



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Asia and Pacific
Papua New Guinea

COUNTRY:

Papua New Guinea

Name of the National AIDS Committee Officer in charge:

Romanus Pakure

Postal address:

P.O Box 1345, Boroko. National Capital District - Papua New Guinea

Tel:

+675 323 6161

Fax:

+675 323 1619

E-mail:

romanus_pakure@nacs.org.pg

Date of submission:

1/31/2008

:	Organisation	National Department of Health
:	Name/Position	De Esorom Daoni. technical Advisor (STI and HIV/AIDS)
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Council Secretariat
:	Name/Position	David Pasirem. Manager - care and counselling
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV
:	Organisation	National AIDS Council Secretariat
:	Name/Position	Philip Tapo. Manager - Provincial Programs

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.V
:	Organisation	National AIDS Council Secretariat
:	Name/Position	Michael Aglua. manager - Policy Planning and M&E
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.V
:	Organisation	National Department of Education
:	Name/Position	Kabal Bamne. HIV/AIDS Curriculum coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III
:	Organisation	Department of Prime Minister
:	Name/Position	Paul Ngabung. HIV/AIDS Coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.II
:	Organisation	Department of National Planning and Monitoring
:	Name/Position	Igo Gari - M&E officer for Health sector
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I
:	Organisation	Department of National Planning and Monitoring
:	Name/Position	Yvonne Kemo - M&E officer for Education sector
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.II
:	Organisation	Department of Justice and Attorney General
:	Name/Position	Chang Oyang. HIV/AIDs Advisor
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Department for Community Development
:	Name/Position	Gibson Oeka. Acting Assistant Secretary (Policy)
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	Department of Correctional Services
:	Name/Position	Hilda Wanyongi, Assistant director - HRC

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.II
:	Organisation	Department of Corrections Services
:	Name/Position	Eko Mangere. HIV/AIDS coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I
:	Organisation	Department of transport
:	Name/Position	Lucy Pais. HIV/AIDS coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.III
:	Organisation	Anglicare Stop AIDS
:	Name/Position	Dominica Abo - Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III / B.IV
:	Organisation	Anglicare Stop AIDS
:	Name/Position	Edward Yamai - HIV Program Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	Save the Children
:	Name/Position	Lina Seta - Senior HIV/AIDS Programme officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	Save the Children
:	Name/Position	Delvin Kupundu - M&E officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III / B.IV
:	Organisation	World Vision
:	Name/Position	Elias Nara - Senior operations Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	World Vision
:	Name/Position	Lucy Jaro - Councillor for HIV and AIDS
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III / B.IV
:	Organisation	National Catholic Health Services
:	Name/Position	Sr Tarcisia Hunhoff - Programme Director

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Igat Hope
:	Name/Position	Maura Mea - HIV/AIDS Project Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Coalition of Business Against HIV and AIDS (BAHA)
:	Name/Position	Ann Clark - Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	AUSAID - Sanap Wantaim Programme
:	Name/Position	Anne Malcolm - Team Leader
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Family Health International
:	Name/Position	Kevin Gubag - Senior Programme Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Hope Worldwide
:	Name/Position	Napoleon Maniara - HIV Programme Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	World health Organization
:	Name/Position	Fabian Ndenzako - Medical Officer - HIV
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Asian Development Bank
:	Name/Position	Neil Brenden - HIV/AIDS Program manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UN Theme Group on AIDS
:	Name/Position	Duah Owusu Sarfo, TG Chair, UNFPA representative
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV

Position:		manager
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:		International M&E programme manager
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:		Senior M&E officer
Position:	Full time/Part time	Full time
Position:	Since when?	2006
Position:		statistician
Position:	Full time/Part time	Full time
Position:	Since when?	2007
Position:	Full time/Part time	Full time

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?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	No
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	No
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	No
Agriculture:	Strategy/Action framework	No
Finance:	Strategy/Action framework	No
Human Resources:	Strategy/Action framework	No
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	Yes
Minerals and Energy:	Strategy/Action framework	Yes
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	Yes
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	No
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	No
Trade and Industry:	Earmarked budget	No

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? : Yes

1.8 Has the country ensured “full involvement and participation” of civil society[4] 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 represent 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-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) 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?

HIV Prevention:	Development Plans	a) / b) / c) / d)
Treatment for opportunistic infections:	Development Plans	d)
Antiretroviral therapy:	Development Plans	d)
Care and support (including social security or other schemes):	Development Plans	d)
AIDS impact alleviation:	Development Plans	a) / b) / c) / d)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	b) / c) / d)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a) / c) / d)
Reduction of stigma and discrimination:	Development Plans	c) / d)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a) / b) / c)
Other::	Development Plans	b) / c)

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?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes
Other::	Yes

**(*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-enrolment 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 it 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?

President/Head of government : Yes
Other high officials : Yes
Other officials in regions and/or districts : Yes

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?

Name: Dr Clement Malau
Title/Function: Secretary - Department of Health

2.3 IF YES, does it:

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

(* 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 Planning 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?

:	Policy/Law	Relevant acts, Laws, Policies and Regulations right issues, freedom of choice.
:	Year	2002
:	Policy/Law	Ethic Law, Public health Act
:	Year	2002
:	Policy/Law	HAMP Act
:	Year	2003

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

2007:	7
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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
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	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

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	some districts* in need
IEC on risk reduction:	The activity is available in	most districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	some districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	most districts* in need
Harm reduction for injecting drug users:	The activity is available in	N/A
Risk reduction for men who have sex with men:	The activity is available in	some districts* in need
Risk reduction for sex workers:	The activity is available in	most districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	some districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	all districts* in need
School-based AIDS education for young people:	The activity is available in	all districts* in need
Programmes for out-of-school young people:	The activity is available in	some districts* in need
HIV prevention in the workplace:	The activity is available in	most districts* in need

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

2007:	7
2005:	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?

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

HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	all districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need
Other services::	The service is available in	some districts* in need

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

Yes

4.1 IF YES, for which commodities?:

Condoms, ARVs, Drugs, Test Kits and opportunistic infections drugs

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

2007: 5

Comments on progress made since 2005:

treatment, care and support programs are still being scaled up at national level. treatment started in PNG in 2005 with very limited number of beneficiaries. number of people on treatment is growing but the level of unmet need remains high.

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

No

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

2007: 5

Comments on progress made in efforts to meet the needs of OVC since 2005:

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?

**

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:

HIV and AIDS Management and Prevention Act - HAMP Act (August 2003)

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?

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

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.

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

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 current estimate of MSM is numbered between 3,000 (2007 estimate).
- 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.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

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 through out the country record 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:

Ombudsman Commission, ICRA, Amnesty International, Transparency International, NGO watchdog. Law Reform Commission, Police and National Magisterial system

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?: | 4 |
| b. in the national budget?: | 2 |

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?

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

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?

Prevention for youth :	25-50%
Prevention for IDU :	<25%
Prevention for MSM :	>75%
Prevention for sex workers :	51-75%
Counselling and Testing :	51-75%
Clinical services (OI/ART)* :	25-50%
Home-based care :	>75%
Programmes for OVC** :	51-75%

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 as vulnerable and It also limits the use of institutional care for orphans and vulnerable children. An intensive program will be rolled out in 2008.

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