Asia and Pacific
Papua New Guinea

COUNTRY:
Papua New Guinea

Name of the National AIDS Committee Officer in charge:
Romanus Pakure

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+675 323 6161

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+675 323 1619

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romanus_pakure@nacs.org.pg

Date of submission:
1/31/2008

<table>
<thead>
<tr>
<th>Organisation</th>
<th>De Esorom Daoni. technical Advisor (STI and HIV/AIDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name/Position</td>
<td>A.I / A.II / A.III / A.IV / A.V</td>
</tr>
<tr>
<td>Respondents to Part A&lt;/p&gt;</td>
<td>[indicate which parts each respondent was queried on]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisation</th>
<th>National AIDS Council Secretariat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name/Position</td>
<td>David Pasirem. Manager - care and counselling</td>
</tr>
<tr>
<td>Respondents to Part A&lt;/p&gt;</td>
<td>A.I / A.II / A.III / A.IV</td>
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<tr>
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</thead>
<tbody>
<tr>
<td>Name/Position</td>
<td>Philip Tapo. Manager - Provincial Programs</td>
</tr>
<tr>
<td>Respondents to Part A&lt;/p&gt;</td>
<td>A.I / A.II / A.III / A.IV</td>
</tr>
<tr>
<td>[indicate which parts each respondent was queried on]</td>
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</tr>
</tbody>
</table>
Organisation: National AIDS Council Secretariat
Name/Position: Michael Aglua. manager - Policy Planning and M&E

Organisation: National Department of Education
Name/Position: Kabal Bamne. HIV/AIDS Curriculum coordinator

Organisation: Department of Prime Minister
Name/Position: Paul Ngabung. HIV/AIDS Coordinator

Organisation: Department of National Planning and Monitoring
Name/Position: Igo Gari - M&E officer for Health sector

Organisation: Department of National Planning and Monitoring
Name/Position: Yvonne Kemo - M&E officer for Education sector

Organisation: Department of Justice and Attorney General
Name/Position: Chang Oyang. HIV/AIDS Advisor

Organisation: Department for Community Development
Name/Position: Gibson Oeka. Acting Assistant Secretary (Policy)

Organisation: Department of Correctional Services
Name/Position: Hilda Wanyangi, Assistant director - HRC
Respondents to Part A

[ indicate which parts each respondent was queried on]

Organisation
Department of Corrections Services

Name/Position
Eko Mangere. HIV/AIDS coordinator

Respondents to Part B

[ indicate which parts each respondent was queried on]

Organisation
Department of transport

Name/Position
Lucy Pais. HIV/AIDS coordinator

Organisation
World Vision

Name/Position
Sr Tarcisia Hunhoff - Programme Director

Organisation
World Vision

Name/Position
Lucy Jaro - Councellor for HIV and AIDS

Organisation
National Catholic Health Services

Name/Position
Sr Tarcisia Hunhoff - Programme Director

Organisation
Anglicare Stop AIDS

Name/Position
Dominica Abo - Director

Respondents to Part B

[ indicate which parts each respondent was queried on]

Organisation
Anglicare Stop AIDS

Name/Position
Edward Yamai - HIV Program Officer

Organisation
Department of transport

Name/Position
Lina Seta - Senior HIV/AIDS Programme officer

Organisation
Department of Corrections Services

Name/Position
Delvin Kupundu - M&E officer

Respondents to Part B

[ indicate which parts each respondent was queried on]

Organisation
Save the Children

Name/Position
Lina Seta - Senior HIV/AIDS Programme officer

Organisation
Save the Children

Name/Position
Delvin Kupundu - M&E officer

Respondents to Part B

[ indicate which parts each respondent was queried on]

Organisation
World Vision

Name/Position
Elias Nara - Senior operations Officer

Respondents to Part B

[ indicate which parts each respondent was queried on]

Organisation
World Vision

Name/Position
Lucy Jaro - Councellor for HIV and AIDS

Respondents to Part B

[ indicate which parts each respondent was queried on]

Organisation
National Catholic Health Services

Name/Position
Sr Tarcisia Hunhoff - Programme Director
Respondents to Part B
[Indicate which parts each respondent was queried on]

Organisation
Name/Position
Duah Owusu Sarfo, TG Chair, UNFPA representative

Organisation
Name/Position
Neil Brenden - HIV/AIDS Program manager

Organisation
Name/Position
Ann Clark - Director

Organisation
Name/Position
Anne Malcolm - Team Leader

Organisation
Name/Position
AUSAID - Sanap Wantaim Programme

Organisation
Name/Position
Coalition of Business Against HIV and AIDS (BAHA)

Organisation
Name/Position
Hope Worldwide

Organisation
Name/Position
Igat Hope

Organisation
Name/Position
Family Health International

Organisation
Name/Position
Asian Development Bank

Organisation
Name/Position
UN Theme Group on AIDS

Organisation
Name/Position
Duah Owusu Sarfo, TG Chair, UNFPA representative
1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?
   Yes

   IF YES, period covered:
   2006 - 2010
1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

<table>
<thead>
<tr>
<th>Sector</th>
<th>Strategy/Action framework</th>
<th>Earmarked budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Justice</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Minerals and Energy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Minerals and Energy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Planning</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Public Works</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Public Works</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Agriculture</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Finance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Human Resources</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Justice</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Military/Police</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Women</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Young people</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Young people</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Transportation</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Transportation</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Education</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Education</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Health</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Health</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Transport</td>
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<td>No</td>
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<tr>
<td>Transport</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Trade and Industry</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Trade and Industry</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**IF NO earmarked budget, how is the money allocated?**

The money is allocated when specific needs arise, for instance, if an agency sees a need to develop the workplace policies, the concerned agency would look within its own budget to reprogram to cater for such needs or seek assistance from the development partners through the NACS as a central coordinating agency.
1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls: Yes
b. Young women/young men: Yes
c. Specific vulnerable sub-populations: Yes
d. Orphans and other vulnerable children: Yes
e. Workplace: Yes
f. Schools: Yes
g. Prisons: Yes
h. HIV, AIDS and poverty: Yes
i. Human rights protection: Yes
j. Involvement of people living with HIV: Yes
k. Addressing stigma and discrimination: Yes
l. Gender empowerment and/or gender equality: Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2005

IF NO, how were target populations identified?

target setting and need assessment was done through the mapping exercise carried out nation wide in 2005, the exercise profiled perception and behavioural pattern of youths (both in and out of school, sex workers and mobile population at the community and district level.

1.5 What are the target populations in the country?

mobile populations
young people in the reproductive age (15-25
Women and childre
Sex workers

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes
1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? : Yes
b. Clear targets and/or milestones? : Yes
c. Detailed budget of costs per programmatic area? : Yes
d. Indications of funding sources?: Yes
e. Monitoring and Evaluation framework? :

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

All civil society organizations established an umbrella organization known as PACSO (PNG Alliance of Civil society Organizations) to prepresent and involve them in strategy and policy development matters. The Network of People living with HIV, Igat Hope, is also involved in these processes.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laters)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laters) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

2. Has the country integrated HIV and AIDS into its general development plans such as:

a) National Development Plans,
b) Common Country Assessments/United Nations Development Assistance Framework,
c) Poverty Reduction Strategy Papers,
d) Sector Wide Approach?

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

c) Poverty Reduction Strategy Papers:

d) Sector Wide Approach:
2.2 IF YES, which policy areas below are included in these development plans?

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Development Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevention</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Treatment for opportunistic infections</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Antiretroviral therapy</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Care and support (including social security or other schemes)</td>
<td>Development Plans</td>
</tr>
<tr>
<td>AIDS impact alleviation</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Reduction of stigma and discrimination:</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Women’s economic empowerment (e.g. access to credit, access to land, training):</td>
<td>Development Plans</td>
</tr>
<tr>
<td>Other::</td>
<td>Development Plans</td>
</tr>
</tbody>
</table>

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

<table>
<thead>
<tr>
<th>Programme</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural change communication</td>
<td>Yes</td>
</tr>
<tr>
<td>Condom provision</td>
<td>Yes</td>
</tr>
<tr>
<td>HIV testing and counselling(*)</td>
<td>Yes</td>
</tr>
<tr>
<td>STI services</td>
<td>Yes</td>
</tr>
<tr>
<td>Treatment</td>
<td>Yes</td>
</tr>
<tr>
<td>Care and support</td>
<td>Yes</td>
</tr>
<tr>
<td>Other::</td>
<td>Yes</td>
</tr>
</tbody>
</table>

(*)If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV testing and counselling for uniformed services is mandatory for pre-enrollement and whilst they are within the force. this includes also the private security companies.
5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?
Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?
Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?
No

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?
Estimates only

5.4 Is HIV and AIDS programme coverage being monitored?
Yes

(a) IF YES, is coverage monitored by sex (male, female)?
Yes

(b) IF YES, is coverage monitored by population sub-groups?
Yes

IF YES, which population sub-groups?
mostly young people, sex workers coming through STI clinic / VCT site, or targeted programs.

(c) IF YES, is coverage monitored by geographical area?
Yes

IF YES, at which levels (provincial, district, other)?
Mostly at the provincial/district level across the country

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?
Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?
2007: 6

Comments on progress made in strategy planning efforts since 2005:
there was no assessment done for 2005, thus is was difficult to comment on progress. the new strategic plan is covering the period 2006-2010.
1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

<table>
<thead>
<tr>
<th>Role</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>President/Head of government</td>
<td>Yes</td>
</tr>
<tr>
<td>Other high officials</td>
<td>Yes</td>
</tr>
<tr>
<td>Other officials in regions and/or districts</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1997

2.2 IF YES, who is the Chair?

<table>
<thead>
<tr>
<th>Name</th>
<th>Secretary - Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title/Function</td>
<td>Dr Clement Malau</td>
</tr>
</tbody>
</table>

2.3 IF YES, does it:

<table>
<thead>
<tr>
<th>Action</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>have terms of reference?</td>
<td>Yes</td>
</tr>
<tr>
<td>have active Government leadership and participation?</td>
<td>Yes</td>
</tr>
<tr>
<td>have a defined membership?</td>
<td>Yes</td>
</tr>
<tr>
<td>include civil society representatives?  (*)</td>
<td>Yes</td>
</tr>
<tr>
<td>include people living with HIV?</td>
<td>Yes</td>
</tr>
<tr>
<td>include the private sector?</td>
<td>Yes</td>
</tr>
<tr>
<td>have an action plan?</td>
<td>Yes</td>
</tr>
<tr>
<td>have a functional Secretariat?</td>
<td>Yes</td>
</tr>
<tr>
<td>meet at least quarterly?</td>
<td>Yes</td>
</tr>
<tr>
<td>review actions on policy decisions regularly?</td>
<td>Yes</td>
</tr>
<tr>
<td>actively promote policy decisions?</td>
<td>Yes</td>
</tr>
<tr>
<td>provide opportunity for civil society to influence decision-making?</td>
<td>Yes</td>
</tr>
<tr>
<td>strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

(*) If it does include civil society representatives, what percentage?

30%
3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/programmes?

Yes

3.1 IF YES, does it include?

Terms of reference: Yes
Defined membership: Yes
Action plan: Yes
Functional Secretariat: Yes
Regular meetings (*): Yes

(*)If it does include regular meetings, what is the frequency of the meetings:

quarterly

IF YES, What are the main achievements?

Establishments of:
• Mid Term Plan (MTP)
• National Strategic Plan (NSP)
• Development of Monitoring and Evaluation Framework
• Joint Budget Framework (Gov, CBOs, NGOs, FBO etc)
• HIV and AIDS Management and Prevention Act
• National Network for Positive People
• Provincial AIDS secretariats in all provinces

IF YES, What are the main challenges for the work of this body?

Some of the challenges:
• Drug procurement and distribution to districts and community health facilities and care centres
• Remote and inaccessible areas are hard to reach with appropriate intervention programmes
• Acceptance of infected and affected segment population by community at large (Stigmatization and discrimination is high)
• Care and support for the PLWHA
• Lack of qualified staff (capacity) for effective coordination and management of the national response.
• Implementation of the National Strategy Plan
• Implementation/enforcement of HIV and AIDS Management and Prevention Act and other relevant Policies
• Implementation of National Monitoring and Evaluation Framework
• Effective networking for database yet to be established

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?

50
5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services: Yes

Technical guidance/materials: Yes

Drugs/supplies procurement and distribution: Yes

Coordination with other implementing partners: Yes

Capacity-building: Yes

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes

6.2 IF YES, which policies and legislation were amended and when?

<table>
<thead>
<tr>
<th>Policy/Law</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant acts, Laws, Policies and Regulations right issues, freedom of choice.</td>
<td>2002</td>
</tr>
<tr>
<td>Ethic Law, Public health Act</td>
<td>2002</td>
</tr>
<tr>
<td>HAMP Act</td>
<td>2003</td>
</tr>
</tbody>
</table>

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007: 7

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?

Yes
1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:
Delay sexual debut:
Be faithful:
Reduce the number of sexual partners:
Use condoms consistently:
Engage in safe(r) sex:
Avoid commercial sex:
Abstain from injecting drugs:
Fight against violence against women:
Greater acceptance and involvement of people living with HIV:
Greater involvement of men in reproductive health programmes:

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?
Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?
Yes

2.1 Is HIV education part of the curriculum in

primary schools? : Yes
secondary schools? : Yes
teacher training? : Yes

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?
Yes

2.3 Does the country have an HIV education strategy for out-of-school young people?
Yes

3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?
Yes
3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates

HIV testing & counselling:
- Clients of sex workers
- Prison inmates

Condom promotion:
- Sex workers
- Clients of sex workers
- Prison inmates

Reproductive health, including STI prevention & treatment:
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates

Vulnerability reduction (e.g. income generation):
- Sex workers

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007: 4

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes
2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy: <b>The service is available in</b> <b>most</b> districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007: 7
2007: 6

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Harm reduction for injecting drug users: N/A

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007: 7
2007: 6
Nutritional care:  
Paediatric AIDS treatment:  
Sexually transmitted infection management:  
Psychosocial support for people living with HIV and their families:  
Home-based care:  
Palliative care and treatment of common HIV-related infections:  
HIV testing and counselling for TB patients:  
TB screening for HIV-infected people:  
TB preventive therapy for HIV-infected people:  
TB infection control in HIV treatment and care facilities:  
Cotrimoxazole prophylaxis in HIV-infected people:  
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):  
HIV treatment services in the workplace or treatment referral systems through the workplace:  
HIV care and support in the workplace (including alternative working arrangements):  
Antiretroviral therapy:  
Nutritional care:  
Paediatric AIDS treatment:  
Sexually transmitted infection management:  
Psychosocial support for people living with HIV and their families:  
Home-based care:  
Palliative care and treatment of common HIV-related infections:  
HIV testing and counselling for TB patients:  
TB screening for HIV-infected people:  
TB preventive therapy for HIV-infected people:  
TB infection control in HIV treatment and care facilities:  
Cotrimoxazole prophylaxis in HIV-infected people:  
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):  

N/A  

<b>some</b> districts* in need  
<b>most</b> districts* in need  
<b>some</b> districts* in need  
<b>most</b> districts* in need  
<b>some</b> districts* in need  
<b>all</b> districts* in need  
<b>all</b> districts* in need  
<b>most</b> districts* in need  
<b>some</b> districts* in need  
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<b>some</b> districts* in need  
<b>all</b> districts* in need  
<b>all</b> districts* in need  
<b>most</b> districts* in need
In 2005, it was recognized that orphans and vulnerable children in PNG did not receive special medical support, school related assistance, emotional or psychological support, including counseling, and other material or social support, such as clothing, extra food, childcare and legal support from the national government. UNICEF supported the Government to conduct a number of situation analyses to contribute to stronger empirical decision making.

A Four-Year National Strategy for the Protection, Care and Support of Orphans and Other Vulnerable Children in Papua New Guinea was developed by the OVC National Action Committee. The Strategy draws from local knowledge and international experience to deliver 39 actions for children over four years at a cost of 18 million kina. Key objectives identified for the Strategy include improved social protection; legal protection and justice; extended community-care in the community; and human services coordination. A strong, rights-based legislation, the Lukautim Pikinini Act (Child Protection), was passed in April 2007 to enable all children to demand the right to protection from statutory authorities.

1. Does the country have one national Monitoring and Evaluation (M&E) plan?
In Progress
2. Does the Monitoring and Evaluation plan include?

- a data collection and analysis strategy: Yes
- behavioural surveillance: Yes
- HIV surveillance: Yes
- a well-defined standardized set of indicators: Yes
- guidelines on tools for data collection: Yes
- a strategy for assessing quality and accuracy of data: Yes
- a data dissemination and use strategy: Yes

3. Is there a budget for the M&E plan?

Yes

IF YES, Years covered:

annually

3.1 IF YES, has funding been secured?

Yes

4. Is there a functional M&E Unit or Department?

Yes

4.1 IF YES, is the M&E Unit/Department based in the NAC (or equivalent)?

Yes

4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br>
Number of permanent staff:

4

Number of temporary staff:

0

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country’s national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

The data collection mechanism to monitor the national response at non-health setting has been developed in a consultative process and has been introduced to provinces by the end of 2007. There is a good response in terms of cooperation, but data is not fully collected from all provinces as expected. The main challenges are:

- Lack of capacity to follow up with the partners to collect required data
- Lack of centralized data flow system
- Coordination mechanism with provincial data collection system is weak.
4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?
3

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?
Yes, meets regularly

IF YES, Date last meeting:
26 November 2007

5.1 Does it include representation from civil society, including people living with HIV?
No

6. Does the M&E Unit/Department manage a central national database?
No

6.3 Is there a functional Health Information System (HIS)?
National level : Yes
Sub-national level (*): Yes

(*)If there is a functional sub-national HIS, at what level(s) does it function?
the existing NHIS does not collect any data on HIV, it is now being reformed to do so and will be revises in 2008.

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?
Yes

7. To what extent are M&E data used in planning and implementation?
2

What are examples of data use?
set up ART administration
Identify development programs for Target groups

What are the main challenges to data use?
Data is not easily accessible because a data flow system was not established for a long time does not exist to date.

8. In the last year, was training in M&E conducted
At national level? : Yes
At national level? : IF YES, Number of individuals trained: 435
At sub-national level? : Yes
At sub-national level? : IF YES, Number of individuals trained: 421
Including civil society? : Yes
Including civil society? : IF YES, Number of individuals trained: 96
Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 6

Comments on progress made in M&E since 2005:

great efforts are being done to establish an effective M&E system in country, while there was no M&E unit and no data reporting in 2005, the newly established M&E unit at NACS, and the surveillance team at NDOH are working against the clock to set up and establish systems for data reporting on the HIV epidemic and the national response. While plans are being finalized, investment on capacity building at national and provincial levels, establishing infrastructure, and developing systems was the main focus of the limited M&E staff in country. Ranking for 2005 could not be provided as there was no proper assessment done at that time.

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes

1.1 IF YES, specify:


2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

<table>
<thead>
<tr>
<th>Sub-population</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>Yes</td>
</tr>
<tr>
<td>Young people</td>
<td>Yes</td>
</tr>
<tr>
<td>IDU</td>
<td>No</td>
</tr>
<tr>
<td>MSM</td>
<td>No</td>
</tr>
<tr>
<td>Sex Workers</td>
<td>No</td>
</tr>
<tr>
<td>Prison inmates</td>
<td>No</td>
</tr>
<tr>
<td>Migrants/mobile populations</td>
<td>No</td>
</tr>
</tbody>
</table>

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

The National AIDS Council Secretariat (NACS) has been established under the section 20 of the National AIDS Council Act (1977), to oversee the coordination and implementation of the HAMP Act in collaboration with its network of implementing partners made up of Government departments, NGOs, Churches, Civil society and private sector organizations and donors.

• A user friendly tool kit on HAMP Act was produced in 2003 for the employers and workers to formulate their HIV and AIDS Workplace Policies.
• Series of trainings were held for the organizations to ensure framing up workplace policy is consistent with 12 guiding principles of workplace policy.
• PACSO (PNG Alliance of Civil Society Organizations) and BAHA (Business Against HIV and AIDS) were recently established to include the implementation of the Act as part of their organizational mandate.
• Provisions were made in the National M&E Strategy for monitoring the implementation of the Acts
• A notable development at the political level was the appointment of a separate Government Minister to advocate and lobby, among other HIV and AIDS related issues, for the Government support towards the implementation of this Act.
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?
Yes

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?
Yes

3.1 IF YES, for which sub-populations?

- Women: No
- Young people: No
- MSM: Yes
- Sex Workers: Yes
- Prison inmates: Yes
- Migrants/mobile populations: No
- Other: Yes

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

- The Underlying Law (Act) 2000 (sections 3 and 4) include customary laws which stipulate that female commercial sex work (prostitution) and MSM (sodomy) are crimes under the PNG Law.
- Stigmatization and discrimination against these marginalised and most at risk groups therefore remain high and drives them 'underground' where they are less accessible to care and assistance. This makes it hard for the NGO's and civil society groups to respond effectively.
- Failure to formulate appropriate Act to decriminalize the activities of the sex workers and MSM, drive the groups to maintain anonymity while increasing their network, membership, client-base and other related activities.
- The physical and sexual violence against the women is continually on the increase, impacting on the possibility of increased new cases of STIs, HIV and AIDS infections.
- The HAMP Act is too broad and does not have provisions that cater for the legal protection of the persons discriminated on the grounds of their preference of their sexual partners and sexual activity.
- This aspect of the law has not been contested in PNG court of law.

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

- Organizations such as IGAT HOPE is supported to promote among other HIV issues, the rights of the people affected by HIV as stipulated under the HAMP Act.
- Increased donor support (both technical and finance) is being provided for effective coordination and implementation of relevant sections of the Act.
- Increased partnership and net-working is being forged amongst the key stakeholders, NGOs and civil society groups to harmonize and complement their activities where necessary, and to reduce duplication and inefficiency.
- Since the enactment of the Bill on Discrimination and Stigmatization covered under the HAMP Act, increasing number of affected people have come out of anonymity and made admission in public their HIV status.
- With the extensive outlay of information on rights and protections issues, number of people accessing VCT services, have increased significantly.
- At the political level bi-partisan political commitment has been ensued to increase the profile of the efforts and strategies to combat HIV.
5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

There are institutions and NGOs in the country that have developed their database to document HIV and AIDS information for their own monitoring and planning purposes.
• Catholic Church through its VCT centres throughout the country and documents cases of abuse and discriminations.
• Other NGOs such as Save the Children has pooled together data on MSM and sex workers through its Sapot Project initiatives.
• Police and CIS department have records of complainants on HIV and AIDS related abuses.
• Under the NHASP initiative, extensive Social Mapping exercise was initiated throughout the country. The situational profile of HIV and AIDS at district level provide useful data on how HIV and AIDS is perceived at different cultural settings. Pooling together all information from various organizations under one national system is the major challenge that needs to be addressed.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

Listed below are some of the policies and programs in which the Government through NACS, involved the participations of youths, women, representatives of MSM and sex workers and other marginalised groups.
• National Strategic Plan (2006)
• HAMP Act (2003)
• Development of Workplace policy initiatives
• Social Mapping Exercises
• National Gender Policy
• National Youth Policy
• 100% Condom Use Policy

7. Does the country have a policy of free services for the following:

HIV prevention services : Yes
Anti-retroviral treatment : Yes
HIV-related care and support interventions : Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

• HIV Prevention Services are established in all Government health facilities, over 60 VCT sites and NGOs service centres and outlets throughout the country are promoting HIV Prevention messages.
• ART services are offered free and available in the Government service sites (hospitals, clinics and health centres) and NGO, FBO,CBO clinics. Access to this service by remote communities is major problem
• HIV-related care and support interventions are promoted through partnership with NGOs and community based organizations (CBO’s). Relevant information and advocacy materials are provided to the communities to strengthen community participation towards the care and support for the affected members of their communities.
• The Home-Based Care, an initiative of the Catholic Church in the country is currently tried out in number of areas The approach is quite effective approach and can be easily rolled out to other parts of the country
8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?
   Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?
   Yes

9.1 Are there differences in approaches for different most-at-risk populations?
   Yes

IF YES, briefly explain the differences:
• Due to nature of the disease, different approaches are deemed necessary in provision of care and treatment among the members of different at-risk population groups.

• Under the HAMP Act (in compliance with the National Constitution) provision on person’s the rights to privacy and confidentiality is stated. Hence, care and treatment are accorded under this provision. Example:
  - female sex workers feel comfortable to seek counselling or treatment by female medical/social work
  - Likewise the MSM would be inclined to seek help from same-sex counsellor or physician.

• The VCT/ STI treatment and care sites are made gender-sensitive to ensure equal and free access.

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?
    Yes

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?
    Yes

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?
    Yes

IF YES, describe the effectiveness of this review committee
• The committee has been in operation for number of years and is quite effective on research matters.
• The committee operates under chairmanship of the Divine University, one of the three leading tertiary institutions in the country.
• The members of the committee consists of representatives from the Universities, Research institutions, NSO, NACS, NDOH, NDOE, representatives from donors, NGOs and civil society groups
• Conference was conducted recently with the stakeholders and partners to set the research agenda for the Research Advisory Committee and NACS to pursue.
• The committee has new guidelines drawn up (based on research proposals) and meeting regularly.
• So far, --- (number) of research proposals are submitted, including ---(number) researched relating to HIV/ AIDS.
12. Does the country have the following human rights monitoring and enforcement mechanisms?

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

**IF YES, on any of the above questions, describe some examples:**


13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: Yes

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes
IF YES, what types of programmes?

Media: Yes
School education: Yes
Personalities regularly speaking out: Yes
Other: Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007: 6

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

• Since there was no reporting done in the previous round of UNGASS to use as benchmark, it would not be realistic to compare the progress made since 2005.

• Nonetheless, the country has made improved significantly in policy development for the HIV and AIDS in recent years, particularly in regard to development of the Workplace policies and National Gender Policies

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007: 4

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

• Number of very appropriate and have been developed, including the NACS Act (1997), HAMP Act (2003) 100% Condom use policy, Blood transfusion policy, Blood testing policy, National Gender Policy.

• The enforcement mechanisms to achieve the desired outcomes remains the main challenge for the country a

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

4

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

5

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?:

b. in the national budget?:

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes
IF YES, when was the Review conducted? Year:
2007

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?
4

List the types of organizations representing civil society in HIV and AIDS efforts:

CIVIL SOCIETY ORGANIZATIONS
• Igat Hope
• Friends Foundation
• 3 Angels
• PNG Alliance of Civil Society Organizations (PACSO)
• Catholic Secretary
• Angli-care Stop Aids
• Salvation Army
• PNG Council of Churches
• PNG Media Council

NON-GOVERNMENT ORGANIZATIONS
• Business Against HIV and AIDS
• Save the Children
• Hope Worldwide
• Red Cross
• Christian Children’s Fund
• World Vision

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?: 4
b. adequate technical support to implement its HIV activities?: 3

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?
2007: 7

Comments on progress made in increasing civil society participation since 2005:
• The recognition and involvement of Civil Society in all areas of HIV and AIDS is very significant. Financial and technical support is positive, a reflection of the critical roles they play in the fight against HIV and AIDS.
• Comparison with 2005 is not possible since no UNGASS Report has been produced for this period.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?
Yes
IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

<table>
<thead>
<tr>
<th>Programme</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood safety</td>
<td>The service is available in all districts* in need</td>
</tr>
<tr>
<td>Universal precautions in health care settings:</td>
<td>The service is available in all districts* in need</td>
</tr>
<tr>
<td>Prevention of mother-to-child transmission of HIV:</td>
<td>The service is available in most districts* in need</td>
</tr>
<tr>
<td>IEC on risk reduction:</td>
<td>The service is available in most districts* in need</td>
</tr>
<tr>
<td>IEC on stigma and discrimination reduction:</td>
<td>The service is available in some districts* in need</td>
</tr>
<tr>
<td>Condom promotion:</td>
<td>The service is available in most districts* in need</td>
</tr>
<tr>
<td>HIV testing &amp; counselling:</td>
<td>The service is available in most districts* in need</td>
</tr>
<tr>
<td>Harm reduction for injecting drug users:</td>
<td>The service is available in all districts* in need</td>
</tr>
<tr>
<td>Risk reduction for men who have sex with men:</td>
<td>The service is available in some districts* in need</td>
</tr>
<tr>
<td>Risk reduction for sex workers:</td>
<td>The service is available in some districts* in need</td>
</tr>
<tr>
<td>Programmes for other vulnerable sub-populations:</td>
<td>The service is available in some districts* in need</td>
</tr>
<tr>
<td>Reproductive health services including STI prevention &amp; treatment:</td>
<td>The service is available in most districts* in need</td>
</tr>
<tr>
<td>School-based AIDS education for young people:</td>
<td>The service is available in most districts* in need</td>
</tr>
<tr>
<td>Programmes for out-of-school young people:</td>
<td>The service is available in some districts* in need</td>
</tr>
<tr>
<td>HIV prevention in the workplace:</td>
<td>The service is available in some districts* in need</td>
</tr>
</tbody>
</table>

Comments on progress made in the implementation of HIV prevention programmes since 2005:

The implementation of HIV and AIDS prevention activities is encouraging, but there is more that needs to be done as yet.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

   Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

   2007: 7

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

Treatment has started in country in 2005, there are great efforts being made to scale up treatment, care and support throughout the country. In 2007, the number of sites accredited to provide ART has reached 38 while it was very limited in 2005.
2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

<table>
<thead>
<tr>
<th>Programme</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention for youth</td>
<td>25-50%</td>
</tr>
<tr>
<td>Prevention for IDU</td>
<td>&lt;25%</td>
</tr>
<tr>
<td>Prevention for MSM</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>Prevention for sex workers</td>
<td>51-75%</td>
</tr>
<tr>
<td>Counselling and Testing</td>
<td>51-75%</td>
</tr>
<tr>
<td>Clinical services (OI/ART)*</td>
<td>25-50%</td>
</tr>
<tr>
<td>Home-based care</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>Programmes for OVC**</td>
<td>51-75%</td>
</tr>
</tbody>
</table>

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?
   Yes

3.1 IF YES, is there an operational definition for OVC in the country?
   Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?
   Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?
   No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 6

Comments on progress made since 2005:

the National situation analysis was conducted in 2005 and published in 2006. and a national coordination mechanism was established in march 2006. there is a draft National Action Plan for OVCs 2007-2008 that is led by the government and costed by the UN. Programs designed in 2007 targeting village-level and FBO response, in 2006, a Child protection legislation was passed recognizing OVCs ans vulnerable and It also limits the use of institutional care for orphans and vulnerable children. An intensive program will be rolled out in 2008.