FIRST NATIONAL SUMMIT ON HIV PREVENTION

FULL REPORT ON SUMMIT AND RECOMMENDATIONS APRIL 2006
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## Abbreviations and Acronyms

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Abstain, Be faithful, use Condoms</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ANC</td>
<td>Antenatal clinic</td>
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<td>ART</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>DAC</td>
<td>District AIDS Committee</td>
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<td>DACS</td>
<td>District AIDS Committee Secretariat</td>
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<td>HAMP Act</td>
<td>HIV/AIDS Management and Prevention Act</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HRSS</td>
<td>High Risk Settings Strategy</td>
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<td>MTDS</td>
<td>Medium Term Development Strategy</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>NACS</td>
<td>National AIDS Council Secretariat</td>
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<td>NDOH</td>
<td>National Department of Health</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NHASP</td>
<td>National HIV/AIDS Support Project</td>
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<td>NSP</td>
<td>National Strategic Plan on HIV/AIDS</td>
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<td>PAC</td>
<td>Provincial AIDS Committee</td>
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<td>PACS</td>
<td>Provincial AIDS Committee Secretariat</td>
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<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
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<td>PLWHA</td>
<td>People Living with HIV and AIDS</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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Acknowledgements

The First National Summit on HIV Prevention was successfully conducted with the highest level of national political leadership and active participation by individuals and representatives of organisations involved in the national response. The success of the Summit reflects the dedicated efforts and contribution of many people involved in HIV and AIDS related work in the districts and provinces throughout Papua New Guinea, as well as the support and guidance from international partners and donors.

UNAIDS is acknowledged for its coordinating role in convening the Summit in collaboration with the National AIDS Council, and for its financial and technical support. The Summit was made possible by financial support from the following sponsors: PNG Sustainable Development Programme Limited; Australian Agency for International Development; European Union; New Zealand Agency for International Development; and the Asian Development Bank.

The Steering Committee extends sincere appreciation to all the keynote speakers, presenters, group facilitators, and rapporteurs for their participation and support in making the Summit a success.

The Summit Report was initially drafted by Dr. Ninkama Moiya and Ms. Katherine Lepani, Chief Rapporteurs for the summit. The final draft report was then written by Katherine Lepani. The production of the report was made possible with support from Noah Ariku and Joy Bella Samar of UNAIDS Papua New Guinea.

UNAIDS is supporting the production of a CD containing copies of all available Summit presentations and documents for distribution to Summit participants and interested organisations and individuals upon request.
Summary

The Papua New Guinea (PNG) National AIDS Council (NAC), in collaboration with the Parliamentary Special Committee on HIV/AIDS, and the Joint United Nations Programme on HIV/AIDS (UNAIDS), convened a three-day Summit on Intensifying HIV Prevention in PNG, from 7–9 March 2006, in Port Moresby. The Summit brought together nearly 250 participants representing all levels of engagement in the national response from government ministries, the private sector, community-based organisations, and international donor agencies.

The Summit objectives were to examine the content, strategies, and nature of the ongoing efforts in HIV prevention in PNG and compare them to what is known from international experience about how best to control the spread of HIV in different local contexts. The outcome of the Summit was a key set of recommendations that provide a direction forward for intensifying HIV prevention.

The Summit was organised around the following five main themes:

- Leadership and Advocacy in HIV Prevention
- Managing the National Response: Challenges in Implementing a Decentralised Response
- Critical Issues in Education and Behaviour Change
- Treatment, Care and Support in HIV Prevention
- Need for an Evidence-Based National Response

Plenary sessions involved keynote speeches and presentations that addressed the themes, followed by group discussions on issues related to the themes to generate recommendations for action. Upholding the importance of working under one national framework for the national response, the Summit recommendations are complementary to the goals, objectives, and strategies of the National Strategic Plan on HIV/AIDS (NSP).

The highest level of political commitment was demonstrated at the Summit, which was opened by the Prime Minister of Papua New Guinea, the Right Honourable Grand Chief Sir Michael Somare, and closed by the Governor General of Papua New Guinea, His Excellency Grand Chief Sir Paulius Matane. On the final day, the Chair of the Parliamentary Special Committee of HIV/AIDS, Dr. Banare Bun, presented the full set of recommendations to the Honourable Dr. Puka Temu, MP, Minister for Lands and Physical Planning, and Minister Assisting the Prime Minister on HIV/AIDS, who received them on behalf of the Government.

The Summit Report begins by providing background information on the Summit goal and objectives, and the program and methodology used to generate recommendations. The core section of the Report highlights the key recommendations submitted by the discussion groups in relation to the five thematic areas and in relation to the corresponding NSP Focus Areas. The Report then presents highlights from the Opening Session. The remaining section of the Report focuses on each Summit theme, with an overview of the plenary presentations and a narrative summary of issues emerging from the discussion groups followed by a compilation of all related recommendations aligned with the specific goals and objectives of each NSP Focus Area.
1. BACKGROUND

1.1 Summit Goal and Objectives


The Summit was organised in response to the need for a high-level forum to bring together people and organisations involved in HIV and AIDS work, both locally and internationally, to take stock of the current situation in PNG, share perspectives and experiences, and refine approaches for a more coordinated and focused national response. The Summit provided the occasion to critically examine current HIV prevention strategies and identify innovative ways to intensify them, in light of the recent endorsement of the National Strategic Plan on HIV/AIDS 2004-2008, and the significance given to HIV prevention in the Government’s Medium Term Development Strategy (MTDS). The objective of the Summit was to examine the content, strategies, and nature of the ongoing efforts in HIV prevention in PNG and to compare them to what is known from international experience about how best to control the spread of HIV in different local contexts. The outcome of the Summit was a set of recommendations that provide a direction forward for intensifying HIV prevention.

SUMMIT GOAL:
Intensifying HIV prevention in Papua New Guinea

OBJECTIVES:
• To examine the context, strategies, and nature of HIV prevention in PNG;
• To compare these to known global practices that work, and arrive at prevention strategies for the future.

OUTCOME:
Recommendations for intensifying HIV prevention that will contribute to the national response.

Intensifying HIV prevention is concerned with the levels of contact with prevention services, or the scope and scale of available services in relation to need and access, and the quality and range of specific actions undertaken.¹

Stakeholders involved in the PNG national response agree that scaled up prevention efforts are required to meet differential needs based on the epidemiological, social, and cultural contexts where program implementation takes place. Intensified efforts are necessary to close the gap between the need for and access to a range of HIV prevention programs and services. The escalating HIV epidemic in PNG will be reversed only if effective HIV prevention measures are intensified in scale and scope and

strategies are informed by community level experience and evidence. Intensifying HIV prevention can have a major positive impact on other national priority areas identified in the MTDS, including promoting education and income earning opportunities, addressing gender inequalities, and improving basic health services and infrastructure.

International best practice has demonstrated that the protection, promotion, and respect of human rights are essential prerequisites for effective programs of response. The Summit proceedings confirmed a shared appreciation and recognition of the overarching principles of effective HIV prevention necessary to guide the national response and provide the basis for policy and programmatic actions. The group discussions generated broad consensus on a range of actions at various levels required to intensify the national response within a rights-based framework.

Upholding the importance of working under one national strategic framework for the national response, the Summit recommendations are complementary to the goals, objectives, and strategies of the National Strategic Plan on HIV/AIDS (NSP). The NSP provides the broad framework for all organisations in government and non-government sectors to respond to the epidemic within their own capacities and by making best use of available resources. The NSP acknowledges that the momentum of the national response requires guidance to ensure consistency and coherence within and between all policy areas, program activities, and partners involved in implementation. Many of the Summit recommendations directly reflect and reiterate the goals and objectives of the NSP, while some recommendations provide specific direction for the next steps to take in implementation.
2. KEY SUMMIT RECOMMENDATIONS

The key Summit recommendations are drawn from a synthesis of over 150 recommendations submitted by the discussion groups. They were selected on the basis of consensus, relevance, and priority for action. The key recommendations are outlined below under the five Summit themes and the corresponding NSP Focus Areas. Recommendations for each theme are grouped in clusters under subject headings that reflect strategic focus and/or action to be taken. The clustering of recommendations under subject headings serves to highlight priority concerns while recognising that these are cross-cutting issues that may relate to more than one theme or focus area.

Leadership and Advocacy in HIV Prevention
Managing the National Response: Challenges in Implementing a Decentralised Response

LEADERSHIP, PARTNERSHIP, AND COORDINATION

Effective leadership, partnerships, and coordination are central to intensifying the national response to the epidemic. Leaders at every level, including traditional and community leaders, need to be educated and empowered to initiate change and take ownership of the response. Stronger partnerships between all levels of government, communities, non-government organisations, churches, businesses, media, and donors are required to mobilise resources and build capacities, especially in rural areas. Effective planning and coordination at the provincial and district levels is the basis for expanding the national response and maximising limited government resources through an integrated approach to program delivery. Operational mechanisms required for intensifying HIV prevention include effective planning systems, appropriate prioritisation of policies and strategies, good coordination among all partners, and the capacity to monitor and evaluate implementation.

People living with HIV and AIDS

- Acknowledge the important leadership role of people living with HIV and support their active contribution and involvement in the national response as the best approach to advocacy and creating supportive political, legal, and social environments.

Elected leaders

- Provide all Members of Parliament with HIV awareness training as a condition for parliamentary registration and service, and encourage them to participate in VCT and state their commitment to HIV prevention activities in their electorate.
- Legislate for a mandatory allocation of the Electoral Development Fund to support district HIV responses with political and financial accountability to the National Parliamentary Committee, National AIDS Council, Provincial Administrator, and Provincial AIDS Committee.

Church leadership

- Support and strengthen the role of churches and faith-based organisations as major partners in the national response and encourage churches to become centres for HIV and AIDS information, education, care, and healing.
**Police**

- Expand and support HIV prevention partnerships with police, and projects for police in their own self-interest, to reduce police harassment, violence, and stigmatisation of people involved in sex work.

**Private sector partnerships**

- Advocate and support private sector initiatives and business coalitions on HIV and AIDS as a matter of corporate and social responsibility.
- Establish a voucher system through corporate sponsorship to support the involvement of people living with HIV as spokespeople and advocates and as an incentive for peer educators and volunteers involved in HIV prevention and care.
- Utilise the capacity of private sector industries to reach rural communities through their existing distribution networks for maximising HIV awareness and social marketing of condoms.
- Assist landowning groups to commit trust funds and royalties from resource projects to HIV prevention and treatment services and to invest for future need.

**Management, coordination, and implementation**

- Cost out the National Strategic Plan on HIV/AIDS and secure committed budgetary support from the national government.
- Secure provincial government budgetary support for Provincial and District AIDS Committees and Secretariats (PACS/DACS).
- Improve communication and strengthen the interface between all levels of program planning and implementation to bridge the gap between higher and lower structures in the national response and to facilitate information sharing and mentoring between provinces and districts about best practices and lessons learned (NACS, PACS, and DACS).
- Promote awareness and understanding of the HAMP Act among stakeholders and communities and ensure its implementation and enforcement.
- Hold national HIV prevention summits on a biannual basis in different provincial centres as a forum for sharing, discussing, and critically reviewing information, resources, lessons learned, and best practice approaches.

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**Critical Issues in Education and Behaviour Change**

**EDUCATION AND PREVENTION**

The starting point for intensifying HIV prevention must be in the realities of people’s lives. The challenge now is to move from generalised awareness to specific and focused community engagement. The epidemic needs to be personalised and the national response brought into homes, villages, and communities and activated through existing social networks. Community participation and ownership in all aspects of program development and implementation helps to consolidate and build on positive behaviours and positive aspects of culture and to provide supportive contexts for behaviour change. HIV prevention is maximised when programs are based on respect for human rights and gender equality, and action is taken to reduce stigma and discrimination and create safe social environments. The challenging work of engaging in dialogue about sexuality, sexual behaviour, and HIV prevention is an on-going process and represents the basis
for moving forward and intensifying the national response. HIV prevention must move away from the language of fear as the motivation for change and support positive community conversations. Greater involvement of men in HIV prevention is critical for understanding gender relations and shifting entrenched gender inequalities. Renewed focus on young people is required, with priority given to activities that reach out-of-school youth. The increased supply and availability of both male and female condoms for protection is a central component in intensifying HIV prevention, combined with greater efforts to educate about condom use.

**Personalising the epidemic**
- Using a human rights based approach to HIV prevention and care, develop programs based on the realities of people’s lives and that build on family and clan networks, community values, and the positive strengths of culture to create a context for individual and group behaviour change at all levels of social interaction.

**Redefining behaviour change**
- Acknowledging that the ABC approach is limited in effectiveness, think creatively about what behaviour change means in the PNG context with the view to using more relevant communication approaches to address the context of HIV risk and vulnerability in PNG.
- Recognising that marriage represents a high risk setting for many women in PNG, develop strategies to empower women to have greater control over their sexual health, and the knowledge, means, and autonomy to protect themselves from HIV infection.

**Creating supportive and safe environments for behaviour change**
- Develop and support local opportunities and initiatives for education, skills development, micro-financing, and informal sector employment.
- Popularise the guiding principles of recognition, respect, and reliance for all HIV work with specific target groups and communities.
- Support Igat Hope to expand its efforts in engaging people living with HIV in the national response and in providing counselling and support services.

**Educating for HIV prevention**
- Support advocacy training on the HIV/AIDS Policy for the National Education System for employees, school boards, parents, and communities.
- Support teachers to teach the new curriculum on HIV/AIDS and sexual health.
- Develop a complementary curriculum on HIV/AIDS and sexual health for community leaders and peer educators to reach the majority of young people who are not in school.

**Encouraging community conversations**
- Build a vocal constituency for HIV prevention by encouraging and facilitating community conversations about gender roles and relations, sexuality, sexual health, violence against women, fear and discrimination, and traditional concepts and beliefs about illness and death, with the overall objective of supporting a positive environment for change.
- Promote ways of talking about sex and sexual desires that will reduce harm in sexual activity, consolidate positive behaviour and safe sex practices, and promote loving relationships between men and women.
- Confront the common misperception that women are responsible for spreading HIV.
Reaching young people
- Expand HIV prevention programs that work with young people through their own social networks and incorporate skills development and income-generating activities.
- Support peer education programs for out-of-school youth that focus on communication and personal skills development and encourage young people to delay the start of sexual activity.

Involving men and addressing masculinities
- Give priority to the development and implementation of strategies that address the issues of sexual violence and coercion and aim to prevent HIV infection between older men and younger women and girls.
- Involve men in facilitating behaviour change and promoting the use of condoms to minimise HIV vulnerability of women.
- Involve men in the prevention of HIV transmission to their children.
- Involve men and youth in the care of the sick in their communities.
- Develop strategies that focus on masculinities and male sexuality, including sexually active mobile men with money and multiple partners.

Protecting with condom use
- Improve education on condom use and increase access to condoms for sexually active young people.

Treatment, Care, and Support in HIV Prevention

TREATMENT, COUNSELLING, CARE AND SUPPORT
FAMILY AND COMMUNITY SUPPORT

Increased availability and access to voluntary counselling and testing services (VCT) and the provision of antiretroviral therapy (ART) provide new opportunities for HIV prevention. Lessons learned from other countries show that greater access to treatment reinforces prevention through increased voluntary testing and a reduction in fear, stigma, and discrimination. Integrating HIV prevention with existing reproductive and sexual health services offers an important means for scaling up coverage of HIV prevention programs. The care and support for people living with HIV and AIDS is directly linked to HIV prevention by creating safe and supportive social environments and alleviating fear, stigma, and violence.

Enhancing prevention through VCT
- Raise awareness about the value of VCT in providing people with knowledge of their HIV status and supporting behaviour change in the context of personal and family relationships, and of the importance of this information for individuals and their partners, children, families, and communities.
- Provide on-going counselling services for people living with HIV and AIDS to minimise possibility of reinfection and transmission.
- Ensure the provision of effective post-test counselling for people with negative results.
• Encourage couple counselling to prevent the possibility of antenatal mothers being subjected to violence and stigma due to HIV status.

**Linking treatment to prevention**
• Improve the supply and access to medications for opportunistic infections, STI treatments, and support for positive living for all people with HIV.
• Adopt a capacity building and team approach to training of health workers on HIV treatment and care, building on existing knowledge and skills and using interactive methodologies with intervals for practice.
• Legislate to include the provision of post-exposure prophylaxis (PEP) to all who require it within the necessary time for effective prevention, as a “means of protection” from infection provided in Section 11(3) of the HAMP Act.
• Prioritise STI treatment in the National Health Plan and improve diagnostic and management capacity to treat asymptomatic STIs in women.
• Increase intake of STI and HIV testing and treatment services by building client confidence in the health system and available services through improved facilities and procedures, including data collection and records management.

**Creating safe spaces**
• Acknowledging that care and support for people living with HIV and AIDS plays an important role in HIV prevention, support the role of caregivers and families in changing negative and harmful attitudes and creating safe and supportive environments.
• Facilitate and support the creation of safe spaces for people living with HIV, building on existing facilities and church networks, and using successful community initiatives as best practice models.
• Address gender relations, violence, stigma, and discrimination as potential barriers to women's access to HIV treatment and care.

**Need for Evidence-Based National Response**

**MONITORING AND EVALUATION**
**SOCIAL AND BEHAVIOURAL CHANGE RESEARCH**

The national response needs to be based on evidence rather than the assumptions, myths, and moralistic biases that generate misinformation, fear, and distrust. Good management of information requires cooperation, willingness to share information, and regular monitoring and evaluation of programs in order to track progress. Social research is important for gaining insights on the complex social and cultural factors that influence people’s behaviour, and understanding why HIV prevention programs are or are not effective.

**Information sharing**
• Upholding the principle that all HIV work is research, encourage the documentation of project implementation and the reflective sharing of experiences and lessons learned by all those involved in the national response.
**Social research collaboration**

- Build local skills and capacities in research methodologies, including data collection, analysis, interpretation, report writing, and applying research findings to the development of policies and strategies for action, giving priority to established NGOs and community-based organisations.
- Ensure that participatory research methods are used to actively involve members of communities in all aspects of the research process, based on informed consent.
- Conduct community-based social action research to more comprehensively understand contexts, behaviours, and the factors of HIV-related vulnerability from which to develop sustainable behaviour change programs.
- Ensure that research terminology reflects the realities of the situation in PNG and that research results are reported back to participants in a timely manner in language and terminology that is accessible to everyone.
3. HIGHLIGHTS OF THE OPENING SESSION

3.1 Keynote Address

The leadership shown by the Prime Minister in opening the Summit represented the way forward in responding to the HIV epidemic in Papua New Guinea. In his opening address, the Prime Minister observed that the Summit was unprecedented in the national response and provided a unique opportunity for critically assessing the significant threat the HIV epidemic has for the nation’s future, and for reaching consensus on strategies required to intensify HIV prevention efforts. He called on everyone to change negative attitudes about the epidemic and towards people living with HIV and AIDS. The Prime Minister committed the Government to creating the necessary environment for prevention and empowering citizens to take effective action. The address reviewed the recent steps the Government has taken to consolidate the national response. These include:

- passage of the HIV/AIDS Management and Prevention Act 2003 (HAMP Act);
- formalisation of the Parliamentary Special Committee on HIV/AIDS Advocacy;
- relocation of the National AIDS Council to the Office of the Prime Minister, with the Chief Secretary of the National Executive Committee to become Chair;
- appointment of a Minister to assist the Prime Minister on HIV/AIDS;
- budget allocation of K4.1 million for the National AIDS Council.

The Prime Minister acknowledged the role of churches, NGOs, the private sector, and development partners. He commended the recent formation of the HIV/AIDS Donor Partners Forum and he reminded everyone of the importance of working together for effective coordination of efforts and resources.

3.2 Key Partners

Following the Keynote Address, representatives of several of the key partners in the national response addressed the Summit.

**UNAIDS Regional Support Team for Asia and the Pacific**

The first address was given by the Director of the UNAIDS Regional Support Team for Asia and the Pacific, Dr. Prasada Rao, who spoke on “Global and Regional Prevention Initiatives” and the lessons learned that can be applied to Papua New Guinea. Dr. Rao stressed the importance for HIV prevention programs to be grounded in local context based on what is known and proven to work, and he encouraged the national response to utilise a range of proven responses that address both risk and the deep-seated causes of vulnerability. Dr. Rao highlighted the following principles for effective HIV prevention based on global, regional, national, and local experience:

- HIV prevention efforts must have as their fundamental basis the promotion, protection and respect of human rights including gender equality.
- HIV prevention programs must be differentiated and locally adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented.
• HIV prevention actions must be **evidence-informed**, based on what is known and proven to be effective.

• HIV prevention programs must be **comprehensive** in scope, using the full range of policy and programmatic interventions known to be effective.

• HIV prevention is for life; therefore, both **delivery of existing interventions as well as research and development of new technologies require a long-term** and sustained effort.

• HIV prevention programming must be at a **coverage, scale and intensity** that is enough to make a critical difference.

• **Community participation** of those for whom HIV prevention programs are planned is critical for their impact.  

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**United Nations**

The UN Resident Coordinator/UNDP Resident Representative, Dr. Jacqueline Badcock, spoke on “The United Nations as Partners in HIV Prevention in Papua New Guinea.” Dr. Badcock emphasised that the increasing trend in HIV infections threatens efforts towards realisation of the Millennium Development Goals and the PNG Government’s Medium Term Development Strategy. Acknowledging that March 8th is International Women’s Day, Dr. Badcock stressed the importance of addressing the gender aspects of the epidemic, the vulnerability of women and young girls, and reaching men as partners in HIV prevention. She stated that no one is exempt from being involved in the national response and that it will take the collective and uncompromising voices of principle and demand for action to turn the tide of the epidemic.

**European Union**

The Ambassador and Head of Delegation of the European Commission, H.E. Mr. Aldo Dell’Aricca, addressed the Summit on “The European Union as PNG’s Partner in HIV Prevention.” He emphasised that HIV prevention involves more than a focus on “risk groups” and “risk behaviours” and that it is not enough simply to talk about abstinence and faithfulness. His address was followed by the British High Commissioner, H.E. Mr. David Gordon-Macleod, who praised the Summit as a major step forward in the national response and stressed that HIV prevention activities must keep pace with the progress of the virus. He questioned the actual reach of HIV awareness in rural areas and spoke of the importance of supporting local initiatives and the transfer of best practices between districts and provinces to mentor a decentralised national response. He stressed how strategies that address gender violence and gender inequalities are essential to effective HIV prevention, and he observed that the most successful provincial responses to date are where women hold management positions.

**Igat Hope**

Ms. Maura Elaripe, Board Member of Igat Hope, addressed the Summit on “The Role of People Living with HIV/AIDS in Prevention.” Ms. Elaripe spoke powerfully about the challenges positive people face as advocates and representatives in the national response. She observed that a major weakness in the response to date has been the

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failure to give positive people a direct leadership role, stating that the principles of inclusion are not practiced, recommendations are not acted on, and strategies are not activated. She called for greater support for people living with HIV to take an active role in HIV prevention through opportunities to speak their own voices and implement their ideas and initiatives. She called for a focus on capacity development for PLWHA organisations to strengthen social support networks and program activities. Ms. Elaripe emphasised how direct and meaningful participation of positive people will contribute to their health and well-being and add value to the national response. Ms. Elaripe concluded by asking all participants to reflect on their own approaches and attitudes.

**Ask yourself, “Are you doing all that you can to support greater and more meaningful participation of positive people?”**

– Ms. Maura Elaripe, Board Member of Igat Hope

### AusAID

The final speaker in the Opening Session was Australia’s Special Representative for HIV/AIDS, Ms. Annmareae O’Keeffe, who addressed the Summit on “AusAID Support for HIV Prevention.” She began by reporting on the findings of the AusAID study on HIV Epidemiological Modelling and Impact, which analyses the impacts of HIV/AIDS in Papua New Guinea, Indonesia, and East Timor for the period 2005 to 2025, based on current, mid-level, and high levels of response. The study predicts the following outcomes for PNG by 2025 if interventions remain at current levels:

- a generalised epidemic with over 500,000 people living with HIV;
- HIV prevalence of over 10% of the adult population;
- 300,000 adult deaths;
- 117,000 children will have lost their mothers to AIDS;
- the workforce reduced by 12.5% and GDP by 1.3%;
- health sector severely impacted, with over 70% of medical beds occupied by people living with AIDS.³

The overall message of the projections is that there are dramatic differences in the human, social, and economic costs of the epidemic depending on the approach taken and the scale of interventions. Ms. O’Keeffe emphasised that there will be significantly less burden for PNG if HIV prevention efforts are scaled up now. She then reviewed some of the achievements to date in the national response in partnership with the National HIV/AIDS Support Program. She outlined the components of the new AusAID program of support, which will build on achievements and efforts to mainstream the response, with a focus on leadership, coordination, gender violence, and the strengthening of health systems. Ms. O’Keeffe concluded by encouraging all Summit participants to turn words into action.

4. OVERVIEW OF THEMES AND ALIGNMENT OF SUMMIT RECOMMENDATIONS WITH THE NATIONAL STRATEGIC PLAN ON HIV/AIDS

This section provides an overview of each of the five Summit themes, drawing on key points made in the plenary presentations and issues raised in the discussion groups. The narrative summaries are followed by the compilation of all related recommendations generated by the eleven discussion groups. The recommendations are presented in alignment with the specific goals and objectives of the corresponding NSP Focus Area. The alignment provides the means for viewing the synergies between identified actions and guiding the way forward in intensifying HIV prevention within the framework of the National Strategic Plan.

THEME ONE: LEADERSHIP AND ADVOCACY IN HIV PREVENTION

Plenary Presentations

The first session on Day 1 opened with an address by the Hon. Dame Carol Kidu, MP, Minister for Community Development, titled “Taking on the Challenge of HIV Prevention in PNG: Advocacy and Leadership for the National Response.” Dame Carol approached the topic of leadership and advocacy from the community level, emphasising the need for effective decentralisation of the national response with a focus on family, clan, and church networks. She said that strong political and bureaucratic commitment to community engagement and ownership of HIV/AIDS is fundamental to the national response. Acknowledging that traditional PNG society is based on reciprocal relations and responsibilities between clans and families, she stressed the importance of working through both old and new networks for effective community engagement. Dame Carol called on leaders to be directly involved in facilitating inter-generational and inter-gender community conversations about HIV and AIDS to create supportive environments for behaviour change. She also called for greater prominence of programs that address issues of male responsibility in responding to the epidemic, as well as child-focused programs, and opportunities for informal sector employment for poverty reduction.

The challenge now is to move from generalised awareness to specific and focused community engagement so that communities become better equipped to respond to the emerging crisis in their families. We must now personalise the epidemic and bring the national response right inside our communities and homes.

– Hon. Dame Carol Kidu, MP, Minister for Community Development

Three presentations followed the plenary address. Hon. Dr. Banare Bun, MP and Chair of the Special Parliamentary Committee on HIV/AIDS Advocacy, spoke on “The Role of Political Leadership in HIV Prevention.” He opened by stating that the three biggest challenges to PNG’s development are corruption and bribery, law and order, and the HIV epidemic, emphasising the importance of political will and drive to address HIV as a development issue. Dr. Bun outlined the achievements, approaches, and activities of the Parliamentary Special Committee on HIV/AIDS Advocacy, including sensitisation training.
of Members of Parliament; direct involvement of MPs in District AIDS Committees (DAC); integration of HIV messages in all public events and speeches; funding commitments from district support grants; and greater political commitment to the provision of basic services. He stated that poverty is the main factor influencing the spread of HIV and he stressed the importance of income opportunities in the informal sector, downstream processing, microfinance schemes, improved infrastructure, and agricultural and technical skills training.

Bishop Peter Fox of the Anglican Church gave the second presentation, speaking on “Religious Beliefs and Practices and the Challenge of HIV Prevention: The Role of Churches.” He began by stating that the hearts and minds of people need to be changed, acknowledging that attitudes as well as behaviours shape the HIV epidemic. He addressed the fundamental divide within churches over condoms as the means of protection from HIV, and cautioned against the assumption in the ABC message that women have a choice about condom use. Bishop Fox called on all churches to take a central leadership and advocacy role in the national response by becoming safe centres for information, education, support, care, and healing.

The final presentation was delivered by Mr. Romanus Pakure, Acting Director of NACS, reading from a paper prepared by Dr. Berit Gustafsson of the National HIV/AIDS Support Program, on “Traditional Leadership and Traditional Beliefs in HIV Prevention.” The paper reviewed findings from the Social Mapping exercise, which collected data at the district level on factors that shape peoples’ behaviours, attitudes, and understanding of HIV and AIDS. The paper discussed the continued importance of traditional social structures and knowledge systems, including authority and control over access to information and knowledge. The paper stated that an effective national response requires communities to take ownership of knowledge about HIV and AIDS and provide leadership for the activities that will support behaviour change.

**Narrative Summary of Issues**

There was unanimous consensus among Summit participants about the critical importance for strong and visible political leadership to guide the national response. Participants stated that the leadership shown by the Prime Minister in opening the Summit marks a positive step in the direction forward.

Addressing HIV vulnerability and the need for intensifying HIV prevention brings into sharp focus the underlying development factors that both shape the epidemic and provide the means for mitigating impact. Political and bureaucratic leadership requires a holistic approach to the national response by creating supportive environments for behaviour change, including the provision of basic social services, infrastructure, and income-earning opportunities in the informal sector. The importance of the informal sector was repeatedly emphasised throughout the Summit. Political commitment is required to scale-up gender sensitive micro-financing schemes, support small business initiatives, and ensure equity of access to income-earning opportunities and control over money earned.

While leadership is essential for a strong national response, more work is required to enable elected leaders at all levels of government to be positive agents for change. To be meaningfully engaged in the national response and to make responsible decisions, political leaders need comprehensive and accurate information on HIV and AIDS and
related social issues. Leadership training should address issues of stigma and discrimination in relation to and in the context of local cultural beliefs and practices. Some discussion centred on the selection process for committee membership and decision-making positions, emphasising the importance of equal opportunity and gender parity in formalised leadership positions. In some contexts, this will require skills training and training in gender sensitisation to enable women’s participation.

There was general agreement that leadership needs further defining and clarification of roles in the PNG context. Discussion touched on tensions at various levels regarding leadership and ownership, recognising that leadership is about power relations—who speaks for whom, who makes decisions for whom, who controls resources—and these power relations have a gender dimension that produces inequality and limits opportunity. When addressing the role of leadership in the national response, it is important to keep in mind that there is considerable confusion in communities about whom to listen to and trust. The political process has produced distrust about the intentions and actions of those in power. People are wary of corruption, bribery, and contradictory behaviour between what leaders say and what they do. Leaders need to act not just in their official positions, but also as good role models in their family and community life. Leaders are encouraged to personalise the epidemic to make the national response more effective. The focus of leadership is primarily on elected leaders and those who are leaders because of their professional positions, that is, administrators and managers, public servants, pastors, teachers, health workers, and police. It is equally important to consider what leadership looks like at the interpersonal level—those whom others turn to for guidance and advice, and those who are the role models and decision makers within peer groups, clan groups, and in the household.

A key principle reflected in all presentations and highlighted in the group discussions was the importance for the national response to be grounded in local contexts and supportive of local initiatives. Communities need to take ownership of knowledge and the process of knowledge sharing. Both leadership and ownership entail responsibility. Ownership will not happen at community level if people perceive the response to the epidemic as solely a government responsibility. Leaders are encouraged to reconnect in new ways to reach people in their communities and promote greater interchange of ideas and experiences between provinces and districts.

Leaders have a responsibility to help people participate in constructive community conversations so that information about HIV and AIDS makes sense in relation to cultural beliefs and practices. Leaders can support community conversations that are age and gender inclusive so everyone can hear each others’ voices. Leadership qualities that facilitate and support the process of knowledge sharing are encouraged, as opposed to the exercise of power over others by scolding, lecturing, or giving orders. Traditional leadership structures within communities provide a valuable means of reaching people. It is important to work with and through leaders, bearing in mind that leaders can also exclude members of the community who do not have influence or positions of power. It is important to ensure that “gatekeepers” do not prevent information and resources from reaching marginalised individuals and groups within communities.

The leadership and advocacy role of churches as centres for information, caring, and healing is also critical to an effective national response. Participants encouraged the PNG Council of Churches to take the lead in promoting a unified voice and coordinated
effort for HIV prevention, beginning by educating church leaders and clergy who have not yet taken ownership of the epidemic and continue to view HIV in moralistic terms and as an outsider’s disease.

Participants acknowledged that the leadership role of people living with HIV is undervalued and underutilised. Positive people need greater recognition and support to take an active role at the national, provincial and district levels. Participants also highlighted the fact that people directly involved in HIV and AIDS work can lose sight of their role as leaders and role models. Participants stressed that attitudes and behaviours of HIV program staff have to be exemplary in order to support behaviour change.

Alignment of Group Recommendations to Corresponding NSP Focus Area

**NSP Focus Area 5. Leadership, Partnership and Coordination**

**Goal**
To encourage politicians and leaders at all levels of society to give a high profile to HIV and enhance coordination of development partners, participation and resource mobilisation.

**Objective 1**
To ensure annual increase in financial commitment and political involvement to the national response by fostering political and leadership commitment at all levels of society.

**Recommendations:**
- Acknowledge the important leadership role of people living with HIV and support their active contribution and involvement in the national response as the best approach to advocacy and creating supportive political, legal, and social environments.
- Utilise and support existing leadership structures in organisations and communities and identify leaders based on demonstrated commitment and not simply their position.
- Support leaders to personalise the epidemic and become actively engaged in the national response as role models.
- Support and strengthen the role of churches and faith-based organisations as major partners in the national response and encourage churches to become centres for HIV and AIDS information, education, care, and healing.
- The PNG Council of Churches should take a lead in promoting a unified voice and coordinated effort for HIV prevention.
- Facilitate appropriate leadership learning activities to equip leaders with relevant tools and resources for decision-making and management.
- Induction for all elected leaders should include HIV and AIDS as a mainstream governance and development issue.
- Provide all Members of Parliament with HIV awareness training as a condition for parliamentary registration and service, and encourage them to participate in VCT and state their commitment to HIV prevention activities in their electorate.
- Legislate for a mandatory allocation of the Electoral Development Fund to support district HIV responses with political and financial accountability to the National Parliamentary Committee, National AIDS Council, Provincial Administrator, and Provincial AIDS Committee.
- Legislate for percentage of tax credit scheme to be allocated to provinces to support volunteers in HIV prevention, treatment, and care.
- Advocate and support private sector initiatives and business coalitions on HIV and AIDS as a matter of corporate and social responsibility.
- Assist landowning groups to commit trust funds and royalties from resource projects to HIV prevention and treatment services and to invest for future need.

**Objective 2**
To strengthen existing partnerships and establish new partners on the basis of equality and mutual respect at all levels.

**Recommendations:**
- Hold national HIV prevention summits on a biannual basis in different provincial centres as a forum for sharing, discussing, and critically reviewing information, resources, lessons learned, and best practice approaches.
- Utilise the National HIV/AIDS Partnership Forum as an important means for engaging leaders on HIV prevention issues.
- Foster ownership of the national response by creating partnerships at the local level with PACs and DACs.

**Objective 3**
To strengthen the capacity of NAC and its Secretariat to effectively coordinate the national response to HIV through the implementation of the NSP, including effective provincial coordination.

**Recommendations:**
- Give priority to developing leadership, management, planning, and technical skills at the district level.
- Actively involve community leaders in PACs and DACs and draw membership from the best available people.
- Members of Parliament should take a leadership role in DACs, ensuring strong local community leadership and financial support.
- Ensure and support equal representation of women on PACs and DACs.
- Ensure and support representation of people living with HIV on PACs and DACs.
- Give priority to women and people living with HIV to hold management and coordination positions at provincial and district levels.
THEME TWO: MANAGING THE NATIONAL RESPONSE: CHALLENGES IN IMPLEMENTING A DECENTRALISED RESPONSE

Plenary Presentations
The second session of Day 1 opened with a plenary address by Mr. Thomas Lisenia, former Institutional Strengthening Adviser for NHASP, who spoke on “Decentralising the Response: Role of Provincial AIDS Coordinators, District Level Planning and Coordination.” Mr. Lisenia gave a descriptive overview of the district strategic planning process for a multi-sectoral response to HIV and AIDS, outlining the history of its implementation and the desired and achieved outcomes. He emphasised the need for further coordination, facilitation, establishment of processes and procedures, and mobilisation of resources.

The process of instituting a local response through the district strategic planning exercise is a very sustainable approach. The problems, issues, and resolutions are contributed by the very people who are affected by these issues. The process has mobilised leadership at all levels, in particular community leaders including churches, traditional leaders, local level government councilors and presidents, youth and women leaders.

– Thomas Lisenia

The plenary address was followed by five presentations that focused on the implementation experiences of a number of programs. Mr. Wep Kanawi, Administrator of Manus Province, spoke on “Facilitating the National Response: The View from the Provinces.” He gave a firsthand account of the step-by-step process of building a provincial response to HIV and AIDS in Manus Province, outlining some of the achievements, gaps, and constraints. He emphasised that fear-driven interventions do not work and that efforts to engage people positively through development initiatives have greater relevance and scope for success.

Dr. Carol Jenkins gave a presentation on “The Police as Partners in HIV Prevention.” She began by looking at the risk and vulnerability of police, and the negative and positive roles of police in HIV prevention. She talked specifically about the role of police in the sex work industry including the issues of police brutality and harassment. Dr. Jenkins reviewed the PNG initiatives from the mid-1990s, which focused on HIV education and awareness training for police. She emphasised the continued importance of strategies for creating enabling environments with police, including HIV projects for police in their own self-interest, citizens’ committees to reduce police misconduct, harmonising health and security policies, and developing sex workers’ liaison committees with local police.

Mr. Rody Ukin, Ok Tedi Mining Limited, spoke on “Effective and Sustainable Strategies for Private/Public Response to HIV/AIDS.” He gave an overview of Ok Tedi Mining’s program for responding to HIV and AIDS, which builds on partnerships with government departments, NGOs, and community organisations, and is based on four pillars of HIV prevention: condoms; voluntary counselling and testing (VCT); services for sexually transmitted infections (STI); and care and support.
Dr. Ninkama Moiya, NACS, gave a presentation on “Mobilising Communities for Action.” He outlined the focus areas of the NSP, achievements to date, implementation constraints and challenges, and what remains to be done to mobilise resources for the national response, including the costing of the NSP and provincial and district plans.

The last presentation of the session was given by Mr. Turaho Morea, NASFUND, on “The Private Sector Response.” He provided an overview of how NASFUND has taken the lead in the private sector response to HIV through advocacy, awareness, and the development of workplace policies. He discussed NASFUND’s proactive approach in integrating the issues of gender equality and the empowerment of women, stating that a successful HIV awareness program can only be achieved by raising the status of women in society and supporting attitudinal change in how men perceive and treat women. Mr. Morea highlighted the importance of engaging and mobilising men in the national response, confronting men’s refusal to use condoms, and confronting the common misperception that women are responsible for spreading the virus.

**Narrative Summary of Issues**

Group discussions focused on the issues of effective planning and coordination at the provincial and district levels and the need for an integrated developmental approach to responding to the epidemic. Consideration was given to the linkages between the provincial and district levels in terms of planning and budgeting, the need for specific district level costing using a planning framework grounded in locally available resources, and the need for greater dialogue and mentoring between districts and provinces. Partnership and coordination among all stakeholders—government, churches, NGOs, private sector, projects, donors—is particularly important in resource-scarce and remote areas. Political will has to translate to budgetary support for HIV responses at the provincial and district levels, with elected leaders making financial commitments to PACs and DACs. The importance of involving the private sector at the provincial and district levels was also emphasised.

Much of the discussion focused on management issues within the institutional framework of the national response (NACS, PACs, DACs). There was consensus that improved communication and coordination between NACS and the provinces and districts is essential, with NACS taking more notice of PACS feedback and decision-making processes. The systems and procedures need review to clearly define roles and responsibilities, build capacity for effective implementation, and ensure a unified reporting system in line with the monitoring and evaluation framework.

A key discussion point was the importance of mainstreaming HIV as a development issue and viewing the national response as an integral aspect of a holistic approach to development. Community insights on the interrelations between development issues at the local level, and how available resources, existing capacities, and decisions about resource use and allocation are interconnected and overlap, can guide the response. Discussion also touched on the observation that the HIV epidemic has generated an enormous influx of international assistance, resources, and donor money into communities that have limited resource bases and opportunities. The flow of new resources associated with the national response has created new expectations and in some cases has caused local tensions. These issues point to the need for local ownership of the response in terms of decision-making, management, and implementation, the need for local-level capacity and skills development, and the need...
for HIV projects to integrate components that focus on community-based income-generating activities.

Discussion also centred on the important contribution made by volunteers in the national response, particularly at the community level. The meaning of volunteerism in the PNG context needs clarification to engender a better understanding of roles, responsibilities, and expectations. Several of the discussion groups proposed the introduction of voucher systems to support the work of volunteers, peer educators, and people living with HIV.

There was broad consensus that success stories and achievements need to be documented and shared at all levels so that PNG Best Practices can guide the national response.

Alignment of Group Recommendations to Corresponding NSP Focus Area

**NSP Focus Area 5. Leadership, Partnership and Coordination**

**Goal**
To encourage politicians and leaders at all levels of society to give a high profile to HIV and enhance coordination of development partners, participation and resource mobilisation.

**Objective 3**
To strengthen the capacity of NAC and its Secretariat to effectively coordinate the national response to HIV through the implementation of the NSP, including effective provincial coordination.

**Recommendations:**
- Cost out the National Strategic Plan on HIV/AIDS and secure committed budgetary support from the national government.
- Secure provincial government budgetary support for Provincial and District AIDS Committees and Secretariats (PACS/DACS).
- Improve communication and strengthen the interface between all levels of program planning and implementation to bridge the gap between higher and lower structures in the national response and to facilitate information sharing and mentoring between provinces and districts about best practices and lessons learned (NACS, PACS, and DACS).
- Promote awareness and understanding of the HAMP Act among stakeholders and communities and ensure its implementation and enforcement.
- Strengthen and support the planning and management capacity of PACS and DACS to set program priorities and manage funding allocations.
- Decentralise funding mechanisms to allow DACS direct access to resources from NACS and other partners.
- Determine specific district level costings based on locally available resources.
- Review roles of PACS and DACS and fund long-term positions with conditions that will attract experts and committed people.
- Reduce the length and cost of the recruitment and selection process of provincial and district staff by transferring responsibility from NACS to PACS and DACs.
• Utilise best practices of functioning PACs and DACs as models for provinces and districts that require additional support and mentoring.
• If and where PACs are not functioning, allow and make provisions for an active civil society organisation to take the management and coordination role at the provincial level.
• Undertake stakeholder mapping of HIV/AIDS activities and groups at provincial and district levels to determine who is doing what and establish a database to better coordinate and monitor implementation of activities.
• Establish a screening mechanism to ensure legitimacy and accountability of NGOs applying for grant money.
• Establish a unified national reporting system in line with NACS monitoring and evaluation framework.
Plenary Presentations

The morning session of Day 2 opened with a plenary address by Dr. Peter Aggleton, Institute of Education, University of London, on “Scaling up HIV Prevention: Learning from International Experience.” Speaking from a wealth of experience in HIV prevention work, Dr. Aggleton shared information about lessons learned from different countries and contexts over the last twenty years. Stressing the importance of ownership at all levels, Dr. Aggleton stated that every nation and community must find its own way to respond to the epidemic on its own terms, making the response relevant to local cultural realities. He reviewed the principles and actions for intensifying HIV prevention efforts and specifically focused on actions for gender equality—working for and with both women and men—and actions for working with young people. He challenged participants to think critically about what kinds of masculinities, or qualities and behavioural norms of male identity, should be encouraged in the context of the epidemic. He emphasised that the national response cannot move forward on moralistic and judgemental views of sexual behaviour in terms of good and bad. The focus of communication should not be on changing behaviours as such but consolidating existing behaviours that are safe, for example, delaying first sex and using condoms. Dr. Aggleton discussed key qualities of successful prevention programs at the community level, including the importance of trust and reciprocity between all those involved. He concluded his presentation by reviewing the necessary steps for implementing an effective national response.

The plenary address was followed by five presentations that focused on specific programs and projects involved in behaviour change. Ms. Cheryl Kelly, NHASP, gave a presentation called “Moving from Awareness to Behaviour Change,” which provided an overview of the High Risk Settings Strategy (HRSS). Dr. Paulo Proto, NHASP, also presented on HRSS, looking specifically at the successes and challenges of implementation at the community level. Increasing poverty was identified as a major barrier to behaviour change because people perceive there are no options but to turn to criminal activities and sex work in order to survive. Stigma and discrimination continue to be serious barriers to community engagement. Religion has a strong influence on moralistic perceptions of HIV and AIDS and attitudes to condom use. The talks highlighted the importance of using participatory learning approaches for behaviour change communication; addressing the barriers to condom access and use; and linking communities to youth-friendly STI treatment services, VCT, and HIV care and treatment. Strategies for young people to address the problems of drug and alcohol use will receive priority.
Ms. Bessie Maruia, NHASP, spoke on the “Vulnerability of Women and Girls to HIV Infection: Challenging Gender Relations.” She identified polygamy, bride price, and the high levels of rape and sexual violence in PNG as key factors in women’s vulnerability. She also discussed the challenges for women living with HIV, including the difficulties antenatal mothers face in disclosing their HIV positive status because of social and cultural attitudes. Ms. Maruia questioned the relevance of the ABC approach to HIV prevention, asking “Abstinence: what does it mean to women who are forced into having sex? Be faithful: does this protect a woman who has been faithfully married to the same man all her life and her partner has been having unprotected sex with someone else? Condom: Will men cooperate in using condoms?” She called for greater involvement of men and boys to be positive forces for change in improving the situation of women and HIV in PNG.

\[\text{ABC is not enough...we need to provide an environment that can protect women and not just advise them on how to protect themselves!}\]

– Ms. Bessie Maruia, NHASP

Mr. Damien Rapesi, Deputy Secretary, Standards and Human Resource Development, National Department of Education, gave an overview of the National Department of Education HIV/AIDS Policy, which was launched in December 2005. Guided by sixteen principles, the policy’s key strategic areas include prevention for students, care and support for students, HIV and AIDS in the workforce, and managing the response within the education sector. Information about HIV and AIDS, character development, and life skills will be integrated into the curriculum at all levels of schooling, supported by appropriate teaching and learning resources, pre-service and in-service training for teachers, and peer education programs.

The final presentation of the morning session was given by Mr. Christopher Hershey and Mr. Thomas Kauage, of the Poro Sapot Project of Save the Children in PNG. They spoke on lessons learned from their work with vulnerable women and men, which uses a comprehensive peer education model to encourage and support health-seeking behaviour among female sex workers and men who have sex with other men. They stressed that behaviour change issues are not about morality but about how to engage in less risky behaviour. They called for the guiding principles of recognition, respect, and reliance to be popularised throughout the country among all people involved in HIV work.

**Narrative Summary of Issues**

Participants agreed that intensifying HIV prevention requires a major scale-up and expansion of program activities into rural communities and villages, working through existing community networks. Discussion centred on appropriate communication approaches, acknowledging that the work of HIV prevention is an interactive and participatory process that begins with the exchange of information and ideas, and builds on-going partnerships through rapport and trust. People should not be expected to be passive recipients of information. Approaches should open up opportunities for people to engage with information in ways that make conceptual sense to their own models of understanding and their own cultural and social realities, with messages contextualised and translated into local languages. There was strong endorsement for approaches that facilitate community conversations, where communities generate their own strategies for
action through open discussion about values, beliefs, and the issues affecting their lives. While positive aspects of culture can be a valuable means for promoting HIV prevention, entrenched cultural attitudes and practices can also constitute a barrier to effective HIV prevention. Approaches to the delivery of information, and how the process unfolds, will change according to the local context and in relation to people’s direct experience with the epidemic. Participants agreed that more attention should be given to the content of information and the tone of delivery to avoid basing awareness messages on moralistic assumptions and biases. People interpret information differently and there will always be an unevenness of understanding in any group of people. While it is possible to manage the consistency of information provided, it will never be possible to control for how people make sense of the information they receive.

A key issue to emerge from discussion groups was the need to think creatively about what behaviour change means in the PNG context, with a shift in focus from the individual level to the social and contextual factors that contribute to people’s vulnerability. A non-moral perspective is needed to address unsafe sex practices while reinforcing and consolidating positive behaviours and creating new environments for enabling behaviour change. Participants noted that behaviour change starts with the quality of working relationships between program personnel and the people with and for whom HIV programs are implemented. Peer educators, volunteers, and program staff must first examine and reduce their own moralistic and judgmental attitudes in order to build trust and respect with the groups they are reaching.

Participants agreed that male responsibility in responding to the epidemic requires far greater emphasis. The combination of mobility, money, and male sexual behaviour creates vulnerabilities for HIV infection, especially for women. There is an urgent need for specific programs for men to promote positive values of masculinity and to address sexual violence. Participants agreed that interventions for particular settings and groups are valid approaches, but programs should identify and incorporate local opportunities for education and skills development within partner communities and support harm reduction approaches that address alcohol and drug use. Income-generating and micro-financing activities should include complementary life skills training, and the means to ensure equity of access to opportunities and control over money earned. Participants identified the need for improved condom distribution networks and greater education on condom use. They emphasised the value of peer education and called for more targeted approaches to reach out-of-school youth, and to introduce incentives to attract committed and responsible peer educators.
Alignment of Group Recommendations to Corresponding NSP Focus Area

NSP Focus Area 2. Education and Prevention

Goal
To facilitate and sustain behaviour change to minimise HIV and STI transmission in specific populations and increase awareness about prevention in the general population.

Objective 1
To provide 80 per cent of the country’s population with relevant, accurate and comprehensive messages about prevention of HIV transmission by 2008.

Recommendations:

- Using a human rights based approach to HIV prevention and care, develop programs based on the realities of people’s lives and that build on family and clan networks, community values, and the positive strengths of culture to create a context for individual and group behaviour change at all levels of social interaction.
- Develop and support local opportunities and initiatives for education, skills development, micro-financing, and informal sector employment.
- Acknowledging that the ABC approach is limited in effectiveness, think creatively about what behaviour change means in the PNG context with the view to using more relevant communication approaches to address the context of HIV risk and vulnerability in PNG.
- Build a vocal constituency for HIV prevention by encouraging and facilitating community conversations about gender roles and relations, sexuality, sexual health, violence against women, fear and discrimination, and traditional concepts and beliefs about illness and death, with the overall objective of supporting a positive environment for change.
- Confront the common misperception that women are responsible for spreading HIV.
- Utilise and promote local best practices such as drama groups and rural visits, and provide support for groups to share experiences.
- Train HIV/AIDS communicators, peer educators, and program staff to reduce judgemental and moralistic attitudes and ensure that awareness activities and materials do not contain negative messages.
- Support provincial radio networks to communicate HIV prevention messages.
- Support advocacy training on the HIV/AIDS Policy for the National Education System for employees, school boards, parents, and communities.
- Support teachers to teach the new curriculum on HIV/AIDS and sexual health.
- Develop a complementary curriculum on HIV/AIDS and sexual health for community leaders and peer educators to reach the majority of young people who are not in school.
- Support the role of parents in teaching and learning about HIV/AIDS and sexual health and encourage sex education at the family level prior to children entering the school system.
Objective 2
To target interventions to groups at particular risk, using culturally acceptable methods, to keep HIV prevalence in these groups below 5 per cent by 2008.

Recommendations:
• Popularise the guiding principles of recognition, respect, and reliance for all HIV work with specific target groups and communities.
• Expand and support HIV prevention partnerships with police, and projects for police in their own self-interest, to reduce police harassment, violence, and stigmatisation of people involved in sex work.
• While interventions that focus on specific locations and groups are valid approaches, redefine the High Risk Setting Strategy to emphasise changing unsafe sex behaviours and the social structures and contextual factors that contribute to HIV risk and vulnerability in the PNG context.
• Recognising that marriage represents a high risk setting for many women in PNG, develop strategies to empower women to have greater control over their sexual health, and the knowledge, means, and autonomy to protect themselves from HIV infection.
• Acknowledging that sex workers and men who have sex with men have a major contribution to make to the national response, support programs that involve them in developing and implementing appropriate strategies for HIV prevention.
• Develop strategies that focus on the clients of sex workers.
• Develop strategies that focus on masculinities and male sexuality, including sexually active mobile men with money and multiple partners.
• Require all government departments to provide HIV awareness and prevention training for public servants.
• Support harm reduction approaches that address alcohol, drugs, and violence.
• Support the provision of condoms for prisoners as a “means of protection” from infection, as per Section 11(3) of the HAMP Act.

Objective 3
To increase safer sexual practices amongst the sexually active population, in particular the youth population.

Recommendations:
• Give priority to the development and implementation of strategies that address the issues of sexual violence and coercion and aim to prevent HIV infection between older men and younger women and girls.
• Involve men in facilitating behaviour change and promoting the use of condoms to minimise HIV vulnerability of women.
• Promote ways of talking about sex and sexual desires that will reduce harm in sexual activity, consolidate positive behaviour and safe sex practices, and promote loving relationships between men and women.
• Develop interpersonal communication skills to enable couples to talk about sexual health issues and sexual desires.
• Improve education on condom use and increase access to condoms for sexually active young people.
• Support peer education programs for out-of-school youth that focus on communication and personal skills development and encourage young people to delay the start of sexual activity.

• Utilise the capacity of private sector industries to reach rural communities through their existing distribution networks for maximising HIV awareness and social marketing of condoms.

• Promote access to all existing prevention options, including female condoms and new prevention technologies.

• Integrate HIV prevention with reproductive health services.

• Decriminalise safe sex practices.
THEME FOUR: TREATMENT, CARE AND SUPPORT IN HIV PREVENTION

Plenary Presentations

Elizabeth Reid gave the plenary address on “The Role of Care and Treatment in HIV Prevention,” which looked at the dynamic links between HIV prevention and treatment. She highlighted several critical pathways to prevention through care and support from the perspectives and stories of people affected by the epidemic. The stories were testimony to the importance of creating safe spaces for people living with HIV and AIDS and those who are close to them, and the valuable role of caregivers in changing negative community attitudes. Experience shows that people are responsive to treatment when the settings for treatment and care focus on the total well-being of those seeking care and are respectful of their dignity and rights. Respectful care in turn heightens the likelihood of sustainable and responsible behaviour and takes prevention from the person affected outwards to others, creating circles of prevention. Ms. Reid briefly described the Caring for People with HIV in PNG initiative, which uses participatory learning methods to build the capacity of health workers to care for people with HIV. Motivating health workers to find ways to work within the constraints of their setting and to reach out to others is a pathway to both care and prevention. She identified ANC services as the gateway to changing attitudes and behaviours of male partners when prevention of parent to child transmission is conceived as a socially embedded strategy rather than simply a medical strategy. She also stressed that the availability of post exposure prophylaxis for women and children who have been raped has the potential to address issues of gender inequities as a critical pathway to prevention. Ms. Reid called for a better understanding of the many stories from around PNG that tell of trust and respect and people willing to be counselled and tested.

We can conceive of HIV prevention as helping people to protect others from infection. If HIV infected parents are able to stay alive as long as possible, they can care for and protect their children. Involving men in each aspect of the prevention of parent to child transmission could start men thinking of how much they want children and how they want to be alive to see them grow up. Helping men think through their responsibilities to and their love for their children has been shown to motivate them to sexual behaviour change.

− Elizabeth Reid, Collaboration for Health in PNG

The first of five presentations following the plenary was given by Dr. Greg Law, NHASP, who spoke on “The Importance of Treating STIs in HIV Prevention.” Dr. Law began by stating that PNG had a long history of STIs before the arrival of HIV. PNG has the highest prevalence rates of curable STIs in the Asia Pacific region, and there is substantial evidence of high rates of complications from untreated or under-treated STIs throughout the country. Untreated STIs increase the chance of contracting HIV as well as the likelihood of transmitting it. Over 2,500 health workers have been trained in the syndromic management of STIs as part of the integrated delivery of health services. Challenges to STI treatment services include the poor state of STI facilities in most provinces, maintaining drug supplies, and negative attitudes of health workers to people with STIs and HIV. Directions forward include initiatives with international NGOs to provide sexual health services in several communities and with a focus on the needs of young people, sex workers, and men who have sex with men.
Dr. Goa Tau, Heduru Clinic, Port Moresby General Hospital, spoke on the Heduru Pilot ART Program, launched in February 2004, with 294 patients currently enrolled. The program aims to prolong life, add quality to life, and prevent further HIV transmission. ART can make a big difference in how people approach, understand, and experience HIV. Antiretroviral drugs and treatment for PLWHA can complement care and other prevention efforts through support for behaviour change, condom use, and treatment of STIs.

Dr. Esorom Daoni, NDOH, gave a presentation on “Scaling up Universal Access to Prevention, Treatment, and Care Services in PNG: Constraints and Problems.” He reviewed the key characteristics and trends of the national epidemic, and addressed the challenges and solutions for universal access to prevention and treatment services. Achieving universal access for all who require services is directly linked to the broader context of sustainable development, good governance, and political stability.

Mr. Peter Momo, Board Member of Igat Hope, spoke on “Problems in Accessing HIV Prevention Services.” He called on participants to imagine that everyone is HIV positive so that the choice of using condoms is clear. He said there is a major need for friendly and supportive environments for people living with HIV and AIDS, and a change of attitudes among service providers. He stated that empowerment starts with respect for and recognition of the capacity of positive people to be involved in the national response.

The final speaker was Mr. David Passirem, NACS, who spoke on the “Role of VCT in Enhancing Prevention.” VCT services are primarily for individuals who wish to know their status in order to make behaviour changes. The HAMP Act 2003 legislates against mandatory HIV testing and requires pre- and post-test counselling for all HIV testing, including testing done during pregnancy and for diagnostic purposes for TB and STIs. Social marketing of the VCT concept is required as services expand throughout the country, supported by strong links to health services, including the ART treatment program. Improving access to VCT services for the rural population will depend on existing community networks and strong partnerships.

**Narrative Summary of Issues**

Participants acknowledged that new opportunities to intensify HIV prevention are made possible with increased availability of and access to voluntary counselling and testing services (VCT) and antiretroviral therapy (ART). Most discussion groups focused on capacity issues within the health sector and the difficulties of providing HIV testing and treatment services when the health system has deteriorated to such an extent that it is non-functional in many settings. Several groups devoted discussion to the complex challenges of introducing ART, including issues of equitable access and the logistical, technical, and clinical requirements for delivering effective drug treatment. There was consensus that despite the obvious challenges, for ethical reasons the national response must aim to expand access to ART to all areas of the country and not just Port Moresby.

There was also consensus on the need to enhance prevention through scaling-up the provision of STI services and VCT throughout the country. Consideration is required on how best to sustain existing VCT services, and provide gender sensitive clinical and counselling services and on-going support to clients, including those whose results are negative. Participants acknowledged that integrating HIV prevention with existing
reproductive and sexual health services, including STI treatment, offers an important means for scaling up coverage of HIV prevention programs.

Participants discussed the direct links between HIV prevention and treatment in creating safe and supportive social environments for people living with HIV and AIDS; alleviating fear, stigma, and violence; and supporting the role of caregivers in changing negative attitudes. Also highlighted was the need to develop policies and services to support growing number of AIDS orphans.

Alignment of Group Recommendations to Corresponding NSP Focus Area

**NSP Focus Area 1. Treatment, Counselling, Care and Support**

**Goal**
To decrease morbidity and mortality from AIDS and related causes, to improve the quality of lives of people living with HIV, and to encourage access to VCT.

**Objective 1**
To make ARV treatment available and accessible to at least 10 per cent of people currently infected with HIV and AIDS throughout PNG by 2005 and 25 per cent by 2008.

**Recommendations:**
- Conduct an in-depth analysis of the challenges of providing universal access to ART in PNG, including the following concerns:
  - Capacity issues of the existing health system (counsellors, physicians, technical and laboratory requirements)
  - Clinical and social access issues
  - Drug availability and timely supplies
  - Life-long treatment adherence
  - Drug resistance
  - Confidentiality
  - Illegal drug marketing.
- Given the current constraints in the health system, improve the supply and access to medications for opportunistic infections, STI treatments, and support for positive living for all people with HIV.
- Adopt a capacity building and team approach to training of health workers on HIV treatment and care, building on existing knowledge and skills and using interactive methodologies with intervals for practice.
- Provide access to ART within a system of comprehensive care and counselling.
- Given the limited availability of treatment resources, develop selection criteria to determine priority access to ART, with high priority for HIV infected parents.
- Give priority to the use of ART as post exposure prophylaxis for all victims of rape and sexual abuse.
- Legislate to include the provision of post-exposure prophylaxis (PEP) to all who require it within the necessary time for effective prevention, as a “means of protection” from infection provided in Section 11(3) of the HAMP Act.
- Ensure access to mother to child prophylaxis throughout the country, including the provision of ART for mothers, within a comprehensive antenatal VCT program.
- Involve men in the prevention of HIV transmission to their children.
• Ensure private medical professionals and clinics are included in VCT and ART programs and made to comply with all public health regulations, standards, and reporting requirements.

**Objective 3**  
To establish at least two sites for VCT services in each province that are easily accessible to people by 2008.

**Recommendations:**  
• Raise awareness about the value of VCT in providing people with knowledge of their HIV status and supporting behaviour change in the context of personal and family relationships, and of the importance of this information for individuals and their partners, children, families, and communities.  
• Encourage and support the expansion of VCT to every district with referral links to established health services, and ensure gender balance in the staffing of VCT and STI facilities.  
• Provide on-going counselling services for people living with HIV and AIDS to minimise possibility of reinfection and transmission.  
• Ensure the provision of effective post-test counselling for people with negative results.  
• Encourage couple counselling to prevent the possibility of antenatal mothers being subjected to violence and stigma due to HIV status.  
• Use provisions of the HAMP Act to improve the monitoring of pre- and post-test counselling in VCT, antenatal, and other testing facilities.  
• Increase intake of STI and HIV testing and treatment services by building client confidence in the health system and available services through improved facilities and procedures, including data collection and records management.  
• Strengthen the logistics and management capacity of confirmation laboratories, including reporting results in a timely manner.  
• Provide VCT services for blood donors and STI presenters.

**Objective 5**  
To reduce incidence and rate of STIs in risk populations to 5% and the general population to 3% by 2008.

**Recommendations:**  
• Prioritise STI treatment in the National Health Plan and improve diagnostic and management capacity to treat asymptomatic STIs in women.  
• NDOH to consider the establishment of well-persons clinics for women, men, and youth as a preventive health strategy.
NSP Focus Area 6. Family and Community Support

Goal
To support and sustain a social and cultural environment that will enable families and communities to care for and support people infected and affected by HIV.

Objective 1
To increase access for people living with HIV throughout PNG to access STI/HIV community based care and support services.

Recommendations:
- Address gender relations, violence, stigma, and discrimination as potential barriers to women's access to HIV treatment and care.
- Build capacity for the comprehensive care of people with HIV that links them to available resources within and outside of health care facilities.
- Develop guidelines for comprehensive care plans for adults and children with HIV.

Objective 2
To develop a supportive environment for people living with HIV and their families through the establishment and/or training support and care groups in all provinces by 2008 and reduce discrimination and violence against them.

Recommendations:
- Acknowledging that care and support for people living with HIV and AIDS plays an important role in HIV prevention, support the role of caregivers and families in changing negative and harmful attitudes and creating safe and supportive environments.
- Facilitate and support the creation of safe spaces for people living with HIV, building on existing facilities and church networks, and use successful community initiatives as best practice models.
- Support people living with HIV and AIDS to be spokespeople and advocates and ensure they are involved in the planning and implementation of all activities.
- Support Igat Hope to expand its efforts in engaging people living with HIV in the national response and in providing counselling and support services.
- Involve men and youth in the care of the sick in their communities.
- Develop a Volunteer Charter articulating the rights and responsibilities of those who provide care and support to the sick and orphaned.
THEME FIVE: NEED FOR AN EVIDENCE-BASED NATIONAL RESPONSE

Plenary Presentations

The final plenary address was given by Professor John Reeder, Director, PNG Institute of Medical Research, who spoke on “Building an Evidence-Base for HIV Prevention: Research for Action.” Professor Reeder demonstrated the value of research in guiding programs and reaching desired outcomes. He emphasised that research is able to distinguish rhetoric from reality, and he urged participants not to rely on received assumptions about the situation but to get evidence to build and support strategic actions. He called on everyone to embrace the complexity of the epidemic and to describe and analyse the situation not on the basis of single units of data but in terms of interconnections between data. Professor Reeder emphasised the importance of baseline data for monitoring and evaluating the effectiveness of programs. He stated that all HIV work is research and he urged people to continually ask questions and be open to what implementation reveals about the situation.

The plenary address was followed by three presentations on the role of surveillance and social research in HIV prevention. The first presentation was given by Dr. Mike Toole, Burnet Institute, on “Tracking Strategic Information: The Need for Effective HIV Surveillance.” He began with a definition of public health surveillance as the ongoing and systematic collection, analysis, and interpretation of outcome-specific data concerned with who, what, and where of the incidence and prevalence of disease in a population. He added that surveillance requires further qualitative information to provide context and explain the reasons “why” behind the data. He critically reviewed the common assumptions made about the HIV epidemic in PNG and questioned whether available data support the assumptions. He warned against manipulating data into categories that reflect behavioural patterns elsewhere, stating that the misclassification of “risk groups” leads to inaccurate conclusions about behaviour trends. He called for surveillance to focus on behavioural trends among sexually active men rather than the so-called “risk groups.” He offered twelve key points on effective surveillance for moving forward in the national response, including the need for data trends to be more carefully analysed and interpreted in the context of other information.

Dr. John Millan, NHASP, addressed the question, “What New Surveillance Data Do We Have to Assist in Current Prevention Efforts?” He presented data on HIV prevalence from several surveillance sites in the country. The goals of behavioural surveillance include gaining a better understanding of the behaviours influencing HIV transmission and the trends in order to focus on areas of highest need. Dr. Millan stated that behavioural surveillance needs to be flexible to respond to the changing state of the epidemic over time. He reviewed the surveillance system currently in place and the achievements to date. There are 28 sentinel sites in 15 provinces, including four sites in

All HIV and STI information gathering, analysis, and dissemination needs to be carefully coordinated and oversight provided by a technical group that meets regularly.

– Dr. Mike Toole, Burnet Institute
rural areas, with over 580 people trained in data collection. The National Surveillance Management group has been established.

The last presentation was given by Dr. Richard Eves, Australian National University, who spoke on “Social Research and HIV Prevention.” Political economy, social relations, gender roles and identity, and cultural beliefs and values are central to understanding and controlling the epidemic. Social research provides insights into these aspects and how they influence sexual behaviour and the way the epidemic is unfolding. Dr. Eves stressed that HIV prevention strategies need to shift focus from individual behaviour to socially constructed and embedded behaviour. Dr. Eves pointed out that sex-negative interventions have limited success, and that HIV prevention programs should work with and not against sexual culture. He suggested that high priority should be given to research on male sexual behaviour and contemporary expressions of masculinity and how they impact on exposure to HIV. He highlighted the need for all institutions and programs involved in the national response to share research findings and translate research into practical solutions. Dr. Eves concluded by discussing the requirements for building local social research capacity.

**Narrative Summary of Issues**

Discussion revolved around the theme that all HIV work is research, with an emphasis on the importance of baseline data in guiding program design and implementation, and the value of participatory action research in engaging communities in the national response. It was acknowledged that research can be confronting and create distrust unless the purpose, process, and results of research are clearly communicated and participants are involved in all aspects of the process. There was broad consensus that the national response be based on evidence rather than assumptions and myths, and that locally appropriate concepts are used rather than imported categories. More qualitative research is needed to better understand why certain behaviours are occurring and why or why not behaviour change programs are working.

Discussion also focused on practical guidelines for ensuring research results reach decision makers and implementers and are used to inform policy development and program design. There is a need to develop and strengthen local skills and capacities in research methodologies. Participants called for greater cooperation and willingness to share information between institutions and programs, and there was agreement that documenting and sharing PNG best practice stories and achievements is important to guide the national response.
Alignment of Group Recommendations to Corresponding NSP Focus Area

NSP Focus Area 3. Epidemiology and Surveillance

Goal
To establish effective and efficient surveillance systems that will provide accurate measurement and understanding of the growth and other characteristics of the HIV epidemic in PNG.

Objective 3
To enhance the information system by establishing a well-resourced information centre by 2005 and link this up with other information systems.

Recommendations:
- Enhance the capacity of the NACS Resource Centre to serve as the national repository for all HIV and AIDS related research and require all research reports to be submitted in electronic and hard copy to the centre.
- Appoint staff at NACS Resource Centre to produce an annual update on research findings that is summarised in a digest form for dissemination to policy makers and implementers.
- Update the NACS website and improve ongoing maintenance to ensure accessibility to national data through website links.
- Translate and personalise HIV/AIDS statistics and feedback to communities.
- Improve communications infrastructure to ensure that information reaches the district and community levels in language that is accessible and relevant.
- Facilitate access to key journals at reduced rates for interested groups through the NACS Resource Centre.

NSP Focus Area 4. Social and Behavioural Change Research

Goal
To improve social behaviour research in PNG so that it complements epidemiological and other information and informs the development of strategies for behaviour change.

Objective 1
To build capacity to strengthen social behaviour research and undertake at least two behaviour and social research work annually in collaboration with other research institutions.

Recommendations:
- Upholding the principle that all HIV work is research, encourage the documentation of project implementation and the reflective sharing of experiences and lessons learned by all those involved in the national response.
- Build local skills and capacities in research methodologies, including data collection, analysis, interpretation, report writing, and applying research findings to the development of policies and strategies for action, giving priority to established NGOs and community-based organisations.
• Regularise data collection methods and strengthen conceptual understandings of research so that findings will be comparable, contexts will be clarified, and research skills improved.
• Conduct training programs to enable people involved in data collection to maximise their research capacity.
• NACS to establish a register of accredited NGOs and community-based organisations with the capacity to collaborate in social research projects.
• Engage secondary and tertiary students in community-based research.
• Build capacity at district and community levels for monitoring and evaluation.
• Follow-up the establishment of the Social Behaviour Research Group within NACS and set Terms of Reference and membership.
• PNG Government to assume responsibility for resourcing the NAC Research Advisory Committee, currently supported by AusAID.
• Harmonise the planning, management, coordination of research projects to make best use of limited resources and to enable timely access to data and analysis.
• Revive the Research in Melanesia journal published by the National Research Institute to encourage local researchers to publish their work and to make research findings more accessible.

Recommendations:
• Ensure that participatory research methods are used to actively involve members of communities in all aspects of the research process, based on informed consent.
• Conduct community-based social action research to more comprehensively understand contexts, behaviours, and the factors of HIV-related vulnerability from which to develop sustainable behaviour change programs.
• Foster multi-disciplinary (epidemiology, biomedical, social science, anthropology) approaches to research.
• Undertake a comprehensive literature review of published ethnographic research and draw out key relevant data to link to social mapping survey findings and enhance analysis of current information.

Objective 2
Undertake collaborative research with national and international research institutions into social, cultural, economic and gender factors that shape sexual behaviour in PNG.

Recommendations:
• Ensure that research terminology reflects the realities of the situation in PNG and that research results are reported back to participants in a timely manner in language and terminology that is accessible to everyone.
• Ensure that research findings are reported back to participant communities to obtain their feedback before finalising reports.
• Utilise various interactive methods to convey research information and influence action, including story telling, drama, dance, and songs.

Objective 3
To produce evidence-based information that can be used to design strategies for sustainable change in risk behaviour, by 2008.
• Involve people living with HIV in research projects and reporting on research findings.
• Involve the media in disseminating research findings.

5. WORKING TOGETHER TO TURN THE TIDE

During the final session of the three-day Summit, the Chair of the Special Parliamentary Committee on HIV/AIDS Advocacy, Hon. Dr. Bun, MP, formally presented the recommendations that were generated in the group discussions to the Minister assisting the Prime Minister on HIV/AIDS, Hon. Dr. Temu, MP. He commended participants for their contribution to the consultative process and explained the post-Summit process for consolidating and refining the recommendations into a set of actions that will guide the way forward in intensifying HIV prevention efforts.

Hon. Dr. Temu, MP, received the recommendations on behalf of the Government and commended the full participation of representatives from all levels and sectors of the national response. He said the Government must take ownership of the national response through greater political and financial commitment. Dr. Temu outlined the immediate tasks ahead for intensifying HIV prevention, including the full costing of the NSP with the commitment of resources over the long term for effective implementation, and scaling-up services to the districts and rural areas. He called on all donors to put aside differences and harmonise efforts through better coordination of their respective financial commitments and technical inputs. He stressed the importance of the “Three Ones:” one national framework for action, one coordination body, and one monitoring and evaluation framework. Dr. Temu called on all organisations involved in the national response, including churches and faith-based organisations, to put aside their biases and work together to promote condom use for all sexually active people. He commended the work of all involved in the national response and urged Summit participants to return to their respective communities with a renewed commitment.

I am confident that the extensive deliberations over the past two days have produced new ideas that can be translated into workable strategies, with the active participation of those for whom prevention programs are planned. The task ahead is enormous, and it is only through a collective effort, periodically reviewed, monitored and evaluated to track our progress and know our failures, that we will be able to succeed.

– Grand Chief His Excellency Sir Paulias Matane, GCL, GCMG, KStJ Kt CMG OBE
Governor General of Papua New Guinea
# OPENING SESSION

| DAY 1 | WELCOME | Hon. Dr. Banare Bun, MP  
Chair, Special Parliamentary Committee on HIV/AIDS |
|-------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | KEYNOTE ADDRESS | Rt. Hon. Grand Chief Sir Michael Somare, GCL  
GCMG KStJ CH CF  
Prime Minister of Papua New Guinea |
|       | KEY PARTNERS | Global and Regional Prevention Initiatives  
Dr. Prasada Rao, Director, UNAIDS, Bangkok |
|       |           | The UN as PNG’s partner in HIV Prevention  
Dr. Jacqueline Badcock, UNDP Resident Representative and UN Resident Coordinator |
|       |           | The European Union as PNG’s partner in HIV Prevention  
H.E. Mr. Aldo Dell’ Aricca  
Ambassador & Head of Delegation of the European Commission |
|       |           | The role of People Living with HIV/AIDS in Prevention  
Ms. Maura Mea, Board Member of Igat Hope |
| 9:45–10:00 am | AusAID Support for Prevention Strategy | Ms. Annmarée O’Keeffe, Australia’s Representative for HIV/AIDS |
|       | Coffee Break | |

Report on the First National Summit on HIV Prevention
### DAY 1

**Morning Session**

| 10:00–10:20 am | THEME | Leadership and Advocacy in HIV Prevention  
Chair, Dr. Ninkama Moiya  
National AIDS Council Secretariat |
|-----------------|-------|--------------------------------------------------|
| **PLENARY**     |       | Taking on the challenge of HIV Prevention in PNG:  
Advocacy and Leadership for the National Response  
Hon. Dame Carol Kidu, DBE MP  
Minister for Community Development |

### Three Presentations

| 10:20–11:15 am | The role of political leadership in HIV Prevention  
*Hon. Dr. Banare Bun, MP  
Chair, Special Parliamentary Committee on HIV/AIDS* | Religious beliefs and practices and the challenge of HIV Prevention, Role of the Churches  
*Bishop Peter Fox  
Anglican Church* | Traditional leadership and traditional beliefs in HIV Prevention  
*Dr. Berit Gustaffson  
National HIV/AIDS Support Project* |
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| 2:00 – 2:20 pm | THEME                          | Managing the National Response: Challenges in Implementing a Decentralized Response  
Chair, Dr. Paul Ngabung  
Department of Prime Minister and National Executive Council |
|              | PLENARY                        | Decentralizing the Response: Role of Provincial AIDS Coordinators, District Level Planning and Coordination  
Mr. Thomas Lisenia, International Education Agency |
| 2:30 – 3:30 pm | Five Presentations             | Facilitating the National Response: The view from the Provinces  
Mr. Wep Kanawi, OBE Administrator, Manus Province |
|              |                                | The Police as partners in HIV Prevention  
Dr. Carol Jenkins Consultant |
|              |                                | Public/Private Communities, Partnership in HIV Prevention  
Mr. Rody Ukin Ok Tedi Mining Limited |
|              |                                | Mobilising communities for action  
Dr. Ninkama Moiya  
National AIDS Council Secretariat |
|              |                                | The Private Sector Response  
Mr. Turaho Morea  
NASFUND |
| 3:35 – 3:40 pm | Questions/Clarifications      |                                                                              |
| 3:45 – 5:00 pm | Group Work                    |                                                                              |
| 5:30 – 7:00 pm | Reception                     |                                                                              |
| DAY 2 |  Morning Session  
| 9:00 – 9:30 am | **BRIEFING** | **First Rapporteur Report**  
Mrs. Kathy Lepani  
Dr. Ninkama Moiya |
|  | **THEME** | Critical issues in Education and Behaviour Change  
Chair, Ms. Dominica Abo  
Anglicare StopAIDS |
|  | **PLENARY** | Scaling up HIV Prevention: International Experience  
Dr. Peter Aggleton  
London School of Economics |

**Three Presentations**

| 9:35 – 10:55 am | **Beyond Awareness: Targetted Strategies for behaviour change**  
Ms. Cheryl Kelly  
National HIV/AIDS Support Project |
| **Vulnerability of women and girls to HIV infection: Challenging gender relations in PNG**  
Ms. Bessie Maruia  
National HIV/AIDS Support Project |
| **Introduction – HIV Awareness and information messages**  
Ms. Cheryl Kelly  
National HIV/AIDS Support Project |
| **The School**  
Mr. Damien Rapesi  
National Department of Education |
| **The Settlements**  
Introduction to the high risk settings strategy  
**Dr. Paulo Proto**  
National HIV/AIDS Support Project |
| **Male Prisons**  
Supt. Sue Noordink  
Correctional Institution Services  
**Poro Sapot Project**  
Mr. Christopher Hershey |
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## DAY 2 - Afternoon Session 2:00–2:30 pm
### THEME
**Treatment, Care and Support in HIV Prevention**
Chair, Hon. Dr. Banare Bun, MP
Chair, Parliamentary Special Committee on HIV/AIDS

### PLENARY
**The role of Care and Treatment in HIV Prevention**
Dr. Elizabeth Reid
Consultant

### Five Presentations

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<td>2:30–3:30 pm</td>
<td>Importance of Treating STIs in HIV Prevention</td>
<td>Dr. Greg Law National HIV/AIDS Support Project</td>
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<td>a). A critical assessment of the impact on HIV Prevention of the Heduru Pilot ARV Treatment</td>
<td>Dr. Goa Tau Heduru Clinic Port Moresby General Hospital</td>
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<td>b). Scaling up towards universal access to Prevention Treatment and Care services in PNG: Constraints and Problems</td>
<td>Dr. Esorom Daoni National Department of Health</td>
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<td>3:30–3:35 pm</td>
<td>Problems in accessing HIV Prevention services</td>
<td>Ms. Helen Berem Board Member of Igat Hope</td>
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<td>Role of VCCT in Enhancing Prevention</td>
<td>Mr. David Passirem National AIDS Council Secretariat</td>
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<td><strong>BRIEFING</strong>&lt;br&gt;Second Rapporteur Report&lt;br&gt;Mrs. Kathy Lepani&lt;br&gt;Dr. Ninkama Moiya</td>
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<td><strong>THEME</strong>&lt;br&gt;Need for an Evidence-Based National Response&lt;br&gt;Chair, Lady Roslyn Morauta&lt;br&gt;Member, Asia Pacific Leadership Forum Steering Committee</td>
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<td><strong>PLENARY</strong>&lt;br&gt;Building an Evidence-Based and Informed National Response&lt;br&gt;Prof. John Reeder&lt;br&gt;Institute of Medical Research</td>
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### Three Presentations

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<td>Tracking strategic information: The need for effective surveillance system&lt;br&gt;Dr. Mike Toole&lt;br&gt;Burnet Institute</td>
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<td>What new surveillance data do we have to assist in current prevention efforts?&lt;br&gt;Dr. John Millan&lt;br&gt;National HIV/AIDS Support Project</td>
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<td>Social Research and HIV Prevention&lt;br&gt;<em>Dr. Richard Eves&lt;br&gt;Australian National University</em></td>
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<td>Multi-media presentation by FM 100 Radio Station</td>
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<td>12:50 – 2:15 p</td>
<td>Lunch&lt;br&gt;Chief Rapporteurs and Steering Committee work on Final Recommendations</td>
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| **DAY 3**<br> **Afternoon Session**<br> 1.30 - 2.00 pm | **MEDIA CONFERENCE**<br>  - Hon. Dr. Puka I Temu, CMG MP  <br>  Minister for Lands and Physical Planning and Minister assisting the Prime Minister on HIV/AIDS  
  - Hon. Dr. Banare Bun, MP  
  Chair Parliamentary Special Committee on HIV/AIDS  
  - H.E. Mr. Michael Potts  
  Australian High Commissioner  
  - Dr. Prasada Rao  
  Director UNAIDS Regional Support Team, Bangkok, Thailand |
| **3:30 – 3:35 pm** | **Presentation of Recommendations**<br> Hon. Dr. Banare Bun  
Chair Parliamentary Special Committee on HIV/AIDS |
| **3:35 – 4:10 pm** | **Response to the Recommendations: The way forward**<br> Hon. Dr. Puka I Temu, CMG MP  
  Minister for Lands and Physical Planning and Minister assisting the Prime Minister on HIV/AIDS |
| **4:30 – 5:00 pm** | **Closing Session**  
**Introduction of Governor General**  
By Hon. Dr. Banare Bun, MP  
Chair Parliamentary Special Committee on HIV/AIDS  
**Closing Statement**  
By the Governor General of Papua New Guinea  
**Grand Chief His Excellency Sir Paulias Matane, GCL GCMG KStJ Kt CMG OBE** |
INTENSIFYING HIV PREVENTION IN PNG

Working together to turn the tide

FIRST NATIONAL HIV PREVENTION SUMMIT

March 7th - 9th, 2006
Crowne Plaza Hotel, Port Moresby, National Capital District
Papua New Gunea
Report on the First National Summit on HIV Prevention