

**PAPUA NEW GUINEA
COUNTRY REPORT ON THE
DECLARATION OF COMMITMENT ON
HIV/AIDS (UNGASS)**

REPORTING PERIOD: JANUARY – DECEMBER 2002

TABLE OF CONTENTS

- I. Status at a glance
- II. Overview of the HIV/AIDS epidemic
- III. National response to the HIV/AIDS epidemic
 - 1. National commitment and action
 - 2. National programmes and behaviour
- IV. Major challenges faced and actions needed to achieve the goals/targets
- V. Support required from country's development partners
- VI. Monitoring and evaluation environment

ANNEXES

ANNEX 1: Consultation/preparation process for the national report on monitoring the follow-up to the Declaration of the Commitment on HIV/AIDS

ANNEX 2: National Composite Policy Index Questionnaire

ANNEX 3: Nine national return forms national programme and behaviour indicators

ANNEX 4: Country M&E Sheet

I. STATUS AT A GLANCE

A. NATIONAL COMMITMENT AND ACTION INDICATORS

1. National Composite Policy Index

This section assesses the progress in the development of national-level HIV/AIDS policies and strategies. It is based on the answers provided in the National Composite Policy Index Questionnaire (see Annex 2). The composite index has four broad areas of policy relating to Strategic Plan, Prevention, Human Rights and Care and Support.

A. Strategic Plan

Papua New Guinea (PNG) has recently reviewed its National HIV/AIDS Medium Term Plan (MTP) in December 2002 and is currently in the process of developing a new multi-sectoral strategy. HIV/AIDS has also been identified as a national concern and has been integrated into the National Poverty Reduction Strategy. The Government's National Development Plan or Medium Term Development Strategy (MTDS) is also currently under review. The new MTDS will therefore integrate HIV/AIDS as a national concern to be addressed in the next ten years.

Upon recognising the impact of HIV/AIDS in other countries, the National AIDS Council (NAC) Act was passed in 1997. The NAC was then established under this Act as a multi-sectoral HIV/AIDS management and coordination body to promote the interaction among government, the private sector and the civil society. The Secretariat to the National AIDS Council (NACS) was also established under this Act in 1999. Respective Provincial AIDS Committees (PACs) are being developed by the NACS to further assist in the coordination of civil society organisations in their respective provinces.

Strategies that address HIV/AIDS issues among PNG's uniformed services are not fully developed except for the PNG Defence Force and the Correctional Institutional Services (CIS). The CIS strategy however refers only to the CIS institutions and prisoners and not the uniformed service. The NACS has already endorsed the two strategies for implementation by the two uniformed services. Also some NGOs in PNG have been conducting continuous awareness throughout various security firms and within the wharf areas over the last two years.

B. Prevention

The use of information, education and communication (IEC) materials on HIV/AIDS is one of the popular methods currently employed in PNG to educate and make aware of the issues on HIV/AIDS. Some of these methods currently employed include campaigns on the local television, the print media and posters and billboards. Other avenues include the annual World AIDS Day Activities and public events that are addressed by some distinguished and prominent figures in the country such as sports personalities.

Various groups in PNG have been distributing IEC materials on STI and HIV/AIDS. Some of the distribution methods include the condom runs to various market stalls and street vendors on Fridays. As a result of this, over one hundred thousand condoms have

been distributed so far over the last 6 months. Some of the other methods of IEC material distributions are through various street local newspaper sellers and at work places. Apart from these methods, live national radio shows, television and media interviews, and general awareness campaigns on the annual World AIDS Day are also conducted by some NGOs for various groups and churches.

Strategies that promote reproductive and sexual health education for young people are usually done through the PNG National Department of Health (NDOH) and other family planning programmes conducted by NGOs and Churches. The National Population Policy addresses this issue and is supported by the United Nations Population Fund's (UNFPA) country programme. The UNFPA second country programme was successfully implemented and completed in 2002 and its third programme currently being implemented in 2003 will continue to promote this strategy.

Promotions of IEC materials and other health interventions for groups with high risks of HIV infections particularly between the ages 10 and 19 are done through targeted interventions such as Syndromic Treatment of STI and condom distributions at STI clinics. These interventions are also targeted at particular high-risk groups such as commercial sex workers, truck drivers, dockside workers and seafarers. Targeted interventions such as these are proven methods of relaying the messages to the hard-to-reach sectors of the community. NACS and the AusAID funded National HIV/AIDS Support Project (NHASP) are currently the main agencies providing the IEC materials being distributed. Peer education for youths however has been lacking in the past with very minimal coverage. It is planned that activities in this area should begin soon in PNG. Various sources of information indicate that the peak prevalence of HIV/AIDS in PNG girls ranges from 14-19 year olds who are usually out-of-school or school dropouts from as low as grades 2 or 3 and upward. Many of these girls including others have difficulty in accessing IEC materials, which means that the materials are not available at the locations where they are able to easily access them.

There is no policy or strategy currently available for the promotion of IEC and other health interventions for cross-border migrants. However, there is a well-developed strategy to expand the access of condoms. This has been formally approved by the NAC and is resourced through the NHASP. This strategy is promoting free distribution of generic condoms through health services and community organisations and social marketing of branded condoms through the formal and informal sales sectors (shops and street sellers), and specific IEC initiatives targeting at risk communities and risk settings.

On the other hand, groundwork for the pilot project for the prevention of mother-to-child transmissions started between the years 2001 and 2002 and is currently ongoing.

C. Human Rights

A draft legislation relating to HIV/AIDS is currently in place. This legislation will protect against the discrimination of people living with HIV/AIDS in employment, health and life insurances, schooling, housing, access to VCT and other areas that are subject to discrimination. The

enforcement of this legislation will only commence after the National Parliament passes it in 2003. However there is a concern that the legislation could be rejected or changed by the parliament given the previous experience of stigma based reactions by senior community representatives during the development and drafting process.

While this legislation is about to be passed, there are no laws or regulations currently in place for the protection against discrimination of people identified as being vulnerable to HIV/AIDS such as prison inmates, MSM, youths, mobile populations and sex workers. The only exception however is that these groups including all citizens of this country are protected under the country's National Constitution. Specific discrimination laws including women rights are lacking in PNG, with both the Constitution Section 55 and its precursor the *Discriminatory Practices Act* being directed largely at discrimination on racial grounds. There is no disability discrimination law in PNG, nor does this look likely in the near future – the preparation and implementation of such a law would require a massive coordination effort on the part of a range of government agencies which are already over-burdened with more urgent matters of law reform. For a more immediate result, therefore it appears preferable to enact HIV/AIDS-specific anti-discrimination legislation. (Source: NAC Review of Policy and Legislative Reform relating to HIV/AIDS in PNG, August 2001)

There is no available policy for ensuring equal access for both men and women to prevention and care, for vulnerable populations. However there are venues available for equal access for both men and women to collect condoms and other materials related to the campaign against HIV/AIDS but despite this opportunity, females at most are too reluctant to access these services.

On the other hand, HIV/AIDS research protocols involving human subjects are subject to be reviewed and approved by ethics committees such as the Medical and Research Advisory Committee of the National AIDS Council, the University of Papua New Guinea, the Department of Health and other bodies.

D. Care and Support

The promotion of comprehensive HIV/AIDS care and support for vulnerable groups are all addressed under the HIV/AIDS Medium Term Plan. Vulnerable groups include those people living with HIV/AIDS and commercial sex workers. Therefore various NGOs and churches are providing day care centres in PNG including the provision of VCT, peer education and some voluntary support provided by the general public.

There are currently 8 operational care centres in PNG, with 4 having been initiated during 2002.

While the above sound positive, there is no policy or strategy for ensuring an improved access to HIV/AIDS related medicines for vulnerable groups. Antiretrovirals therefore are not available at the national level as yet except for medications and antibiotics on secondary infections. These include drugs for the prevention and treatment of opportunistic infections and palliative care, which are also widely unavailable in the country. While this situation exists, some HIV positive people have been privately accessing the drugs from abroad and from private hospitals and doctors. Problems associated with the procurement and distribution of all drugs in PNG mean that HIV positive people generally do not access the supplies. While supply is clearly inadequate, growth in the epidemic will lead to even further strain on the non-functioning system.

There are no policies or strategies currently in place to address the additional needs of orphans and other vulnerable children although some NGOs have been addressing this lately. The HIV/AIDS MTP only identifies this as an issue using the prevention of mother-to-child transmission strategy but does not address this as an issue. PNG's traditional extended-family relationship encourages individual families to take care of orphans however this is not the case in large urban centres anymore. The traditional extended-family relationship surely will not go on forever because of factors such as issues on food security and the general economic situation affecting basic lifestyle needs such as school fees and demand for health care services. However caring for an HIV positive orphan by extended family members is currently very minimal because of the fear of contracting the virus. This implies that the general public are not being fully educated to provide care and support for HIV positive people including those who have already developed AIDS.

2. Amount of Government Funds Spent on HIV/AIDS

For the year ended 31st December 2001, a total of K1, 382,516 (US\$ 366,367) in overall costs were incurred and this was less than the budgeted amount representing 23% of the funds not being received (savings). However, in real terms this is not exactly savings as this amount represents funds budgeted for and not received during the year. This shortfall was therefore covered by donor funds and from project assistance. This is a reflection of the cost of running the NAC in its early stages. (Source: Contract Completion Report, by Doctor Clement Malau, Founding Director of NACS, April 1999-April 2002).

The amount of government funds spent on HIV/AIDS programs is still inadequate. In 2002, the government allocated an amount of K500, 000 (US\$ 132, 500) as counterpart requirement to the AusAID funded National HIV/AIDS Support Project. However this only reflects

government funds spent on NACS and does not reflect other services provided by clinical, laboratory and the staff of the National Department of Health (NDOH). It is also notable that all HIV tests are purchased by NHASP and NDOH has no pharmacy budget therefore relying on AusAID and other donors. The Medium Term Plan (MTP) Review Report therefore clearly states that despite low government budget contributions to the HIV/AIDS response, there is considerable investment in the local response to the epidemic by various donors. This means that the effectiveness of the response is not so much dependent on the amount of funds invested but on strategic government decision-making and follow-through on initiatives and partnerships.

B. NATIONAL PROGRAMME AND BEHAVIOUR INDICATORS

Prevention

The results of the pre-post Knowledge And Prevention (KAP) Survey conducted in 2001 under the social marketing program identifies a significant and improved knowledge in the community of causes of STIs and HIV infection, and awareness of prevention measures. However, acceptance of personal risk did not move as significantly, and use of condoms did not change.

The *life-skills-based HIV/AIDS education* is synonymous to the *HIV/AIDS Personal Development (PD) Course* conducted in PNG for teachers. Of the country's 20 provinces, 11 have been selected to trial the HIV/AIDS PD course indicating 55% coverage out of a total of 114 schools. Of these schools, a total of 582 teachers have been trained in the HIV/AIDS PD course. This indicates that only 0.88% of the 66,000 teachers in PNG have so far been teaching the PD course in the last academic year. This is only an indication from available source of information. A school based survey or an education programme review would very much suffice but are currently unavailable in PNG. (Source: Curriculum Development Unit, NDoE)

While information on the above is available, there are no nationally facilitated workplace policies. Calculation and analysis of similar information relating to the percentage of large enterprises or companies that have HIV/AIDS workplace policies and programmes is therefore impossible. However some international companies have policies inherited from their parent companies. It is noted among other groups that one NGO has a workplace education program and have visited more than 500 workplaces for awareness and prevention activities in 2002.

Similarly, analysis cannot be made on the percentage of HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT. Simply put, this method is currently unavailable in the country's public health facilities. However some people who can afford these services have been accessing them either from private doctors, hospitals and pharmacies.

Care/Treatment

Sentinel surveillance based statistics show that 50% of all adults in PNG have one or more STIs. This results in an estimated 1,000,000 cases of STIs per year, but Health Information and Pharmacy Statistics indicate that 30,000 STIs are treated annually. This means that over 900,000 STIs are left undiagnosed and/or untreated in PNG every year.

It is difficult at this time to calculate the percentage of people with advanced HIV infection receiving ARV combination therapy, as ARV is not publicly available in the country yet. This is also inclusive of those people receiving the treatment from private practitioners.

Knowledge/Behaviour

Pre and post-campaign results indicate some increase in the knowledge about HIV/AIDS but positive changes especially relating to individual attitudes and their sexual behaviour is barely noticed. While the knowledge of using a condom for the prevention of HIV transmission is common, other modes of transmission such as from the sharing of needles for tattooing are very uncommon. This further places the population at high risk, as sharing of sharps and tattooing are common in rural villages and among youths and prison inmates. However basic knowledge of the HIV virus being transmitted through body fluids such as blood products is seen as common. No surveys were conducted in this area therefore specific data for analysis and discussions are not available. The analysis should indicate the percentage of respondents aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention. The UNAIDS estimates this indicator to be 90% by 2005 and 95% by 2010.

Similarly, specific data relating to the percentage of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner is scanty. Injecting drug users are unknown and unheard of in PNG and are therefore considered not applicable here. While this is the current situation, appropriate measures need to be put in place in the near future, as this is already becoming a concern in

neighbouring Indonesia who have reported an increase in the number of injecting drug users in one of its provinces.

Impact Alleviation

Statistics specifically relating to this section as indicated by the Curriculum Division of the National Department of Education (NDoE) are currently not available. Therefore the ratio of orphaned to non-orphaned children aged 10-14 currently attending school cannot be evaluated.

C. IMPACT

Four of the NAC Quarterly Reports on HIV/AIDS & STI indicate that 2,657 new cases of HIV were detected from the period April 2001 to March 2002. Of these new cases, 16.9% (449) were young people aged 15-24 years. The UNAIDS estimates that this level will be reduced by 25% in most affected countries by the year 2005 and with a further 25% reduction globally by 2010.

The 2001 statistics collected at the Paediatrics Ward of the Port Moresby General Hospital indicate that a total of 183 new cases of children were infected with HIV. Of the 183 children who were tested positive to HIV, 79.8% were infants while others were children over one year old. The total paediatric admission for the year was 4,426 in which HIV infection accounted for 6% of the total mortality with an average of one child dying per month from HIV related causes. The number of infants born to HIV infected mothers who are also infected is also 79.8%. This is because the modes of transmission were all diagnosed as being from mother-to-child.

II. OVERVIEW OF THE HIV/AIDS EPIDEMIC IN PNG

The HIV/AIDS epidemic is relatively new in PNG. Since diagnosis of the first case in 1987, the cumulative number of HIV antibody cases reported has reached 4,075 by June 2001. However this is only an indication from confirmed cases being reported thus implying that the number of cases may far be more than that. In this regard, some reports have indicated that there may be 10,000 – 15,000 unconfirmed cases thus placing the general population at a greater risk of catching the virus.

This section discusses the status of HIV prevalence in PNG during the period January to December 2002 based on data collected by the PNG National AIDS Council Secretariat (NACS). However statistics on this period are not available at the time of writing this report but are currently being processed and will be made available soon in 2003.

In PNG, the surveillance of HIV/AIDS cases consists of case reports of infections sent to the NACS. Information collected on these cases relies upon the Central Public Health Laboratory (CPHL), which is the National Reference Laboratory for notification of confirmed cases to the Statistical Officer at NACS. The CPHL normally sends this information via the medical notification forms with the confirmed results firstly to the medical officer requesting the test. The medical notification forms contain detailed information on each case relating to place of origin, epidemiology and clinical history, but this system is yet to improve as the analysis of data being published quarterly is obtained from laboratory notification only. Medical Officers are therefore expected to return the completed form to the Statistical Officer at NACS.

Analysis on this section is therefore based on the NACS and the Department of Health HIV/AIDS and STI Quarterly Reports. Statistics on these reports are taken from the month of April to December 2001 and January to March 2002 thus indicating a full year. The available data for this period therefore indicate that 449 new HIV/AIDS cases were detected in PNG from April 2001 to March 2002 for young people aged 15-24 years. Of the total reported cases, 25.2 % are males and 74.8 % are females. (Source: NACS and NDOH HIV/AIDS Quarterly Reports).

Analysis is also based on statistics compiled at the Port Moresby General Hospital Paediatrics Ward by Dr. M. Kiromat that has been forwarded to the NACS. These statistics are for infants born to HIV infected mothers who are also infected. The Division of Paediatrics in PMGH commenced collecting data on Paediatric HIV cases since 1994 for the purpose of assisting the mothers to provide care for their babies after they have been tested as HIV positive. This data may not be an accurate reflection of the extent of the problem as they are compiled from only those children investigated.

The statistics collected for 2002 therefore indicate 50% of new cases, 9% as deaths from AIDS related causes and other diseases and 11% as being tested negative after 18 months. Thirty percent (30%) were not being followed up for further investigations due to loss of contact and their unavailability. The modes of transmissions for all new cases of HIV have been diagnosed and reported as being from mother-to-child. (Source: PMGH Paediatric Ward HIV Statistics compiled by Dr Kiromat and Dr Friesen).

III. NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC

1. National Commitment and Action

There is a real need for commitment to strengthen the National AIDS Council (NAC) to respond to the HIV/AIDS epidemic in PNG. In the 2002 national budget, the NAC received an allocation of USD 180,000. The donor community has also mobilised significant resources. In 2000, AusAID earmarked over USD 30 million over five years (2000-2005) to support the NAC, and the European Union has committed USD 3.5 million, also over 5 years. But, given the high expenditure level within the AusAID project to provide basic services and establish infrastructure, it does appear that this investment will be sufficient. The government allocation of US\$132,500 in the 2002 national development budget is very much insufficient as compared to the input by donor agencies. Donors are therefore covering this shortage and this situation is unlikely changing in the near future. (Source: Situation Analysis of HIV/AIDS in PNG, September 2002).

The available draft Multi-Sectoral Planning Framework states generally that, the response to the HIV/AIDS epidemic by various organisations has been slow, but has varied and was dependent on mandated responsibilities. The National Department of Health had been responsible for taking a lead role in addressing the HIV/AIDS epidemic until the establishment of the NAC and its Secretariat. These two organisations are currently the 'front runners' in pursuing initiatives directly related to the epidemic. Other organisations actively involved are largely in the legal and ethical sectors, a few private sector organisations and a notable number of NGOs.

It was initially thought that the development of the National HIV/AIDS Medium Term Plan would generate a wide response from various sectors however to date the anticipated national response has not been attained. There is an urgent need to look at other options to generate the necessary response, if the course of the epidemic is to be reversed.

The proposed expanded national response provides a number of options to facilitate the multi-sectoral approach. The multi-sectoral concept has

been used elsewhere throughout the world and has been acclaimed for its effectiveness. The approach draws on international best practice and adopts it to the realities of PNG. Further, it builds on what is already in existence and takes on proposed new initiatives.

The multi-sectoral response framework therefore recommends ten key areas of focus in expanding the national response. These are:

1. Developing a political response to the epidemic in order to give direction to the social response;
2. Developing an institutional response that will assist personnel and institutions in the private and public sectors;
3. Generating responses through policy reforms and development;
4. Broadening the response through targeted interventions;
5. Integration of HIV/AIDS into development strategy;
6. Integration of HIV/AIDS into new and ongoing projects;
7. Expanding media strategies;
8. Facilitating a response through integrated and multi-sectoral planning at provincial and district levels;
9. Research;
10. Supporting sectoral program responses through provision of resources, technical advice, funding and training (grants).

The draft framework also states that the recommended areas are not an exhaustive list but should provide the basis to instituting a broadened multi-sectoral response that can be expanded to take account of the changing nature of the epidemic as well as the political and administrative environment within which the response takes place.

It further emphasises the importance of the framework to allow for flexibility to accommodate structural and administrative changes taking place within government, in particular those within the NAC and its Secretariat, and within provincial and district administrations. Shifts in government policy priorities are likely to have an impact in implementing the framework, which means that the emphasis of the ten priorities should also shift. (Source: National HIV/AIDS Support Project: Multi-

Sectoral Planning Framework, Milestone 30, Resubmission, January 2003 - unpublished).

2. National Programmes and Behaviour

A five-year Peer Education Programme funded by the European Union for rapid deployment of intensive targeted behaviour change interventions at sites where those most vulnerable to HIV are to be found as the potential delay to the spread of HIV among the general population, particularly among youth.

This project is directed towards behavioural change programs, expanding on the original AusAID Transex model in accordance with internationally recognised best practice. The emphasis will be on young people 15-25 years old (which includes sex workers) and their clients who can be accessed at settings in which high-risk behaviours are facilitated. These include major urban centres, urban-like enclaves in rural areas associated with various zones of economic activity, particularly mines, logging camps, construction camps, factories, plantations, oil and gas installations, as well as the police and main local army barracks.

Target groups will include sex workers (most are under 25), their main clients, MSM, and high-risk youth and various uniformed services in the context of a nationwide “hot spots” program. As such will complement the planned national peer education program utilizing civil society actors and building their capacity. Private sector, unions, self-help groups and others will be engaged to a workshop approach to learning has not shown great success in PNG, other methods will be used, such as apprenticing, in-house technical advisors and cross-visits. It will depend less on written guidelines, workshops and manuals than on lived experience and will engage persons in the target groups as decision-makers from the beginning. All available local NGOs will be mobilised, self-help groups of sex workers and other young people will be developed and an international NGO will handle management.

Care programs for HIV infected persons within each target group will also be developed. Proper formative analysis and baseline studies will be done. A full-scale monitoring system will be developed from its inception to be executed in collaboration with the PNG Institute of Medical Research (PNGIMR). (Source: Situation Analysis of HIV/AIDS in PNG, September 2002).

IV. MAJOR CHALLENGES FACED AND ACTIONS NEEDED TO ACHIEVE THE GOALS/TARGETS

This section focuses on key challenges faced throughout the reporting period that hindered the national response and remedial actions envisaged to ensure achievements of agreed targets by 2005 and 2010.

Though some progress has been made, the HIV/AIDS epidemic remains highly stigmatised and few persons reveal their status. The NACS has made significant progress in establishing itself. The MTP was constructed to add strength to government agencies at national and provincial levels, through a vision that both national government departments and provincial AIDS Committees could implement policies and programs. The PNGIMR, a statutory body under the Ministry of Health, is developing a strong HIV operational research section.

Government departments have minimal expertise in HIV related behaviour change as well as severely declining budgets, and cannot presently be expected to execute the nation's urgently needed programs in line departments. The National Department of Health (NDOH), which has taken the lead role throughout the history of the epidemic in PNG, is also severely handicapped. Health expenditure as a percentage of GDP peaked in 1981 and 1982 at 3.6% and has fallen to about 2.3% in 2000.

In the face of massive health issues including extremely high rates of STIs, malaria, TB, typhoid and measles among other health issues, the declining health budget has resulted in a chronic deterioration of the laboratory services available to support health programs as set by the NDOH. There is currently no laboratory unit within the NDOH, and this has resulted in laboratory issues often being forgotten, ignored or inadequately addressed in policy development and strategic planning.

Many laboratory workers in PNG work in isolated, unsupported, under-resourced and unsupervised situations. They have often had only minimal training, frequently with no upgrading over many years. Equipment and infrastructure, especially at district level has been allowed to deteriorate. It is not surprising therefore that the service throughout the country is currently considered unable to perform its function as required.

With new leadership in the NACS and agreement from the NDOH, the opportunity exists to build up civil society actors, with training and STI laboratory support from PNGIMR, and help the NDOH/NACS partnership learn how to work with

NGOs in coordination and oversight role. Countries as diverse as Cambodia, Thailand and particular states in India and Uganda have managed this role of government and non-government agency collaboration successfully. In PNG the environmental movement has produced effective and active NGOs, demonstrating that such a social development can occur in this country. In order to foster and train such organisations for HIV/AIDS work, the effort will need considerably more investment than presently available. International NGOs will be needed to foster local NGO development. (Source: Situation Analysis of HIV/AIDS in PNG, September 2002).

The following table provides information on PNG's data collection plan for 2005 reporting.

Data collection plan (2005 reporting)	2003	2004	2005
Household surveys		✓	✓
Health facility surveys	✓	✓	✓
School-based surveys	✓	✓	✓
Workplace surveys		✓	✓
Desk review	✓	✓	✓

V. SUPPORT REQUIRED FROM PNG'S DEVELOPMENT PARTNERS

Currently AusAID has committed itself to the investment of about USD30 million for the years 2000-2005. These funds are being used for supporting the implementation of the MTP in PNG's 20 provinces. The National HIV/AIDS Support Project (NHASP) works to strengthen government responses at many levels, in STI treatment, laboratory services, legal issues and policy, peer education, multi-sectoral planning, surveillance, counselling, education and information, and the social marketing of condoms.

In addition to AusAID, the European Union (EU) is showing its support in enhancing the national peer education project. The EU project plans to reach 10,000 people in high-risk groups over 5 years, with the project managed by NAC. This however will not offer the coverage needed.

The UN agencies on the other hand have smaller projects that address various aspects of the overall HIV/AIDS problem such as the UNICEF pilot PMTCT project. Similarly the UNAIDS is planning a strategic planning exercise soon in 2003 following a joint review of the MTP funded by UNAIDS and USAID in late November and early December of 2002. (Source: Situation Analysis of HIV/AIDS in Papua New Guinea, September 2002).

VI. MONITORING AND EVALUATION ENVIRONMENT

There was no monitoring and evaluation system built into the 1998-2002 HIV/AIDS Medium Term Plan. Therefore the monitoring and evaluation of the MTP implementation was not possible. This has been identified and will be included in the new MTP.

Consultation/Preparation Process for the National Report on the Follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible for filling out the indicator forms?

NO

YES

a) NAC or equivalent

✓

- b) NAP ✓
 c) Others (civil society) ✓
- 2) With inputs from
- Ministries:
- | | | |
|---|------------------|---|
| ✓ | Education | ✓ |
| ✓ | Health | |
| ✓ | Labour | |
| ✓ | Foreign Affairs | |
| ✓ | Others | |
| | (please specify) | |
- Civil society organisations ✓
 People living with HIV/AIDS ✓
 Private sector ✓
 United Nations Organisations ✓
 Bilaterals ✓
 International NGOs
 Others
 (please specify)
- 3) Was the report discussed in a large forum?
 ✓
- 4) Are the survey results stored centrally?
 ✓
- 5) Are data available for public consultation? ✓ (but limited)

Name/title: Mr. Samuel J Petau
 Assistant Secretary, Social Sector Branch
 Development Planning and Programming Division
 Department of National Planning and Rural Development

Date: 27 February 2003

Signature:

National Composite Policy Index Questionnaire

Strategic Plan

1. Has your country developed multisectoral strategies to combat HIV/AIDS? (Multisectoral strategies should include, but not limited to, health, education, labour, and agricultural sectors.)

Yes ✓	No	N/A
Comments:		
PNG has recently reviewed its 1998-2002 National HIV/AIDS Medium Term Plan (MTP) in December 2002 and is currently in the process of developing a new multi-sectoral strategy.		

2. Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?

Yes ✓	No	N/A
Comments:		
HIV/AIDS has also been identified as a national concern and has been integrated into the National Poverty Reduction Strategy. The Government's National Development Plan or Medium Term Development Strategy (MTDS) is also currently under review. The new MTDS will therefore integrate HIV/AIDS as a national concern to be addressed in the next ten years.		

3. Does your country have a functional national multisectoral HIV/AIDS management/coordination body? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes ✓	No	N/A
Comments:		
PNG has already set up the National AIDS Council (NAC) under an Act of the Parliament.		

4. Does your country have a functional national HIV/AIDS body that promotes interaction among government, private sector and civil society? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes ✓	No	N/A
Comments:		
This is promoted by the National AIDS Council Secretariat (NACS). Respective		

Provincial AIDS Committees (PACs) are being established and are functional in some locations however the NACS does not currently have its own structure, resources or plan to effectively manage them.

5. Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes ✓	No	N/A
Comments:		
NACS and some of the functional PACs that are currently being established provide this assistance.		

6. Has your country evaluated the impact of HIV/AIDS on its socio-economic status for planning purposes?

Yes	No ✓	N/A
Comments:		
This has not been done as yet except for the desk based review conducted by AusAID. The review however as identified in its report was based on the African impact models due to lack of data.		

7. Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces?

Yes	No ✓	N/A
Comments:		
Strategies that address HIV/AIDS issues among PNG's uniformed services are yet to be fully developed except for the PNG Defence Force and the Correctional Institutional Services (CIS). The CIS Strategy however refers only to the CIS institutions and prisoners rather than the uniformed correctional staff.		

Prevention

1. Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?

Yes ✓	No	N/A
Comments:		
Various methods have been used such as the condom runs to various		

market stalls and street vendors on Fridays, the use of various street local newspaper sellers and work place distributions. Other methods include live national radio shows, television and media interviews, and general awareness campaigns annually on the World AIDS Day through the conduct of workshops for various groups.

2. Does your country have a policy or strategy promoting reproductive and sexual health education for young people?

Yes ✓	No	N/A
Comments:		
This policy is implemented by the National Department of Health and is identified under its 10-year National Health Plan (2000-2010).		

3. Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.)

Yes	No ✓	N/A
If yes, please list groups:		
Comments:		
The targeted interventions are for high-risk groups such as youths, CSWs, truck drivers, dockside workers and seafarers. There are no policies or strategies responding to the needs of MSM and prison inmates. The National Department of Health has refused to include sex workers in its HIV/AIDS policy as 'prostitution is illegal' in PNG.		

4. Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants?

Yes	No ✓	N/A
Comments:		
There is none available currently except that of some activities provided by appropriate groups such as NGOs and government agencies. The government therefore is in the process of establishing such a policy soon.		

5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

Yes	No ✓	N/A
If yes, please list		
Groups:		Commodities:
Comments:		
Essential preventative commodities such as condoms are available through many outlets for vulnerable groups however appropriate strategies to expand the access are unavailable.		

6. Does your country have a policy or strategy to reduce mother-to-child HIV transmission?

Yes	No ✓	N/A
Comments:		
There are no policies or strategies currently in place specifically for mother-to-child transmissions.		

Human Rights

1. Does your country have laws and regulations that protect against discrimination of people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

Yes	No ✓	N/A
Comments:		
There are no laws and regulations in place except that a draft bill is being reviewed and finalized for Parliamentary approval in 2003. However this does not imply that the current draft bill will be passed unchanged.		

2. Does your country have laws and regulations that protect against discrimination of people identified as being especially vulnerable to HIV/AIDS (i.e. groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes	No ✓	N/A
If yes, please list groups:		
Comments:		
There are no laws and regulations except that they are protected under the Constitution of Papua New Guinea. Apart from that, this has been proposed in the current draft National AIDS Legislation.		

3. Does your country have a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations?

Yes	No ✓	N/A
Comments:		
There is none available however we have equal access venues provided for both men and women to collect condoms and other information on HIV/AIDS prevention.		

4. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?

Yes ✓	No	N/A
Comments:		
HIV/AIDS research protocols involving human subjects are subject to be reviewed and approved by the Medical and Research Advisory Committee of the National AIDS Council, the University of Papua New Guinea, the Department of Health and other bodies.		

Care and Support

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychological care, access to medicines, and home and community-based care.)

Yes	No ✓	N/A
If yes, please list		
Groups:		Commodities:
Comments:		
All of the above strategies are covered under the 1998-2002 MTP but the MTP Review states that its significant weakness was that it had no policy or strategy support. Similarly there are no policies or strategies for access to medicines and home and community based care.		

2. Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretroviral and drugs for the prevention and treatment of opportunistic infections and palliative care.)

Yes	No ✓	N/A
If yes please list		

Groups:	Commodities:
Comments: There are no policies available but there has been various communications at different levels for the provision of ART and other HIV/AIDS related drugs.	

3. Does your country have a policy or strategy to address the additional needs of orphans and other vulnerable children?

Yes	No ✓	N/A
Comments: There are no policies available in relation to the additional needs of orphans and other vulnerable children. But the 1998 – 2002 MTP indirectly address this issue and calls for the prevention of MTCT.		