sex workers and key pop and in all appropriate facilities ensuring they are seroconverted.	1.3.7 Upscale and decentralize prevention and services for the management of sexually transmitted infections must be accessible to drug users, particularly to those involved in sex work.	1.3.8 A well-equipped peer to peer outreach units have to be adequately trained to contact drug users and dependent individuals in need of assistance.	All partners trained for PoCT	Launch expected dates for HIV in Fiji across the Nation	Launch of WAD in 2023 December	Launch of at least two major events every Financial Year	Launch of at least two major events every Financial Year	Launch of at least two major events every Financial Year
									MHMS, Private Health Facilities and NGO Partners with Clinics	Zero Stock outs of Condoms and Lubricants in Fiji	N/A	6 Monthly quantification with Zero Stock outs	Yearly Quantification with Zero Stock outs	Yearly Quantification with Zero Stock outs
									MHMS with All partners	Introduction of new and innovative means for HIV Reduction and Increasing awareness across Fiji	N/A	1. Feasibility study for Prep completed and SOP developed for Implementation 2. Development and Implementation of ChatBot and Telemedicine	1. Prep Implemented in all the SRH Clinics and NGO Partner Clinics across Fiji	1. Prep Implemented in all the SRH Clinics and NGO Partner Clinics across Fiji
									MHMS with All partners	The HIV Act needs to encompass ability to freely provide HIV Service Delivery to individuals who use drugs freely.	N/A	1. Completion of the HIV Act with service provision for persons who use drugs without any form of stigma.		
									MHMS, UNICEF, WHO, UNAIDS, UNFPA, UNOCHA, NGO Partners		N/A	Explore the Pharmacological Interventions for Fiji for Implementation	Implement the Pharmacological interventions in Fiji with necessary SOPs with appropriate training	Implement the Pharmacological interventions in Fiji with necessary SOPs with appropriate training
									MHMS, Private Health Facilities and NGO Partners with Clinics	SOP for KAP to be able to access Hepatitis B vaccination from any vaccination site across Fiji	N/A	1. Inclusion of the KAP in the Immunisation Policy to allow access to Hepatitis B Vaccination 2. Implementation of Policy and awareness creation to all KAP	Implementation of the Policy and Awareness Creation for KAP	Implementation of the Policy and Awareness Creation for KAP
									MHMS with All partners	Services for STI testing and management needs to be made available across	N/A	30% Health Facilities providing decentralisation of prevention services and STI services provided to KAP across Fiji.	60% Health Facilities providing decentralisation of prevention services and STI services provided to KAP across Fiji.	100% Health Facilities providing decentralisation of prevention services and STI services provided to KAP across Fiji.
									All the partners and MHMS		N/A	Develop a Peer to Peer support Mechanism SOP for Drug Use, using NGOs that work with Drug Users. 2. Implement the SOP across the SRH Hub Centers	Implement the SOP across the SRH Hub Centers and at least 4 NGO Partners	Implement the SOP across the SRH Hub Centers and at least all NGO Partners (100%)

To raise awareness in key and vulnerable populations to promote identification, testing and treatment									
Objective 1.4									
Activities	1.4.1 Implement comprehensive training for healthcare providers, sensitisation on SOGIESC, PWDs and KAP on providing stigma-free services.	All Partners(eg RPF, SAN, SOGIESC, OPDs, F.IN+, MHPSS)			1. Training Plan Developed 2. Trainings for HCWers completed	Similar Trainings done in 2014/2015	Developed Training Plan with Agenda & at least 1 training implemented	At least 3 Trainings Completed, one per Division	At least 6 Trainings completed per division and sub-division
	1.4.2 Expand provider-initiated testing to ensure all healthcare encounters are leveraged as opportunities for testing and linkage to care.	MHMS			1. Provider Initiated Testing (PITC) available at all health Facilities in Fiji (both Public and Private)	PITC available at the SRH Clinics and ANC	All Sub-Divisions Provide PITC with at least 10 Private clinics and 3 NGO Clinics	All Sub-Divisions provide PITC with another 10 Private Clinics and 3 NGO Clinics	All Sub-Divisions provide PITC with another 10 Private Clinics and All Fiji based NGO Clinics
	1.4.3 Develop and expand community-led testing, advocacy, awareness, Mental Health Psychosocial Support (MHPSS) and other relevant initiatives to ensure all encounters are leveraged as opportunities for testing, linkage to care and HIV surveillance network.	MHMS and KAP			1. Community Led Testing Protocols Developed with Roll out	N/A	At least 2 NGO Partners provide Community Led Advocacy and Testing for HIV	At least 4 NGO Partners provide Community Led Advocacy and Testing for HIV	All NGO's working with SRH providing Community led Advocacy and Testing for HIV.
	1.4.4 Comprehensive professional development and training for health care and community support workers on recognising, responding and referring individuals needing assistance in response to drug use.	All Partners(eg RPF, SAN, SOGIESC, OPDs, F.IN+, MHPSS)			1. Training package and Training made available to HCWers and Community support workers	N/A	Develop a training package and complete a TOT for recognising, responding and referring individuals needing assistance in response to drug use.	Implement at least 4 trainings across Fiji for HCWers in Public, Private and NGO Partners	trainings across Fiji for HCWers in Public, Private and NGO Partners
Objective 1.5 Strengthen community partnerships to support individuals at risk of HIV and drug use and increase the demand for harm reduction practices and condom use.									
Activities	1.5.1 Reviving the peer educators in schools and out of schools.	All Partners(eg RPF, SAN, SOGIESC, OPDs, F.IN+, MHPSS)			A functioning Peer Educator Program in School and out of school	Currently MOY has Peer Educators out of Schools	Identify and Pilot In School Peer Education in at least 3 secondary schools	Implement in School Peer Education in at least 30 Secondary Schools	Implement in School Peer Education in at least 30 Secondary Schools
	1.5.2 School outreach programs that incorporate HIV education into the curriculum, focusing on prevention,MHPSS, Gender, SRHR, SOGIESC, stigma reduction, and early health seeking behaviours.	All Partners(eg RPF, SAN, SOGIESC, OPDs, F.IN+, MHPSS)			A SRH Curriculum completed for MOE and MOY for Implementation	Currently under review by MOE and MOY	Completion of the Review of the Curriculum by MOE & MOY	Implementation of the Curriculum	Implementation of the Curriculum
	1.5.3 Expand and upskill the current peer educators in community based programs.	All Partners(eg RPF, SAN, SOGIESC, OPDs, F.IN+, MHPSS)			Peer Educators with full capacity to deliver services for the young	Developed YFHS Training package completed in 2023	Two Youth Friendly Health Services Training for Peer Educators within MHMS & NGO Partners	Two Youth Friendly Health Services Training for Peer Educators within MHMS & NGO Partners	Two Youth Friendly Health Services Training for Peer Educators within MHMS & NGO Partners
	1.5.4 Utilize community events, sports and safe campaigns to disseminate HIV & Drug prevention messages,distribute safe sex commodities, and offer HIV testing, evidence based, accessible and appropriate support services.	All Partners(eg RPF, SAN, SOGIESC, OPDs, F.IN+, MHPSS)			All national sporting or major festivals become Safe Campaigns for all in relations to SRH	1 Coke Games 2024 March	2 Sporting Events/Festivals per division for Awareness and Point of Care Testing	4Sporting Events/Festivals per division for Awareness and Point of Care Testing for the Referral Pathways	5 Sporting Events/Festivals per division for Awareness and Point of Care Testing for the Referral Pathways
	1.5.5 Review and refresh referral pathways and create a service directory for an integrated community approach.	All Partners(eg RPF, SAN, SOGIESC, OPDs, F.IN+, MHPSS)			A service directory for Fiji SRH services with referral pathways.	N/A	A Developed Referral Pathway for Testing, Treatment and Care including counseling services	Implementation of the Referral Pathways	Implementation of the Referral Pathways
	1.5.6 Develop and implement a nation wide program on demand creation on condom use and harm reduction practices (inclusive of needle syringe program)	MHMS with All partners			Increase Update in Condom usage and reduction in STIs, including HIV.	N/A	Condom Campaign Developed and launched Nation Wide	70% Target achieved for Condom Dispensor Sites Identified by TWG	100% Target achieved for Condom Dispensers in Identified sites
	1.5.7 Develop a comprehensive HIV prevention toolkit ensuring materials are human rights framed, culturally appropriate and accessible to end users.	Burnet Institute, MOH, KAP			A HIV Prevention Tool Kit available for all MHMS and stakeholders who provide support for Outreach	N/A	Scope and Develop a Comprehensive HIV Prevention Toolkit	A developed Toolkit with trainings completed for further implementation	Trainings and Roll out of Tool Kit with necessary review in final year of Strategy

Escalate, advocate, and implement policies that support harm reduction strategies, such as needle exchange programs and other harms associated with injectable drug use											
Objective 1.6	the harms associated with injectable drug use										
Activities	1.6.1	Overall review of the HIV Act and the Public Health Act to identify gaps and obstacles and to ensure a robust response through the National HIV & Illicit Drug Surge Strategy				State and all stakeholders.	A reviewed and passed HIV Act from Parliament	N/A	Review of the HIV Act Started	Completion and Endorsement of the HIV Act in Parliament	Implementation & Awareness Creation of the HIV Act
	1.6.2	Advocate for supportive legislation and policies on the global strategy 95-95-95 with a focus on HIV testing, treatment and viral suppression, including harm reduction strategies and the decriminalization of behaviours that increase HIV risk.				State and all stakeholders.	Completed HIV related Policies	1. TB/HIV Policy 2. HIV Testing and Counselling Policy 3. SOP's for HIV to be completed	Completion of the TB/HIV & HIV Testing and Counselling Policy 3. Policy& SOPs	Implementation of the Policies	Implementation of the Policies
	1.6.3	Operationalization of the Bill of Rights of the Fiji Constitution in support of the Fiji HIV Surge Strategy.				State and all stakeholders.		N/A			
	1.6.4	Engage the highest level of political, technical and resource commitment to ensure sustained funding and support for HIV prevention and treatment initiatives.				State and all stakeholders.	Continuous Political Commitment	N/A	A forecasted Budget Submission for HIV Every Financial year	A forecasted Budget Submission for HIV Every Financial year	A forecasted Budget Submission for HIV Every Financial year
Objective 1.7	Reduction of HIV and drug use-related stigma and discrimination.										
Activities	1.7.1	Addressing Fiji's Stigma Index activities to address associated stigma and discrimination in Fiji				MHMS with All partners	Reduction of Stigma and Discrimination in Fiji	Fiji Stigma Inde Report	Address 50% of recommendations	Address 70% of Recommendations	Address 100% of the Recommendations
	1.7.2	Consider doing a Fiji Stigma Index for Fiji, during the tail end of the surge strategic plan for HIV/				MHMS with All partners	Maintain Zero Discrimination in Fiji				Implement a Stigma Index Study for Fiji

Objective 1.2.1 Government Partner Collaboration										
Activities	1.2.1 Ministry of Health and Medical Services (MHMS)									
	1.2.1.1 Coordinating the national HIV response, including policy development, program implementation, and monitoring and evaluation									
	1.2.1.2 Capacity building for healthcare providers on stigma-free HIV services and improved testing turnaround times									
	1.2.1.3 Public health campaigns to increase awareness about HIV testing, prevention, and treatment services.									
1.2.2 Ministry of Education										
Activities	1.2.2.1 Integrate HIV education into school curricula, focusing on prevention, stigma reduction, and healthy behaviours.									
	1.2.2.2 Training for teachers on delivering HIV education effectively and sensitively.									
	1.2.2.3 Youth engagement programs that encourage peer-led HIV awareness and prevention activities.									
1.2.3 Ministry of Youth and Sports										
Activities	1.2.3.1 Leverage sporting events and youth clubs as platforms for promoting HIV awareness and engaging young people in prevention activities									
	1.2.3.2 Organize youth camps and workshops focusing on life skills, including HIV prevention and stigma reduction.									
	1.2.3.3 Support for youth-led initiatives that aim to increase HIV awareness and testing among peers.									
1.2.4 Ministry of Women, Children and Social Protection										
Activities	1.2.4.1 Targeted interventions for women and vulnerable populations, including educational programs and access to HIV testing and reproductive health services (encouraging early booking & testing).									
	1.2.4.2 Support mechanisms for families affected by HIV, focusing on reducing stigma and improving treatment adherence.									
	1.2.4.3 Collaboration with CSOs and NGOs to reach marginalized communities with HIV prevention and support services.									
1.2.5 Ministry of Itaukei Affairs, Culture, Heritage and Arts										
Activities	1.2.5.1 Cultural and community engagement to promote HIV awareness in Itaukei communities, respecting cultural sensitivities.									
	1.2.5.2 Training for community leaders on HIV issues, enabling them to become advocates for prevention and testing in their communities									
	1.2.5.3 Integration of HIV messages into cultural events and gatherings.									

1.2.10 Ministry for Local Government									
i) Community Awareness and Mobilization	1.2.10.1	Organize local awareness campaigns with the MHMS, utilizing community events and public spaces for educational workshops, talks, and testing drives.				Ministry for Local Government	Local Government and MHMS teams to organise and facilitate SRHR events.	N/A	At least 10 events in the year for SRHR including HIV.
	1.2.10.2	Support local festivals and events by integrating HIV awareness activities and providing platforms for local health workers to engage with the community.				Ministry for Local Government	Every Festival to have a MHMS booth for SRHR.	N/A	100% festivals have a SRHR booth on site
	1.2.10.3	Ensure public spaces and facilities are utilized for health promotion activities, such as posters and information kiosks that provide education on HIV prevention and available services				Ministry for Local Government	Public Spaces with HIV related communication materials and condom dispensers	N/A	At least 100% identified sites have HIV related communications and condom dispensers
ii) Infrastructure and Public Services									
iii) Local Health Initiatives	1.2.10.4	Partner with local businesses and markets to distribute free condoms and informative materials on HIV prevention and testing				Ministry for Local Government	Identify local businesses and markets for condom dispensing sites and HIV testing	N/A	80% of identified sites implemented with condom dispensers and communication materials
	1.2.10.5	Facilitate community forums and discussions to engage residents in conversations about HIV prevention, stigma reduction, and the importance of testing, encouraging community-led initiatives.				Ministry for Local Government	Local Government and communities to organise and facilitate SRHR events.	N/A	At least 10 events in the year for SRHR including HIV.
iv) Community Engagement and Empowerment	1.2.10.6	Empower local leaders and influencers to champion HIV awareness in their communities, offering training and resources to convey prevention and treatment messages effectively.				Ministry for Local Government	Identifying at least one HIV Champion per division and sub-division	N/A	At least 40% of the sub-divisions have a champion in place
	1.2.10.7	Develop and promote HIV awareness and prevention programs within the commerce and tourism sectors, encouraging businesses to adopt workplace policies that support regular HIV testing and non-discrimination.				Ministry for Local Government	Develop collaborative partnerships with the Tourism Industry and Business sector	N/A	Implement at least 20% activities with the tourism and private sector across
2. Workplace HIV Awareness Programs	1.2.10.8	Partner with the private sector to distribute informational materials and condoms at points of sale, trade fairs, and business events				Ministry for Local Government	Identify and collaborate with partners on Condom dispensing and HIV awareness material dissemination.	N/A	Implement the condom dispensers and HIV awareness materials with at least 30% of those identified.
	1.2.10.9	Launch initiatives to support economic empowerment for vulnerable populations, such as those living with HIV, to reduce poverty-related risk factors associated with HIV transmission.				Ministry for Local Government	Identify initiatives for economic empowerment for Persons Living with HIV	N/A	Identify opportunities to implement the initiatives with the Fiji Positive network
viii) Support for Education and Training for Security Forces	1.2.11 Ministry of Home Affairs and Immigration:					Ministry of Home Affairs and Immigration	HIV Education for all Military Personnel		Ensure HIV Education is engraved within the Military Training
	1.2.11.1	Incorporate comprehensive HIV education into the training curriculum for military and police personnel, focusing on prevention, testing, and the importance of confidentiality and non-discrimination.				Ministry of Home Affairs and Immigration	Develop and Sustain Ambassadors for HIV within the Military and national security teams.	Develop Ambassadors for HIV within the Military Circles	Sustain this ambassadors
ix) Support for Peacekeeping and Community Outreach	1.2.11.3	Leverage the defence forces' involvement in community and peacekeeping operations to promote HIV awareness and prevention, ensuring that personnel engaged in these activities are ambassadors for health.				Ministry of Home Affairs and Immigration	Train and Develop a skill set amongst the health Military personnel to implement the HIV program education sessions within their community circles.	N/A	Implement at least 4 training sessions for the Military Community with Testing
	1.2.11.4	Implement community outreach programs led by military and police personnel, focusing on HIV education and stigma reduction, to build trust and promote health within communities.				Ministry of Home Affairs and Immigration			
iii) Policy and Development	1.2.11.5	Develop and enforce policies within the Ministry of Defence & National Security that protect the rights of personnel living with HIV, ensuring access to treatment, and preventing discrimination.				Ministry of Home Affairs and Immigration	Develop a policy for workplace living with HIV in the Defence and National security.	N/A	1 Workplace Policy developed and Endorsed
	1.2.11.6	Establish protocols for the management of occupational exposure to HIV, including post-exposure prophylaxis (PEP) and regular testing				Ministry of Home Affairs and Immigration	A developed and implemented SOP for PEP	N/A	1 SOP for PEP in the Workplace

Years of Implementation
Non Implementation Year

Priority Area 2: "Improving HIV Diagnostic Services through Decentralization and Quality Assurance."									
Strategic Goal: 1. Increase access to prompt and precise diagnostic services for HIV and illicit drug use in various locations across Fiji. 2. Elevate the level of care and support available for individuals affected by HIV and illicit drug use through the implementation of decentralised diagnostic services.									
Policy Statement: MHMS is committed to providing decentralised diagnosis for HIV & drug use. Our goal is to ensure equal access to healthcare for all, regardless of location or socioeconomic status. Early detection is crucial in preventing HIV spread & reducing the harms of drug use.									
	Year 1 (2024-2025)	Year 2 (2025-2026)	Year 3 (2026-2027)	Lead Agency & Support Organisations	Expected Deliverables against Activity	Baseline	Target Yr 1	Target Yr 2	Target Yr 3
Objectives 2.1 Decentralize and increase HIV testing services									
Activities	2.1.1 Strengthen lab-based HIV screening and confirmation services			MHMS & Partners	# of laboratories performing confirmatory tests (100%)	11	17	17	17
	2.1.2 Decentralization of Viral load testing at three SRH hubs			MHMS & Partners	3 SRH hubs offering one stop viral load testing services for PLHIV	0	3	3	3
	2.1.3 Decentralization of Infant diagnosis at three major divisional hospitals (Labasa, CWMH and Lautoka/Nadi)			MHMS & Partners	Decentralization at 3 major divisional hospitals.	0	3	3	3
	2.1.4 Extended program on triple Point of Care testing at CSOs and targetted health facilities.			MHMS & Partners	# of CSOs and health facilities providing triple POCT	4	6	8	11
	2.1.5 Introduce HIV antigen testing for Blood Donor screening and KAP for early case detection in the window period.			MHMS & Partners	100% completed	0	100%	100%	100%
	2.1.6 Review of the current HIV testing algorithm in relation to role of point of care testing and inclusion of antigen			MHMS & Partners	100% completed	0	100%	100%	100%
	2.1.7 Community- lead testing- develop policies and protocol			MHMS & Partners	100% completed	0	50%	75%	100%
Objective 2.2 Strengthen dissemination of HIV results									
Activities	2.2.1 Reinforce minimum information required to capture patient information for tracing(Implementation of Tamamu Platform)			MHMS & Partners	100%	0	50%	100%	100%
	2.2.2 Review and finalize HIV testing and counselling policy and guidelines			MHMS & Partners	100%	50%	100%	100%	100%
	2.2.3 Strengthen quality assurance program in HTS among			MHMS & Partners	# of HTS diagnostic	5	6	17	17
	2.2.4 Release of results on a digital platform in a timely manner, including positives, negative and inconclusive.			MHMS & Partners	100% # of laboratories having access to LIS for release of positive released	0	100%	100%	100%
	2.2.5 Strengthen Public Private Partnership with private laboratories ensuring their participation in National Quality Assurance and HIV surveillance program.			MHMS & Partners	100% # of private laboratories participating in HIV surveillance program	0	100%	100%	100%
Objective: 2.3 Procurement Supply Chain Management									
Activities	2.3.1 Ensure procurement/ functionality of standard laboratory equipment for HTS			MHMS & Partners	100% # of laboratories having minimum standard equipment for HTS	9	10	17	17
	2.3.2 Procurement and management of HTS consumables			MHMS & Partners	0 stock out of HTS kits	75%	100%	100%	100%
	2.3.3 Establish functional labs at the three SRH			MHMS & Partners	100%	0	50%	100%	100%
	2.3.4 Sexual and Reproductive Health(clinics to provide one stop service for PLHIV			MHMS & Partners	100%	0%	50%	100%	100%

Years of Implementation
Non Implementation Year



Priority Area 3: Treatment and Care

Strategic Goal: At MHMS, we are committed to delivering comprehensive and unwavering care for individuals affected by HIV, TB, Non-Communicable Diseases and drug injection. We are dedicated to improving health outcomes and enhancing the quality of life for our patients.

Policy Statement: At MHMS, we provide non-judgmental, tailored, and culturally sensitive treatment and care services for individuals affected by HIV and its associations and co-infections such as TB, Non-Communicable Diseases and injectable drug use. Our approach prioritises harm reduction and the well-being of all individuals by advocating for equitable healthcare access policies for all, including the most vulnerable population.

	Year 1 (2024-)	Year 2 (2025-)	Year 3 (2026-)	Lead Agency & Support	Expected Deliverables against Activity	Baseline	Target Yr 1	Target Yr 2	Target Yr 3
Objective 3.1: Increase access to integrated treatment services for individuals living with HIV, TB, Non-Communicable Diseases and drug use, including medication-assisted treatment, mental health support, and social services.									
Activities:	3.1.1: Develop a policy or protocol to ensure effective linkage to care of the patients for TB, NCDs, Injectable Drug users, including lost to follow-up patients.			MHMS & Stakeholders	1. Formalize working group 2. Organize consultation 3. Draft policy 4. Review & Finalize 5. Submission to Cabinet	N/A	Develop & Implement a SOP for linkage to care for HIV Patients	100% Implementation of SOP in the three SRH Clinics, Divisional and	100% Implementation of SOP in the three SRH Clinics, Divisional and
	3.1.2: Develop and strengthen "Confidentiality Network" to trace positive patients (or patients with an inconclusive result) and link them to care			MHMS & Stakeholders	1. Formalize membership 2. Reactivate and/or reappoint members 3. Regular quarterly meetings	N/A	A confidential Network TOR developed, finalised and	A total of 20 patients returning to care and retained	A total of 40 patients returned to care and retained
	3.1.3: Have more HR based at each SRH clinic who can contact positive patients, schedule appointments, and send reminders of their reviews			MHMS	1. Create post 2. Advertise and recruit	N/A	1 HIV Advocate at each clinic for retention strategy	1 HIV Advocate at each clinic for retention strategy	1 HIV Advocate at each clinic for retention strategy
	3.1.4 Develop capacity and make available for acute management and referral mechanisms of substance use disorders, after care for and the rehabilitation of recovery and social reintegration of individuals with drug use disorders ⁴			MHMS - Psychiatric Team/Narcotics	1. Clear referral pathways	N/A	Guideline or SOP developed and implemented for acute Mnx and referral mechanisms		
	3.1.5 Available necessary interventions in emergency rooms must be guaranteed with adequate training for medical personals			MHMS	1. Develop training package and Training of ED staffs 2. Equip health facilities as	N/A		Roll out training to at least 50% of the Divisional	Roll out of Training to 100% of the Divisional
Objective 3.2	3.2.1: Develop a policy or protocol to ensure effective retention in care of the patients			MHMS with the HIV Positive Networks	Fill based referral mechanisms from outside and inside of MHMS.	N/A	50% referrals for Rehabilitation	100% referrals for Rehabilitation	100% referrals for Rehabilitation
	3.2.2: Have more HR based at the SRH clinics who can monitor patients, provide psychological support, ensure adherence to treatment and clinic			MHMS	1. Reintroduce Positive Personals to SRH Clinics in the three Divisions	N/A	Dedicated Identified & Recruited Staff for retention strategy	Dedicated Identified & Recruited Staff for retention strategy	Dedicated Identified & Recruited Staff for retention strategy
	3.2.3: Work closely with the Social Welfare Department to assist positive adults and children (including mothers and their babies) by providing social welfare assistance and bus fare concessions			MHMS, MWCSF	1. Establish a referral pathway	N/A	Regular Referrals to Social Protection unit	Regular Referrals to Social Protection unit	Regular Referrals to Social Protection unit
	3.2.4 Strengthening of existing mechanisms to decentralise HIV Treatment and Care and Harm Reduction programs including early recognition, treatment and care in all possible health facilities in Fiji including Non-Government organisations and private sector.			MHMS & Stakeholders	1. Mapping out our partners and services ² 2. Develop MOU 3. roll-out of trainings (STI/HIV/POCT) 4. Providing referral	1 MSP	5 Private or NGO Partners Clinics providing HIV Treatment & Care	10 Private or NGO Partners providing HIV Treatment & Care	15 Private or NGO Partners providing HIV Treatment & Care
	3.2.5: Strengthen the existing "Prevention of Parent To Child Transmission clinic" for positive women, their partner(s) and children, which is integrated with paediatricians, Obstetrics and Gynaecology and the Sexual Reproductive Health clinics			MHMS	1. Review/ Develop TOR and Post Natal personnels annually. 3. PPTCT Training of Care Team	N/A	3 Divisional Combined PPTCT Clinic Set	3 Divisional Combined PPTCT Clinic Set	3 Divisional Combined PPTCT Clinic Set

Objective 3.3: Ensure uninterrupted supply of antiretroviral therapy, treatment of opportunistic infections, and prophylaxis and NCD medications									
Activities:	3.3.1: Proper bi-yearly quantification of ARVs to FPBS				MHMS	*need an adequate supply to properly quantify 1. Need monthly quantifications from everyone 2. Provide transparency between different ART suppliers on m-Supply 1. Develop SOP	Once Yearly	Zero Stock out of ARVs	Zero Stock out of ARVs
Activities:	3.3.2 Explore adding NCD medications for SRH Clinics				MHMS		N/A	Availability of all Identified NCD Medications in all SRH Clinics	Availability of all Identified NCD Medications in all SRH Clinics
	3.3.3: Explore procuring newer OI medications and prophylaxis				MHMS	1. Develop SOP	N/A	Endorsed Guideline with OI medications for Procurement	At least 80% procurement of OI's Medications available from FPBS
	3.3.4: Establish a dedicated pharmacist post who looks after diagnostics, Anti-Retrovirals and Opportunistic Infection medications				MHMS	1. Develop TOR 2. Advetise and recruit	N/A	A dedicated Pharmacist for HIV & OI's	A dedicated Pharmacist for HIV & OI's
	3.4.1: Establish a PMO post in each of the SRH clinics				MHMS	1. Develop TOR 2. Advetise and Recruit	N/A	100% Filled PMO positions in the three SRH Clinics	100% Filled PMO positions in the three SRH Clinics
Activities:	3.4.2 Establish a NUM post in each of the SRH clinics				MHMS	1. Develop TOR 2. Advetise and Recruit	N/A	Develop a HR Right Sizing Report	Review the HR Right Sizing Document for MHMS SRH Team
	3.4.3: Establish more medical officers and nursing posts in the SRH clinics				MHMS	1. Develop TOR 2. Advetise and Recruit		Develop a HR Right Sizing Report	Establish Additional Positions in line with report
	3.4.4: Fill vacant Peer Educator posts in SRH Clinics				MHMS	1. Re-advertise and Recruit	20 positions Filled	100% Filled positions across the divisions	100% Filled positions across the divisions
	3.4.5: Establish a functional lab at each of the SRH clinics with at least a laboratory technician and phlebotomist				MHMS	1. Develop TOR 2. Advetise and recruit	N/A	Establish Laboratory HR for Hub Centers	Recruitment Laboratory HR for Hub Centers completed
	3.4.5: Each SRH to have at least a PMO, SMO and 2-4 MOs, depending on the case load				MHMS		Central: 1 SMO, 3 MO, 2 Nurse, 1 GWE Western: 1 SMO, 1 MO, 2 Nurse, 1 GWE Northern: 1 SMO, 1 Nurse	1 PMO Each, 1 SMO Each, 1 MO Each as a minimum standard Western and Central both need at least 3 MO each as a maximum	Ful Start as per Role Delineation and Organisational Structure
	3.4.6: Each SRH clinics to have divisional project officers				MHMS	1. Re-advertise and Recruit	Nil	100% Filled Divisional Program Officers in the Four Divisions	100% Filled Divisional Program Officers in the Four Divisions
	3.4.7 Each SRH clinics to have peer navigator				MHMS	1. Develop TOR 2. Advetise and recruit	Nil	Develop TOR and Finalise Position	Recruitment of the Peer Navigators with 100% Filled Positions
	3.4.8: Revise official clinic hours to meet the needs of people who prefer accessing the clinics in the evenings or weekends				MHMS	1. Consultation with key populations 2. Revisit activity in 2025 3. Develop TOR 4. Develop HR logistics	Nil	Scope out SRH Clinics Hours with Consultant and Implement recommendations	Extended Opening Hours across the SRH Clinics

Years of Implementation
Non Implementation Year

Priority Area 4: Comprehensive Approach to the Care of HIV and individuals with Injectable Drug use (Continuum of Care- COC)

Strategic Goal: MHMS aims to provide comprehensive care for those affected by HIV and its association and co-infections with of TB, Non-Communicable Diseases and injectable drug use, ensuring access to coordinated services for their well-being.

Policy Statement: MHMS provides evidence-based, culturally appropriate care for those affected by HIV and its association and co-infections with TB and Non-Communicable Diseases and injectable drug abuse. Our holistic approach addresses medical, mental health, substance abuse, and social service needs. Guided by harm reduction, equity, and dignity principles, advocating for high-quality care for all in need.

	Year 1 (2024- 2025)	Year 2 (2025- 2026)	Year 3 (2026- 2027)	Lead Agency & Support Organisations	Expected Deliverables against Activity	Baseline	Target Yr 1	Target Yr 2	Target Yr 3
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Objective 4.1: Establish and strengthen existing systems for a better-coordinated care system for HIV prevention, treatment, and support services for HIV and its associated links, such as TB, NCD and injectable drug use.

Activities:	4.1.1: Each Sub-Divisional Hub to have at least an MO, nurse or NP, Adolescent Health peer educators and midwives to augment decentralization of services by the SRH clinics	Established By 2025		MHMS	1. Develop TOR 2. Establish SD hub and trained focal personnels	N/A	Established Personals in at least 20% of SDH	Established Personals in at least 50% of SDH	Established Personals in at least 100% of SDH
	4.1.2 Develop and strengthen referral mechanism, including 100% testing of patients with TB and HIV for co infection.	Established by 2024/2025	Established by 2024/2025	MHMS	1. Developed TOR 2. Monthly meetings	N/A	Established Divisional Networks in all divisions	Continued strengthening and implementation of divisional teams	Continued strengthening and implementation of divisional teams

Objective 4.2: Enhance collaboration & effective communication among healthcare providers & community organisations through a mapping exercise.

Activities:	4.2.1: Develop, Implement and Standardize the "HIV Care Teams " in all divisions of Fiji	On-Going	On-Going	On-Going	MHMS	1. Standard TOR with key deliverables 2. Minimum of 2 meetings per Quarter 3. Submission of meetings minutes to National	Western Division- Functional Care Team	All Four Divisions to have established a care team with at least 2 meetings per financial year	All Four Divisions to have established a care team with at least 2 meetings per financial year	Regular Quarterly Meetings by all four Care Teams
	4.2.2: Develop treatment literacy and adherence packages	On-Going	On-Going	On-Going	MHMS	1. Explore and adopt WHO/UNICEF/Albion Clinic/ Burnet packages 2. Contextualize package to Fiji context	N/A	A Treatment Literacy package developed and 1 adherence package for implementati		

Years of Implementation
Non Implementation Year

Priority Area 5: The Monitoring, Evaluation, Accountability and Learning (MEAL) Framework and Research for HIV										
Strategic Goal: The MHMS MEAL framework for HIV and drug use aims to improve health outcomes and reduce harm by ensuring efficient, effective interventions and services across the surge strategy.										
Policy Statement: The MHMS is committed to implementing a robust MEAL framework for HIV and illicit drug use programs that is data-driven, participatory, and transparent. We believe in the importance of continuous learning and adaptation to inform decision-making and improve the quality of care and support services provided to individuals in need. Ensuring a principle of accountability, evidence-based practice, and stakeholder engagement, and dedication to promoting a culture of learning and improvement within our governing structures.										
		Year 1 (2024- 2025)	Year 2 (2025- 2026)	Year 3 (2026- 2027)	Lead Agency & Support Organisations	Expected Deliverables against Activity	Baseline	Target Yr 1	Target Yr 2	Target Yr 3
Objective 5.1 Develop, Implement and strengthen a monitoring, evaluation,	5.1.1 Identify necessary Baseline and Targets under the MEAL Framework, aspiring towards the global 95, 95, 95 strategies for 2030.				MHMS;UNAIDS; UNDP	Identify baseline in 2024 and there after increase by 10-20 % per year	N/A			
	5.1.2 Develop and implement a robust MEAL framework to track progress against objectives, utilizing both quantitative and qualitative data.				MHMS; UNAIDS; UNDP	A developed and implemented MEAL Framework for the Surge	N/A	1	N/A	N/A
	5.1.3 Develop regular review period with deliverables by all stakeholders, this regularity can be quarterly, six monthly and yearly				MHMS;UNAIDS; UNDP	Six Monthly review of Surge Strategic Plan	N/A	2 meetings per year	2 meetings per year	2 meetings per year
Objective 5.2 Identify areas of research to strengthen policy and strategic	5.2.1 Development and Implementation of the Integrated, Biological and Behavioural Survey for Key Populations (MSM, SW, TG and Young People).				MHMS, UNDP	The IBBS study developed, implemented with identified key recommendations for implementation	2012	1	N/A	N/A
	5.2.2 A retrospective analysis of all HIV related deaths to across Fiji over the past three to five years.				MHMS	The Fiji HIV Death review completed	N/A	1	1	1
	5.2.3 Identify other qualitative and quantitative research to strengthen opportunities to make evidence-based policy and strategic plan development.				MHMS, NGOs etc	Identify at least 1 research question to answer through research	N/A	1	1	1
	5.2.4 Develop and Implement the findings from the drug use rapid assessment for health				MHMS, UNDP	A rapid assessment developed and completed by Fiji	N/A	1	Recommendations	Recommendations

Years of Implementation
Non Implementation Year



THE NATIONAL SURGE STRATEGIC PLAN 2024–2027 HAS FIVE IDENTIFIED KEY PRIORITY AREAS. THESE PRIORITY AREAS ARE:

INDICATOR SET FOR PRIORITY AREA 1:

PRIORITY AREA 1:

Comprehensive prevention strategy with cross-government ministry activities

GOALS:

Reduce the incidence of new HIV infections among key and vulnerable populations by targeting the various modes of transmission.

1. HIV TESTING COVERAGE:

- o Indicator: Percentage of the population tested for HIV in the past 12 months and who know their results.
- o Data Source: Health facility records, national surveys.
- o Calculation: $(\text{Number of people tested and aware of their results} / \text{Total population}) \times 100$

2. COMMUNITY AWARENESS, ENGAGEMENT AND MOBILISATION:

- I. Percentage of the general population with comprehensive knowledge of HIV transmission and prevention.
 - o Data Source: National surveys, community assessments.
- II. Number of community-led HIV prevention initiatives implemented.
 - o Data Source: Community health records, program reports.
 - o Calculation: Count of initiatives implemented within a specific period
- III. Number of community-led HIV prevention initiatives implemented.
- IV. Percentage of community members participating in HIV awareness campaigns.
- V. Number of community awareness campaigns conducted by NGOs.
 - a. Data Source: NGO reports, campaign records.
 - b. Calculation: Count of campaigns conducted within a specific period.
- VI. Percentage of community members with increased knowledge of HIV prevention and treatment.
 - a. Data Source: Pre- and post-campaign surveys, NGO reports.
 - b. Calculation: $(\text{Number of community members with increased knowledge} / \text{Total number of community members surveyed}) \times 100$

3. EDUCATION SECTOR INVOLVEMENT:

- I. Number of schools with integrated HIV education programs
- II. Percentage of students who demonstrate increased knowledge of HIV prevention.

4. LAW AND POLICY REFORM:

- I. The number of policies or laws enacted to reduce stigma and discrimination against people living with HIV.
- II. Percentage of reported cases of HIV-related discrimination addressed by legal frame works.

5. **ECONOMIC EMPOWERMENT:**

- I. Number of economic support programs for people living with HIV.
- II. Percentage of people living with HIV who have access to job training programs.

6. **Social Protection:**

- I. Number of social service programs available to people affected by HIV.
- II. Percentage of people living with HIV who receive psychosocial support.

7. **EDUCATION SECTOR INVOLVEMENT:**

- I. The number of schools with integrated HIV education programs.
 - o Data Source: Education ministry records, school reports
 - o Calculation: Count of schools implementing the curriculum.
- II. Percentage of students demonstrating increased knowledge of HIV prevention.
 - o Data Source: Pre- and post-education program surveys.
 - o Calculation: $(\text{Number of students with increased knowledge} / \text{Total number of students surveyed}) \times 100$

8. **LAW AND POLICY REFORM:**

- I. The number of policies or laws enacted to reduce stigma and discrimination against people living with HIV.
 - o Data Source: Legislative records, government reports.
 - o Calculation: Count of relevant policies or laws enacted within a specific period.
- III. Percentage of reported cases of HIV-related discrimination addressed by legal frame works.
 - o Data Source: Legal records, human rights reports.
 - o Calculation: $(\text{Number of cases addressed} / \text{Total number of reported cases}) \times 100$

9. **ECONOMIC EMPOWERMENT:**

- I. Number of economic support programs for people living with HIV.
 - o Data Source: Program records, ministry of labor reports
 - o Calculation: Count of programs available within a specific period.
- II. Percentage of people living with HIV who have access to job training programs.
 - o Data Source: Program enrollment records, surveys.
 - o Calculation: $(\text{Number of participants in job training} / \text{Total number of people living with HIV}) \times 100$

10. **SOCIAL PROTECTION:**

- I. Number of social service programs available to people affected by HIV.
 - o Data Source: Social welfare ministry records, program reports.
 - o Calculation: Count of programs available within a specific period.
- II. Percentage of people living with HIV receiving psychosocial support.
 - o Data Source: Health facility records, surveys.
 - o Calculation: $(\text{Number of people receiving support} / \text{Total number of people living with HIV}) \times 100$.

11. CROSS-GOVERNMENT COLLABORATION:

- I. Number of inter-ministerial meetings held to coordinate HIV prevention activities.
 - o Data Source: Meeting records, government reports.
 - o Calculation: Count of meetings held within a specific period.
- II. The number of joint initiatives implemented by multiple ministries.
 - o Data Source: Program records, ministry reports.
 - o Calculation: Count of initiatives implemented within a specific period.
- III. Number of prevention programs conducted by NGOs.
 - o Data Source: NGO reports, program records.
 - o Calculation: Count of programs implemented within a specific period.
- IV. Percentage of target population reached by NGO prevention programs.
 - o Data Source: Program attendance records, surveys.
 - o Calculation: $(\text{Number of people reached} / \text{Total target population}) \times 100$.

12. PREVENTION OF TRANSMISSION USING CONDOMS AND PREP

- I. Percentage of condom dispensers installed across Fiji's identified sites
 - o Data Source: Condom Campaign.
 - o Calculations: $\text{No of identified condom dispenser sites across Fiji} / \text{Total no of identified condom dispenser sites}$.
- II. Development and Roll out of the Pre Exposure Prophylaxis program across Fiji.
 - o Data Source: Report on Prep from Headquarters.

INDICATOR SET FOR PRIORITY AREA 2:

PRIORITY AREA 2:

"Improving HIV Diagnostic Services through Decentralisation, Quality Assurance, and Strengthening Supply Chain Management."

GOALS:

- (1) Developing and implementing a robust procurement and Supply chain management of HIV Testing Services in Fiji.
- (2) Implementing decentralised diagnostic services will increase access to prompt and precise HIV testing in various locations across Fiji's urban, rural, and maritime areas.
- (3) Elevate the level of ongoing care and support available for individuals affected by HIV and drug use through the implementation of decentralised clinical monitoring tools.

1. DIAGNOSIS AND TESTING:

- I. Number of HIV tests conducted by NGO partners.
 - o Data Source: NGO reports, health facility records.
 - o Calculation: Count of HIV tests performed within a specific period.
- II. Percentage of people tested by NGOs who receive their results.
 - o Data Source: NGO reports, patient records.
 - o Calculation: $(\text{Number of people receiving their test results} / \text{Total number of people tested}) \times 100$

2. THE NUMBER OF INDIVIDUALS RECEIVING HTS THROUGH DIFFERENT MODALITIES AND DIAGNOSED POSITIVE (LAB- BASED/ POCT)

- o Data Source: Fiji HIV Testing Data Base by Laboratory and POCT
- o Calculations: The No. of individuals diagnosed positive for HIV in Fiji during the year/The no. of individuals receiving HTS through different modalities (Lab-based/POCT) in Fiji for that same given period.

3. THE NUMBER OF INDIVIDUALS THAT RECEIVED HTS, RECEIVED OR HAVE BEEN NOTIFIED OF THEIR RESULTS.

- o Data Source: National HIV Testing Data Base
- o Calculations: i) The no of individuals in Fiji having received the HIV Testing and Counselling Services in the year/Target population of individuals that should be testing for HIV in Fiji for the year.
- ii) The no of individuals in Fiji tested positive and know their HIV Test results/Total no of confirmed positive for HIV in Fiji during that year.

4. THE PERCENTAGE OF ANTENATAL WOMEN SCREENING FOR HIV VS % OF ANTENATAL WOMEN DIAGNOSED POSITIVE

- o Data Source: Antenatal Clinic Data
- o Calculations: (i) Total no of Antenatal women newly diagnosed for HIV in that year/ Total no of antenatal women tested for HIV in Fiji for that given year.

4. **THE PERCENTAGE OF ANTENATAL WOMEN SCREENING FOR HIV VS % OF ANTENATAL WOMEN DIAGNOSED POSITIVE**
 - o Data Source: Antenatal Clinic Data
 - o Calculations: (i) $\frac{\text{Total no of Antenatal women newly diagnosed for HIV in that year}}{\text{Total no of antenatal women tested for HIV in Fiji for that given year}}$
 ii) $\frac{\text{Total no of women tested for HIV In Fiji for that given year}}{\text{Total no of Antenatal Clinic women for that given year}}$
5. **THE PERCENTAGE OF ANTENATAL WOMEN WITH HIV KNOWING THEIR HIV STATUS**
 - o Data Source: Antenatal Care Testing Sites across Fiji
 - o Calculations: $\frac{\text{Total no of antenatal women with HIV knowing their HIV Status}}{\text{Total no of antenatal women with HIV in that year}}$
6. **THE PERCENTAGE OF INFANTS BORN TO HIV-POSITIVE MOTHERS HAVING THEIR INFANT DIAGNOSIS DONE WITHIN 12 MONTHS OF BIRTH**
 - o Data Source : Prevention of Parent to child Transmission of HIV Program- Pediatrics department.
 - o Calculations: $\frac{\text{Total no of infants born to HIV Positive mothers tested within the 12 months of birth}}{\text{Total no of infants born to HIV Positive mothers on a yearly basis}}$
7. **THE PERCENTAGE OF POSITIVE DONOR RECEIVING THEIR HIV RESULTS AND LINKED TO CARE.**
 - o Data Source: Blood Bank Services
 - o Calculations: $\frac{\text{The No of HIV Positive patients that were linked to care from Blood Bank to treatment and care sites}}{\text{Total No of confirmed HIV positive cases identified through the Blood Bank Services}}$
8. **THE NUMBER OF LABORATORIES AND POCT CENTERS ENGAGED IN CONTINUOUS QA PROGRAM**
 - o Data Source : Fiji CDC
 - o Calculations : $\frac{\text{The number of laboratories and POCT centers engaged in continuous QA program}}{\text{Total no of Laboratories and POCT centers conducting testing}}$
9. **THE NUMBER OF LABORATORIES AND FACILITIES PERFORMING HIV TEST AND PARTICIPATING IN QA PASSING PROFICIENCY TESTS**
 - o Data Source: Fiji CDC
 - o Calculations: $\frac{\text{No of Laboratories and facilities doing confirmation HIV Testing in Fiji that have passed the proficiency test for HIV}}{\text{Total No. of HIV testing laboratories and facilities doing confirmation}}$
10. **THE NUMBER OF INDIVIDUALS TESTED POSITIVE FOR HIV LINKED TO CARE.**
 - o Data Source: Treatment and Care Facility Sites (TAMANU data base)
 - o Calculations: $\frac{\text{Total no of individuals linked to care}}{\text{Total of positive HIV diagnosis in Fiji}}$

11. **THE NUMBER OF INDIVIDUALS DIAGNOSED WITH HIV BY TYPE OF SITE (LAB, DONORS, ANTENATAL, OUTREACH, CSOS, HUBS ETC.)**
 - o Data Source: Site specific testings
 - o Calculations: $\text{No. of Positive site specific positive results} / \text{No. of Tests done by specific site}$
12. **ZERO STOCK OUT OF HIV TESTING KITS**
 - o Data Source: Fiji Pharmaceutical and Biomedical Services M Supply Data Set
 - o Calculations : The No. of out of stocks of HIV Testing Kits in a year

INDICATOR SET FOR PRIORITY AREA 3:

PRIORITY AREA 3:
Treatment and Care
GOALS:

At MHMS, we are committed to delivering comprehensive and unwavering care for individuals affected by HIV and drug injection. We are dedicated to improving health outcomes and enhancing the quality of life for our patients.

1. **LINKAGE TO CARE:**
 - o Percentage of people diagnosed with HIV who are enrolled in HIV care within a specified period (e.g., one month) after diagnosis.
 - o Data Source: Health facility records.
2. **INITIATION OF ANTIRETROVIRAL THERAPY (ART):**
 - o Indicator: Percentage of people diagnosed with HIV who are on antiretroviral therapy.
 - o Data Source: ART program records, health facility data.
 - o Calculation: $(\text{Number of people on ART} / \text{Total number of people diagnosed with HIV}) \times 100$
3. **HEALTH SYSTEMS STRENGTHENING:**
 - I. The number of healthcare facilities providing comprehensive HIV services.
 - o Data Source: Health ministry records, facility reports.
 - o Calculation: Count of facilities offering testing, treatment, and counselling services.
 - II. Percentage of healthcare workers trained in HIV prevention and care.
 - o Data Source: Training program records, healthcare facility reports.
 - o Calculation: $(\text{Number of trained healthcare workers} / \text{Total number of healthcare workers}) \times 100$
4. **LINKAGE TO CARE:**
 - I. Percentage of individuals diagnosed with HIV by NGOs linked to care within one month.
 - o Data Source: NGO reports, health facility records.
 - o Calculation: $(\text{Number of people linked to care within one month} / \text{Total number of people diagnosed}) \times 100$

- II. Number of referrals made by NGOs to healthcare facilities for HIV care.
 - o Data Source: Referral records, NGO reports.
 - o Calculation: Count of referrals within a specific period.
- 5. **TREATMENT AND RETENTION:**
 - I. The number of individuals initiated on ART through NGO programs.
 - o Data Source: NGO reports, health facility records.
 - o Calculation: Count of individuals started on ART within a specific period.
 - II. Percentage of individuals retained in care at 12 months.
 - o Data Source: NGO reports, health facility records.
 - o Calculation: $(\text{Number of individuals retained in care at 12 months} / \text{Total number of individuals on ART}) \times 100$

INDICATOR SET FOR PRIORITY AREA 4:

PRIORITY AREA 4:

Comprehensive Approach to the Care of HIV and individuals
with Injectable Drug use (Continuum of Care- CoC)

GOALS:

MHMS aims to provide comprehensive care for those affected by HIV and injectable drug use, ensuring access to coordinated services for their well-being.

- 1. **RETENTION IN CARE:**
 - o Percentage of people on ART who remain in care after 12 months, 24 months, etc.
 - o Data Source: ART program records.
- 2. **ADHERENCE TO ART:**
 - o Percentage of people on ART who adhere to their treatment regimen (e.g., 90% adherence measured through pharmacy refill records).
 - o Data Source: Pharmacy records, patient self-reports.
- 3. **CD4 COUNT MONITORING:**
 - o Indicator: Percentage of people on ART who receive regular CD4 count tests.
 - o Data Source: Health facility records, laboratory data.
 - o Calculation: $(\text{Number of people receiving regular CD4 tests} / \text{Total number of people on ART}) \times 100$
- 4. **LOST TO FOLLOW-UP:**
 - o Indicator: Percentage of people diagnosed with HIV who are lost to follow-up at specified intervals (e.g., 12 months).
 - o Data Source: ART program records, health facility data.
 - o Calculation: $(\text{Number of people lost to follow-up} / \text{Total number of people diagnosed with HIV}) \times 100$

5. **CO-INFECTION SCREENING:**
 - o Indicator: Percentage of people living with HIV screened for co-infections such as tuberculosis (TB) and hepatitis.
 - o Data Source: Health facility records, program data.
 - o Calculation: $(\text{Number of people screened for co-infections} / \text{Total number of people living with HIV}) \times 100$
6. **VIRAL SUPPRESSION:**
 - o Indicator: Percentage of people on ART who achieve viral suppression (defined as a viral load below 200 copies/mL).
 - o Data Source: Viral load testing data, laboratory records.
 - o Calculation: $(\text{Number of people with suppressed viral load} / \text{Total number of people on ART}) \times 100$.

INDICATOR SET FOR PRIORITY AREA 5:

PRIORITY AREA 5:

The Monitoring, Evaluation, Accountability and Learning (MEAL) Framework and Research for HIV and Drugs.

GOALS:

The MHMS MEAL framework for HIV and drug use aims to improve health outcomes and reduce harm by ensuring efficient, effective interventions and services across the surge strategy.

1. HIV TESTING AND COUNSELLING COVERAGE:

This indicator measures the percentage of individuals tested for HIV and received counselling services. It helps in assessing the reach and uptake of HIV testing services among populations at risk, including those who use injectable drugs.

2. HIV TREATMENT COVERAGE:

This indicator tracks the percentage of individuals living with HIV who are receiving antiretroviral therapy (ART). It is essential for assessing the effectiveness of HIV treatment programs and ensuring that people living with HIV have access to necessary care.

3. HARM REDUCTION SERVICE COVERAGE:

This indicator measures the extent to which harm reduction services, such as needle exchange programs and opioid substitution therapy, are reaching individuals who inject drugs. It helps in evaluating the accessibility and utilisation of harm reduction interventions.

4. HIV PREVALENCE AMONG PEOPLE WHO INJECT DRUGS:

This indicator provides data on the prevalence of HIV among people who inject drugs. Monitoring changes in HIV prevalence over time can help assess the impact of prevention and treatment programs.

5. RETENTION IN HIV CARE:

This indicator tracks the percentage of individuals living with HIV who remain engaged in care and adhere to their treatment regimens. It is essential for evaluating the continuity of care and health outcomes among people living with HIV.

6. BEHAVIOUR CHANGE INDICATORS:

These indicators measure changes in risky behaviours related to HIV transmission and drug use, such as condom use, needle sharing, and substance abuse. Monitoring behaviour change is crucial for assessing the effectiveness of prevention interventions.

7. CLIENT SATISFACTION AND FEEDBACK:

Gathering feedback from program participants on the quality and accessibility of services can provide valuable insights for program improvement. Monitoring client satisfaction helps ensure that services are responsive to the needs of the target population.

8. DATA QUALITY AND REPORTING TIMELINESS:

Ensuring data collection and reporting accuracy and timeliness is essential for effective monitoring and evaluation. This process involves [specific steps] designed to [specific goals]. Monitoring data quality indicators helps in maintaining the integrity of program

SECTION 2: COST ESTIMATIONS OF THE THE NATIONAL SURGE STRATEGIC PLAN 2024-2027

To provide accurate cost estimations for an HIV and Drug Strategic Plan for Fiji, various factors such as the plan's scope, the specific interventions and programs to be implemented, the plan's duration, and the resources available and needed to accomplish it must be considered.

Some key cost considerations used for this strategic plan are:

PRIORITY AREA 1: COMPREHENSIVE PREVENTION STRATEGY WITH CROSS-GOVERNMENTAL MINISTRY

- 1a. Prevention Programs: Costs associated with implementing prevention programs include education campaigns, outreach initiatives, and harm reduction strategies.
- 1b. Stakeholder Engagement: The costs of engaging key stakeholders, including government agencies, non-governmental organisations, community groups, and affected populations, to ensure collaboration and coordination in implementing the strategic plan.
- 1c. Capacity Building: The costs of training healthcare professionals, community workers, and other stakeholders to implement the strategic plan effectively.

PRIORITY AREA 2: "IMPROVING HIV DIAGNOSTIC SERVICES THROUGH DECENTRALISATION, QUALITY ASSURANCE, AND STRENGTHENING SUPPLY CHAIN MANAGEMENT."

- 2a. Developing and implementing decentralised diagnostic services in Fiji: The cost associated with decentralising laboratory services across Fiji, including consumables, human resources, equipment, etc.
- 2b. Infrastructure and Equipment: The costs of upgrading healthcare facilities, purchasing medical equipment, and ensuring access to necessary resources for effective service delivery.

PRIORITY AREA 3: TREATMENT AND CARE

- 3a. Treatment and Care Services: Costs for providing HIV testing, counselling, treatment for HIV/AIDS, substance abuse treatment, and support services for individuals affected by drug use.

PRIORITY AREA 4: COMPREHENSIVE APPROACH TO THE CARE OF HIV AND INDIVIDUALS WITH INJECTABLE DRUG USE (Continuum of Care- CoC)

- 4a. Retention Strategy: Costs associated with retention strategies, capacity building for the decentralisation of treatment and care across the nation with strengthening treatment literacy and adherence packages for individuals living with HIV and rehabilitation for People with Injectable Drug Use (PWID).

PRIORITY AREA 5: THE MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK AND RESEARCH FOR HIV AND DRUGS.

- 5a. Monitoring and Evaluation: Costs for establishing a monitoring and evaluation system to track progress, measure outcomes, and assess the impact of interventions.
- 5b. Research and Data Analysis: The costs of conducting research studies, collecting data, and analysing information to inform decision-making and improve program effectiveness.



The outline of the HIV Surge Strategy has outlined the resources required to implement it. Appropriate resource mobilisation has been mapped out for optimal service delivery for the next three years.

A needs assessment must be carried out alongside the programmatic budget identified through the priority areas. Note that this estimation cost does not involve any existing human resources made available through the Government System and the Non-Government collaborative partners. An inclusive cost estimation will require an in-depth analysis of associated costs, which, if Fiji needs, can be done as part of the research.

Priority Area 1: Comprehensive Prevention Strategy with Cross-Government Ministry						
Strategic Goal:						
1. Reduce the incidence of new HIV infections among at-risk populations.						
2. Decrease the prevalence of illicit drug use and its associated harms in the community.						
Policy Statement: MHMS is dedicated to preventing HIV and drug use through evidence-based strategies. We prioritize education, harm reduction, and healthcare access. Our policy aims to reduce stigma and empower individuals to make informed decisions. The MHMS will collaborate with stakeholders, implement targeted interventions, and advocate for policies that support prevention efforts for safer and healthier communities.						
			Year			Total Budget Implications (Estimated) FJD
			Budget Yr 1	Budget Yr 2	Budget Yr 3	
Objectives 1.1 1. Strengthen governance structures across all government, non-government, and civil society organisations, including faith-based organisations, to strengthen collaboration between MHMS and other government and non-government partners in delivering HIV and drug services.						
Activities	1.1.1 Organise quarterly meetings with multistakeholders-IDU,community outreach, integration and collaboration		\$10,000.00	\$15,000.00	\$15,000.00	\$40,000.00
Total Budget by Objective			\$10,000.00	\$15,000.00	\$15,000.00	\$40,000.00
Objective 1.2 Provide education and awareness campaigns on HIV Prevention, including safe sex practices, Testing, Treatment, and drug prevention						
Activities	1.2.1. Develop an upscaled, year-round communication plan that includes continuous radio, digital messaging and talanoa sessions for all stakeholder platforms		\$50,000.00			\$50,000.00
	1.2.1.2 Implement the communication plan- multilingual		\$500,000.00	\$500,000.00	\$400,000.00	\$1,400,000.00
Total Budget by Objective			\$550,000.00	\$500,000.00	\$400,000.00	\$1,450,000.00

Objective 1.3 Increase demand and access to HIV testing and counselling services for vulnerable populations						
Activities	1.3.1 Launch accelerated targeted testing integrated campaigns around significant dates which not only restricted to HIV Testing Day (June 27) and World AIDS Day (December 1), with PoC testing to reach key populations including opportunistic events & Pop -up clinics	\$40,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$140,000.00
	1.3.2 Quantify and ensure continuous availability of quality, variety condom and lubricants (safe sex commodities) , focusing on key populations and high-risk areas.	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
	1.3.3 Introduce innovative approaches for e.g. PrEP (feasibility, awareness, uptake and implementation), digital health intervention (ChatBot) and Telemedicine, Mhealth and community-led testing	\$100,000.00	\$50,000.00			\$150,000.00
	1.3.4 Strengthen the need for HIV counselling and testing, and antiretroviral treatment for HIV-infected drug users should be made available and accessible through community-based/led programming (the need for legal framework review and definitions-HIV Act Review)	\$150,000.00				\$150,000.00
	1.3.5 There should be low-threshold pharmacological interventions (for example opioid-agonists and antagonist drugs), not directly related to drug-free oriented programmes but to immediate health protection accessible to individuals	\$50,000.00	\$50,000.00			\$100,000.00
	1.3.6 The vaccination programmes against Hepatitis B should be available to all drug users, sex workers and key pop and in all appropriate facilities ensuring they are seroconverted.	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
	1.3.7 Upscale and decentralize prevention and services for the management of sexually transmitted infections must be accessible to drug users and particularly to those involved in sex work;	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	\$90,000.00
	1.3.8 A well-equipped peer to peer outreach units have to be adequately trained to contact drug users and dependent individuals in need of assistance.	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	Total Budget by Objective	\$430,000.00	\$240,000.00	\$140,000.00	\$140,000.00	\$810,000.00

Objective 1.4 To raise awareness in key and vulnerable populations to promote identification, testing and treatment						
Activities	1.4.1 Implement comprehensive training for healthcare providers, sensitisation on SOGIESC, PWDs and KAP on providing stigma-free	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00	\$180,000.00
	1.4.2 Expand provider-initiated testing to ensure all healthcare encounters are leveraged as opportunities for testing and linkage to	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00	\$180,000.00
	1.4.3 Develop and expand community-led testing, advocacy, awareness, Mental Health Psychosocial Support (MHPSS) and other relevant initiatives to ensure all encounters are leveraged as opportunities for testing, linkage to care and HIV surveillance network.	\$80,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$180,000.00
	1.4.4 Comprehensive professional development and training for health care and community support workers on recognising, responding and referring individuals needing assistance in response to drug use.	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	Total Budget by Objective	\$250,000.00	\$220,000.00	\$220,000.00	\$220,000.00	\$690,000.00
Objective 1.5 Strengthen community partnerships to support individuals at risk of HIV and drug use and increase the demand for harm reduction practices and condom use.						
Activities	1.5.1 School outreach programs that incorporate HIV education into the curriculum, focusing on prevention, stigma reduction, and healthy behaviours.	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
	1.5.2 Utilize community events and sports to disseminate HIV & Illicit Drug prevention messages, distribute condoms, and offer HIV testing services	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
	1.5.3 Develop and distribute HIV prevention toolkits to divisions and sub-divisions, ensuring materials are culturally appropriate and accessible	\$10,000.00	\$10,000.00			\$20,000.00
	1.5.4 Utilize community events, sports and safe campaigns to disseminate HIV & Drug prevention messages, distribute safe sex commodities, and offer HIV testing, evidence based, accessible and appropriate support services.	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
	1.5.5 Review and refresh referral pathways and create a service directory for an integrated community approach.	\$5,000.00			\$5,000.00	\$10,000.00
	1.5.6 Develop and implement a nation wide program on demand creation on condom use and harm reduction practices (inclusive of needle syringe program)	\$50,000.00	\$50,000.00			\$100,000.00
	1.5.7 Develop a comprehensive HIV prevention toolkit ensuring materials are human rights framed, culturally appropriate and accessible to end users.	\$25,000.00	\$25,000.00	\$25,000.00		\$50,000.00
Total Budget by Objective		\$130,000.00	\$125,000.00	\$45,000.00	\$45,000.00	\$300,000.00

Objective 1.6 Escalate, advocate, and implement policies that support harm reduction strategies, such as needle exchange programs and safe injection sites, to prevent the spread of HIV and reduce the harms associated with injectable drug use					
Activities	1.6.1 Overall review of the HIV Act and the Public Health Act to identify gaps and obstacles and to ensure a robust response through the National HIV & Illicit Drug Surge Strategy	\$100,000.00			\$100,000.00
	1.6.2 Advocate for supportive legislation and policies on the global strategy <u>95-95-95</u> with a focus on HIV testing, treatment and viral suppression, including harm reduction strategies and the decriminalization of behaviours that increase HIV risk.	\$100,000.00	\$50,000.00		\$150,000.00
	1.6.3 Operationalization of the Bill of Rights of the Fiji Constitution in support of the Fiji HIV & Drug Surge Strategy.	\$30,000.00	\$20,000.00	\$10,000.00	\$60,000.00
	1.6.4 Engage the highest level of political, technical and resource commitment to ensure sustained funding and support for HIV prevention and treatment initiatives.	\$0.00	\$0.00	\$0.00	\$0.00
	Total Budget by Objective	\$230,000.00	\$70,000.00	\$10,000.00	\$310,000.00
Objective 1.7 Reduction of HIV and drug use-related stigma and discrimination.					
Activities	1.7.1 Addressing Fiji's Stigma Index activities to address associated stigma and discrimination in Fiji	\$50,000.00	\$30,000.00	\$20,000.00	\$100,000.00
	1.7.2 Consider doing a Fiji Stigma Index for Fiji, during the tail end of the surge strategic plan for HIV/			\$50,000.00	\$50,000.00
Total Budget by Objective		\$50,000.00	\$30,000.00	\$70,000.00	\$150,000.00

Objective 1.2.1 Government Partner Collaboration						
1.2.1 Ministry of Health and Medical Services (MHMS):						
Activities	1.2.1.1 Coordinating the national HIV response, including policy development, program implementation, and monitoring and evaluation					
	1.2.1.2 Capacity building for healthcare providers on stigma-free HIV services and improved testing turnaround times	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	\$90,000.00
Total Budget by Objective						
1.2.2 Ministry of Education:						
Activities	1.2.2.1 Integrate HIV education into school curricula, focusing on prevention, stigma reduction, and healthy behaviours.	\$40,000.00	\$40,000.00			\$80,000.00
	1.2.2.2 Training for teachers on delivering HIV education effectively and sensitively.	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00	\$180,000.00
	1.2.2.3 Youth engagement programs that encourage peer-led HIV awareness and prevention activities.	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00	\$180,000.00
Total Budget by Objective						
1.2.3 Ministry of Youth and Sports:						
Activities	1.2.3.1 Leverage sporting events and youth clubs as platforms for promoting HIV awareness and engaging young people in prevention activities	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	1.2.3.2 Organize youth camps and workshops focusing on life skills, including HIV prevention and stigma reduction.	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	1.2.3.3 Support for youth-led initiatives that aim to increase HIV awareness and testing among peers.	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	\$90,000.00
Total Budget by Objective						
1.2.4 Ministry of Women, Children and Social Protection:						
Activities	1.2.4.1 Targeted interventions for women and vulnerable populations, including educational programs and access to HIV testing and reproductive health services (encouraging early booking & testing).	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
	1.2.4.2 Support mechanisms for families affected by HIV, focusing on reducing stigma and improving treatment adherence.	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
	1.2.4.3 Collaboration with CSOs and NGOs to reach marginalized communities with HIV prevention and support services.	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
Total Budget by Objective						
1.2.5 Ministry of iTaukei Affairs, Culture, Heritage and Arts:						
Activities	1.2.5.1 Cultural and community engagement to promote HIV awareness in iTaukei communities, respecting cultural sensitivities.	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	1.2.5.2 Training for community leaders on HIV issues, enabling them to become advocates for prevention and testing in their communities	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00	\$180,000.00
	1.2.5.3 Integration of HIV messages into cultural events and gatherings.	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
Total Budget by Objective						
		\$160,000.00	\$160,000.00	\$160,000.00	\$160,000.00	\$480,000.00

1.2.6 Ministry of Public Works and Metrological Services and Transport:							
Activities	1.2.6.1 Public messaging campaigns on HIV prevention and testing in transportation hubs and public transport vehicles.		\$150,000.00	\$150,000.00	\$100,000.00		\$400,000.00
	1.2.6.2 Support mobile testing units by facilitating access to remote areas and ensuring transport infrastructure supports health outreach activities.		\$30,000.00	\$30,000.00	\$30,000.00		\$90,000.00
Total Budget by Objective			\$180,000.00	\$180,000.00	\$130,000.00		\$490,000.00
1.2.7 Ministry of Trade, Co-operatives, Small and Medium Enterprises and Communications:							
Activities	1.2.7.1 Digital campaigns and apps on social media and online platforms to reach a wider audience with HIV prevention, treatment and care information.		\$180,000.00	\$180,000.00	\$360,000.00		\$720,000.00
	1.2.7.3 Enhance connectivity for health facilities, enabling telehealth services for HIV management, especially in remote area.		\$180,000.00	\$180,000.00	\$360,000.00		\$720,000.00
Total Budget by Objective			\$360,000.00	\$360,000.00	\$720,000.00		\$1,440,000.00
1.2.8 Ministry of Employment, Productivity, and Industrial Relations:							
Activities	1.2.8.1 Workplace policies and programs that support HIV awareness, non-discrimination, and employee access to testing.		\$150,000.00	\$150,000.00	\$150,000.00		\$450,000.00
	1.2.8.2 Collaboration with the private sector to extend HIV prevention and testing initiatives within workplaces.		\$100,000.00	\$100,000.00	\$100,000.00		\$300,000.00
Total Budget by Objective			\$250,000.00	\$250,000.00	\$250,000.00		\$750,000.00
1.2.9 Ministry of Foreign Affairs:							
Activities	1.2.9.1 Engage with international partners and donors to secure funding and support for HIV programs.		\$10,000.00	\$10,000.00	\$10,000.00		\$30,000.00
	1.2.9.2 Share best practices and learn from global HIV prevention and treatment strategies		\$60,000.00	\$60,000.00	\$60,000.00		\$180,000.00
Total Budget by Objective			\$70,000.00	\$70,000.00	\$70,000.00		\$210,000.00

1.2.10 Ministry for Local Government:						
i) Community Awareness and Mobilization	1.2.10.1	Organize local awareness campaigns with the MHMS, utilizing community events and public spaces for educational workshops, talks, and testing drives.	\$70,000.00	\$70,000.00	\$70,000.00	\$210,000.00
	1.2.10.2	Support local festivals and events by integrating HIV awareness activities and providing platforms for local health workers to engage with the community.	\$30,000.00	\$30,000.00	\$30,000.00	\$90,000.00
ii) Infrastructure and Public Services	1.2.10.3	Ensure public spaces and facilities are utilized for health promotion activities, such as posters and information kiosks that provide education on HIV prevention and available services	\$30,000.00	\$30,000.00	\$30,000.00	\$90,000.00
iii) Local Health Initiatives	1.2.10.4	Partner with local businesses and markets to distribute free condoms and informative materials on HIV prevention and testing	\$30,000.00	\$30,000.00	\$30,000.00	\$90,000.00
iv) Community Engagement and Empowerment	1.2.10.5	Facilitate community forums and discussions to engage residents in conversations about HIV prevention, stigma reduction, and the importance of testing, encouraging community-led initiatives.	\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
	1.2.10.6	Empower local leaders and influencers to champion HIV awareness in their communities, offering training and resources to convey prevention and treatment messages effectively.	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
2. Workplace HIV Awareness Programs	1.2.10.7	Develop and promote HIV awareness and prevention programs within the commerce and tourism sectors, encouraging businesses to adopt workplace policies that support regular HIV testing and non-discrimination.	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	1.2.10.8	Partner with the private sector to distribute informational materials and condoms at points of sale, trade fairs, and business	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
viii) Support for Economic Empowerment	1.2.10.9	Launch initiatives to support economic empowerment for vulnerable populations, such as those living with HIV, to reduce poverty-related risk factors associated with HIV transmission.	\$30,000.00	\$30,000.00	\$30,000.00	\$90,000.00
Total Budget by Objective			\$320,000.00	\$320,000.00	\$320,000.00	\$960,000.00

1.2.11 Ministry of Home Affairs and Immigration:					
i) Education and Training for Security Forces	1.2.11.1 Incorporate comprehensive HIV education into the training curriculum for military and police personnel, focusing on prevention, testing, and the importance of confidentiality and non-discrimination.	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
	1.2.11.2 Organize regular health talks and testing drives within the defense and security forces to normalize HIV testing and treatment.	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
ii) Support for Peacekeeping and Community Outreach	1.2.11.3 Leverage the defence forces' involvement in community and peacekeeping operations to promote HIV awareness and prevention, ensuring that personnel engaged in these activities are ambassadors for health.	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
	1.2.11.4 Implement community outreach programs led by military and police personnel, focusing on HIV education and stigma reduction, to build trust and promote health within communities.	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
iii) Policy and Protocol Development	1.2.11.5 Develop and enforce policies within the Ministry of Home Affairs and Immigration that protect the rights of personnel living with HIV, ensuring access to treatment, and preventing discrimination.	\$20,000.00	\$20,000.00		\$40,000.00
	1.2.11.6 Establish protocols for the management of occupational exposure to HIV, including post-exposure prophylaxis (PEP) and regular	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
Total Budget by Objective		\$55,000.00	\$55,000.00	\$35,000.00	\$145,000.00
Total Cost Per Priority Area		\$3,420,000.00	\$2,990,000.00	\$2,900,000.00	\$9,310,000.00

Priority Area 2: "Improving HIV Diagnostic Services through Decentralisation, Quality Assurance, and Strengthening Supply Chain Management."					
Strategic Goal:					
1. Developing and implementing a robust procurement and Supply chain management of HIV Testing Services in Fiji.					
2. Implementing decentralised diagnostic services will increase access to prompt and precise HIV testing in various locations across Fiji's urban, rural, and maritime areas.					
3. Elevate the level of ongoing care and support available for individuals affected by HIV and drug use through the implementation of decentralised clinical monitoring tools.					
Policy Statement: MHMS is committed to providing decentralised diagnosis for HIV & drug use for appropriate clinical use. Our goal is to ensure equal access to healthcare for all, regardless of intersectional identity, location or socioeconomic status. Early detection is crucial in preventing HIV transmission and addressing drug use through demand, supply and harm reduction.					
		Year			Total Budget Implications
		Budget Yr 1	Budget Yr 2	Budget Yr 3	
Objectives 2.1 Decentralize, increase, and strengthen HIV testing and care monitoring services across Fiji					
Activities	2.1.1 Strengthen lab-based HIV screening and confirmation services	\$100,000.00	\$100,000.00	\$100,000.00	\$300,000.00
	2.1.2 Decentralization of Viral load testing at three SRH hubs	\$100,000.00	\$50,000.00	\$50,000.00	\$200,000.00
	2.1.3 Decentralization of Infant diagnosis at three major divisional hospitals (Labasa, CWMH and Nadi/Lautoka)	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	2.1.4 Extended Program on triple point of care testing at CSOs and targetted health facilities	\$200,000.00	\$200,000.00	\$200,000.00	\$600,000.00
	2.1.5 Introduce HIV antigen testing for Blood Donor screening and kep populations for early case detection in the	\$150,000.00	\$200,000.00	\$200,000.00	\$550,000.00
	2.1.6 Review of the current HIV testing algorithm in relation to the role of point of care testing and inclusion of antigen	\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
	2.1.7 Community- lead testing- develop policies and protocol	\$50,000.00	\$100,000.00	\$200,000.00	\$350,000.00
Total Budget by Objective		\$500,000.00	\$500,000.00	\$820,000.00	\$1,820,000.00

Objective 2.2 Strengthen dissemination of HIV results						
Activities	2.2.1 Develop minimum information sheet to capture patient information for tracing	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00
	2.2.2 Review and finalize HIV testing and counselling policy	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00
	2.2.3 Strengthen quality assurance program in HTS among testing facilities in Fiji.	\$200,000.00				\$200,000.00
	2.2.4 Release of results on a digital platform in a timely manner, including positives, negative and inconclusive.	\$200,000.00	\$200,000.00	\$200,000.00		\$600,000.00
	2.2.5 Strengthen Public Private Partnership with private laboratories ensuring national algorithms are followed and their participation in national HIV surveillance program.	\$15,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$25,000.00
	2.2.6 Review the process of handling HIV positive blood donor results in relation to the HIV decree and National Blood Services processes.	\$5,000.00				\$5,000.00
Total Budget by Objective		\$255,000.00	\$205,000.00	\$205,000.00	\$205,000.00	\$665,000.00
Objective: 2.3 Procurement Supply Chain Management						
Activities	2.3.1 Ensure procurement/ functionality of standard laboratory equipment for HIV Testing Services (HTS)	\$600,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$800,000.00
	2.3.2 Procurement and management of HTS consumables	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	\$600,000.00
	2.3.3 Establish functional labs at the three SRH	\$300,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$400,000.00
	2.3.4 Sexual Reproductive Health) clinics to provide one stop service for PLHIV	\$100,000.00				\$100,000.00
Total Budget by Objective		\$1,200,000.00	\$350,000.00	\$350,000.00	\$350,000.00	\$1,900,000.00
Total Cost Per Priority Area		\$1,955,000.00	\$1,055,000.00	\$1,055,000.00	\$1,375,000.00	\$4,385,000.00

Objective 2.2 Strengthen dissemination of HIV results					
Activities	2.2.1 Develop minimum information sheet to capture patient information for tracing	\$10,000.00	\$0.00	\$0.00	\$10,000.00
	2.2.2 Review and finalize HIV testing and counselling policy	\$30,000.00	\$0.00	\$0.00	\$30,000.00
	2.2.3 Stregthen quality assurance program in HTS among testing facilities in Fiji.	\$200,000.00			\$200,000.00
	2.2.4 Release of results on a digital platform in a timely manner, including positives, negative and inconclusive.	\$200,000.00	\$200,000.00	\$200,000.00	\$600,000.00
	2.2.5 Strengthen Public Private Partnership with private laboratories ensuring national algorithms are followed and their participation in national HIV surveillance program.	\$15,000.00	\$5,000.00	\$5,000.00	\$25,000.00
	2.2.6Review the process of handling HIV positive blood donor results in relation to the HIV decree and National Blood Services processes.	\$5,000.00			\$5,000.00
Total Budget by Objective		\$255,000.00	\$205,000.00	\$205,000.00	\$665,000.00
Objective: 2.3 Procurement Supply Chain Management					
Activities	2.3.1 Ensure procurement/ functionality of standard laboratory equipment for HIV Testing Services (HTS)	\$600,000.00	\$100,000.00	\$100,000.00	\$800,000.00
	2.3.2 Procurement and management of HTS consumables	\$200,000.00	\$200,000.00	\$200,000.00	\$600,000.00
	2.3.3 Establish functional labs at the three SRH	\$300,000.00	\$50,000.00	\$50,000.00	\$400,000.00
	2.3.4Sexual Reproductive Health) clinics to provide one stop service for PLHIV	\$100,000.00			\$100,000.00
Total Budget by Objective		\$1,200,000.00	\$350,000.00	\$350,000.00	\$1,900,000.00
Total Cost Per Priority Area		\$1,955,000.00	\$1,055,000.00	\$1,375,000.00	\$4,385,000.00

Priority Area 3: Treatment and Care

Strategic Goal: At MHMS, we are committed to delivering comprehensive and unwavering care for individuals affected by HIV, TB, Non-Communicable Diseases and drug injection. We are dedicated to improving health outcomes and enhancing the quality of life for our patients.					
Policy Statement: At MHMS, we provide non-judgmental, tailored, and culturally sensitive treatment and care services for individuals affected by HIV and injectable drug use. Our approach prioritises harm reduction and the well-being of all individuals by advocating for equitable healthcare access policies for all, including the most vulnerable population.					
		Year			Total Budget Implications (Estimated) FJD
		Budget Yr 1	Budget Yr 2	Budget Yr 3	
Objective 3.1: Strengthen linkage to care					
Activities:	3.1.1: Develop a policy or protocol to ensure effective linkage to care of the patients for TB, NCDs, Injectable Drug users, including lost to follow-up patients.	\$10,000.00			\$10,000.00
	3.1.2: Develop and strengthen “Confidentiality Network” to trace positive patients (or patients with an inconclusive result) and link them to care	\$15,000.00	\$15,000.00	\$15,000.00	\$45,000.00
	3.1.3: Have more HR based at each SRH clinic who can contact positive patients, schedule appointments, and send reminders of their reviews	\$35,000.00	\$35,000.00	\$35,000.00	\$105,000.00
	3.1.4 Develop capacity and make available for acute management and referral mechanisms of substance use disorders, aftercare for and the rehabilitation of recovery and social reintegration of individuals with drug use disorders ⁴	\$40,000.00	\$40,000.00	\$40,000.00	\$120,000.00
	3.1.5 Available necessary interventions for HIV and drug use in emergency rooms must be guaranteed with adequate training for medical personals	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	3.1.6 Enhance support provided to counselling services or programmes with necessary referrals with an appropriate counselling framework to aid rehabilitation processes.	\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
Total Budget by Objective		\$170,000.00	\$160,000.00	\$160,000.00	\$490,000.00

Objective 3.2: Strengthen retention in care					
Activities:	3.2.1: Develop a policy or protocol to ensure effective retention in care of the patients.	\$10,000.00			\$10,000.00
	3.2.2: Work closely with the Social Welfare Department to assist positive adults and children (including mothers and their babies) by providing social welfare assistance and bus fare concessions.	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	3.2.3 Strengthening of existing mechanisms to decentralise HIV Treatment and Care and Harm Reduction programs including early recognition, treatment and care in all possible health facilities in Fiji including Non-Government organisations and private sector.	\$50,000.00	\$40,000.00	\$30,000.00	\$120,000.00
	3.2.4: Strengthen the existing "Prevention of Parent To Child Transmission clinic" for positive women, their partner(s) and children, which is integrated with paediatricians, Obstetrics and Gynaecology and the Sexual Reproductive Health clinics	\$50,000.00	\$40,000.00	\$30,000.00	\$120,000.00
Total Budget by Objective		\$160,000.00	\$130,000.00	\$110,000.00	\$400,000.00
Objective 3.3: Ensure uninterrupted supply of antiretroviral therapy, treatment of opportunistic infections and prophylaxis					
Activities:	3.3.1: Proper bi-yearly quantification of ARVs to FPBS	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
	3.3.2 Explore procuring NCD medications for SRH Clinics	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
	3.3.3: Explore procuring newer OI medications and prophylaxis	\$40,000.00	\$40,000.00	\$40,000.00	\$120,000.00
	3.3.4: Establish a dedicated pharmacist post who looks after diagnostics, Anti-Retrovirals and Opportunistic Infection medications	\$40,000.00	\$40,000.00	\$40,000.00	\$120,000.00
Total Budget by Objective		\$90,000.00	\$90,000.00	\$90,000.00	\$270,000.00
Objective 3.4: Increase the workforce and service delivery in the SRH clinics					
Activities:	3.4.1: Establish a PMO post in each of the SRH clinics	\$300,000.00	\$300,000.00	\$300,000.00	\$900,000.00
	3.4.2 Establish a NUM post in each of the SRH clinics	\$120,000.00	\$120,000.00	\$120,000.00	\$360,000.00
	3.4.3: Establish more medical officers and nursing posts in the SRH clinics	\$250,000.00	\$250,000.00	\$250,000.00	\$750,000.00
	3.4.4: Fill vacant Peer Educator posts in SRH Clinics	\$90,000.00	\$90,000.00	\$90,000.00	\$270,000.00
	3.4.6: Each SRH clinics to have divisional project officers	\$120,000.00	\$120,000.00	\$120,000.00	\$360,000.00
	3.4.7 Each SRH clinics to have peer navigator	\$90,000.00	\$90,000.00	\$90,000.00	\$270,000.00
3.4.8: Revise official clinic hours to meet the needs of people who prefer accessing the clinics in the evenings or weekends		\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
Total Budget by Objective		\$990,000.00	\$990,000.00	\$990,000.00	\$2,970,000.00
Total Cost Per Priority Area		\$1,410,000.00	\$1,370,000.00	\$1,350,000.00	\$4,130,000.00

Priority Area 4: Comprehensive Approach to the Care of HIV and individuals with Injectable Drug use (Continuum of Care- COC)

Strategic Goal: MHMS aims to provide comprehensive care for those affected by HIV and drug use, ensuring access to coordinated services for their well-being.						
Policy Statement: MHMS provides evidence-based, culturally appropriate care for those affected by HIV and drug abuse. Our holistic approach addresses medical, mental health, substance abuse, and social service needs. Guided by harm reduction, equity, and dignity principles, advocating for high-quality care for all in need.						
			Year		Total Budget Implications (Estimated) FJD	
			Budget Yr 1	Budget Yr 2		Budget Yr 3
Objective 4.1: Establish and strengthen existing systems for a better-coordinated care system for HIV prevention, treatment, and support services for HIV and its associated links, such as injectable drug use.						
Activities:	4.1.1: Each Sub-Divisional Hub to have at least an MO, nurse or NP, Adolescent Health peer educators and midwives to augment decentralization of services by the SRH clinics		\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
	4.1.2 Develop and strengthen referral mechanism, including 100% testing of patients with TB and HIV for co-infection.		\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
Total Budget by Objective			\$55,000.00	\$55,000.00	\$55,000.00	\$165,000.00
Objective 4.2: Enhance collaboration & effective communication among healthcare providers & community organisations through a mapping exercise.						
Activities:	4.2.1: Develop, Implement, and Standardize the “HIV Care Teams” in all divisions of Fiji		\$15,000.00	\$15,000.00	\$15,000.00	\$45,000.00
	4.2.2: Develop treatment literacy and adherence packages		\$50,000.00	\$30,000.00		\$80,000.00
Total Budget by Objective			\$65,000.00	\$45,000.00	\$15,000.00	\$125,000.00
Total Cost Per Priority Area			\$120,000.00	\$100,000.00	\$70,000.00	\$290,000.00

Priority Area 5: The Monitoring, Evaluation, Accountability and Learning (MEAL) Framework and Research for HIV and Illicit Drugs					
Strategic Goal: The MHMS MEAL framework for HIV and drug use aims to improve health outcomes and reduce harm by ensuring efficient, effective interventions and services across the surge strategy.					
Policy Statement: The MHMS is committed to implementing a robust MEAL framework for HIV and drug use programs that is data-driven, participatory, and transparent. We believe in the importance of continuous learning and adaptation to inform decision-making and improve the quality of care and support services provided to individuals in need. Ensuring a principle of accountability, evidence-based practice, and stakeholder engagement, and dedication to promoting a culture of learning and improvement within our governing structures.					
		Year			Total Budget Implications (Estimated) FJD
		Budget Yr 1	Budget Yr 2	Budget Yr 3	
Objective 5.1 Develop, Implement and strengthen a monitoring, evaluation, accountability and learning (MEAL) framework for HIV and drug use programs.					
Activity	5.1.1 Develop and implement a robust M&E framework to track progress against objectives, utilizing both quantitative and qualitative data.				\$0.00
	5.1.2 Develop regular review period with deliverables by all stakeholders, this regularity can be quarterly, six monthly and yearly	\$70,000.00	\$70,000.00	\$70,000.00	\$210,000.00
	5.1.3 Identify necessary Baseline and Targets under the MEAL Framework, aspiring towards the global 95, 95, 95 strategies for 2030.				\$0.00
Total Budget by Objective		\$70,000.00	\$70,000.00	\$70,000.00	\$210,000.00
Objective 5.2 Identify areas of research to strengthen policy and strategic programmatic change					
Activity	5.2.1 Development and Implementation of the Integrated, Biological and Behavioural Survey for Key Populations (MSM, SW, TG and Young People).	\$500,000.00			\$500,000.00
	5.2.2 A retrospective analysis of all HIV related deaths to across Fiji over the past three to five years.	\$10,000.00			\$10,000.00
	5.2.3 Identify other qualitative and quantitative research to strengthen opportunities to make evidence-based policy and strategic plan development.	\$20,000.00	20,000.00	\$20,000.00	\$60,000.00
	5.2.4 Develop and Roll out a Rapid assessment				
	5.2.4 Develop and Implement the findings from the drug use rapid assessment for health	\$200,000.00			\$200,000.00
Total Budget by Objective		\$730,000.00	\$20,000.00	\$20,000.00	\$770,000.00
Total Cost Per Priority Area		\$800,000.00	\$90,000.00	\$90,000.00	\$980,000.00

TOGETHER WE STOP AIDS

A close-up of two hands, one from a darker-skinned person and one from a lighter-skinned person, shaking in a firm grip. In the background, a dark silhouette of the map of Fiji is visible against a dark blue background with light blue concentric circular lines radiating from the hands.

FIJI NATIONAL HIV SURGE STRATEGY

YEAR 2024 – 2027