



I G L H R C

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

ASYLUM DOCUMENTATION PROGRAM / SF

P.O. Box 558, San Francisco, CA 94104-0558 USA

Tel: (415) 398-2759 • Fax: (415) 398-4635

e-mail: asylum@iglhrc.org • website: www.iglhrc.org

IGLHRC / NY c/o HRW, 350 Fifth Ave, 34th Floor, New York, NY 10118, USA

• CURRENT UPDATE PACKET •

SUPPORTING DOCUMENTATION FOR ASYLUM CLAIMS

Fiji

STATUS OF PEOPLE WITH HIV/AIDS

Table of contents:

- *
- *
- *
- *



Double sided pages:

The International Gay and Lesbian Human Rights Commission (IGLHRC) makes every effort to ascertain the accuracy of the items contained in this packet which are products of its own research. Nevertheless, some of the information contained is based on research by third parties unconnected with IGLHRC. Accordingly, IGLHRC cannot assume any responsibility for the accuracy of the information contained in this packet obtained by these third parties.

The information contained in the packet was supplied solely for the purpose of supporting an asylum or immigration claim. This information cannot be used in any other way without the consent of IGLHRC.

arkey

From: aidstaskfiji [aidstaskfiji@is.com.fj]
Sent: Tuesday, 15 January 2002 2:47
To: Roy Starkey
Subject: Re: Information
Dear Roy,

Thanks for your email and I am afraid the picture is rather bleak in Fiji regarding support and care for people living with HIV/AIDS.

Fiji has just completed development of a national strategy on HIV and care and support issues are seen as a priority issue however all this is in the pipelines.

There are few doctors in Fiji who have had much experience in management of HIV cases, however WHO is running a three day workshop for government doctors and private practitioners in May of this year to clue them up. The doctor here in Suva at the STI clinic is from Cambodia and has experience of client care and support and is an extremely caring person. However ARVs are only available if the client can afford them, and there are a few drugs available for the treatment of opportunistic infections. They have no equipment here at the main Suva hospital to do CD4 counts according to the Consultant Pathologist and this means clients have to go overseas for checks. So basically there are no comprehensive medical monitoring system in place at the moment.

There is a small Trust fund available, around \$10000 set up by UNDP that can be accessed by PLWHAs to fund non-ARVs. Anti fungicides can be expensive here.

ATFF has provided on-going support in terms of someone to talk to to quite a few positive MSMs over the past few years, however most positive people want as few people as possible to know their status. Hence your client may want to consider what personal support networks he has here once he returns.

Sorry this doesnt sound too bright. The Ministry of Health is anxious to get accessible ARV treatments available, but I would say that is a few years down the pipeline. It would also depend upon accessing external funding as Fiji Govt. is not in a position to provide funds.

All I can say is if there is any other info. we can assist with, please let us know.

Kind regards

Jane Keith-Reid
ATFF

IGLHRC
1360 Mission St. #200
San Francisco, CA 94103 USA

----- Original Message -----
From: Roy Starkey
To: aidstaskfiji@is.com.fj
Sent: Tuesday, January 15, 2002 1:54 PM
Subject: Information

I have a client who will be returning to Fiji in the near future. He has been recently diagnosed as being HIV positive.

Could you please inform me of what services to support him are available in Fiji, the medical monitoring

22/01/2002

Fiji -Statement By H.E. Mr. Amraiya Naidu,
Permanent Representative of Fiji To The United Nations, during The General Debate in the
26th UNGASS on HIV/AIDS
United Nations, New York, 27 June 2001

Mr. President,

Fiji congratulates you and Her Excellency Ambassador Penny Wensley of Australia and His Excellency Ambassador Ibra Kaa of Senegal, the two co-facilitators, for arriving at the Declaration of Commitment as well as for the excellent preparations leading to this Special Session. This meeting may serve to turn the tide against the increasing impact of HIV/AIDS 20 years since it was first detected. We hold great hopes in this regard and in the knowledge that HIV/AIDS is preventable.

We also commend the Secretary General's personal leadership in our global struggle against the ravages of HIV/AIDS.

Indeed, it is true that poverty is the biggest enemy of Health and of HIV/AIDS in the developing World. We agree also with the Secretary General's statement that "we shall not finally defeat AIDS, Tuberculosis, Malaria or any other infectious diseases that plague the developing world until we have also won the battle for safe drinking water, sanitation and basic health care".

The HIV/AIDS pandemic is now a problem beyond comprehension. It destroys social infrastructure, causes economic disaster, threatens global security and will continue to aggravate human security if it is left unchecked. No one is immune to this global scourge including my own country, Fiji.

By global standards, the number of HIV cases reported in Fiji may be miniscule. But, it is alarming for our small population size. 68 HIV/AIDS cases are confirmed between 1989 and 2000. More alarming is the high number of traditional STIs which may indicate an under-estimation of unreported infection. Of the 68 reported cases over 40% are between the ages of 20 and 29.

HIV/AIDS incidence in Fiji is displaying trends experienced by countries that are now experiencing catastrophic problems. We envisage, therefore, a more aggravated impacts, in the loss of lives and productivity, social dislocation, and other related ensuing problems for a small population like ours in Fiji.

The guiding principle of Fiji's Strategic Plan for combating HIV/AIDS was designed primarily "to prevent and control the spread and impact of HIV / AIDS and STIs in the Fiji Islands". It is crafted with a rights-based approach which ensures without judgment the rights of the individuals to information, free voluntary screening, but also to provide for appropriate and full community support and care of people living with HIV / AIDS.

In implementing the plan, the Government of Fiji has endorsed and declared political support and commitment towards the fight against HIV/AIDS over the next decade.

Mr. President,

Most importantly, we can begin to win this battle if we successfully reverse attitudes and behaviour, and instill a stronger sense of belonging and community values. Stigmatisation continues to prevent our people from accessing the prevention and care services they need. It undermines confidentiality especially in small Pacific island countries like Fiji, which leads also to underreporting.

Other cultural norms contribute in similar fashion to marginalisation and alienation. They need revisiting if we are serious about checking the spread of HIV/AIDS. Uninformed societal, religious and cultural intolerances or antagonisms are disincentives to public awareness and voluntary access to information on HIV/AIDS transmission and prevention.

The government of Fiji seeks to promote a supportive and enabling environment for women, children and other vulnerable groups, including men who have sex with men, and sex workers by addressing underlying prejudices and inequalities through community and multisectoral dialogue. Appropriate policy and legislative reforms are also in order to strengthen the privacy, confidentiality and non-discrimination of people living with HIV/AIDS. HIV/AIDS and STIs prevention programmes are being developed in consultation with all stakeholders, in particular, NGOs and civil societies. Inroads will need to be made in the corporate and private spheres, especially in developing research and in resource mobilization.

Mr. President,

We recognize that a comprehensive multisectoral fight against HIV/AIDS, TB and other infectious diseases can only succeed with adequate human and financial resources. We remain confident that in doing so, this august assembly will be equally committed to complement the limited capacity of developing and least developed countries to sustain their national strive against the pandemic. It is therefore important that the strategies and resource mobilization plans that will emanate from this Special Session must be attuned to their special needs, and their wider developmental goals.

Mr. President,

The establishment of the Global Aids and Health Fund provides the needed catalyst for our concerted efforts to eradicate major infectious diseases including HIV/AIDS. We applaud the contributions to date by the governments of Japan, France, the USA and other donor countries. We make a humble plea to other developed nations to willingly boost the fund further to arrest the spread of the scourge of HIV/AIDS. While the fund is earmarked for preventive strategies, we equally urge for the recognition of the rights of people living with HIV/AIDS to appropriate care, treatment and support. For that purpose, Fiji longs to see in the immediate future the accessibility of affordable drugs and medicines to those in need through international and multisectoral partnerships and collaboration.

To conclude, let me pledge my Government's full support to the Commitments that will be adopted at this Special Session.

I thank You, Mr. President.

IGLHRC
1360 Mission St. #200
San Francisco, CA 94103 USA