

PAPUA NEW GUINEA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, 90% of people living with HIV know their status, 80% who know their status are on treatment and 70% of those on treatment are virally suppressed, with community-based testing accessible in all nine high-burden provinces.	WITHIN REACH	73% of people living with HIV know their status, 89% who know their status are on treatment and 93% of those on treatment (and accessed viral load tests) are virally suppressed. (GAM 2021)
By the end of 2021, HIV combination prevention enhanced package is reaching at least 70% coverage for each key population.	SLOW PROGRESS	Coverage of HIV combination prevention services is at 63% among female sex workers, and 34% among men who have sex with men. (GAM 2021)
By the end of 2021, the punitive law imposed on people living with HIV wishing to work in Papua New Guinea (Travel Restrictions) are repealed.	SLOW PROGRESS	There have been significant discussions on addressing policy-related barriers, and reports have been produced on human rights issues impacting the HIV response in Papua New Guinea, with concrete action points. Work is ongoing to increase space for and role of communities, in particular in HIV testing and prevention initiatives.
Piloting the social contracting mechanism, the Key Populations Consortium (an umbrella organization of key populations networks) manages at least US\$ 100 000 of donor funding per year.	ON TRACK	The Key Populations Consortium has started to receive funds (US\$ 20 000) into its own financial system and has implemented these successfully. Funds will be largely used to support community-led monitoring and gender activities.
By the end of 2021, relevant national and subnational authorities have HIV-related funding allocation.	SLOW PROGRESS	The Papua New Guinea Government continues to experience budget deficits. Less than US\$ 8 million were allocated to the HIV response in 2020, out of the US\$ 50 million a year required to fully finance it.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Transition to the dolutegravir (DTG)-based regimen has been successfully rolled out among a vast number of people on HIV treatment in Papua New Guinea, and technical assistance for testing and treatment has protected HIV services even in the midst of COVID-19. Updated guidelines for managing HIV and sexually transmitted infections (STIs) have built the capacity of clinics dispensing antiretroviral medicines (ARVs), and technical assistance to support community-led screening and case management is ongoing. Reducing HIV new infections among key populations has been supported through efforts to reduce stigma and discrimination, particularly working with the national Key Populations Consortium, to ensure access to HIV prevention and treatment services for all.

TESTING AND TREATMENT**TECHNICAL SUPPORT; ADVOCACY; COMMUNITY ENGAGEMENT**

The DTG-based regimen was successfully rolled-out, with more than 90% of people living with HIV on antiretroviral therapy (ART) who transitioned to DTG-based regimen by mid-2020 in all 22 provinces. Support was provided to finalise the 2019 treatment guidelines revision, and in the design, implementation and completion of the 2020 Virtual ART Prescribers training to over 100 ART clinics in all provinces. Care and Treatment guidelines were also revised for HIV/STIs in 2019/2020, and disseminated using hard copies and refresher trainings reaching a total of 137 clinicians.

New surveillance forms and the latest edition of the HIV patient database (Version 10) were rolled out in 43 ARV clinics; STI disease burden guidelines have been published to reduce prevalence. Technical assistance was provided by the Joint Team to analyse national provision for HIV viral-load, and develop a viral-load expansion plan for 2021-23.

Stage 1 of the national Haus Dur initiative (a community-led intervention covering community-based screening for HIV, tuberculosis (TB) and STIs, case management, and prevention outreach skills development) was completed, with the production of draft protocols, guidelines and monitoring tools. Stage 2 will be in full implementation in 2021, but initial training of 20 National Capital District-based outreach workers for key populations was carried out in December 2020.

15 key partners/stakeholders were convened in a consultative meeting to design the community-led and community-based monitoring which will address high levels of loss to treatment and improve HIV treatment adherence.

829 pregnant women from seven communities of Western Province were referred by trained Village Health Volunteers for antenatal care (ANC) services including HIV/STI testing at primary health centres and rural hospitals. To facilitate this, dinghies and motor engines were procured and provided to two remote rural health facilities that are accessible only via waterways; 6610 community members from these seven communities were provided with information on HIV/STI, ANC/family planning and COVID-19. Besides these provisions, a total of 10 000 HIV/Syphilis testing kits were distributed in five provinces, with the result that 10 000 women attending antenatal care have been tested and know their status; 300 women tested positive for Syphilis and have commenced treatment.

HIV PREVENTION**POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

A comprehensive condom strategy review commenced in partnership with the National AIDS Council, to be completed in Q1 2021 as a foundation for a broader examination of reproductive health support. 12 stakeholders from the government, development partners and community of key population participated in a regional virtual pre-exposure prophylaxis (PrEP) workshop in December 2020; feasibility research for a strategy to introduce PrEP in country was included into the Global Fund Grant request for 2021.

Support was provided to finalise the new national Department of Health sexual and gender-based violence (SGBV) Clinic Guidelines, including technical input to ensure adherence to the Essential Health Service Package, including HIV case management and prevention, for roll-out in 2021. 27 health care workers from seven primary healthcare facilities providing HIV outreach services received GBV identification and referrals training.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION**POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS**

Advocacy with the Government resulted in a national commitment to join the Global Partnership to eliminate HIV-related stigma and discrimination (focusing on healthcare, justice and community settings). In-depth analysis of HIV-related laws and policies resulted in a national policy scorecard, published as part of global policy report/database.

12 leaders from the community of men who have sex with men attended an intensive five-day advocacy workshop on the reform of punitive laws that criminalise same-sex relations, access to justice and basic rights training.

The HIV Advocacy and Key Messaging Workshop was convened in partnership with the National AIDS Council and the Key Populations Consortium to support more effective communications efforts of stakeholders through the use of evidence-based data. The workshop trained 30 participants including government, community, and local media partners in understanding and communicating messages around HIV, including ensuring access to healthcare for people living with HIV, key and vulnerable populations, and preventing stigma and discrimination.

TOWARDS A SUSTAINABLE RESPONSE**POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS**

Extensive technical support was provided for the development and submission of a successful joint TB-HIV Global Fund grant of US\$ 74 507 349; also mobilized US\$ 300 000 from Australia's Department of Foreign Affairs and Trade (DFAT) through the Country Coordinating Mechanism (CCM) that will support plans for 2021-23.

CONTRIBUTION TO THE COVID-19 RESPONSE**TECHNICAL SUPPORT; PARTNERSHIPS; ADVOCACY**

Technical support was provided for a successful mobilisation of US\$4.6 million from the Global Fund COVID Response Mechanism, covering provision of personal protective equipment (PPE) and rapid research into people who were lost-to-follow-up for TB, HIV and COVID-19. In addition, six provincial Family Support Centres (specialized health service model for GBV survivors) and 32 district and primary health centres were provided with PPE, dignity kits and reproductive health kits during the COVID-19 emergency, to ensure continued provision of minimum essential services including to prevent HIV transmission among GBV survivors.

Technical support was provided to the Key Populations Consortium to develop a rapid assessment of the needs of people living with HIV amidst COVID-19; analyses of results were reported to key stakeholders, and fed into the Socio-Economic Impact Assessment of COVID-19 on Papua New Guinea. The findings supported innovative and rapid responses and collaboration between communities and HIV service providers in different provinces, such as delivery of ART to residences or selected strategic pick-up points for people living with HIV.

The Joint Team also provided technical expertise on COVID-19 epidemic modelling, making available to the Prime Minister and the National COVID-19 Control Coordinating Committee the epidemiological projections (cases disaggregated by mild, critical and severe; deaths) which were subsequently used in the COVID-19 National Response Plan most particularly in developing surge response.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Support from the Joint Team contributed to collective campaigning through civil society organizations on ending violence against women including sexual and gender-based violence, Human Rights Day, World AIDS Day and World Disability Day, reaching a total of 33 347 people (with 60% female participation) throughout 2020.

The Joint Team also provided technical assistance and quality assurance to the Gender Assessment supported by the Global Fund. It resulted in 17-action point recommendations addressing gaps identified by the report.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Complications due to COVID-19 situation diverted healthcare staff and focus to the COVID-19 response preparedness; restrictions delayed or prevented implementation of many programmed activities. A number of service providers / clinics and NGOs were forced to suspend or limit services due to COVID-19, which substantially impacted the implementation of new innovations such as community-based HIV screening through the Haus Dur initiative.</p>	<p>Contribute to improvement in care, treatment, viral suppression, including full implementation and monitoring of DTG-based regimen roll-out, expansion and improvement in quality of viral load testing, and implementation of Haus Dur's community-led case management component.</p> <p>Contribute to improvement of HIV prevention outreach and testing through Haus Dur pilot including community-based screening (HIV, Syphilis, TB, STI and GBV), PrEP introduction, and national condom programme strategy.</p> <p>Support the Key Population Consortium to ensure the communities are involved in the above, and are benefitting from the services.</p>
<p>The HIV surveillance and reporting databases are still separate from the general health database (eNHIS).</p> <p>More needs to be done in improving the reporting rates (less than 60% of the reporting units submit timely reports/data to the national HIV patient database) and in improving the capacity to collect disaggregated data and conduct granular analysis based on age, sex, location, including among key population groups.</p> <p>Resources for strategic information remain inadequate and highly dependent on donor funding for technical expertise.</p>	<p>Continue to leverage efforts towards integrating the different databases into a single national information system, including the structures in place and the tools for collection and analysis.</p> <p>Through the National Strategic Information technical working group, contribute to the improvement of HIV reporting, monitoring and evaluation systems and availability of HIV strategic information.</p>
<p>The major source of HIV funds comes from UNAIDS; government continues to experience low level of revenues and budget deficits. All health programmes, including HIV, are suffering from budget cuts. The 2021 budget for ARV was reduced by 50%.</p>	<p>Ensure efficient utilization of available resources (Global Fund, DFAT, USAID, United Nations, Government, etc) and support joint resource mobilization efforts for a sustainable HIV financing and investment</p>

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