

PAPUA NEW GUINEA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, UNDP, UNFPA, UN WOMEN, ILO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM, OHCHR

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Papua New Guinea made great strides in transitioning 90% of the eligible people living with HIV to Dolutegravir-based treatment regimen to ensure better viral load suppression and improve their overall health outcomes. Following a needs assessment, community-led treatment delivery was expanded to guarantee service continuity during the COVID-19 pandemic. Monitoring and support supervision visits were conducted in several healthcare centres to strengthen services for vertical transmission of HIV. The Joint Team provided extensive technical and financial assistance to strengthen the capacity of an umbrella of six organizations of people living with HIV and key populations to execute community-led advocacy, sensitization, evidence gathering, programme monitoring, and deliver community-based services. Heightened advocacy and technical support resulted in the Government joining the Global Partnership to Eliminate HIV-related Stigma and Discrimination, especially in the healthcare system. Advocacy workshops were conducted for gay men and other men who have sex with men to enhance their understanding of human right issues and related national and international laws. Health care providers were trained on management of gender-based violence. Moreover, personal protective equipment and dignity kits were procured for health facilities to ensure continuity of quality services for survivors of violence. Significant contributions were also made to mobilize external resources for the HIV response, including HIV prevention programming among key populations.

HIV TESTING AND TREATMENT

The Government of Papua New Guinea was supported to finalize the 2020 HIV treatment and care guidelines and roll out Dolutegravir-based treatment regimen for all eligible people living with HIV. The Joint Team facilitated a virtual training for more than 190 antiretroviral treatment prescribers from 100 antiretroviral treatment clinics across the country. These efforts helped the Government to transition more than 90% of the people living with HIV to Dolutegravir-based treatment regimen by the end of 2020. This also led to improved viral load suppression among 95% of people living with HIV registered in National Capital District (NCD) clinics. Building on these successes, the Joint Team supported the revision of the national viral load plan and the development of the Viral Load Expansion Plan for 2021-2023, which includes actions to scale up point of care viral load monitoring throughout the country.

The Joint Team supported the assessment of the three-test algorithm for HIV testing, which was approved and adopted into the 2021 National HIV Testing Guidelines. Its implementation in high burden provinces is expected to improve the access to combination HIV prevention and testing services, especially among key populations.

The Joint Team provided technical and financial assistance to the Key Population Advocacy Consortium (KPAC) to conduct a rapid assessment of the needs of people living with HIV amidst the COVID-19 pandemic. The results were used to design and implement innovative mitigating actions, such as community-led delivery of antiretroviral treatment for people living with HIV. Results also fed into the [Socio-Economic Impact Assessment of COVID-19 on Papua New Guinea](#).

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The National Department of Health was supported to finalize the *National Elimination of Mother-To-Child Transmission of HIV, Syphilis, and Hepatitis B (EMTCT) 2030 Roadmap* and operational plan. The Joint Team also supported the delivery of EMTCT joint mentoring and supportive supervision visits, engaging 20 health facilities that now provide EMTCT services.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team supported the review of the national condom strategy and the development of the comprehensive condom programme to improve access to HIV prevention services among vulnerable and key populations with higher risk of HIV infection. Together with the National Department of Health and the National AIDS Council, the Joint Team conducted a series of interviews and workshop.

The Joint Team facilitated multiple consultations to scale up pre-exposure prophylaxis (PrEP) services in Papua New Guinea. Technical support was also provided to determine perceptions, attitude and acceptability of introducing PrEP among key populations.

Substantial technical and financial assistance went into strengthening the organizational capacity of KPAC, a national umbrella of six national organizations of people living with HIV, female sex workers, gay men and other men who have sex with men, transgender people, community group of people living with tuberculosis, and young people from key population groups. As a result, KPAC led multiple national- and provincial-level community forums documenting policy-related barriers to services among key populations and developing community-identified action points. These results were shared with service providers and national level partners, particularly the tuberculosis and HIV technical working groups and the Global Fund Country Coordinating Mechanism (CCM).

The Joint Team in collaboration with the Australian Department of Foreign Affairs and Trade and other development partners supported KPAC to develop and disseminate communication materials and launch campaigns aimed at generating demand for HIV prevention, testing, and treatment services among key populations.

In 2020-2021, the Joint Team supported the implementation of the Haus Dua initiative, which seeks to bring HIV services to doorsteps of communities. The initiative strengthened delivery of targeted HIV prevention, testing, treatment, care, and support services, including community-based HIV testing, delivery of antiretroviral treatment, treatment adherence, and referrals.

HUMAN RIGHTS, STIGMA, AND DISCRIMINATION

As a result of technical support, the Government joined the Global Partnership to Eliminate HIV-related Stigma and Discrimination, with particular focus on ending stigma and discrimination in healthcare, judicial, and community settings.

The Australian Department of Foreign Affairs and Trade, National Department of Health, Global Fund, United States Agency for International Development (USAID), and the Joint Team collaborated on the development and rollout of the community-led monitoring system in eight selected provinces. The KPAC will lead the community-led monitoring by working with community leaders to bring the voices of the community to decision makers and service providers to promote and uphold the human rights of all people, including rights to health, rights to zero violence, stigma, and discrimination.

The Joint Team partnered with the National AIDS Council and the KPAC to conduct an HIV Advocacy and Key Messaging Workshop for 30 participants representing government, community, and local media institutions to improve their skills in developing tailored and evidence-based public messages on HIV. Trained participants from media organizations published/broadcasted HIV messages on their respective radio, television, and print media outlets.

In collaboration with the Human Dignity Trust, the Joint Team supported 12 men who have sex with men community leaders to attend an intensive five-day advocacy workshop to improve their understanding of human rights, access to judicial services, and reforming punitive laws that criminalise same-sex relations.

GENDER INEQUALITY AND GENDER-BASED VIOLENCE

The National Department of Health was assisted to finalize the National Sexual and Gender-Based Violence Clinic Guidelines, which include adherence to the Essential Health Service Package and HIV prevention and case management.

To ensure the continuity of services during the COVID-19 pandemic, the Joint Team procured and distributed personal protective equipment (PPE), and dignity and reproductive health kits to 32 district and primary healthcare centres as well as to six provincial Family Support Centres that specialize in delivery of health services for survivors of gender-based violence. Furthermore, 27 healthcare providers from seven primary healthcare facilities were trained on identification and management, including referral of sexual and gender-based violence cases.

INVESTMENT AND EFFICIENCY

The Joint Team, through its leadership position in the Country Coordinating Mechanism (CCM), provided substantial technical assistance, policy direction, and oversight of the Global Fund grants awarded to Papua New Guinea. Technical assistance afforded for the development of the Global Fund concept note mobilized US\$ 40.4 million for the national HIV and tuberculosis responses for the 2021-2023 grant period while US\$ 34 million was recommended for Prioritized Above Allocation Request (PAAR). An additional US\$ 27.6 million was awarded for the national COVID-19 response from multiple awards of the Global Fund COVID-19 Response Mechanism.

550 000 AUD from the Australian Department of Foreign Affairs and Trade were provided to support the functioning of the CCM Secretariat and the implementation of Global Fund grants, and 560 000 AUD to support key populations prevention programming. These funds strengthened coordination of the CCM and increased collaboration of the CCM with the KPAC.

At the request of the National Department of Health, technical assistance was provided for the epidemic modelling of the COVID-19 pandemic in Papua New Guinea and the results were presented to the Prime Minister, Parliament, and the National Response Centre; and used to inform the national COVID-19 response.

HIV AND HEALTH SERVICE INTEGRATION

In 2020-2021, the National Department of Health and the Joint Team co-convened relevant national teams on strategic information to analyse HIV estimates and develop progress reports for 2020 and 2021 Global AIDS Monitoring (GAM). Moreover, they also developed the 2020 and 2021 revised national and provincial HIV estimates and projections; as well as the report assessing 2016-2019 AIDS expenditures. The teams conducted an in-depth analysis of surveillance databases, including monthly data on HIV testing and treatment; and completed an in-depth analysis of Global Fund supported programmes covering primary and secondary recipients; and provincial financial and programmatic performance.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team continued to contribute to the Sustainable Development Goals (SDGs) through the United Nations Development Assistance Framework (UNDAF) 2018-2022, which incorporates HIV within Outcome 1: People (Inclusive Human Development and Equitable Services), which aims to improve access to quality and equitable services, food security, and social protection for all people in Papua New Guinea, especially the most marginalized and vulnerable populations by 2021. This outcome contributes towards SDGs 1, 2, 3, 4, 5, 6, 10, 16, and 17.

Specifically, HIV is an indicator within the Sub-Outcome 1.3, which aims “By 2022, people in Papua New Guinea, especially the most marginalized and vulnerable, increasingly demand and use social and protective services”. The significance of the HIV indicator in this sub-outcome ensures that progress in the HIV response is measured and provides a quantifiable positive impact on the lives of those affected, infected and most at risk of HIV transmission in the country.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic significantly slowed down the implementation of the Global Fund-supported programmes towards the end of the 2018-2020 grant period and initiation of programmes funded through the new 2021-2023 grant. This resulted in a very low expenditure rate in 2021 and concerns over quality of HIV service delivery, including for those who are left behind.

The pandemic-related restrictions also affected travel for technical assistance and consultations. The National Department of Health and Provincial Health Authorities diverted staff and focus to the COVID-19 response, which caused further delays in key stakeholder meetings and consultations.

Several service providers, health facilities, and non-governmental organizations were also forced to suspend or limit services, such as the Haus Dua initiative aimed at scaling up community-led HIV testing.

Lessons learned showed the effectiveness of virtual support and outreach initiatives during the pandemic. These included the development and implementation of online training programmes, establishment of hotline and social media groups, and execution of virtual field support.

The Government continued to experience decreased revenues and budget deficits resulting in significant budget cuts for the national health programmes, including for HIV. Lessons learned underscore the need to accelerate technical and financial support to increase domestic and donor funding for the HIV response.

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org