

Papua New Guinea  
**National HIV and  
AIDS Strategy**

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Implementation  
Framework



**Papua New Guinea  
National HIV and  
AIDS Strategy**

**2011-2015**

Implementation Framework



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Papua New Guinea: National HIV and AIDS Strategy: 2011-2015:  
Implementation Framework

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# Acronyms

AAP	Annual Activity Plans
ADB	Asian Development Bank
AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ART	anti-retroviral treatment
AusAID	Australian Agency for International Development
BAHA	Business Coalition Against HIV and AIDS
BSS	behavioural surveillance survey
CACC	Central Agencies Coordinating Committee
CBO	community based organisation
CCM	Country Coordinating Mechanism
CIS	Correctional Services
CPHL	Central Public Health Laboratory
CSO	civil society organisation
DAC	District AIDS Council
DfCD	Department for Community Development
DNPM	Department of National Planning and Monitoring
DP	development partner (for example, AusAID)
DPF	Development Partners Forum
DPLGA	Department of Provincial and Local Government Affairs
DPM	Department of Personnel Management
DSP	Development Strategic Plan
FBO	faith based organisation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	greater involvement of people living with HIV and AIDS
GoPNG	Government of Papua New Guinea
HAMP Act	<i>HIV and AIDS Management and Prevention Act, 2003</i>
HBC	home based care
HCT	HIV counselling and testing
HIV	human immunodeficiency virus
IBBS	integrated bio-behavioural survey
IRG	Independent Review Group
LJS	law and justice sector
LLG	local level government
MARP	more-at-risk population(s)
MCH	maternal and child health
MDG	Millennium Development Goals
M&E	monitoring and evaluation

MSM	men who have sex with men
MTDP	Medium Term Development Plan
MTDS	Medium Term Development Strategy
MTP	Medium Term Plan
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NCPI	National Composite Policy Index
NCW	National Council of Women
NDoE	National Department of Education
NDoH	National Department of Health
NEC	National Executive Committee
NEFC	National Economic and Fiscal Commission
NGO	non-government organisation
NHATU	National HIV and AIDS Training Unit
NHIS	National Health Information Survey
NHPS	National HIV Prevention Strategy (2010-2015)
NHS	National HIV and AIDS Strategy, 2011-2015
NHS SG	National HIV and AIDS Strategy Steering Group
NJCC	National Joint Coordination Committee
NRI	National Research Institute
NSP	National Strategic Plan on HIV/AIDS, 2006-2010
OI	opportunistic infection
OVC	orphans and vulnerable children
PAC	Provincial AIDS Committee
PACS	Provincial AIDS Committee Secretariat
PACSO	PNG Alliance of Civil Society Organisations
PCMC	Provincial Coordinating and Monitoring Committee
PEP	post-exposure prophylaxis
PHA	Provincial Health Authority
PICT	provider initiated counselling and testing
PLHIV	people living with HIV and AIDS
PLLSMA	Provincial and Local Level Service Monitoring Authority
PNG	Papua New Guinea
PNGIMR	PNG Institute of Medical Research
PNGSF	PNG Sports Federation
POC	point-of-care
PPP	public-private partnerships
PPTCT	prevention of parent to child transmission

ProMEST	Provincial Monitoring Evaluation and Surveillance Teams
PSCHA	Parliamentary Special Committee on HIV and AIDS
SRH	sexual and reproductive health
STI	sexually transmitted infection
TB	tuberculosis
UA	universal access
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WHO	World Health Organisation

# The National HIV and AIDS Strategy 2011-2015

The National AIDS Council (NAC), working in close collaboration with all partners, has developed a new National HIV and AIDS Strategy (NHS) to guide Papua New Guinea's (PNG) response to the HIV epidemic over the period 2011 to 2015. The NHS is published as a separate document. The NHS Implementation Framework, (that is, this document), is a companion document to the NHS, designed to guide partners with how they go about implementing the NHS.

## What is the NHS Implementation Framework?

The NHS Implementation Framework sets out the major activity areas that need to be implemented for a particular strategic objective to be achieved. In addition to setting out major activity areas, the NHS Implementation Framework specifies:

- An indicator for each strategic objective
- Five year targets for each indicator, wherever possible
- A baseline for each target, wherever possible
- Which sectors are responsible for implementation
- Current status of planning, implementation and funding mobilisation

# Key purpose of the NHS Implementation Framework

The key purpose of the NHS Implementation Framework is to **guide the development of Annual HIV Activity Plans** (AAPs) by each partner (all partners from community based organisations (CBOs) to government departments). These plans will be submitted to the National AIDS Council Secretariat (NACS) and development partners for funding and will make up the consolidated NHS Annual Plan and Budget, developed by NACS.

The NHS Implementation Framework is the link that provides direction to all partners on how to operationalise the strategic objectives into partner level activities in their AAPs. By indicating the major activity areas needed to achieve the NHS strategic objectives, the framework gives guidance to partners on the types of activities they need to be including in their AAPs.

Partners will develop specific activities which they will implement and include these in their own plans. These activities will be based on the strategic objectives, targets and the major activity areas.

## NHS top 10 interventions

A comprehensive approach is needed to effectively deal with the complex range of social and health issues posed by the HIV epidemic. The NHS and its Implementation Framework sets out the elements of PNG's comprehensive national response. It contains 105 strategic objectives and approximately 400 major activities. While all of these strategic objectives and major activities are important, with many being interlinked, it is essential to identify the top priority areas of work. They are the 'must do' things that, if implemented successfully, will make a real and significant difference in combating the HIV epidemic in PNG. Partner organisations should prioritise efforts in these top 10 intervention areas.

This section lists the top 10 interventions in the NHS. The question used to select these areas was 'What are the areas of work that will make the most significant impact in combating HIV and AIDS in PNG?' Funding allocations by the PNG Government and development partners need to give priority to funding the top 10 interventions. The interventions are *not* listed in priority order.

People living with HIV (PLHIV) need to be fully involved in all aspects of implementation of the top 10 interventions, consistent with one of the core guiding principles of the NHS, that of the meaningful involvement of PLHIV.

Gender issues need to be identified and appropriate responses integrated into each of the top 10 interventions.

NHS Top 10 Interventions	Most Relevant Strategic Objectives
<b>Priority area 1: Prevention</b>	
Develop and scale-up combination prevention programs for addressing multiple concurrent sexual partnerships in locations where this behaviour is common	1.1.2 & 1.1.4
Develop and scale-up targeted HIV and sexually transmitted infections (STIs) combination prevention interventions for more-at-risk populations (MARPs) (see Glossary for definition of MARPs)	1.1.6 – 1.1.9
A significant improvement in the availability and accessibility of male and female condoms through condom social marketing and distribution. This must include addressing stigma, myths and misinformation around condom use.	1.1.2 - 1.1.3
Develop specific interventions to reduce HIV vulnerability associated with gender-based violence and sexual violence against women and girls	2.1.2 – 2.1.4
Ensure that all pregnant women and their partners have access to the full range of prevention of parent to child transmission (PPTCT) interventions through strengthened maternal and child health (MCH) service delivery	1.2.1 – 1.2.5
<b>Priority area 2: Counselling, testing, treatment, care and support</b>	
Significantly increase availability of point-of-care (POC) rapid testing, with an emphasis on provider initiated counselling and testing (PICT), STI and tuberculosis (TB) services	1.1.1 – 1.1.3 1.1.7 & 1.1.10
Increased access to adult and paediatric antiretroviral treatment (ART) and opportunistic infection (OI) and TB management at the district and local level in high-prevalence provinces. (This does not preclude ensuring that antiretroviral treatment (ART) is available in all other provinces.)	2.1.2 – 2.1.3 2.1.10
<b>Priority area 3: Systems strengthening</b>	
Strengthen and expand second generation surveillance systems (biological and behavioural surveys, case reporting and STI surveillance)	1.1.1 – 1.1.2 1.2.1 – 1.2.2
Significantly increase technical assistance (TA) and organisational capacity development at the sub-national levels for key organisations	3.1.3 – 3.1.5
A strengthened and functioning NACS and Provincial AIDS Council Secretariats (PACS), with an initial emphasis on PACS in high-prevalence provinces	3.1.1 – 3.1.2

Strategic objectives which are relevant to the top 10 interventions

These are highlighted in blue in the Framework. Other strategic objectives are also related to the top 10 but these are the main ones.

# NHS Annual Plan and Budget

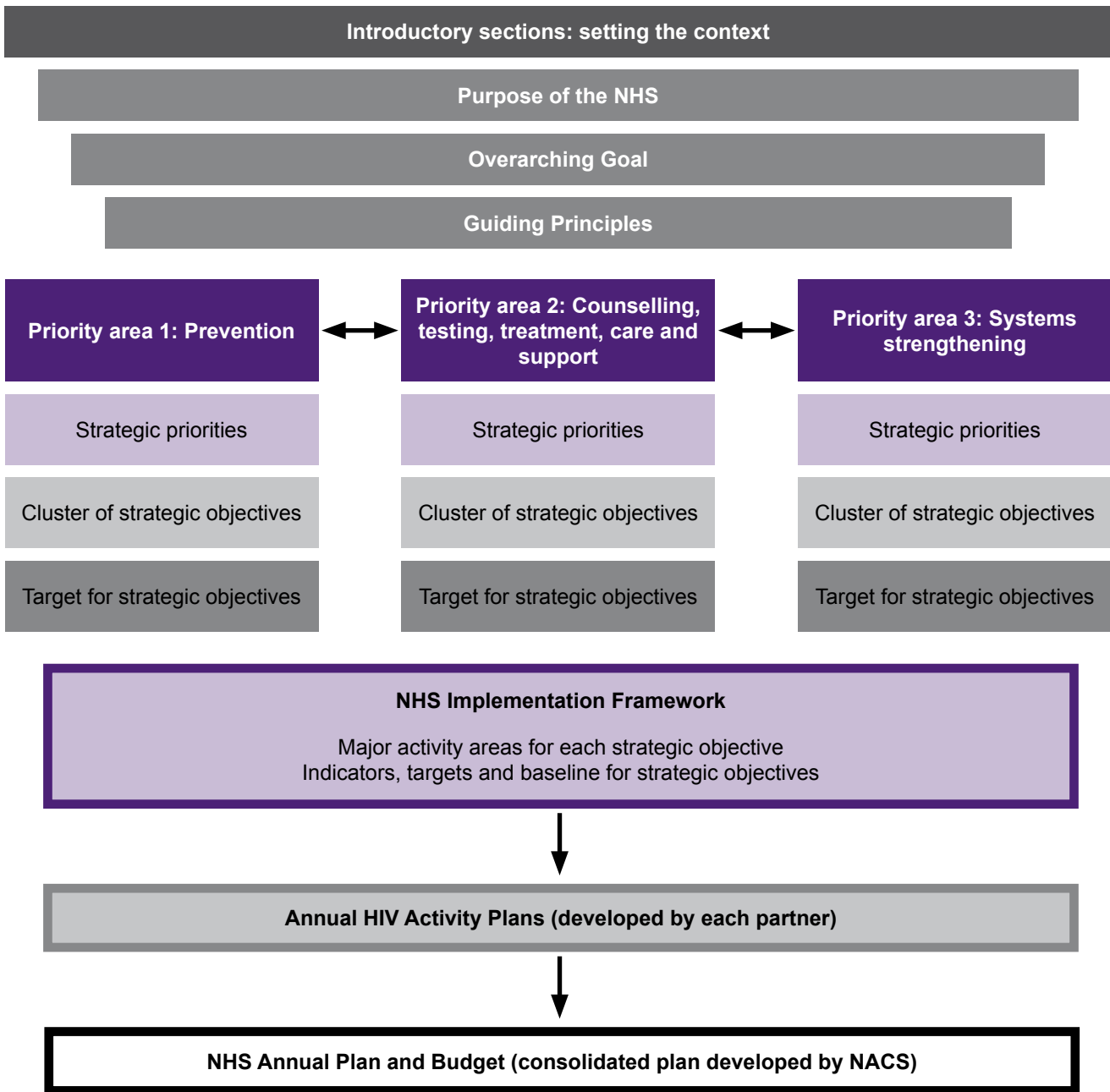
The NHS Annual Plan and Budget will replace the National Strategic Plan on HIV/AIDS 2006-2010 (NSP) Annual Plan and Budget. The NHS Annual Plan and Budget will serve the same purpose as the NSP Annual Plan and Budget in that it will be one consolidated plan, setting out the key activities to be undertaken by all partners for implementation of the NHS.

Each partner (all government partners and all non-government organisations (NGOs)/CBOs/faith based organisations (FBOs)) will develop an AAP. All AAPs will be reviewed by PACS, NACS and the NHS Steering Committee for consistency with the NHS and for possible funding. NACS will develop a consolidated NHS Annual Plan and Budget. The Annual Plan will be a consolidated list of all approved and funded activities. The Budget will form the basis of the NACS submission to the government for funding, with funding also coming from donors.

It is possible that three year rolling AAPs may be introduced at some point during the implementation period of the NHS. Three year plans may possibly only be used for larger partners with stronger planning capabilities, with smaller partners continuing to use annual plans. Decisions on three year rolling plans are yet to be made.

The diagram below (Figure 1) illustrates the relationship of the NHS to the partner AAPs and the consolidated NHS Annual Plan and Budget. Everything up to the black line, which appears after the NHS Implementation Framework, is a part of the NHS or NHS Implementation Framework.

**Figure 1: Component parts of the NHS and their relationship to partner level Annual HIV Activity Plans and the consolidated NHS Annual Plan and Budget**



# Definitions of terms used in the NHS Implementation Framework matrix

**Priority area** (first row): This refers to the three priority areas in the NHS:

1. Prevention
2. Counselling, testing, treatment, care and support
3. Systems strengthening

**Goal** (second row): This is the goal for the relevant priority area in the NHS. The goal defines what the NHS aims to achieve in this priority area in the next five years.

**Strategic priority** (third row): Each of the priority areas contains a number of strategic priorities.

**Cluster** (fourth row): This is the title of the cluster of strategic objectives. For example, for priority area 1: Prevention, under strategic priority 'Reduce the risk of HIV transmission', there are a number of clusters of strategic objectives.

**Strategic objective** (fifth row): This is the strategic objective from the NHS. Each priority area contains a number of strategic objectives, grouped into clusters. If achieved collectively, the strategic objectives will result in the realisation of the goal(s) for that priority area.

**Major activity area(s)**: Describes the key areas of action that need to be taken over the next five years to achieve the strategic objective. Each major activity area is stated quite broadly and not in the level of detail that would be used in annual work plans.

**Indicator**: Measures in a quantifiable way progress in achieving an NHS strategic objective. Indicators are divided into **national indicators** (from the Monitoring and Evaluation (M&E) Framework and highlighted in colour) and **project level indicators** which projects, interventions and partners can use.

**Target**: The target quantifies the desired level of achievement by the end of the NHS for the specified indicator (by December 2015, the end of the NHS implementation period). As indicators measure achievement in relation to strategic objectives, each target is related to a strategic objective. Targets have been set for all the **national indicators**.

**Baseline**: Quantifies the current level of achievement for each indicator if known at the time of writing.

**Key implementers:** Lists the key implementers by sector and type of organisation. With the exception of government sector organisations, specific organisations will not be specified, only the sector (for example, National Department of Health (NDoH) and NGOs/FBOs).

**Status:** A 'status legend' is used to indicate the current status of planning, implementation and funding for each major activity area. A legend or code is inserted in this column. The legend or codes are I, II or III. These legends are defined as follows:

I	Already planned, being implemented and largely fully funded
II	Already planned, being implemented but future funding or funding for expansion not secured
III	New activity, not yet planned and funding not yet secured

## Example of the Implementation Framework indicators, baselines and targets

The NHS Implementation Framework will be periodically reviewed and updated as more and better data becomes available. This example explains how the indicators, baselines and targets have been used in the Framework.

### Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (1) Reduce the risks of HIV transmission

**Cluster:** (1.1) Sexual transmission of HIV and other STIs

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.1 Increased understanding in the general population of contributing factors, driving forces and behaviours that contribute to the risk of HIV and other STIs	Percentage of men and women who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS)  (National indicator #37)	21.9% for young people	80%	Implement a range of targeted campaigns across the country using a mix of media to inform people about the driving forces and behaviours that increase the risk of HIV and STI transmission and increase accurate knowledge about HIV and AIDS (including increasing the understanding that forced sex increases the risk of HIV transmission)  Promote more open discussion of sexuality and sexual practices within HIV prevention programming, including safer alternatives to vaginal and anal sex  Targeted promotion of correct and consistent condom use linked to increased access to condoms in locations where there multiple concurrent sexual networks and behaviours are more prevalent  Procurement, supply and distribution systems for male and female condoms and lubricant are strengthened with a wider variety of condoms made available and a greater range of condom access points and retail outlets, with emphasis on the different access needs of men, women, young men and young women	NGOs, NDoH, NDoE, FBOs, private sector, CSOs  NGOs, NDoH, NDoE, FBOs, private sector, CSOs  NGOs, NDoH, private sector  NACS, NDoH, DPs, NGOs, private sector	III  III  II  II

**Baseline**  
Where possible a baseline has been identified. This will be the best available data from national or project-based surveillance or research that was available in May 2010. The origin, sample size and sex disaggregation of the data will be specified if possible.

**Indicator**  
Will be either a **national indicator** or a project level indicator or blank.

**National indicators**  
National indicators from the M&E Framework are highlighted in green and with the number of the indicator. For example, this is national indicator #37. Programs working in these areas **must** report on these indicators.

**No indicator set at this time**  
It has not been possible or practical to write an indicator for some strategic objectives at this time. These may be broad ranging strategic objectives or ones which are extremely difficult to measure at this point in time. They will be reviewed periodically.

**No target set at this time at this time**  
Sometimes it has not been possible to set a target. This is usually due to the lack of baseline data and will be addressed in the periodic review of the NHS progress, usually after more data collection

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.9 Other more-at-risk populations are identified and interventions established to address specific risk behaviours	No indicator set at this time	No data available at this time	No target set at this time	Regularly review evidence for HIV –related high risk behaviours to determine who are the more at risk groups in PNG  Periodic size estimations of more-at-risk groups are undertaken  Interventions are piloted, established and strengthened that address identified more-at-risk groups and their risk behaviours	Research institutions, NACS  Research institutions, NGOs  NGOs	III  III  III
1.1.10 People living with HIV and their partners are supported with programs to protect their sexual health and reproductive rights	Percentage of women and men living with HIV using a condom at last sex (disaggregated by sero-discordance)	No data available at this time	80%	Correct and consistent condom use is promoted amongst PLHIV and their sexual partners  Safer sexual practices (including non-penetrative sex) to enhance sexual pleasure are promoted amongst PLHIV and their sexual partners  Support interventions for sero-discordant couples are established  Comprehensive healthy living support programs (including drug and alcohol harm reduction) are established for PLHIV and their sexual partners  Barriers to PLHIV accessing sexual reproductive health services are identified and addressed	NGOs, CSOs, FBOs, NDoH, PHA  NGOs, CSOs, FBOs, NDoH, PHA	II  III

**Strategic objectives which are relevant to the top 10 interventions**  
These are highlighted in blue

**Project level indicator**  
There are relatively few national indicators. When an indicator is **not** highlighted in green it is an example of a **project level indicator**. Interventions, projects and partners can use and report on these indicators if they wish. Over the life of the NHS these indicators may occasionally be used for specific research and national reporting purposes. Any target set is indicative.

**No data available at this time**  
Where no reliable data is available at the time of writing, this has been recorded. Usually there will be an Major Activity Area referring to collecting data for this indicator.

# National indicators

This table is extracted from the NHS Monitoring and Evaluation Framework which is a separate document. It sets out the core national indicators that are essential for high-level monitoring of STI, HIV and AIDS epidemiology and PNG's response. Data for these indicators will be collected on a national basis. There are 39 national indicators. In addition to the national indicators, project level indicators have been set. These additional indicators can be used, as appropriate by projects and programs for their own internal monitoring and evaluation. Both national indicators and the additional project level indicators are set out in the Implementation Framework matrix. National indicators are highlighted in colour in the Implementation Framework matrix which follows this table of national indicators.

	Indicator	Disaggregation(s)	Related strategic objective(s)	Indicator linkage	Data collection method/source	Data collection frequency
<b>Indicators for the top 10 interventions</b>						
1	Percentage of women and men aged 15 to 59 with more than one ongoing sexual partnership at the point in time during the past three months	Sex Age	PA1 <sup>1</sup> - 1.1.4	-	Youth and general population survey Special population behavioural surveillance survey (BSS)	Every three to five years
2	Percentage of women and men aged 15 to 59 with more than one ongoing sexual partnership at the point in time during the past 12 months	Sex Age	PA1 - 1.1.4	-	Youth and general population survey Special population BSS	Every three to five years
3	Percentage of women and men aged 15–59 who have had sexual intercourse with more than one partner in the last 12 months	Sex Age	PA1 - 1.1.4	UNGASS	Youth and general population survey Special population BSS	Every three to five years
4	Percentage of men and women aged 15 to 59 who had more than one sexual partner in the past 12 months and who report the use of a condom during last intercourse	Sex Age	PA1 - 1.1.2	UNGASS	Special population BSS Youth and general population survey	Every three to five years

<sup>1</sup> NHS Priority area 1

	Indicator	Disaggregation(s)	Related strategic objective(s)	Indicator linkage	Data collection method/source	Data collection frequency
5	Percentage of female and male sex workers reporting the use of a condom with their most recent client	Sex Age Gender	PA1 - 1.1.6	UNGASS	Special population BSS	Every two to three years
6	Percentage of men and women who have participated in transactional sex in the last 12 months and who report condom use at last transactional sex	Sex Age	PA1 - 1.1.7	–	Special population BSS Youth and general population survey	Every two to three years
7	Percentage of men reporting condom use the last time they had anal sex with a male partner	Age Gender	PA1 - 1.1.8	UNGASS	Special population BSS	Every two to three years
8	Percentage of men and women aged 15 to 59 who report condom use during last time of anal sex	Sex Age Partner sex	PA1 - 1.1.3	–	Youth and general population survey	Every three to five years
9	Percentage of men and women aged 15 to 59 who report condom use during last time of anal sex	ARV regimen type	PA1 - 1.2.2	UNGASS	Program data Estimation	Annual
10	Percentage of pregnant women who were tested for HIV and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status	Pregnancy stage	PA1 - 1.2.3	Universal access (UA)	Program data	Annual
11	Number of operational Family Support Centres	–	PA1 - 2.1.3 PA3 - 2.1.7	–	Program data	Annual
12	Percentage of women and men aged 15 to 59 who received an HIV test in the last 12 months and who know the results	Sex Age	PA2 <sup>2</sup> - 1.1.1 PA2 - 1.1.2	UNGASS	Youth and general population survey	Every three to five years

<sup>2</sup> NHS Priority area 2

	Indicator	Disaggregation(s)	Related strategic objective(s)	Indicator linkage	Data collection method/source	Data collection frequency
13	Percentage of more-at-risk populations that have received an HIV test in the last 12 months and know the results	Sex Age Gender	PA2 - 1.1.3	UNGASS	Special population BSS	Every two to three years
14	Percentage of TB clients who had an HIV test result recorded in the TB register	Sex Age TB diagnosis	PA2 - 1.1.7	UNGASS+, UA	Health management information system	Annual
15	Percentage of STI clients who had an HIV test	Sex Age STI diagnosis	PA2 - 1.1.7	–	health management information system	Annual
16	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Sex Age	PA2 - 2.1.1	UNGASS	Program data Estimation	Annual
17	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	Sex Age	PA2 - 2.1.3	UNGASS	Program data Estimation	Annual
18	Percentage of adults and children with HIV known to be on treatment at 12/24/36/48 months after initiation of antiretroviral therapy	Sex Age	PA2 - 2.1.10	UNGASS – UA	ART reporting	Annual
19	Percentage of NGOs, FBOs and CBOs submitting their plans and reports to their PACS or NACS on time	Agency type Submission type	PA3 <sup>3</sup> - 3.1.3	–	NHS management report	Annual
20	Percentage of technical assistance deployed to support the NHS implementation at sub-national level compared to the total TA	Duration of TA	PA3 - 3.1.4	–	NHS management report	Annual
21	Percentage of provincial governments that report to the Provincial and Local Level Service Monitoring Authority (PLSSMA) on their specific HIV responsibilities under the Determination on Service Delivery	–	PA3 - 3.2.3	–	NHS management report	Annual

<sup>3</sup> NHS Priority area 3

	Indicator	Disaggregation(s)	Related strategic objective(s)	Indicator linkage	Data collection method/source	Data collection frequency
22	Percentage of women and men who are HIV infected	Age	Impact of the NHS	UNGASS	Antenatal care (ANC) IBBS	Annual for ANC data and every three to five years for general population integrated bio-behavioural survey (IBBS)
23	Percentage of more-at-risk populations who are HIV infected	Sex Age	Impact of the NHS	UNGASS	Special population IBBS	Every two to three years

#### Indicators for monitoring the response environment and inputs

24	Domestic and international AIDS spending by categories and financing sources	-	Cross-cutting across several strategic objectives, specifically: PA3 - 2.3.4 PA3 - 3.2.4	UNGASS	National AIDS Spending Assessment	Every two to three years
25	National Composite Policy Index (NCPI) (Areas covered: prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programs, stigma and discrimination and M&E)	-	Cross-cutting across many strategic objectives, specifically: PA3 - 1.1.1 PA3 - 1.1.2 PA3 - 1.1.5	UNGASS	Desk review NCPI interviews	Every two years
26	The degree of stigma and discrimination as identified by the People Living with HIV Stigma Index	-	Cross-cutting across several strategic objectives, specifically: PA1 - 2.4.2 PA3 - 2.5.4	-	People Living with HIV Stigma Index interview	Every three years

	Indicator	Disaggregation(s)	Related strategic objective(s)	Indicator linkage	Data collection method/source	Data collection frequency
<b>Indicators for monitoring the national response outputs</b>						
27	Percentage of health facilities with post-exposure prophylaxis (PEP) available	Type of health facility	PA1 - 1.1.5 PA1 - 1.3.2	UGASS + UA	Health facility review	Every two to three years
28	Percentage of donated blood units screened for HIV in a quality assured manner	–	PA1 - 1.3.3	UNGASS	Blood bank review	Annual
29	Percentage of schools that provided life-skills based HIV education within the most recent academic year	Level	PA1 - 2.2.5 PA1 - 2.3.4	UNGASS	School principals survey	Every two years
30	Percentage of more-at-risk populations reached with HIV prevention programs	Sex Age Gender	PA1 - 1.1.9 PA1 - 2.4.1 PA1 - 2.4.4 PA1 - 2.4.5	UNGASS	Special population BSS	Every two to three years
31	Number of district level ART sites	Type of health facility Type of ART service	PA2 - 2.1.2	–	Program report	Annual
32	Percentage of health facilities that offer paediatric ART (that is, prescribe and/or provide clinical follow-up)	Public and private sector sites	PA2 - 2.2.1	UA	Program report	Annual
33	Percentage of infants born to HIV infected women who are started on cotrimoxazole prophylaxis within two months of birth	Sex	PA2 - 2.2.2	UNGASS + UA	Program report	Annual
34	Percentage of health facilities that provide STI screening and syndromic management	Public and private sector sites	PA2 - 2.3.1	–	National Health Information Survey	Annual
35	Percentage of ART services that are linked to HBC and other family and community support services	Public Private FBOs	PA2 - 2.4.1	Global Fund to Fight AIDS Tuberculosis and Malaria grant proposal	Survey among ART sites	Annual
36	Percentage of HIV counselling and testing (HCT) services using the 2009 national point-of-care algorithm	Public Private FBOs	PA2 - 1.1.10	–	Program report	Annual

	Indicator	Disaggregation(s)	Related strategic objective(s)	Indicator linkage	Data collection method/source	Data collection frequency
<b>Indicators for monitoring knowledge and behaviours</b>						
37	Percentage of women and men who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Sex Age	PA1 - 1.1.1 PA1 - 2.2.1	UNGASS	Youth and general population survey Demographic and health survey	Every three to five years
38	Percentage of more-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Sex Age Gender	PA1 - 1.1.6 PA1 - 1.1.8	UNGASS	Special population BSS	Every two to three years
39	Percentage of young women and men who have had sexual intercourse before the age of 15	Sex Age	PA1 - 2.2.9	UNGASS	Youth survey Demographic and health survey Other related surveys	Every three to five years



# Priority area 1: Prevention

# 1

# Priority area 1: Prevention

## Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (1) Reduce the risks of HIV transmission

**Cluster:** (1.1) Sexual transmission of HIV and other STIs

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.1 Increased understanding in the general population of contributing factors, driving forces and behaviours that contribute to the risk of HIV and other STIs	Percentage of men and women who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS)  (National indicator #37)	Male: 25.8% Female: 16.7% Total: 21.9% <sup>i</sup> (15 to 24 years only)	80%	Implement a range of targeted campaigns across the country using a mix of media to inform people about the driving forces and behaviours that increase the risk of HIV and STI transmission and increase accurate knowledge about HIV and AIDS (including increasing the understanding that forced sex increases the risk of HIV transmission)	NGOs, NDoH, NDoE, FBOs, private sector, CSOs	III
				Promote more open discussion of sexuality and sexual practices within HIV prevention programming, including safer alternatives to vaginal and anal sex	NGOs, NDoH, NDoE, FBOs, private sector, CSOs	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.2 Increased correct and consistent use of male and female condoms, with an emphasis on people who have multiple serial and concurrent sexual relationships	Percentage of men and women aged 15 to 59 who had more than one sexual partner in the past 12 months who report the use of a condom during last intercourse (UNGASS) (National indicator #4)	38.9% <sup>ii</sup> (15-49 years only)	80%	<p>Increase condom access and use through social marketing that focus on promoting correct and consistent male and female condom use amongst men and women of all age groups within long-term relationships and within marriage (for example, promoting the use of condoms for family planning as well as HIV and STI prevention)</p> <p>Promote targeted correct and consistent condom use linked to increased access to condoms in locations where there are multiple concurrent sexual networks and this type of behaviour is more prevalent</p> <p>Strengthen procurement, supply and distribution systems for male and female condoms and lubricant with a wider variety of condoms made available and a greater range of condom access points and retail outlets, with emphasis on the different access needs of men, women, young men and young women</p> <p>Identify and address the barriers (including gender- and age-related barriers) to effective condom promotion, including working with churches, to advocate the importance of condoms as a tool for the prevention of HIV, STIs and for family planning</p>	NGOs, NDoH, NDoE, FBOs, private sector, CSOs	II
1.1.3 Increased correct and consistent use of condoms and lubricant for heterosexual and homosexual anal sex	Percentage of men and women aged 15 to 59 who report condom use during last occasion of anal sex (PNG) (National indicator #8)	No data available at this time	80%	<p>Include in prevention interventions accurate information on the risks of HIV transmission associated with unprotected anal sex</p> <p>Promote access to condoms and lubricants for men and women of all ages who practice anal sex</p> <p>Improve understanding of anal sex as a key factor in HIV transmission by providing focused information in family planning, STI, and HCT services, and by including information on anal sex in pre-service and in-service training for health workers</p>	NGOs, NDoH, private sector	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.4 Males and females reduce the number of their concurrent sexual partners	Percentage of women and men aged 15 to 59 with more than one ongoing sexual partnership at the point in time during the past three months (National indicator #1)	Antenatal mothers: 15-49 15% <sup>iii</sup> STI clinic clients <sup>iv</sup> (15-49) Males: 55.28% Females: 24.7% Total: 37.5%	5%	Use a range of approaches to highlight and address the risks of having concurrent sexual partners, especially in high-prevalence locations. For example, interpersonal and family-centred approaches, utilising peer networks, social networks, churches, and work places	NGOs, FBOs, private sector	II
	Percentage of women and men aged 15-59 with more than one ongoing sexual partnership at the point in time during the last 12 months (National indicator #2)			Conduct social research on concurrent sexual relationships to guide programming	Research institutions, NGOs	II
	Percentage of women and men aged 15 to 59 who have had sexual intercourse with more than one partner in the last 12 months (UNGASS) (National indicator #3)			Address cultural values, beliefs and practices that encourage multiple and concurrent partnering, including polygamy, and develop communication strategies to encourage and enable partner reduction	NACS, NGOs, FBOs	III
				Develop HIV communication messages to address the risk of sexual transmission of HIV within marriages, long-term partnerships and to unborn children	NGOs, FBOs, NDoH	III
				Develop targeted awareness messages on how unprotected sex with multiple and concurrent sexual partners increases HIV transmission, with a focus on particular times and settings that create and expand opportunities for sexual networking (for example, during election campaigns)	NGOs, CSOs, FBOs, NDoH, private sector	III
				Develop targeted awareness messages on how unprotected sex with multiple and concurrent sexual partners increases HIV transmission, with a focus on specific circumstances that increase risk (for example, job related mobility)	NGOs, CSOs, NDoH, FBOs, private sector	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.5 Universal access to quality STI and HIV PEP services for sexual assault cases and partners exposed to HIV in sero-discordant relationships, including increased availability in non-health settings	Percentage of health facilities with PEP available (UA) (National indicator #27)	No data available at this time	100%	Scale-up availability of quality PEP services in health and non-health facilities (through, for example, policy changes)  Develop and implement quality assurance mechanisms for the distribution, storage and dispensing of PEP  Inform all sectors of the population, and the health care providers who serve them about the local availability of PEP for rape and incest victims and that initiation of PEP should be a priority before any legal or cultural proceedings  Develop and implement clear and consistent protocols for the management and delivery of PEP, including the provision of or referral to counselling, medical follow-up and appropriate support services	NDoH, NGOs, FBOs, private sector, PHA  NDoH, PHA  NDoH, NDoE, FBOs, CBOs, NGOs, private sector  NDoH, PHA	III  III  III  III
1.1.6 People engaged in sex work and their clients adopt and sustain behaviours that reduce the risk of HIV transmission	Percentage of female and male sex workers who report use of a condom with their most recent client (UNGASS, UA) (National indicator #5)  Percentage of more-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS) (National indicator #38)	No data available at this time	80%	Promote correct and consistent condom use amongst sex workers, their clients and their regular partners, including increased promotion, access to and usage of female condoms  Promote safer sexual practices (including non-penetrative sex) amongst sex workers and their clients  Integrate drug and alcohol harm reduction interventions into existing and new projects targeting male and female sex workers and their clients	NGOs  NGOs  NGOs	I  III  III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.7 People who exchange sex for money, goods and services and their clients adopt and sustain behaviours that reduce the risk of HIV transmission	Percentage of men and women who participated in transactional sex in the last 12 months who report condom use at last transactional sex (PNG) (National indicator #6)	No data available at this time	60%	Promote correct and consistent condom use during transactional sex, including promotion of female condom use  Promote safer sexual practices (including non-penetrative sex) amongst men and women of all ages who engage in transactional sex	NGOs  NGOs	III  III
1.1.8 Men who have sex with men adopt and sustain behaviours that reduce the risk of HIV transmission	Percentage of men who report condom use the last time they had anal sex with a male partner (UNGASS, UA) (National indicator #7)  Percentage of more-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS) (National indicator #38)	No data available at this time	80%	Integrate drug and alcohol harm reduction interventions into existing and new projects targeting people who engage in transactional sex  Promote correct and consistent condom and lubricant use amongst men who have sex with men and their male and female partners  Promote safer sexual practices (including non-penetrative sex) amongst men who have sex with men and their male and female partners  Integrate drug and alcohol harm reduction interventions into existing and new projects targeting men who have sex with men and their male and female partners	NGOs  NGOs  NGOs	III  II  III  III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.9 Other more-at-risk populations are identified and interventions established to address specific risk behaviours (Refer 2.4.1)	Percentage of more-at-risk populations reached with HIV prevention programs (UNGASS) (National indicator #30)	No data available at this time	No target set at this time	<p>Conduct regular reviews of evidence for HIV –related high risk behaviours to determine who are the more-at-risk populations in PNG</p> <p>Conduct periodic size estimations of more-at-risk populations</p> <p>Pilot, establish and strengthen interventions that address identified more-at-risk populations and their risk behaviours</p>	<p>Research institutions, NACS</p> <p>Research institutions, NGOs</p> <p>NGOs</p>	III
1.1.10 People living with HIV and their partners are supported with programs to protect their sexual health and reproductive rights	Percentage of women and men living with HIV using a condom at last sex (disaggregated by sero-discordance)	No data available at this time	80%	<p>Promote correct and consistent condom use amongst PLHIV and their sexual partners</p> <p>Promote safer sexual practices (including non-penetrative sex) amongst PLHIV and their sexual partners</p> <p>Establish support interventions for sero-discordant couples</p> <p>Establish comprehensive healthy living support programs (including drug and alcohol harm reduction) for PLHIV and their sexual partners</p> <p>Identify and address barriers to PLHIV accessing sexual reproductive health services</p>	<p>NGOs, CSOs, FBOs, NDoH, PHA</p> <p>NGOs, CSOs, FBOs, NDoH, PHA</p>	II
1.1.11 People who are targeted by HIV prevention programs are involved in the design, implementation and review of programs that aim to reduce the sexual transmission of HIV and other STIs	No indicator set at this time	No data available at this time	No target set at this time	<p>Ensure the meaningful participation of PLHIV and other targeted groups in all design, implementation and review activities for HIV prevention programs</p>	NACS, PACS, NGOs	II

**Priority area: (1) Prevention**

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (1) Reduce the risks of HIV transmission

**Cluster:** (1.2) Preventing parent to child transmission of HIV (PPTCT)

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.2.1 Strengthen management and coordination capacity of PPTCT services and link them to MCH services and gender-based violence services at national and sub-national levels	Number of facilities providing ANC services that also provide HIV testing and counselling for pregnant women (UA)	45 <sup>v</sup>	664 (Total number of health care facilities in PNG – the aim is to scale-up PPTCT to reach all health care facilities that offer ANC services in pace with the national health plan)	<p>Improve management and coordination to strengthen quality implementation of PPTCT programs integrated with MCH and gender-based violence services</p> <p>Advocate for the integration of PPTCT and paediatric AIDS programs within MCH services</p> <p>Develop evidence informed guidelines and policy documents to ensure quality implementation of PPTCT programs</p>	<p>NDoH, PHA, FBOs, NGOs</p> <p>NDoH, NACS</p> <p>NDoH</p>	<p>II</p> <p>III</p> <p>I</p>
1.2.2 Improve the quality and access of PPTCT services by creating strong linkages to MCH and communities, increasing involvement of positive women and their partners and ensuring programs provide safeguards against negative consequences of testing	Percentage of HIV positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission (UNGASS)  (National indicator #9)	12% <sup>vi</sup>	80%	Scale-up services to ensure that health care facilities at regional, provincial and district level are delivering quality PPTCT services with strong continuum of care in an enabling environment for all pregnant women, their partners and families (for example, by improving links between PPTCT services and gender-based violence, ART, family planning, HIV prevention and enhanced counselling services with clear definition of package of services for each level)	NDoH, PHAs, FBOs, NGOs, PACS	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
				Enhanced outreach and community services to increase access to ANC including PPTCT services and increase ANC attendance, supervised deliveries and decrease loss to follow up with a focus on HIV positive pregnant women (for example, by scaling up 'safe testing' programs that reduce violence and abandonment against mothers who are diagnosed with HIV and increased involvement and strong linkages with NGOs and CBOs)	NDoH, PHAs, FBOs, NGOs, PACS	III
				Utilise HIV positive mothers and their partners as experts in the design, delivery and review of PPTCT services	NDoH, PHAs, FBOs, NGOs, PACS	III
				Implement strategies to improve male partner involvement in ANC and subsequently PPTCT services (for example, male friendly ANC clinics, men's clinics and waiting space for men who accompany women for ANC)	NDoH, PHAs, FBOs, NGOs, PACS	III
				Enhance communication activities such as mass media campaigns, social mobilisation campaigns and inter personal communication (including targeted efforts to reach men and male leaders) to increase awareness of services, improve utilization and strengthen acceptance of behavioural prevention of vertical transmission during pregnancy and breastfeeding	NDoH, NACS	II
				Ensure pregnant women and their partners have access to prevention information and male and female condoms during pregnancy and breastfeeding through strengthening linkages with primary prevention, with a focus on women who test negative	NDoH, PHAs, FBOs, NGOs, PACS	II
				Strengthen delivery of quality laboratory services to support implementation of PPTCT programs, including addressing faster turnaround period for test results	NDoH	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.2.3 Strengthen the capacity of health workers and stakeholders to deliver quality PPTCT services integrated with MCH services	Percentage of pregnant women who were tested for HIV and received their results during pregnancy, during labour, and during post-partum period (<72 hours), including those with previously known HIV status (UA) (National indicator #10)	21% <sup>vii</sup>	80%	Develop a sustainable strategy and plan for capacity development for PPTCT with activities at national and sub-national levels clearly defined	NDoH, PHAs, FBOs, NGOs	II
				Review and update training curriculum for PPTCT programs for different cadres of health care workers and key persons working in the PPTCT program (including training on gender-based violence, safe disclosure techniques and couple testing)	NDoH, NACS	II
1.2.4 Ensure consistent supply of HIV-related commodities to all ANC sites	Percentage of health care facilities delivering PPTCT services that report stock out of test kits in the last 12 months	No data available at this time	0	Develop and implement a supportive mentoring system for continuous skill building in health care workers on PPTCT	NDoH	III
				Review and streamline distribution systems for supply of diagnostic kits including syphilis test kits, HIV test kits and Hb, CD4 reagents to all ANC clinics	NDoH, PHAs	III
1.2.5 Improve monitoring and reporting systems to ensure quality data collection and flow to inform program implementation for MCH, including PPTCT services	No indicator set at this time	No data available at this time	No target set at this time	Review and streamline distribution systems for ARV drugs to ensure continuous supply of ARVs in labour wards, ANC clinics and paediatric clinics	NDoH, PHAs	II
				Build capacity for supply management, including forecasting	NDoH	II
				Strengthen the monitoring system for the PPTCT program including clarity in data flow and levels of data collection integrated with the MCH reporting system	NDoH, PHAs, NGOs, FBOs	II
				Develop skills in effective monitoring, reporting and data use at all levels of health care	NDoH	II
				Conduct operational research to improve PPTCT program outcomes	NDoH, NACS	III
				Develop a coding system for MCH services to enhance data quality and better tracking of PPTCT outcomes	NDoH	III
				Use information communication technology for improved monitoring systems for PPTCT, integrated with MCH services	NDoH	III

## Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (1) Reduce the risks of HIV transmission

**Cluster:** (1.3) Transmission of HIV in health care settings

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.3.1 Standard precautions for infection control are consistently used in all health facilities	Percentage of health facilities that meet minimum standards in universal precautions using an infection control audit tool	No data available at this time	100%	<p>Implement guidelines for standard precautions consistently and correctly in all health facilities throughout the country, including pre-service and in-service training for health care workers</p> <p>Develop and implement an infection control audit tool</p>	<p>NDoH, PHA, FBOs</p> <p>NDoH, PHA, FBOs</p> <p>NDoH, PHA, FBOs</p>	<p>II</p> <p>II</p> <p>II</p>
1.3.2 PEP for occupational exposure is available in all health facilities	Percentage of health facilities with PEP available (UNGASS) (National indicator #27)	No data available at this time	100%	<p>Scale-up availability of quality PEP services in health facilities</p> <p>Develop and implement quality assurance mechanisms for the distribution, storage and dispensing of PEP</p> <p>Review and implement occupational exposure PEP guidelines</p>	<p>NDoH, PHA, FBOs</p> <p>NDoH, PHA, FBOs</p> <p>NDoH, PHA, FBOs</p>	<p>II</p> <p>II</p> <p>I</p>
1.3.3 All blood products are screened for HIV and other blood-borne pathogens	Percentage of donated blood units screened for HIV in a quality assured manner (UNGASS) (National indicator #28)	100% <sup>viii</sup>	100%	Maintain blood screening systems	NDoH, PHA, NGOs	I

## Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (1) Reduce the risks of HIV transmission

**Cluster:** (1.4) Injecting practices, penile modification and other emerging transmission routes

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.4.1 Interventions are developed that reduce the risk of HIV transmission from penile modification practices	Percentage of men and women who can identify the risks of HIV transmission associated with penile modification, disaggregated by the type of penile modification	No data available at this time	80%	<p>Conduct targeted social research and surveillance on penile modification practices</p> <p>Develop harm reduction interventions that reduce the risks of HIV transmission to males and their partners involved with penile cutting (including during cultural initiation and inside settings such as prisons)</p> <p>Develop harm reduction interventions that reduce the risks of HIV transmission to males and females involved with penile inserts and injections</p> <p>Develop preparedness for infant circumcision in high-prevalence locations (for example, through policy development and clinical guidelines)</p>	<p>Research institutions</p> <p>NGOs, law and justice sector (LJS), CSOs, private sector, NDoE</p> <p>NGOs, LJS, CSOs, private sector</p> <p>NDoH</p>	<p>III</p> <p>III</p> <p>III</p> <p>III</p>
1.4.2 Risk of HIV transmission from tattoos, piercing and scarification practices is reduced	Percentage of men and women who can identify the risks of HIV transmission associated with tattoos, piercing and scarification practices, disaggregated by practice and age report using clean needles or other cutting utensils the last time they had tattooed, pierced, or scarified themselves (PNG)	No data available at this time	80%	<p>Conduct targeted social research and surveillance on tattooing, piercing and scarification practices and the contexts of their use (ethnicity, identity, as part of initiation)</p> <p>Develop evidence informed harm reduction interventions that reduce the risks of HIV transmission for males and females associated with tattooing, piercing and scarification, particularly in cultural groups, work places and institutional environments (for example, prisons, uniformed services, schools)</p>	<p>NGOs, LJS, CSOs, private sector, NDoE</p> <p>NGOs, LJS, CSOs, private sector, NDoE</p>	<p>III</p> <p>III</p>

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.4.3 Interventions are prepared to reduce the risk of HIV transmission from injecting drug use	Percentage of men and women who report using sterile injecting equipment the last time they injected (UNGASS)	No data available at this time	80%	Expand surveillance to establish a clearer understanding of the extent that injecting drug use is practised and undertake socio-behavioural research to understand data on injecting drug use, its contexts of use and meanings, what is being used, why it is being used, and whether this is a significant mode of HIV transmission	Research institutions	III
1.4.4 Risks of HIV transmission from other emerging sexual practices are reduced	Percentage of women who know that vaginal drying can increase risk of HIV transmission	No data available at this time	80%	Establish an early preparedness mechanism to respond to the potential for injecting to become a significant mode of transmission in PNG (for example, review of policy and legal frameworks that are required for an enabling environment related to injecting, review of international best practice)  Establish periodic review mechanisms that identify emerging behaviours that increase the risk of HIV transmission (for example, through the Prevention Task Force)  Conduct targeted social research and surveillance on vaginal drying practices and use of sexual enhancement products  Trial evidence informed harm reduction interventions that reduce the risks of HIV transmission for women associated with vaginal drying products and the risks of HIV transmission for men and women associated with the use of sexual enhancement products	NDoH, NACS  Research institutions, NACS, NDoH  Research institutions  NGOs	III  III  III  III

**Priority area: (1) Prevention**

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority: (2)** Address factors that contribute to HIV vulnerability

**Cluster: (2.1)** Gender-related vulnerability

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.1 Men, women, girls and boys are meaningfully involved in HIV prevention interventions	No indicator set at this time	No data available at this time	No target set at this time	Develop gender-sensitive methods for prevention interventions to ensure equitable participation in consultations and decision making, program design, implementation and M&E	NGOs, FBOs, NACS, PACS, private sector	II
				Conduct induction training for staff involved in HIV work which includes coverage of gender, gender-based violence and human rights, including signing of a non-discriminatory and gender-sensitive code of conduct	NGOs, FBOs, NACS, PACS, private sector, government departments	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.2 Multi-sectoral responses to reduce gender-based and sexual violence are implemented	Percentage of HIV prevention programs that report interventions for gender-based and sexual violence (PNG)	No data available at this time	80% of HIV prevention programs report interventions for gender-based and sexual violence	Review existing gender-based violence, sexual violence and related intervention programs and identify and disseminate lessons learned, with reference to the Family and Sexual Violence Action Strategy and including a clearing house on resources	DCD, NDoH, NGOs, FBOs, NACS, LJS, Family and Sexual Violence Action Committee (FSVAC)	III
				Raise awareness about the links between gender-based and sexual violence and HIV, and specify violence-free sex as a safer sex practice in all HIV prevention materials and training for the general population, male and female, and for more-at-risk populations	NGOs, FBOs, private sector, LJS, government departments, FSVAC	III
				Strengthen the working relationships and referral pathways between health, law and justice and community development services and civil society organisations (CSO) (refer to Priority area 3: Systems strengthening, Strategic priority 2: Strengthening the enabling environment, Cluster 2.1: Gender, Strategic objective 2.1.7)	LJS, NDoH, Department of Community Development (DCD), CSOs, NGOs, private sector, FSVAC	II
				Identify and address barriers to reducing gender-based violence (for example, by appointing trained female magistrates in village and district courts)	LJS, NGOs, FBOs, DCD	II
				Include interventions on gender-based violence in all community based HIV prevention projects	NGOs, FBOs, CSOs, LJS, FSVAC	III
				Develop and support interventions, including peer support programs, to reduce the vulnerability to sexual exploitation of girls and boys entering puberty	NDoE, NGOs, FBOs, LJS, DCD	III
				Develop and support interventions that address the environmental and social conditions that increase violence against women and girls, such as tribal fighting and compensation claims	NGOs, FBOs, CSOs, LJS	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.3 Survivors of gender-based and sexual violence have access to comprehensive services to reduce HIV-related vulnerability	Number of operational Family Support Centres (PNG) (National indicator #11)	No data available at this time	No target set at this time	Map and review existing sexual violence services and strengthen linkages between medical care and treatment, counselling and support, and law and justice	FSVAC, NACS, LJS, DCD, NDoH, NGOs, FBOs	II
2.1.4 Men and boys are effectively involved in programs that address gender inequality and gender-based violence	No indicator set at this time	No data available at this time	No target set at this time	Establish new programs and services where gaps exist for a continuum of services for male, female and transgendered survivors of sexual violence	FSVAC, NACS, LJS, DCD, NDoH, NGOs, FBOs	III
				Support programs that motivate men to be involved in HIV prevention and care by reinforcing positive and protective aspects of masculinity (for example, by identifying male champions who denounce physical and sexual violence)	NGOs, FBOs, LJS, DCD, private sector	III
				Promote the positive behaviour of men and boys in prevention and care interventions (for example, peer education, identification of male champions and role models)	NGOs, FBOs, LJS, DCD, private sector, NDoH	III
				Support programs that work with male clients of sex workers and men who control the contexts and circumstances of transactional sex to address the issues of vulnerability and to promote safe and non-violent sexual practices	NGOs, FBOs	III
				Establish sexual health clinics specifically designed for the needs of men and that provide reproductive and sexual health education	NDoH, NGOs, FBOs, PHA	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.5 Programs to address political, economic, social, educational and legal factors that contribute to gender-related HIV vulnerability are established and scaled up	No indicator set at this time	No data available at this time	No target set at this time	Scale-up informal sector opportunities for women and ensure by-laws protect the right to informal sector employment	DCD, NGOs, FBOs	I
				Fund the implementation of universal basic education for primary school and increase bursaries and scholarships for disadvantaged female secondary, technical and vocational students	NDoE	II
				Expand and sustain microfinance schemes, particularly for disadvantaged men and women who are especially vulnerable to HIV	NGOs, private sector	II
				Establish programs that advocate for change in legal, traditional and cultural practices that economically disadvantage women (for example, land inheritance, divorce, bride price, polygamy)	LJS, DCD, NGOs, FBOs	III
				Implement the child support systems and laws as laid out in the <i>Lukautim Pikiini Act</i>	DCD, FSVAC, LJS, NGOs, FBOs	II
2.1.6 Interventions that advocate and address cultural practices and factors that increase gender-related HIV vulnerability are established (examples of practices include polygamy, bride price, initiation, child marriage, <i>haus man</i> , pre-marital sexual practices and divorce and inheritance customs and laws)	Number of HIV interventions that address cultural practices which increase HIV risk disaggregated by sex, location and cultural practice (PNG)	No data available at this time	No target set at this time	Review, initiate and disseminate social research that examines the HIV vulnerabilities associated with specific cultural practices	Research institutions, NACS	II
				Develop tools and resources which address cultural practices that increase the vulnerability to HIV transmission	DCD, LJS, NGOs, FBOs	I
				Pilot, evaluate and share the learning from interventions that address specific cultural practices that increase vulnerability to HIV	DCD, LJS, NGOs, FBOs	I
				Establish and share the learning from HIV prevention and care programs that use positive cultural practices to reduce vulnerabilities to HIV	DCD, LJS, NGOs, FBOs	I

## Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (2) Address factors that contribute to HIV vulnerability

**Cluster:** (2.2) Vulnerability of young people

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.1 Young people, both in and out-of-school, have access to quality information and resources for STI and HIV prevention including sexuality, sexual and reproductive health, gender-based violence and life-skills education	Percentage of women and men who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS) (National indicator #37)	Male: 25.8% Female: 16.7% Total: 21.9% <sup>ix</sup>	80%	Increase the number, scale and scope of HIV and STI prevention programs that work with young people, initially in high-prevalence locations  Inform new interventions that target young people for HIV and STI prevention with lessons learned from existing programs and best practice	NGOs, FBOs, DCD, NDoE, LJS  Research institutions, NACS, NDoE, DCD, NGOs	II  II
2.2.2 Young people are meaningfully involved in the design, management, implementation and monitoring of HIV, STI and SRH programs, especially those that target young people	Percentage of HIV prevention interventions that can demonstrate meaningful participation of young people (PNG)	No data available at this time	100%	Develop and disseminate quality and relevant youth-friendly IEC materials and intervention resources  Instigate the sustained and meaningful involvement of young people in the design, management, implementation and M&E of HIV prevention programs, including youth leadership capacity building  Share successful strategies for increasing participation of young people in HIV interventions	NHATU, NACS, NDoH, NDoE, DCD, NGOs  NGOs, FBOs, CSOs, NDoE, DCD  NACS, NHATU	II  II  II
				Address the role of adults, families, communities and churches in supporting youth prevention programs and decision making and leadership	NDoH, NGOs, FBOs, CSO	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.3 Young people have access to quality youth-friendly sexual and reproductive health services and condoms	Percentage of young women and men aged 15 to 24 Percentage of young women and men aged 15 to 24 who report they could get condoms on their own	Male: 95% Female: 67.7% Total: 80% <sup>x</sup>	Total 95%	Establish youth-specific sexual and reproductive health services, with referral pathways, initially in high-prevalence locations  Address barriers and attitudes within families, communities and within the health system that prevent young people accessing sexual and reproductive health services (for example, by improving health worker training to include youth friendly service provision)	NDoH, PHA, NGOs, FBOs, FSVAC  NDoH, PHA, NGOs, FBOs, FSVAC, DCD	III  II
				Improve access for young people who have been sexually assaulted or abused to youth-friendly medical care, counselling and support services	NDoH, PHA, FSVAC, NGOs, FBOs	III
				Strengthen school health services to provide sexual and reproductive health services and referrals	NDoE, NDoH	III
				Expand access to male and female condoms for young people	NDoH, NDoE, NGOs	II
2.2.4 Programs targeting out-of-school youth for STI and HIV prevention are established and expanded	No indicator set at this time	No data available at this time	No target set at this time	Increase the number and scale of comprehensive HIV and STI interventions that target out-of-school youth, including gender-based violence, sexual and reproductive health and delaying sexual debut	NGOs, FBOs	II
				Inform new HIV prevention interventions that target young people who are out-of-school with lessons learned from existing programs and best practice	Research institutions, NGOs	III
				Establish links between out-of-school youth projects and sexual and reproductive health, STI, gender-based violence and other related services	NGOs, FBOs, NDoH, PHA	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.5 Young people in schools, colleges and universities have access to quality and accurate education and resources on HIV, STIs, sexuality, life-skills and sexual reproductive health	Percentage of schools that provided life-skills based HIV education within the most recent academic year (UNGASS) (National indicator #29)	Primary: 100% Lower secondary: 100% Upper secondary: no data	100%	Review, update and implement the education sector HIV and AIDS Policy, National Behaviour Management Policy and HIV and AIDS and STI Implementation Plan	NDoE, FBOs, NGOs	II
		TVET: no data Teachers colleges: 100% Universities: no data <sup>xi</sup>		Identify and address barriers to implementing the Health, Personal Development and HIV and AIDS and sexual and reproductive health curriculum	NDoE	II
2.2.6 Cultural, political, economic, social, educational, religious and institutional factors that contribute to the vulnerability of young people to HIV are identified and addressed	No indicator set at this time	No data available at this time	No target set at this time	Scale-up comprehensive training programs which strengthen the capacity of teachers and schools to teach students about HIV and AIDS and sexual and reproductive health	NDoE, NGOs, FBOs	II
		No data available at this time	No target set at this time	Ensure education environments are safe places for male and female students in terms of sexual and reproductive health, gender-based violence and sexual abuse and exploitation	NDoE, NGOs, FBOs	II
2.2.6 Cultural, political, economic, social, educational, religious and institutional factors that contribute to the vulnerability of young people to HIV are identified and addressed	No indicator set at this time	No data available at this time	No target set at this time	Address the role of adults, families, communities and churches in controlling access to accurate information and access to condoms and relevant services	NGOs, FBOs, NDoE, DCD	II
		No data available at this time	No target set at this time	Develop and implement interventions that address the vulnerability of young people, particularly girls and young women in relation to cross generational sex, sexual exploitation and early marriage	NGOs, FBOs, NDoE	III
2.2.6 Cultural, political, economic, social, educational, religious and institutional factors that contribute to the vulnerability of young people to HIV are identified and addressed	No indicator set at this time	No data available at this time	No target set at this time	Inform parents, teachers and other people in positions of authority and trust about the legal and human rights of young people, especially laws that protect young people from sexual exploitation and abuse	NDoE, NGOs, FBOs, DCD, LJS	III
		No data available at this time	No target set at this time			

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.7 The Law and Justice Sector implements protective measures that reduce the vulnerability of young people to HIV	No indicator set at this time	No data available at this time	No target set at this time	Strengthen law and justice programs at national, provincial and community levels to address the sexual exploitation and abuse of young people, including young people in sex work	FSVAC, LJS, NGOs, FBOs, DCD	II
2.2.8 Interventions for out-of-school or unemployed youth are established that address income generation, literacy, numeracy and life-skills development to reduce vulnerability to HIV	Percentage of young people aged 15 to 24 in full time education or income generating (PNG)	No data available at this time	75%	Strengthen the enforcement of the <i>Juvenile Justice Act</i> to protect young people in custody	DCD, LJS, NGOs	II
2.2.9 Interventions that promote delay of sexual debut are established and expanded	Percentage of young women and men who have had sexual intercourse before the age of 15 (UNGASS) (National indicator #39)	1. Male: 7.3% Female: 8.1% Total: 7.8% <sup>xii</sup> 2. Total: 10% <sup>xiii</sup>	4%	Established and scale-up interventions that improve access to economic and education opportunities for young people who are especially vulnerable to HIV (for example, access to microfinance), initially in high-prevalence locations	NHATU, NGOs, FBOs, DCD, private sector, NDoE	II
				Inform new interventions that address income generation, literacy, numeracy and life-skills education for out-of-school youth with lessons learned from existing programs, including establishment of quality assurance standards for training	NACS, DCD, NDoE, NHATU	II
				Include accurate messages about the benefits of delaying sexual debut in interventions that target young people and children in and out-of-school	NDoE, NGOs, FBOs	III
				Trial and expand social marketing messaging (including IEC) on delaying sexual debut	NDoE, NGOs, NDoH, FBOs	III

### Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (2) Address factors that contribute to HIV vulnerability

**Cluster:** (2.3) Vulnerability of children

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.1 Key government departments that work to reduce the vulnerability of children have increased capacity	Percentage of provinces with child protection system based on the <i>Lukautim Pikinini Act</i> (PNG)	0%	100%	<p>Strengthen government services and systems to prevent and respond to child sexual abuse and exploitation</p> <p>Implement protective measures for children in contact with the law (child offenders and those reporting a crime), including rehabilitation and support for child offenders</p> <p>Review, update and implement the National Most Vulnerable Children Strategy</p> <p>Scale-up support for the implementation of the <i>Lukautim Pikinini Act</i></p> <p>Continue to implement the universal basic education and other education sector policies and reforms that improve retention and access to education</p> <p>Build the capacity of schools to protect children from sexual abuse, exploitation and harassment (for example, by implementing the National Behaviour Management Policy)</p>	DCD, LJS, NDoE, FBOs, NGOs LJS, DCD, NGOs, FBOs DCD, NDoE DCD, LJS, NGOs, FBOs, NDoE Department of National Planning and Monitoring (DNPM), NDoE NDoE	II II II II II II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.2 Children, particularly vulnerable children, are meaningfully engaged in the planning, management and evaluation of child-related HIV services and programs	Percentage of HIV prevention programs that target children to HIV which meaningfully involve children in the design, delivery and monitoring of interventions (PNG)	No data available at this time	100%	Demonstrate the meaningful participation of children in the design, management, implementation and monitoring of programs to address their needs	NGOs, FBOs, NDoE, DCD	III
2.3.3 Organisations that support vulnerable children and orphans are strengthened	No indicator set at this time	No data available at this time	No target set at this time	Strengthen the capacity of NGOs and FBOs to prevent and respond to child sexual abuse and exploitation  Strengthen the capacity of NGOs and FBOs to support vulnerable children and orphans	DCD, NGOs, FBOs, LJS  DCD, NGOs, FBOs, NDoE	III  II
2.3.4 Children, particularly vulnerable children, have access to appropriate and quality education on HIV, STIs, sexuality, sexual and reproductive health, gender-based violence and life-skills	Percentage of schools that provided life-skills based HIV education within the most recent academic year (UNGASS)  (National indicator #29)	Elementary: 0% Primary: 100% Lower secondary: 100% Upper secondary: No data TVET: No data <sup>xiv</sup>	100%	Strengthen the capacity of service providers to provide child friendly, protective health and support services, including an expansion of school health services  Establish and expand programs to improve access to age-appropriate information for children on sexual and reproductive health issues, HIV, life-skills, gender-based violence and child rights, both in and out-of-school  Pilot interventions that delay the age of sexual debut	NDoE, NDoH, DCD, NGOs, PHA  NDoE, NGOs  NDoE, DCD, NGOs, FBOs	III  II  III
				Continue to implement the Health and Personal Development curriculum and build the capacity of teachers to deliver the learning outcomes on HIV and AIDS, STIs and sexual and reproductive health	NDoE	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.5 Programs that support parents, families and communities to reduce the vulnerability of children to HIV are established and expanded	No indicator set at this time	No data available at this time	No target set at this time	<p>Pilot child-centred family support payment initiatives targeted to particularly vulnerable families</p> <p>Address barriers to school enrolment and retention</p> <p>Build the capacity of communities to recognise, prevent and respond to sexual abuse or exploitation of children</p>	DCD, NGOs, FBOs	III
					DCD, NDoE, NGOs, FBOs	II
					LJS, DCD, NGOs, FBOs	III

## Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (2) Address factors that contribute to HIV vulnerability

**Cluster:** (2.4) Vulnerability of more-at-risk populations

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.1 Prevention interventions that reduce the vulnerability of more-at-risk populations are developed, based on social research	Percentage of more-at-risk populations reached with HIV prevention programs (UNGASS) (National indicator #30)	No data available at this time	80%	Conduct social research to identify HIV vulnerabilities of more-at-risk populations and use this information to inform interventions	Research institutions, NACS	II
2.4.2 HIV-related stigma and discrimination against more-at-risk populations and their families is reduced	The degree of stigma and discrimination identified by the People Living with HIV Stigma Index (National indicator #26)	No data available at this time	80% Reduction of 50%	Identify barriers to making complaints about unlawful discrimination, including a review of the <i>HAMP Act</i>  Strengthen the capacity of the Law and Justice sector, the Ombudsman Commission, village courts, NGOs and FBOs to respond to HIV-related stigma and discrimination against men who have sex with men (MSM) and female sex workers (FSWs)	Research institutions, LJS, NACS, NGOs  LJS, NGOs, FBOs	III  II
				Support changes in legislation to make it unlawful to discriminate against more-vulnerable-groups such as MSM and FSW	DCD, NACS, NGOs, FBOs	II
				Provide human rights information, support and referrals for PLHIV and more-at-risk populations affected by stigma and discrimination	PACS, NGOs, FBOs, DCD, LJS	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.3 Male and female prisoners have access to prevention interventions that reduce the harms associated with unsafe sex, tattooing, penile modifications and inserts, including condoms and sterile disposable instruments	Percentage of custodial facilities that make condoms and other harm reduction resources accessible to prisoners as part of a comprehensive harm reduction program (PNG)	No data available at this time	80%	Establish harm reduction programs, policies and strategies for all people in custody	LJS	II
2.4.4 Prevention interventions that reduce the vulnerabilities of mobile men with money and their partners are established and expanded	Percentage of more-at-risk populations reached with HIV prevention programs (UNGASS) (National indicator #30)	No data available at this time	80%	Develop criteria for 'mobile men with money', based on social and behavioural research Establish behaviour change interventions that address the vulnerabilities of mobile men with money and their partners Scale-up the role of the Business Coalition Against HIV and AIDS (BAHA) and major public sector employers to reduce the vulnerability of mobile male employees and their partners through strengthened workplace policies, practices and programs	LJS, NDoH, NACS Research institutions NGOs, private sector BAHA, NGOs, private sector	III II II
2.4.5 Prevention interventions that reduce the vulnerabilities of economic enclave workers and their partners are established and expanded	Percentage of more-at-risk populations reached with HIV prevention programs (UNGASS) (National indicator #30)	No data available at this time	80%	Trial a targeted media campaign and IEC materials for mobile men with money and their partners Review existing programs addressing vulnerabilities in enclave projects and disseminate learning to new sites Scale-up prevention and care programs to all economic enclave project areas and their surrounding communities Scale-up the role of BAHA in reducing vulnerabilities in enclave developments through strengthened workplace policies, practices and programs	BAHA, NGOs, private sector, NACS NACS, research institutions, private sector, BAHA Private sector, PACS, NGOs, FBOs BAHA, private sector	II III II II

## Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (2) Address factors that contribute to HIV vulnerability

**Cluster:** (2.5) Drugs and alcohol

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.5.1 Gender-specific drug and alcohol harm reductions are included within HIV prevention programs, especially within more-at-risk populations	Percentage of HIV prevention interventions that include drug and alcohol harm reduction activities	No data available at this time	80%	<p>Review drug and alcohol harm reduction interventions and disseminate lessons learned</p> <p>Implement research-informed pilot programs to reduce drug and alcohol use in communities, institutions and workplaces for specific age, gender and more-at-risk populations (MSM, FSW, PLHIV)</p>	<p>Research institutions, NGOs</p> <p>NGOs, FBOs, research institutions, DCD, private sector</p>	<p>III</p> <p>III</p>
2.5.2 HIV vulnerabilities associated with <i>buai</i> trade are reduced	No indicator set at this time	No data available at this time	No target set at this time	<p>Pilot support groups and counselling services for alcohol and drug addiction</p> <p>Address the links between alcohol and gender-based violence and sexual violence in HIV prevention interventions</p> <p>Undertake research to explore the links between sexual risk for males and females in relation to the transportation and sale of <i>buai</i></p> <p>Establish evidence-informed harm reduction interventions associated with the trade and use of <i>buai</i></p>	<p>NDoH, NGOs, FBOs, LJS, private sector</p> <p>LJS, NGOs, FBOs, DCD</p> <p>Research institutions</p> <p>NGOs</p>	<p>III</p> <p>II</p> <p>III</p> <p>III</p>

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.5.3 National policy on harm reduction for drugs and alcohol is established and legislative barriers to harm reduction programming identified and addressed	No indicator set at this time	No data available at this time	No target set at this time	Review national and provincial drug and alcohol laws and policies in light of harm reduction best practice and amend if necessary	Law Reform Commission, LJS, NDoH, DCD	III
				Support male and female leaders at all levels to advocate for policies and the mobilisation of resources to implement programs that reduce harms associated with drug and alcohol use	DPs, Department of Personnel Management (DPM), NGOs, FBOs, leadership programs	III

## Priority area: (1) Prevention

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (3) Create supportive and safe environments for HIV prevention

**Cluster:** (3.1) National and local social and cultural events

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.1 Cultural, church and social events are used as opportunities for HIV and STI prevention	Number of cultural, church and social events with targeted awareness programs addressing multiple concurrent partnerships	No data available at this time	No target set at this time	Develop targeted awareness messages on how unprotected sex with multiple and concurrent sexual partners increases HIV transmission, with a focus on particular times and settings that create and expand opportunities for sexual networking	NGOs, FBOs, private sector, PACS, government departments	II
				Promote and distribute male and females condoms and IEC materials during cultural, church and social events	NGOs, FBOs, private sector, PACS, government departments	II
				Provide referrals to local HCT and STI services during cultural, church and social events	NGOs, FBOs, private sector, PACS, government departments	II
				Scale-up effective awareness and community theatre programs, particularly in rural locations	NHATU, PACS, NGOs	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.2 Sporting events and sports clubs are used as entry-points opportunities for HIV, STI and gender-based violence prevention interventions	Percentage of sporting associations signed up to the PNG Declaration on HIV and AIDS Prevention through Sport (PNG)	54% (21 out of 39 affiliates) <sup>xv</sup>	100%	<p>Implement strategic plans and prevention activities developed through the Committee on HIV Prevention through Sport and in line with the PNG Declaration on HIV and AIDS Prevention through Sport</p> <p>Mobilise sports men and women and sports clubs in advocating safe sex practices, reducing gender-based violence, modelling responsible behaviour, and providing HIV awareness and prevention training, particularly in high-prevalence locations</p>	<p>PNG Sports Federation (PNGSF)</p> <p>NHATU, PACS, NGOs, PNGSF</p>	II
3.1.3 HIV and STI prevention interventions are scaled up in high-risk settings during elections	Number of districts with HIV and STI prevention interventions during election periods	No data available at this time	80% by end of 2012	<p>Utilise sporting events (for example, the PNG Games) as an avenue for HIV prevention and HIV research</p> <p>Mobilise the Electoral Commission, police, the registrar of political parties, party leaders, political candidates and local level governments (LLGs) to provide HIV, STI and gender-based violence prevention messaging and resources during elections</p> <p>Scale-up HIV prevention interventions and male and female condom promotion during election periods, particularly in high risk settings and provinces</p>	<p>Research institutions, PNGSF, sports associations, NGOs</p> <p>Electoral Commission, LJS</p> <p>NGOs, FBOs</p>	I  III
3.1.4 HIV prevention interventions are scaled up in high-risk settings where high cash flow is occurring - such as landowner payments, compensation ceremonies and seasonal payments for major crops	No indicator set at this time	No data available at this time	No target set at this time	<p>Develop targeted awareness messages on how unprotected sex with multiple and concurrent sexual partners increases HIV transmission, with a focus on particular times and settings that create and expand opportunities for sexual networking</p> <p>Promote and distribute male and female condoms and HIV prevention information during high cash-flow events</p>	<p>NGOs, FBOs, private sector, PACS</p> <p>NDoH, PHA, NGOs, FBOs, private sector</p>	III  II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.5 Prevention interventions that focus on hotels, nightclubs, hausa piksa and bars are established and scaled up	Percentage of hotels, bars and nightclubs that have male and female condoms available (PNG)	No data available at this time	No target set at this time	<p>Increase and sustain distribution of male and female condoms and lubricant in hotels, nightclubs and bars and during large conferences and workshops</p> <p>Develop and implement prevention interventions for hotels, clubs, bars and other entertainment businesses, especially in high-prevalence and high-risk locations</p>	<p>BAHA, private sector, government departments</p> <p>BAHA, NGOs</p>	<p>II</p> <p>III</p>

**Priority area: (1) Prevention**

**Goal:** To reduce the transmission of HIV and STIs in PNG using a combination of prevention approaches

**Strategic priority:** (3) Create supportive and safe environments for HIV prevention

**Cluster:** (3.2) HIV prevention in the workplace and in economic developments

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.2.1 HIV and STI interventions in formal and informal work environments are strengthened and expanded	No indicator set at this time	No data available at this time	No target set at this time	Develop gender-sensitive HIV policies and implementation strategies within all private, government and civil society workplaces that address the HIV prevention needs of male and female employees, including the provision of male and female condoms and addressing sexual harassment and sexual assault	BAHA, DPM, NGOs, FBOs	II
				Scale-up HIV prevention activities in formal and informal work environments, particularly market places and places where street vendors operate	NGOs, DCD, FBOs, private sector, BAHA	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.2.2 Government, union, private sector and civil society employers develop and implement human rights based HIV and AIDS workplace policies	Percentage of organisations with appropriate HIV workplace policies and strategies (PNG)	267 companies with HIV and AIDS workplace policies (May 2010) <sup>xvi</sup>	80% of medium and large businesses have workplace HIV policies by 2015  100% of public sector and civil society organisations have workplace policies by 2015	Ensure workplace policies, including HIV and AIDS policies, address specific gender-related vulnerabilities, including protection against sexual harassment, sex discrimination and gender-based violence  Establish or scale-up programs that build the capacity of senior executives and human resource managers to mainstream HIV and AIDS in workplace professional development programs and workplace policies  Conduct periodic reviews of exemplar policies and workplace resources for HIV and AIDS and disseminate updated versions as necessary	BAHA, DPM, NGOs, FBOs  BAHA, DPM, NGOs, private sector  BAHA, DPM, NGOs, private sector, government departments, research institutions  BAHA, DPM, NGOs, private sector, FBOs  Trade unions, NGOs, DPs	II  II  III  III  III
3.2.3 Economic enclaves and resource developments include HIV prevention and primary health care interventions	Percentage of economic enclaves and resource development projects that have HIV prevention and primary health care interventions (PNG)	No baseline available	100% of large-scale projects have HIV prevention and primary health care interventions by 2015	Amend mining, forestry and other relevant acts, policies and agreements to ensure future economic developments meaningfully address HIV and AIDS  Undertake HIV impact assessments for all current and future economic developments (for example, LNG, mines, plantations and fisheries) and develop and implement appropriate interventions for their workforces and surrounding communities	GoPNG, NAC  GoPNG, private sector, BAHA, NGOs, research institutions	III  III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.2.4 Expand and improve public-private partnerships (PPPs) for the delivery of HIV prevention, care, support and treatment services	Number of PPPs for HIV disaggregated by province, scope and type of service (PNG)	Six PPPs	No target set at this time	Establish a national policy and operational guidelines for PPPs in the HIV response	GoPNG, NACS, NDoH, DNPM, private sector, BAHA	III
				Document and share the learning from effective PPPs	GoPNG, NACS, NDoH, DNPM, private sector, BAHA, research institutions	III
				Support private sector organisations to coordinate and work in partnership with the public sector at provincial and national levels	PACS, NACS, NDoH, DNPM, private sector, BAHA	III
				Strengthen the capacity of public sector managers at the national and provincial level to build effective partnerships with private sector companies	DPM	II



**Priority area 2: Counselling,  
testing, treatment, care and  
support**

# 2

# Priority area 2: Counselling, testing, treatment, care and support

## Priority area: (2) Counselling, testing, treatment, care and support

**Goal:** (1) To increase the number of people who know their HIV status and are screened for STIs by expanding access and demand for quality, user-friendly and stigma-free counselling and testing services

**Strategic priority:** (1) Scale-up HIV counselling and testing (HCT)

**Cluster:** (1.1) HCT

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.1 General population in rural communities in high-prevalence provinces have access to quality, user-friendly and stigma free HCT services through their nearest health service, community based services, workplace and/or VCT outreach services	Percentage of women and men aged 15 to 59 who received an HIV test in the last 12 months and who know the result (UNGASS)  (National indicator #12)	5%	20%	Strengthen rural health system capacity (infrastructure, distribution and supply chain, and personnel) to provide quality, user-friendly and stigma free HCT services in high-prevalence provinces  Scale-up of quality VCT and PICT services and systems to all health facilities, including services managed by enclave operators, and increase VCT outreach and community based HCT in high burden provinces  Increase uptake of HCT services through promoting the value of knowing ones HIV status	NDoH, PHAs, FBOs  NDoH, PHAs, NGOs, FBOs  PACs, NGOs, FBOs, NDoH	II  II  II
				Strengthen supply chain to HCT services	NDoH	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.2 General population in urban communities have access to quality, user-friendly and stigma-free HCT services through their nearest health service, community based services, workplace and/or VCT outreach services	Percentage of women and men aged 15 to 59 who received an HIV test in the last 12 months and who know the result (UNGASS) (National indicator #12)	5%	20%	Expand quality HCT outreach services into settlements in urban areas	NDoH, PHAs, NGOs, FBOs	II
				Support, strengthen, manage and maintain quality HCT services and systems in all urban areas	NDoH, PHAs, NGOs, FBOs	II
				Strengthen linkages between workplaces and HCT services	NDoH, PHAs, NGOs, FBOs, private sector	II
				Strengthen supply chain to HCT services	NDoH and PHAs	II
				Reduce stigma and discrimination towards marginalised groups through training that sensitises and informs HCT workers about the needs of more-at-risk populations (for example, sex workers, MSM, prisoners)	NDoH, PHAs, FBO, NGOs, PLHIV organisations	III
1.1.3 Priority target populations have access to quality HCT services that are sensitive to their specific needs, concerns and situation	Percentage of more-at-risk populations that have received an HIV test in the last 12 months and know the result (UNGASS) (National indicator #13)	No data available at this time	70%	Develop outreach linkages, partnerships and referral systems to HCT services for programs that work with more-at-risk populations	NDoH, PHAs, FBO, NGOs	II
				Pilot and establish a mechanism for clients to report stigma, discrimination or poor practice in HCT services	Igat Hope, PHAs, NGOs, FBOs	III
				Scale-up availability of quality, user-friendly and stigma-free HCT services in clinics managed by private sector enclave operations	NDoH, DPs, enclave operators, NGOs, provincial governments	II
				Develop quality, user-friendly and stigma-free HCT services for people who are incarcerated	NDoH, provincial governments, Correctional Services	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.4 People living with HIV are increasingly involved in HCT service design, delivery and review	Percentage of HCT services that employ PLHIV (PNG)	No data available at this time	100%	Expand the meaningful involvement of people living with HIV in planning, reviewing and delivering HCT services  Increase merit-based recruitment of PLHIV into HCT services	NDoH, DPs, Igat Hope, PHAs, NGOs, FBOs  PHAs, PACs, Igat Hope, NGOs, FBOs	II  II
1.1.5 There is an effective quality assurance system for HCT in place	Percentage of HCT services that are maintaining minimum standards (PNG)	20%	100%	Adapt counselling and HCT training programs for PLHIV counsellors  Support, strengthen, manage and maintain quality HCT accreditation, quality assurance and reporting systems  Review and implement national standards for HCT services	NDoH  NDoH  NDoH	II  II  II
1.1.6 Develop capacity within HCT services for specialist HIV counselling and testing in relation to sexual assault, child abuse, and couples counselling	Percentage of HCT services that are accredited to provide HCT for children (PNG)	5%	50%	Strengthen monitoring mechanisms that ensure compliance to minimum standards within HCT services, with particular emphasis on gender sensitivity and human rights  Develop and implement HCT guidelines for couples, sexual assault victims and children in crisis, including children who have been sexually abused  Strengthen capacity of HCT staff to effectively provide couples counselling and to facilitate partner disclosure while minimising negative consequences, especially for women  Build the capacity of HCT counsellors and staff to provide quality specialist HCT services	NDoH and Paediatric Society  –  NDoH and Paediatric Society	II  II  III
				Strengthen monitoring and reporting systems for HCT services specialist HCT services	NDoH and Paediatric Society	III
				Strengthen linkages and HCT referral systems between Health, social welfare and the Law and Justice Sectors	NDoH, DfCD, LJS, NGOs, FBOs, Paediatric Society	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.7 Improved linkages between HCT and STI, TB, ANC, ART, family planning, sexual and reproductive health, gender-based violence services and support services through integration of service delivery or referral pathways at each HCT service site	Percentage of TB clients who had an HIV test result recorded in the TB register (UNGASS) (National indicator #14) Percentage of STI clients who had an HIV test (National indicator #15)	TB 4% <sup>xvii</sup>  STI 6% <sup>xviii</sup>	TB 100%  STI 100%	Establish, strengthen and maintain functional referral pathways to STI, TB, ANC, ART, family planning, gender-based violence services and support services  Expand and integrate sexual health, STI and HIV services with the capacity and infrastructure to maintain provision of all services simultaneously  Integrate STI and HIV services into family planning services and integrate family planning into HCT services (Refer to Priority area 1: Prevention, Strategic priority 1: Reduce risks of HIV transmission, Cluster 1.2: PPTCT, Strategic objective 1.2.2)	NDoH, PHAs, NGOs, FBOs  NDoH and PHAs  NDoH and PHAs	II  II  II
1.1.8 HCT services are gender sensitive and meet the different service needs of males, females, and transgendered people, including young people	Percentage of HCT clients who are satisfied with the service provided (PNG)	No data available at this time	90%	Provide PICT for HIV in STI and TB services  Expand pre-service and in-service programs that sensitise HCT workers to demonstrate respect for all patients and clients  Pilot and review initiatives that promote increased access and uptake of HCT of men, women, transgendered and young people  Conduct periodic client satisfaction surveys in targeted sites	NDoH and PHAs  NDoH, NHATU  NDoH, NACS, PACs, NGOs, FBOs  HCT service providers	II  II  III  III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.9 All HCT services promote and provide accurate prevention information and condoms to all clients	Percentage of HCT services distributing condoms to all clients (PNG)	No data available at this time	100%	Develop sexual and reproductive health messages, resources and referral pathways, particularly for youth, for delivery in HCT services  Build the capacity of HCT workers to promote and provide accurate information and resources for STI and HIV prevention  Ensure all HCT services have adequate supplies of HIV prevention resources, male and female condoms and lubricant  Implement audit tools that measure compliance with HCT national standards, including condom accessibility and accuracy of HIV prevention information	NDoH, NGOs, FBOs  NDoH, NGOs, FBOs  NDoH, PACs, NGOs, FBOs  NDoH	III  II  III  III
1.1.10 All HCT services use point-of-care rapid testing and confirmation, backed by quality assurance programs	Percentage of HCT sites using the 2009 national point-of-care algorithm (PNG) (National indicator #36)	2%	100%	Escalate roll-out of point-of-care rapid testing and confirmation  Establish and strengthen quality assurance and quality control systems for POC testing and confirmation  Strengthen laboratories to support HCT quality assurance systems	NDoH  NDoH  NDoH	II  II  II
1.1.11 Reduce stigma and discrimination related to HCT services at the community level	No indicator set at this time	No data available at this time	No target set at this time	Establish programs within communities that promote the value of knowing ones HIV status  Provide privacy and discretion for people accessing HCT services within communities	FBOs, NGOs, NACS, PACS, NDoH, provincial governments  FBOs, NGOs, NACS, PACS, NDoH, provincial governments	II  III

**Priority area: (2) Counselling, testing, treatment, care and support**

**Goal: (2)** To decrease illness related to HIV and STIs and deaths from AIDS-related illnesses by expanding access to quality, user-friendly and stigma-free treatment services

**Strategic priority: (2)** Expand treatment, care & support services

**Cluster: (2.1) Treatment**

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.1 All eligible adults living with HIV have access to quality ART services	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy (National indicator #16)	16%	80%	<p>Review and strengthen existing ART services, including an analysis of gender-linked factors affecting access and adherence</p> <p>Expand access to and delivery of quality adult ART services through improvements in infrastructure and human capacity, including increasing availability of ART in private sector, enclave-based clinics</p> <p>Strengthen procurement, storage and supply systems for ART drugs and associated supplies</p> <p>Conduct periodic reviews of national ART guidelines and implement recommendations</p> <p>Improve forecasting, monitoring and reporting in facilities providing OI and ART</p>	<p>NDoH, ART service providers</p> <p>NDoH</p> <p>NDoH, PHAs</p> <p>NDoH and professional societies</p> <p>NDoH, PHAs, FBOs</p>	<p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p>

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.2 Expansion of ART services to districts and the local level, prioritised according to local HIV prevalence	Number of district level ART sites (PNG) (National indicator #31)	3	62	Expand ART services to district or community level based on HCT data, surveillance and local assessments	NDoH, PHAs, FBOs	II
				Promote the importance of treatment		-
2.1.3 Access to and capacity to provide effective OI management is increased	Percentage of estimated HIV- positive incident TB cases that receive treatment for TB and HIV (UNGASS) (National indicator #17)	27%	100%	Pilot innovative local-level ART support services (for example, by establishing a tiered accreditation so facilities without doctors can refill drugs for 5/6 months and refer to a higher level facility for review)	NDoH	III
				Implement the minimum standards for OI prophylaxis treatment and care services in all ART services, especially for TB	NDoH	II
				Conduct periodic reviews of national OI guidelines and promote TB screening in all ART services	NDoH and professional societies	II
				Improve the capacity in monitoring and reporting on utilisation of drugs for OI	NDoH	II
				Increase the capacity of health workforce to provide quality adult prophylaxis, diagnosis and treatment of OIs according to national treatment guidelines	NDoH	II
2.1.4 There is an effective quality assurance system for ART and OI services	Percentage of ART services that have undergone regular quality assurance auditing (PNG)	No data available at this time	80%	Ensure secure procurement, distribution and storage of quality drugs, test kits, reagents and associated supplies for OI services	NDoH and PHAs	II
				Scale-up ART site accreditation	NDoH	II
				Develop and implement quality assurance guidelines and tools for ART and OI services based on current national treatment standards	NDoH	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.5 Increase the number of linked or integrated treatment services for STI, HIV, ANC, TB and gender-based violence	Percentage of ART services with integrated/linked TB, STI and gender-based violence services (PNG)	4%	100%	Develop best practice guidelines for linked treatment services Update health worker training on linked treatment services Scale-up examples of linked and integrated treatment services	NDoH NDoH NDoH and PHAS	III III III
2.1.6 Models of comprehensive care that link prevention with HCT, treatment, gender-based violence services, home based care and community support are expanded	Number of ART sites providing the minimum package of comprehensive care (PNG)	5	60	Provide comprehensive STI and HIV-positive prevention information and condoms in ART services (Refer to Priority area 1: Prevention, Strategic priority 1: Reduce the risks of HIV transmission, Cluster 1.1: Sexual transmission, Strategic objective 1.1.10) Establish criteria for a tiered package of services for models of comprehensive prevention, care and treatment Expand the number of locations where models of comprehensive care are functioning effectively Expand the number of partnerships between service providers and community organisations to support the implementation of comprehensive prevention, care and treatment	NDoH and PHAS NDoH NDoH, PHAS, NGOs, FBOs NDoH, PHAS, NGOs, FBOs	II III III III
2.1.7 People living with HIV are involved in the planning, delivery and review of treatment and care services, guidelines and policies	Percentage of treatment services that employ PLHIV (PNG)	No data available at this time	100%	Promote the meaningful involvement of people living with HIV in planning, reviewing and delivering treatment services Increase merit-based recruitment of PLHIV into treatment services Expand adherence counselling, positive prevention, OI and ART training programs for PLHIV	NDoH, PHAS, NGOs, FBOs, Igat Hope NDoH, PHAS, NGOs, FBOs, Igat Hope NDoH, PHAS, NGOs, FBOs, Igat Hope	II II II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.8 HIV treatment services are gender sensitive and meet the different service needs of males, females, and transgendered people, including children, young people and more-at-risk populations	Percentage of ART clients who are satisfied with the service provided (PNG)	No data available at this time	90%	Expand pre-service and in-service programs that sensitise and inform staff and volunteers at treatment services about the differing needs of men, women and transgendered populations, including children, young people and more-at-risk populations  Conduct periodic client satisfaction surveys	NDoH, PHAs, NGOs, FBOs, Igat Hope  Service providers	II  III
2.1.9 Improve the quality of, and access to, laboratory services to support the diagnosis and management of STIs, HIV and AIDS	Percentage of health facilities providing ART using CD4 monitoring in line with national guidelines or policies, either on-site or through referral (PNG)	35%	100%	Provide adequate supplies of STI and HIV test kits, reagents, supplies and equipment for the diagnosis and monitoring of STIs, HIV and OIs (including haematology, bio-chemistry and micro-biology)  Strengthen capacity for monitoring drug resistance	NDoH  NDoH's Central Public Health Laboratory (CPHL), Institute of Medical Research	II  III
				Strengthen the CD4 testing capacity at every provincial laboratory	NDoH (CPHL)	II
				Establish and implement quality assurance management systems for all provincial laboratories	NDoH (CPHL)	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.10 Develop, implement and scale-up a range of ART and OI adherence interventions	Percentage of adults and children with HIV known to be on treatment at 12/24/36/48 months after initiation of ART (UNGASS)  (National indicator 18)	82% (for 12 months)	90% (for 12 months)	Develop, trial and implement a range of interventions and tools to improve treatment adherence (for example, counselling services, nutrition support, treatment companions, preventing drug stock outs, use of mobile phones, pill boxes)	NDoH, NGOs, FBOs, Igat Hope	II
				Support ART workers to improve pre-treatment education sessions, on-going adherence counselling and skills to identify clients who may not adhere to ART	PHAs and FBOs	II
				Provide privacy and discretion for people accessing HCT services within communities	FBOs, NGOs, NACS, PACS, NDoH, provincial governments	II

**Priority area: (2) Counselling, testing, treatment, care and support**

**Goal: (2)** To decrease illness related to HIV and STIs and deaths from AIDS-related illnesses by expanding access to quality, user-friendly and stigma-free treatment services

**Strategic priority: (2)** Expand treatment, care & support services

**Cluster: (2.2)** Paediatric treatment

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.1 Management and coordination capacity of paediatric AIDS services strengthened and linked with maternal and child health services at national and sub-national levels	Percentage of health facilities that offer paediatric ART (that is, prescribe and/or provide clinical follow-up) (UA)  (National indicator #32)	9%	57%	Strengthen quality implementation of programs, integrated with MCH services  Integrate PPTCT and paediatric AIDS programs within MCH services	NDoH, PACS, PHAs, FBOs, NGOs  NDoH, PACS, PHAs, FBOs, NGOs	II  III
				Develop and implement evidence based, up-to-date guidelines and policy documents to ensure quality implementation of the programs	NDoH, PACS, PHAs, FBOs, NGOs	I

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status	
2.2.2 Quality of paediatric delivery of paediatric AIDS services is improved with expanded access to early infant diagnosis, testing and treatment, care and support for all children with linkages with MCH and PPTCT services	Percentage of infants born to HIV infected women who are started on cotrimoxazole prophylaxis within two months of birth (UNGASS, UA GFATM)  (National indicator #33)	No data available at this time	80%	Scale-up services to ensure that health care facilities at regional, provincial and district level are delivering quality paediatric AIDS services, including early infant diagnosis, with strong continuum of care for all positive children	NDoH, PACS, PHAs, FBOs, NGOs	II	
				Enhance outreach and community services to increase registration of all positive children and decrease loss to follow-up, with a focus on HIV positive children		NDoH, PACS, PHAs, FBOs, NGOs	III
				Enhance communication activities, including mass media campaigns, social mobilisation campaigns and inter personal communication to increase awareness of services and improve utilisation		NDoH, PACS, PHAs, FBOs, NGOs	III
2.2.3 Increased and improved capacity of health care workers and stakeholders to deliver quality paediatric AIDS services integrated with MCH services	Percentage of health care facilities that offer paediatric AIDS services with staff trained in delivering these services (PNG)	9%	57%	Strengthen delivery of quality laboratory services to support implementation of paediatric AIDS programs	NDoH, PACS, PHAs, FBOs, NGOs	II	
				Provide quality paediatric counselling for children and families, parents and care givers		NDoH, PACS, PHAs, FBOs, NGOs	III
				Develop a sustainable strategy and plan for capacity development for paediatric AIDS		NDoH, FBOs, NGOs	II
				Review and update training curriculum for paediatric AIDS programs for different cadres of health care workers and key persons working in the program	NDoH, FBOs, NGOs	II	
				Develop and implement a supportive mentoring system for continuous skill building in health care workers on paediatric AIDS	NDoH, FBOs, NGOs	III	

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.4 Ensure consistent supply of HIV related commodities including drugs, test kits and improved supply management for quality implementation of the paediatric AIDS program integrated with MCH services to all ANC and child health sites	Percentage of health facilities that provide virological testing services (for example, PCR) for infant diagnosis on site or through dried blood spots (UA)	9%	57%	<p>Review and streamline distribution systems for supply of diagnostic kits like DNA PCR, dried blood spots to all paediatric clinics and CD4 reagents</p> <p>Review and streamline distribution systems for ARV drugs to ensure continuous supply of ARVs in paediatric clinics</p> <p>Build capacity for supply management, including forecasting</p>	NDoH	II
2.2.5 Improve monitoring and reporting systems and operational research to ensure quality data collection and flow to inform program implementation for MCH including paediatric AIDS services	Percentage of HIV-infected children aged 0–14 years who are currently receiving ART (UA)	No data available at this time	50%	<p>Develop a monitoring system for the paediatric AIDS program including clarity in data flow and levels of data collection integrated with the MCH and the ART reporting system</p> <p>Support capacity building for skills in effective monitoring, reporting and data use at all levels of health care delivery implementing the MCH package of services, including PPTCT and paediatric AIDS</p> <p>Integrate paediatric AIDS reporting in regular MCH reporting systems and ART systems</p> <p>Support operational research for paediatric AIDS program outcomes</p>	NDoH, NACS	II

**Priority area: (2) Counselling, testing, treatment, care and support**

**Goal:** (1) To increase the number of people who know their HIV status and are screened for STIs by expanding access and demand for quality, user-friendly and stigma-free counselling and testing services

**Strategic priority:** (2) Expand treatment, care & support services

**Cluster:** (2.3) Sexually transmitted infections (STIs)

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.1 Free quality STI screening and management is accessible in all health facilities, including ANC services	Percentage of health facilities that provide STI screening and syndromic management (PNG) (National indicator #34)	50%	100%	Scale-up and strengthen the syndromic management of STIs at local level health facilities (including on-going pre- and in-service training) which follow nationally approved treatment guidelines	NDoH and PHAS	II
				Ensure STI clients are attended to by health workers of the same sex who are trained to provide equitable and gender- and age-sensitive service in a non-judgemental manner, respecting privacy and confidentiality	NDoH and PHAS	II
				Train health workers to recognise non-symptomatic STIs among women, and the symptoms of STIs associated with oral or anal sex	NDoH and PHAS	II
				Scale-up the capacity for the laboratory testing for common STIs at all provincial and district facilities where laboratory capacity exists	NDoH (CPHL)	III
				Conduct periodic microbial resistance studies for STIs and review and implement recommended changes in national guidelines	NDoH and PNG Institute of Medical Research (PNGIMR)	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.2 Increased program prioritisation and funding to STI and sexual health by government, NGOs, donors and churches	Annual percentage change in resource allocation to STI and sexual health programs (PNG)	No data available at this time	20% per annum	<p>Maintain high prioritisation and increase recurrent budget allocations for STI and sexual health in NDoH Annual Activity Plans (AAPs)</p> <p>Increase prioritisation and funding for STI and sexual health programs among development partners</p> <p>Provide adequate personnel for STI and sexual health programs at national and sub-national levels</p> <p>Include STI and sexual health spending analysis in national HIV and AIDS assessments</p>	<p>NDoH</p> <p>NDoH and DPs</p> <p>NDoH and PHAs</p> <p>NDoH and NACS</p>	<p>II</p> <p>II</p> <p>II</p> <p>II</p>
2.3.3 Gender sensitive, non-judgmental STI clinical services meet the different service needs of males, females, and transgendered people, including children, young people and more-at-risk populations	Percentage of STI clients who are satisfied with the service provided (PNG)	No data available at this time	90%	<p>Expand pre-service and in-service programs that sensitise and inform staff and volunteers at STI management services about the differing needs and vulnerabilities of men, women and transgendered populations, including children and young people</p> <p>Conduct periodic client satisfaction surveys</p>	<p>NDoH</p> <p>Service providers</p>	<p>II</p> <p>III</p>
2.3.4 Maintain adequate supply of STI medications at all health facilities and STI test kits at designated sites	Percentage of health facilities reporting adequate and uninterrupted supplies of STI drugs (PNG)	60%	100%	<p>Conduct research on STI health seeking behaviours to increase uptake of STI services</p> <p>Ensure privacy, ease and equity of access to all STI and sexual health facilities including sex-specific service provision (for example, designated male room with male staff and female room with female staff)</p> <p>Increase capacity of STI services to strengthen the implementation of partner management guidelines</p> <p>Ensure adequate evidence-based procurement of STI drugs and STI test kits at national level</p> <p>Implement STI drug storage and distribution to facility level under the direct supervision of the Provincial Disease Control Officer</p> <p>Monitor the availability of appropriate point-of-care STI testing kits</p>	<p>Research institutions</p> <p>NDoH and PHAs</p> <p>NDoH, PHA, NGOs, FBOs</p> <p>NDoH</p> <p>NDoH and PHAs</p> <p>NDoH</p>	<p>III</p> <p>II</p> <p>II</p> <p>II</p> <p>II</p> <p>III</p>

**Priority area: (2) Counselling, testing, treatment, care and support**

**Goal: (3)** To improve the quality of life of people living with and affected by HIV through expanded access to quality, user-friendly and stigma-free care and support services

**Strategic priority: (2)** Expand treatment, care & support services

**Cluster: (2.4)** Community and family support

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.1 Home based care and community and family support effectively linked to HIV clinical services, including nutrition support	Percentage of ART services that are linked to HBC and other family and community support services  (National indicator #35)	No data available at this time	100%	Strengthen the capacity of community health workers and health facility staff to deliver and support HBC, palliative care, nutrition services and other community support programs, particularly in high-prevalence provinces  Mobilise communities to provide care and support, including local health services, community leaders, churches and local civil society organisations  Scale-up availability of HBC programs and resources to communities, particularly in higher prevalence provinces  Develop and strengthen referral systems and localised coordinating mechanisms for improved service provision between health services and community support programs and vice versa  Standardise the contents of HBC kits, recognising the different needs of male and female PLHIVs, and develop appropriate procurement and distribution systems to ensure kits reach families and communities in need  Strengthen capacity of PACs, faith-based, PLHIV and non-government organisations to work with families and communities to provide care and support, including nutrition services to PLHIV and support for carers, particularly in high-prevalence provinces	NDoH, PHAs, NGOs, FBOs, PLHIV networks  PHAs, NGOs, FBOs, PLHIV networks  NDoH, PHAs, DP's, NGOs, FBOs, PLHIV networks  PHAs, NGOs, FBOs, PLHIV networks  NDoH  NACS, PACs, NGOs, FBOs, DP's	II  II  III  III  III  II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.2 Community care and support groups can access grants and technical support to improve the lives of people living with and affected by HIV and AIDS	No indicator set at this time	No data available at this time	No target set at this time	Document available sources of funding and technical assistance and build the capacity of communities to successfully access financial and technical support	NACS, DPs	III
2.4.3 National standards for home based care are established, monitored and used by service providers	Number of males and females trained in national standards for HBC	4,200 <sup>xix</sup>	500 per annum	Develop national standards for HBC, including a nationally accredited HBC curriculum and training materials  Develop and implement monitoring mechanisms to periodically review HBC programs, including HBC kit contents and HBC curriculum	NDoH  NDoH, PACs, PHAs, PLHIV networks	II  III
2.4.4 People living with HIV are involved in the planning, delivery and review of care and support services, guidelines and policies	Percentage of HBC and community support programs that employ PLHIV (PNG)	No data available at this time	100%	Promote the meaningful involvement of people living with HIV in planning, reviewing and delivering HBC and community support services  Strengthen human resource systems to increase merit-based recruitment of PLHIV into the design, delivery and review of care and support services	PLHIV networks, PHAs, NGOs, FBOs  PLHIV networks, PHAs, NGOs, FBOs	III  III
				Strengthen the capacity of PLHIV to provide appropriate care and support including disseminating accurate information	PLHIV networks, PHAs, NGOs, FBOs	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.5 People living with HIV have access to quality, relevant and sensitive counselling, psycho-social support and nutrition support	Percentage of ART sites that offer psychosocial support and nutrition interventions	No data available at this time	100%	Develop and implement a needs assessment tool to determine the scope of psycho-social needs of PLHIV and people affected by HIV  Develop and implement a needs assessment tool to determine the nutrition needs of PLHIV	NDoH Mental Health Branch, PLHIV networks, NGOs, FBOs  NDoH Nutrition Unit, PLHIV networks, FBOs, NGOs	III  III
				Identify the appropriate levels of technical capacity required to meet the varying complexities of psychosocial needs and nutrition requirements and develop tiered training curricula for volunteers and health workers	NDoH (Mental Health Branch and Nutrition Unit), NGOs, FBOs	III
				Support sero-discordant couples	PLHIV networks, NGOs, FBOs	III
				Pilot and implement health facility and community based psychosocial, pastoral care and nutrition support	NDoH, PLHIV networks, NGOs, FBOs	III
			90%	Conduct a review of programs and services targeting orphans and vulnerable children (OVC) and most vulnerable children (MVC)	DfCD, UNICEF, NGOs, FBOs	III
		No data available at this time		Develop national guidelines for addressing the support needs of OVC/MVC	DfCD, UNICEF, NGOs, FBOs	III
2.4.6 AIDS orphans and children affected by HIV are supported by community and family-based services and protected by legal services	Current school attendance among orphans and among non-orphans aged 10–14 (UNGASS)	No data available at this time		Clarify funding and technical support mechanisms required to scale-up the availability of OVC/MVC support programs in communities with the greatest need	DfCD, UNICEF	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.7 An increase in the number of local support groups run by people living with HIV	Number of support groups run by positive people	20	200	Develop and strengthen the capacity of PLHIV organisations to provide peer support groups	PLHIV networks and DPs	II
2.4.8 Increased livelihood support, education, training and vocational skills building initiatives for people living with HIV and their families	Number of male and female PLHIV accessing income support initiatives	No data available at this time	20%	Identify the requirements of PLHIV support groups for specific populations - such as women, young people, MSM, sex workers, men, sero-discordant partners - and establish groups as needed  Strengthen the capacity of Igat Hope and other PLHIV organisations to identify and improve access to income generating activities (such as micro finance schemes) for their members	Igat Hope, sex worker and MSM networks, NGOs, FBOs  DPs	III
2.4.9 Increased availability of initiatives that promote positive health, dignity and prevention	Percentage of PLHIV organisations utilising initiatives that promote health, dignity and prevention	No data available at this time	100%	Identify and document the barriers for PLHIV and their families in accessing education, training and vocational skills building  Develop a range of strategies that appropriately address the specific barriers to accessing education and skills building opportunities	NDoE, Igat Hope, PLHIV networks, NGOs, FBOs  NDoE, Igat Hope, PLHIV networks, NGOs, FBOs	III
2.4.10 Increased number of men and boys involved in the care, treatment and support for people living with HIV	Percentage of HBC and/or community support programs where men and boys are actively involved	No data available at this time	100%	Strengthen the capacity of Igat Hope and other PLHIV organisations to develop and implement a range of programs that promote positive health, dignity and prevention  Develop appropriate resources and services that support the promotion of positive health, dignity and prevention  Recruit and engage men and boys in the provision of HBC and other community support activities for PLHIV	DPs, NGOs, FBOs  Igat Hope, PLHIV networks, NGOs, FBOs  PACs, NGOs, FBOs, PLHIV networks	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.11 Innovative community-based approaches to care and treatment adherence are supported, evaluated and shared	No indicator set at this time	No data available at this time	100	Review, document and assess current programs providing innovative community based approaches to care and treatment adherence  Promote and support (financially and technically) localised innovative approaches aimed at strengthening care and treatment adherence	PACs, PHAs, PLHIV networks NGOs, FBOs  NDoH, NACS, DP's	III
2.4.12 Care and support programs addressing the specific requirements of youth living with HIV are developed and implemented	Number of support programs that specifically target the needs of male and female youth living with HIV	No data available at this time	10	Scale-up and replicate models of evidence-informed good practice  Identify and document the care and support needs of male and female youth living with HIV  Support and strengthen the capacity of HIV networks and organisations to meet the specific needs of male and female youth living with HIV  Support and strengthen the capacity of health services and community based organisations to meet the specific needs of male and female youth living with HIV	PACs, PHAs, NGOs, FBOs  Igat Hope, PLHIV networks, NGOs, FBOs  NGOs and FBOs  Igat Hope, PLHIV networks, PHAs, NGOs, FBOs	III



## **Priority area 3: Systems strengthening**

# 3

# Priority area 3: Systems strengthening

## Priority area: (3) Systems strengthening

**Goal:** (1) To improve the collection, management, analysis, dissemination and use of strategic information to guide the response.

**Strategic priority:** (1) Improve strategic information systems

**Cluster:** (1.1) Monitoring, evaluation and surveillance

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.1 National M&E and surveillance frameworks for HIV, AIDS and STIs are developed and adopted by all stakeholders	Section V of the National Composite Policy Index Part A (National indicator #25)	No data available at this time	By 2015, 100% of major stakeholders (spending more than K100,000 per year) have adopted the NHS M&E Framework	<p>Establish multi-sectoral national M&amp;E and surveillance technical working groups with clear terms of reference including coordination systems</p> <p>Develop an integrated and gender-sensitive M&amp;E and surveillance framework consistent with the NHS in consultation with all stakeholders and partners</p> <p>Review and strengthen existing mechanisms and systems to ensure that all stakeholders, including donors and implementing partners, develop their M&amp;E activities and program indicators within this framework</p>	<p>NACS, NDoH, NSO, research institutions, NGOs, FBOs</p> <p>NACS, NDoH</p> <p>NACS, NDoH</p>	<p>II</p> <p>I</p> <p>II</p>
				Develop annual costed plans for program monitoring bio-behavioural, medical, social and behavioural research	NACS, NDoH, research institutions, NGOs, FBOs	II
				Align the current national HIV M&E and surveillance databases with the new framework and ensure that it is updated regularly based on data coming from all sources	NACS, NDoH	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.2 Provincial M&E and surveillance systems are established, equipped, and enabled to collect, analyse, report and disseminate information and data as part of the national framework	Section V of the National Composite Policy Index Part A (National indicator #25)	No data available at this time	By 2012 50% of the ProMEST teams are able to effectively collect, analyse, report and disseminate data	Undertake a comprehensive review of all ProMESTs, starting with higher prevalence provinces, to identify critical gaps and weaknesses and develop appropriate actions to strengthen the effectiveness of each ProMEST  Develop a data audit and supervision strategy and implementation plan and integrate into the annual M&E and surveillance plans	NACS, NDoH, provincial governments, DPLGA, PHA  NACS, NDoH, provincial governments	II  II
1.1.3 Establish a national HIV and AIDS spending assessment system which reports annually	Domestic and international AIDS spending by categories and financing sources (National indicator #24)	No data available at this time	By end of 2011 national HIV and AIDS spending assessment is established	Establish a taskforce to undertake a comprehensive review of stakeholders' capacities for financial monitoring and reporting against one national AIDS spending assessment system	NACS, Parliamentary Accounts Committee, National Economic and Fiscal Council (NEFC), DNPM, Department of Finance, Department of Treasury, Auditor General	III
				Establish a national AIDS accounting system based on National AIDS Spending Assessment	NACS, NEFC, DNPM	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.1.4 The national M&E framework is fully operationalised and includes regular gender-sensitive analysis, synthesis and dissemination of data, program reviews and evaluations	No indicator set at this time	No data available at this time	No target set at this time	<p>Strengthen the current coordination and harmonisation mechanisms among all stakeholders to ensure the regular reporting based on the M&amp;E and surveillance framework</p> <p>Strengthen the institutional capacity of the M&amp;E management unit to coordinate all the M&amp;E activities at national and provincial levels</p> <p>Strengthen capacity of NGOs, FBOs and key government departments in HIV M&amp;E</p> <p>Develop regular gender-sensitive reports and synthesis papers based on data coming from program monitoring and share them with all stakeholders at national and provincial levels</p>	NACS, NDoH  NACS, PACS, DPs  DPs, NDoH, NACS  NACS, PACS	II  II  II  II

### Priority area: (3) Systems strengthening

**Goal:** (1) To improve the collection, management, analysis, dissemination and use of strategic information to guide the response.

**Strategic priority:** (1) Improve strategic information systems

**Cluster:** (1.2) Bio-behavioural research

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.2.1 Integrated bio-behavioural and behavioural surveillance is conducted based on the national surveillance framework	Number of bio, behavioural, and bio-behavioural surveillance studies conducted annually	Seven behavioural and nine bio-behavioural behavioural	<ol style="list-style-type: none"> <li>1. One bio-behavioural survey among general population</li> <li>2. One bio-behavioural survey among more-at-risk populations</li> </ol>	<p>Conduct regular integrated bio-behavioural surveillance and behavioural surveys and research among the general population and more-at-risk populations</p> <p>Review laws that affect the design and implementation of bio-behavioural surveillance (for example, the <i>HAMP Act</i>) to identify unreasonable obstacles and propose amendments</p>	<p>NDoH, NACS, National Research Institute (NRI), PNGIMR</p> <p>NDoH, NACS, Parliamentary Committee on HIV/AIDS, LJS, NRI, PNGIMR</p>	III
1.2.2 Build the capacity of NDoH, national research and academic institutions to conduct integrated bio-behavioural and behavioural surveillance	No indicator set at this time	No data available at this time	No target set at this time	Assess the capacity of NDoH, and research and academic institutions to conduct IBBS and BSS and develop a capacity development plan	NDoH, NACS, NRI, PNGIMR, DPs, PLHIV networks	III
				Ensure that all contracts and consultancies for bio-behavioural and behavioural surveillance include provisions for developing the capacity of PNG counterparts, including post-graduate students	NDoH, NACS, NRI, PNGIMR, DPs, research institutions	III

<p>1.2.3 Biological surveillance for HIV and other STIs is strengthened and active to monitor the trends of infection regularly and find new pockets of epidemic early</p>	<p>No indicator set at this time</p>	<p>No data available at this time</p>	<p>No target set at this time</p>	<p>Review the current HIV case reporting and routine testing reporting systems to be able to find at all times where the last 100 HIV cases have come from, both on a geographical and a risk profile basis</p>	<p>NDoH, NACS</p>	<p>II</p>
				<p>Change the protocol for sentinel surveillance to enable gathering of essential data on demographical and behavioural factors</p>	<p>NDoH, NACS</p>	<p>II</p>
				<p>Establish and expand sentinel surveillance among ANC, STI, and TB clinics based on biological and behavioural epidemic map</p>	<p>NDoH, NACS, NRI, PNGIMR</p>	<p>II</p>

**Priority area: (3) Systems strengthening**

**Goal:** (1) To improve the collection, management, analysis, dissemination and use of strategic information to guide the response.

**Strategic priority:** (1) Improve strategic information systems

**Cluster:** (1.3) Social, behavioural and operational research

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.3.1 Social and behavioural research findings are available, disseminated and used effectively in shaping service delivery and interventions (Refer to Priority Area 1: Prevention, Strategic Priority 2, Cluster 2.4: Vulnerability of more-at-risk populations)	Number of updated risk and vulnerability profiles available	No data available at this time	No target set at this time	Conduct periodic risk and vulnerability assessment surveys for different geographical as well as specific population groups and develop risk and vulnerability profiles for each of them	NACS, NRI, PNGIMIR, NDoH, NGOs, research institutions	III
1.3.2 Research focused on sexuality and sexual practices is conducted and disseminated	No indicator set at this time	No data available at this time	No target set at this time	Conduct population size-estimation exercises for the groups found to have higher risks and vulnerabilities	NACS, NRI, PNGIMIR, NDoH, NGOs, research institutions	III
				Revise the priority research areas of the National Research Agenda (NRA) to include researches on men and women's sexuality and sexual beliefs, roles and practices	NACS, research institutions	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.3.3 Build the capacity of national research and academic institutions to conduct ethically and technically sound social, socio-economic and behavioural research and develop the capacity of researchers	No indicator set at this time	No data available at this time	No target set at this time	<p>Conduct periodic assessments of the capacity of research institutions and other possible partners for conducting social, socio-economic and behavioural research based on the NRA priorities and develop and implement a capacity development plan</p> <p>Ensure that all technical support programs and consultancies for social, socio-economic and behavioural research include provisions for developing the capacity of PNG counterparts, including post-graduate students</p>	NACS, NRI, PNGIMIR, NDoH, NSO, DPs	III
1.3.4 Encourage and build the capacity of major service providers to effectively initiate operational research projects and use findings to improve their own service delivery programs and interventions	No indicator set at this time	No data available at this time	No target set at this time	<p>Conduct an assessment across major service providers (for example, key government departments, large NGOs and FBOs) regarding their internal operational research capacity and identify the technical assistance needs</p> <p>Develop the capacity of major service providers to conduct operational research</p> <p>Establish a mechanism to ensure all major service providers conduct operational research and improve their services based on the findings</p>	NACS, NGOs, NDoH, DPs, research institutions	III

### Priority area: (3) Systems strengthening

**Goal:** (1) To improve the collection, management, analysis, dissemination and use of strategic information to guide the response.

**Strategic priority:** (1) Improve strategic information systems

**Cluster:** (1.4) Coordination and management of research

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.4.1 Research findings are regularly synthesised and widely disseminated	No indicator set at this time	Systematic literature review for 2007-2008 complete	No target set at this time	Strengthen the capacity of the NACS Research Coordination Unit Develop a public database and information centre of all research and studies on HIV, STI and related subjects in PNG with regular updates Develop and disseminate guidelines on reporting research studies on HIV and STI and related subjects Develop and disseminate research synthesis reports annually	NACS, DPs NACS, research institutions NACS NACS, research institutions	II III II I
1.4.2 An effective research approval mechanism is operational to ensure research proposals are consistent with national research priorities and conform to good research practice	Percentage of research provided by GoPNG and development partners for research that is based on the National Research Agenda (PNG)	No data available at this time	80%	Update research priorities in the National Research Agenda, in line with the NHS Ensure all researchers are aware of NRA priorities Allocate research grants in line with NRA priorities Develop guidelines for good research practice on HIV and STI Ensure the Research Advisory Committee 's assessment of research proposals are consistent with the guidelines on good research practice	NACS NACS NACS NACS, research institutions NACS	II II II II I

### Priority area: (3) Systems strengthening

**Goal:** (1) To improve the collection, management, analysis, dissemination and use of strategic information to guide the response.

**Strategic priority:** (1) Improve strategic information systems

**Cluster:** (1.5) Utilisation of evidence

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.5.1 Evidence used to determine priority areas for intensified HIV programs	Section V of the National Composite Policy Index Part A (National indicator #25)	UNGASS 2010 report	No target set at this time	Use existing reporting mechanisms for developing annual epidemic and response updates at national and sub-national levels	NACS, NDoH, NRI, PNGIMR, research institutions	II
1.5.2 Capacity to translate evidence to action is improved	No indicator set at this time	No data available at this time	No target set at this time	Ensure epidemic and response updates are used by partners to inform the development of their annual plans	NACS, NDoH, NGOs, FBOs, research institutions	I
1.5.3 Dissemination of research findings and lessons learned to policy makers, program planners and service providers	No indicator set at this time	No data available at this time	No target set at this time	Develop the skills of researchers and stakeholders involved in producing and managing strategic information on how to translate strategic information and research findings into action, especially building capacity in gender-sensitive analysis	NACS, NDoH, NRI, PNGIMR, research institutions, DPs, NGOs	III
				Establish a mechanism for regular joint reviews to re-assess and re-evaluate HIV response priorities	NDoH, NACS, research institutions, NGOs, FBOs	III
				Utilise existing and/or establish new forums to share research findings	NACS, NRI, PNGIMR, NDoH, NGOs, research institutions	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
1.5.4 Dissemination of research findings and lessons learned to populations, communities and health workers	No indicator set at this time	No data available at this time	No target set at this time	Train researchers and other people involved in producing and managing strategic information to translate findings into non-technical language	NACS, NDoH, NRI, PNGIMR, research institutions, DPs	III
1.5.5 Current evidence on the epidemic utilised to strengthen leadership engagement	No indicator set at this time	No data available at this time	No target set at this time	Establish community discussion forums to engage male and female community leaders and members into evidence-informed debates on HIV response programs inside their own communities	DCD, NACS, PACs, DPLLGA, FBOs, NGOs	III
1.5.6 Develop capacity for evidence-informed advocacy	No indicator set at this time	No data available at this time	No target set at this time	Develop specific leadership engagement programs based on current pieces of evidence and important issues for different leader categories	NACS, NDoH, DCD, Parliamentary Committee on HIV/AIDS, DPs	III
1.5.7 Interpretation and reporting of HIV evidence and issues by the media is improved	No indicator set at this time	No data available at this time	No target set at this time	Conduct an assessment on capacity and practice of different stakeholders in using evidence-informed advocacy programs	NACS	III
				Develop updated fact sheets and other related materials for evidence-informed advocacy	NACS, NDoH, Research institutions	II
				Establish training programs for key advocates on using different advocacy tools informed by latest evidence	NACS, NGOs	III
				Strengthen existing mechanisms to regularly develop evidence-informed media briefs	NACS, NDoH	II
				Develop programs for media personnel to accurately report on HIV evidence and stories in correct and stigma-free language	NACS, Media Council	III
				Strengthen the existing mechanism to proactively screen HIV and AIDS related media coverage and prepare appropriate responses when necessary	NACS	III

### Priority area: (3) Systems strengthening

**Goal: (2)** To strengthen systems and organisations through ensuring the meaningful involvement of people living with HIV and addressing gender inequality.

**Strategic priority: (2)** Strengthen the enabling environment for the national HIV response

**Cluster: (2.1)** Gender

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.1 All HIV and AIDS programs include interventions that address the underlying causes of gender-related vulnerability to HIV and AIDS	Number of HIV programs addressing gender-related vulnerability reported in the NHS annual planning process disaggregated by type of program (PNG)	No data available at this time	No target set at this time	Ensure all prevention and care programs include interventions, initiatives and services/referrals to reduce gender-related vulnerabilities (for example, through guidelines and criteria in the NHS annual planning process)	NACS, NGOs, FBOs, DPs	III
				Develop, trial and distribute a gender vulnerability program audit tool and related support materials (for example, training modules, IEC materials and methods)	NACS, DCD	III
				Build the capacity of all staff and volunteers in programming and gender sensitive consultations in order to reduce gender-related vulnerabilities	DPM, NGOs, FBOs, NHATU	III
				Trial, review and share learning from existing or pilot interventions that address gender-related vulnerabilities	NACS, research institutions, NGOs, FBOs	III
				Integrate gender into all sectoral HIV and AIDS programs	Government Departments: NDoE, DNPMP, NDoH, Transport, LJS, DCD	I

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.2 All HIV and AIDS programs utilise gender-sensitive methods of planning, implementation and M&E	No indicator set at this time	No data available at this time	No target set at this time	Use gender-sensitive methods to ensure equitable participation in consultations, decision making, program design, implementation and M&E of interventions and services	NGOs, FBOs, PACS, NACS	II
2.1.3 Men's organisations are established, supported and becoming visibly involved in HIV and AIDS related issues	Number of men's groups involved in HIV and AIDS programs (PNG)	No data available at this time	No target set at this time	Map, review and strengthen existing men's organisations (for example, sporting clubs) and networks and facilitate networking and linkages between them and other HIV and AIDS and sexual health programs	Research institutions, DCD	III
				Support and facilitate the establishment of men's organisations which focus on HIV and AIDS and gender-related vulnerabilities, focusing on higher prevalence locations	DCD, NGOs, FBOs	III
				Develop support materials and tools for partner organisations and men's groups to work with and for men on HIV and AIDS issues	NHATU, NGOs, FBOs	III
				Promote the roles and responsibilities of men in contributing to and benefiting from the HIV and AIDS response	NGOs, FBOs, NDoE	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.4 Women's organisations are strengthened, supported and are significantly involved in addressing HIV and AIDS issues	Number of women's groups involved in HIV and AIDS programs disaggregated by type of organisation, location, size, activities and age of women (PNG)	No data available at this time	No target set at this time	Map and review the capacity and activities of existing women's organisations and identify those with the capacity to increase their work around HIV and AIDS and gender-related vulnerabilities  Develop support materials and tools for partner organisations and women's groups on how to address HIV and AIDS and gender-vulnerability issues  Build the capacity of women's organisations who have the potential to scale-up their work around HIV and AIDS, initially prioritising high-prevalence or high vulnerability areas	NCW, DCD, research institutions, FBOs  NHATU, NGOs, NCW, FBOs, DCD  DPs, NGOs, FBOs, DCD	III  II  III
2.1.5 National Council of Women's (NCW) network actively engaged in the HIV and AIDS response	NCW annual activity plan, budget allocation and reports demonstrate active engagement with the HIV and AIDS response	No data available at this time	No target set at this time	Strengthen networks and linkages between men's and women's groups engaged in HIV and AIDS programs, and between women's groups and service providers and other HIV and AIDS programs  Support and resource the NCW to build the capacity of its network to respond to HIV and AIDS at all levels  Strengthen the linkages between NCW and other men's and women's groups and HIV and AIDS programs and services including NAC, NACS and PACs  Review and map the NCW capacity, network and HIV and AIDS related activities  Promote the leadership, advocacy and coordination role of the NCW in the HIV and AIDS response and in reducing gender-related vulnerabilities	DCD, NACS, PNG Alliance of Civil Society Organisations (PACSO)  DPs, DCD, NGOs  PACSO, DCD, NACS  Research institutions, NACS, DCD  NCW, NGOs, FBOs, NACS	III  III  III  II  II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.6 Men and women leaders at all levels advocate for gender equality and the elimination of gender-based and sexual violence	No indicator set at this time	No data available at this time	No target set at this time	<p>Include in leadership programs effective strategies, training and resources for improving public messaging and advocacy on gender equality, gender-related vulnerabilities and elimination of gender-based violence, particularly violence against women and girls</p> <p>Identify male and female leaders who demonstrate leadership qualities around gender equality and gender-based violence and utilise these leaders in national and local HIV responses</p> <p>Develop and periodically use tools for monitoring the knowledge, attitudes and actions of leaders around gender equality and gender-based violence</p>	<p>DPs, NGOs, FBOs, DPM, DCD</p> <p>DPs, NGOs, FBOs, DPM, DCD</p> <p>DPs, NGOs, FBOs, DPM, DCD, NHATU</p>	<p>III</p> <p>II</p> <p>III</p>
	Number of operational Family Support Centres (PNG) (National indicator #11)	No data available at this time	No target set at this time	Expand services that respond to gender-based violence	NDoH, LJS, DCD	II
				Strengthen the working relationships and referral pathways between health, law and justice and community development services and civil society organisations (refer to Priority area 1: Prevention, Strategic priority 2, Cluster 2.1: Gender-related vulnerability)	NDoH, LJS, DCD	II
2.1.7 Government of PNG can effectively coordinate and support facilities and services that address gender-based and sexual violence				Review resource allocations, appropriations and expenditure to respond to gender-based violence in key government departments	NACS, NDoH, DPs, DNPM	III
				Scale-up and maintain the establishment of Family Support Centres	GoPNG, NDoH, DCD, NGOs, FBOs	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.1.8 Increase the participation of women and men in coordinating and decision making in the HIV and AIDS response at all levels	Percentage of men and women on HIV-related coordinating and decision making bodies at national and sub-national level (PNG)	No data available at this time	No target set at this time	<p>Ensure equitable and meaningful participation of women in coordinating and decision making bodies (for example, NAC, PACs, DACs, PACSO, CCM)</p> <p>Monitor and report on the membership on national and local HIV and AIDS coordinating and decision making bodies</p> <p>Commission research to review the level of participation of men and women on NAC, PACs and DACs</p> <p>Include gender issues on the agenda of all national and local coordinating and decision making meetings</p> <p>Build the capacity of NACS to integrate gender into the national response</p>	<p>NAC, PACS, CCM, PACSO, NCW</p> <p>NACS, PACS, DACS</p> <p>DPs, NACS, research institutions</p> <p>GoPNG, provincial governments, NGOs, FBOs, NACS, DCD</p> <p>DPs</p>	<p>II</p> <p>III</p> <p>III</p> <p>III</p> <p>I</p>

**Priority area: (3) Systems strengthening**

**Goal:** (2) To strengthen systems and organisations through ensuring the meaningful involvement of people living with HIV and addressing gender inequality.

**Strategic priority:** (2) Strengthen the enabling environment for the national HIV response

**Cluster:** (2.2) Greater involvement of people living with HIV (GIPA)

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.1 People living with HIV are meaningfully engaged in HIV and AIDS program design, management, implementation and M&E	Percentage of HIV programs that demonstrate meaningful involvement PLHIV	No data available at this time	80%	Implement policy, guidelines and criteria to ensure the meaningful involvement of PLHIV in all HIV programs and interventions (for example, through NHS Planning and Reporting Guidelines or grant proposal guidelines)	NACS, PACS	II
				Build the capacity of PLHIV groups, personnel and support networks to provide quality TA to partner organisations and government departments during the design, implementation and monitoring of HIV programs	Igat Hope, NGOs, NHATU	III
				Share the learning from organisations that have meaningfully engaged PLHIV in the design, implementation and M&E of HIV programs	NACS, Igat Hope, NGOs, FBOs	III
				Conduct periodic audits to measure the involvement of PLHIV in programs and organisations, using a standard GIPA index	Igat Hope, DPs, NACS, NGOs	II
				Establish a GIPA training program for HIV program managers	NHATU, Igat Hope, NGOs, FBOs	III
				Ensure PLHIV are supported to participate meaningfully in all major decision and policy making processes and activities (for example, Country Coordinating Mechanism (CCM), NAC, NHS processes)	NACS, PACS, DACS	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.2 PLHIV groups are effectively coordinated, supported and linked through a national network	Percentage of PLHIV groups that are part of a national network disaggregated by location of PLHIV group	Seven provincial groups linked to Igat Hope (25%)	No target set at this time	<p>Establish and support gender specific activities and groups within PLHIV networks and organisations</p> <p>Review and build the capacity of the national PLHIV network (Igat Hope) to effectively coordinate, communicate with, and support local PLHIV groups</p> <p>Strengthen the links and coordination between PLHIV groups and their PACs, local NGOs and HIV service providers</p> <p>Strengthen the communication and coordination between the national PLHIV network, NACS, PACs and national HIV service providers</p> <p>Ensure adequate and sustainable funding from GoPNG and development partners to effectively support and provide capacity building to local PLHIV groups</p>	<p>DPs, DCD, Igat Hope, PACS</p> <p>International PLHIV groups, DPs</p> <p>PACS, NGOs, Igat Hope</p> <p>NACS, Igat Hope</p> <p>provincial governments, DPs, DNPM</p>	<p>III</p> <p>II</p> <p>II</p> <p>II</p> <p>III</p>
2.2.3 PLHIV organisations are actively monitoring and reporting on progress towards implementation of GIPA and reducing stigma and discrimination  (Refer Priority area 3: Systems strengthening, Strategic priority 2: Strengthening the enabling environment, Cluster 2.5: Stigma and discrimination)	Percentage of PLHIV groups that monitor and report on stigma and discrimination and GIPA using the standard indexes	0%	100% by 2015	<p>Conduct periodic updating and reporting of the GIPA and Stigma Indexes</p> <p>Build the capacity of PLHIV groups to monitor and report on GIPA and stigma and discrimination, using a standard tool</p> <p>Disseminate findings and recommendations from the GIPA and Stigma Index reports</p>	<p>Igat Hope, NACS</p> <p>Igat Hope, National HIV and AIDS Training Unit (NHATU), NGOs</p> <p>NACS, Igat Hope</p>	<p>III</p> <p>III</p> <p>III</p>

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.2.4 Organisations develop and implement human rights based HIV and AIDS workplace policies  (Refer Priority area 3: Systems strengthening, Strategic priority 2: Strengthening the enabling environment, Cluster 2.5: Stigma and discrimination, Strategic objective 2.5.6 and Priority Area 1: Prevention, Strategic priority 3: Supportive and safe environments, Cluster 3.2: HIV prevention in the workplace and economic enclaves, Strategic objective: 3.2.2)	Percentage of organisations with appropriate HIV workplace policies and strategies disaggregated by organisation type (private, govt, CSO) (PNG)	267 companies with HIV and AIDS workplace policies (May 2010) <sup>xx</sup>	80% of medium and large businesses have workplace HIV policies by 2015  100% of public sector and civil society organisations have workplace policies by 2015	Ensure that all workplace HIV and AIDS policies are based on human rights and responsibilities, GIPA and aim to eliminate stigma and discrimination (for example, by developing policy audit tools and guidelines)  Build and strengthen links between employers and PLHIV organisations	BAHA, DPM, NGOs, FBOs  Private sector, NGOs, Igat Hope, BAHA	I  III
				Build the capacity of human resource managers, senior managers and ombudsmen organisations to effectively deal with incidents of HIV-related stigma and discrimination in the workplace	DPM, government departments, BAHA, private sector	II

## Priority area: (3) Systems strengthening

**Goal:** (3) To strengthen leadership of the HIV response at all levels.

**Strategic priority:** (2) Strengthen the enabling environment for the national HIV response

**Cluster:** (2.3) Leadership

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.1 Effective strategies and programs for engaging and strengthening male and female leadership at all levels are identified and supported	Number of leaders who participate in HIV and AIDS leadership strengthening programs	No data available at this time	No target set at this time	<p>Conduct periodic reviews of leadership programs (for example, through a leadership focal point at NACS)</p> <p>Develop, disseminate and implement effective leadership engagement strategies</p>	<p>DPs, NACS, NHATU, PACSO, DCD, DPM</p> <p>DPs, NHATU, NACS, PACSO, Igat Hope, leadership programs</p>	<p>I</p> <p>III</p>
2.3.2 Greater numbers of leaders are conducting appropriate public messaging and advocacy and are supporting HIV and AIDS work nationally and locally	No indicator set at this time	No data available at this time	No target set at this time	<p>Establish interventions that focus on developing leaders at the national and sub-national levels within the private sector, churches, civil society, government, PLHIV groups, traditional leaders and youth</p> <p>Include in leadership programs effective strategies and resources for improving public messaging and advocacy on prevention, testing, treatment, care and support and reducing stigma and discrimination and gender-based violence against PLHIV and groups most vulnerable to HIV</p> <p>Include in leadership programs effective strategies for mobilising financial and other resources for HIV and AIDS at the national and sub-national level</p>	<p>DCD, DPM, NGOs, FBOs, NHATU, DPs, BAHA, PACSO, Igat Hope</p> <p>NHATU, Media Council, DPs, NGOs, FBOs, Igat Hope, NACS, NDoH</p> <p>NHATU, NEFC, DNPM, NGOs, FBOs, DPs, PACSO</p>	<p>II</p> <p>III</p> <p>III</p>

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.3 Coordination systems between key government departments are improved and functioning effectively	National Joint Coordination Committee (NJCC) meetings occurring on regular basis between key service delivery departments	No NJCC meetings in 2009	Quarterly NJCC meetings by 2015 attended by all key departments	Strengthen mechanisms, resources and human capacity for greater coordination between NACS and key service delivery departments (NDoH, NDoE, DCD, DPLGA, Law and Justice Sector, and research institutions). For example, PCMC, ProMEST and the Provincial and Local Level Service Monitoring Authority (PLLSMA)	DPs, GoPNG, NACS	II
				Strengthen mechanisms, resources and human capacity to engage core central partners with the HIV and AIDS response and NACS (DNPM, Finance, Treasury, DPM, DPM, NEFC and National Executive Council (NEC)). For example, NJCC	DPs, GoPNG	II
				Support sub-national level leaders to coordinate and manage their HIV and AIDS response. For example, through improved district planning and budget allocations	DPs, NEFC, NACS, NDoH, NEC	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.3.4 Increased GoPNG funding for HIV and AIDS activities in line with the NHS priorities	GoPNG annual expenditure on HIV and AIDS (kina) and as a proportion of the total HIV and AIDS funding (%) Domestic and international AIDS spending by categories and financing sources (National indicator #24)	2010 budget allocation US\$6.4m (approximately K18m) % of total HIV funding from GoPNG in 2010 9.2%	Increasing allocation of funds and increasing % of total HIV funding from GoPNG (precise target to be determined)	Develop mechanisms within government agencies to prioritise, plan and report HIV and AIDS related expenditure during their annual planning process and quarterly reviews, including use of gender budgeting techniques  Provide support to political and public sector leaders to ensure that HIV and AIDS related funding requirements are given priority in national, provincial, district and local level government budget allocations (for example, through changes to the District Services Improvement Program funding guidelines)	DPNM, all government department, DPs  DPs, DPM, Parliamentary Committee on HIV/AIDS, leadership programs	II  III
				Establish and strengthen NHS annual planning and budgeting process with government departments	NACS	III
				Include NHS targets and activities in the PNG Development Strategy 2010-2030 and Medium Term Development Plan 2011-2015	DNPM, NACS	–
				Include key elements of the NHS in the mainstream long-term development plans and funding guidelines of government	DPs, DNPM, economic sector government departments	III
				Engage and coordinate development partners to mobilise funds for NHS activities	NEC, DNPM	I

**Priority area: (3) Systems strengthening**

**Goal:** (4) To reduce stigma and discrimination against people living with HIV and groups thought to be at higher risk of HIV infection.

**Strategic priority:** (2) Strengthen the enabling environment for the national HIV response

**Cluster:** (2.4) Legal environment

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.1 Key legislation relating to HIV and STIs is reviewed and implemented (Refer Priority area 3: Systems strengthening, Strategic priority 2: Strengthening the enabling environment, Cluster 2.5: Stigma and discrimination)	No indicator set at this time	No data available at this time	No target set at this time	Promote greater understanding and application of the <i>HAMP Act</i> within the LJS, health sectors and civil society	LJS, NDoH, NGOs, FBOs, PACS	III
				Promote greater understanding and application of the <i>Lukautim Pikitini Act</i> among health, community welfare and LJS sectors and civil society	DCD, NDoE, NGOs, FBOs	III
				Implement the National Strategy on Family and Sexual Violence	LJS, DCD, NDoH	III
				Conduct public awareness campaigns on legislation relating to marital rape, other sexual offences and sexual abuse and exploitation of children	LJS, DCD, NGOs, FBOs	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.4.2 Legislative reforms to improve the environment for effective HIV and AIDS prevention, treatment and care	Number of arrests and prosecutions for sex work	Sex work is a criminal offence	Sex work is decriminalised by 2015	<p>Support decriminalisation of sex work</p> <p>Support decriminalisation of same sex sexual practices</p> <p>Review and remedy barriers to the effective utilisation of the <i>HAMP Act</i> (Refer to Priority area 3: Systems strengthening, Strategic priority 2: Strengthening the enabling environment, Cluster 2.5: Stigma and discrimination, Strategic objective 2.5.1)</p> <p>Support elected leaders to advocate for and vote to decriminalise sex work and same sex sexual practices</p>	DCD, NACS, NEC, NGOs DCD, NACS, NEC, NGOs LJS, DPs, NACS DPs, Parliamentary Committee, NGOs, NAC, DCD, leadership programs	III III III III
2.4.3 Increase awareness of human and legal rights, key legislation and the needs of more-at-risk populations in HIV prevention and care (Refer Priority area 3: Systems strengthening, Strategic priority 2: Strengthening the enabling environment, Cluster 2.5: Stigma and discrimination, Strategic objective: 2.5.6)	Number of arrests and prosecutions for sex work No indicator set at this time	No data available at this time	No target set at this time	<p>Mobilise communities to support greater advocacy efforts towards relevant law reform, including dispelling misinformation about the intention of the reforms</p> <p>Include human and legal rights in induction training for HIV staff and volunteers</p> <p>Develop IEC materials on human and legal rights, particularly for more-at-risk populations</p>	NGOs, FBOs, DCD NGOs, FBOs, NHATU NGOs, FBOs	III III III

**Priority area: (3) Systems strengthening**

**Goal:** (4) To reduce stigma and discrimination against people living with HIV and groups thought to be at higher risk of HIV infection.

**Strategic priority:** (2) Strengthen the enabling environment for the national HIV response

**Cluster:** (2.5) Stigma and discrimination

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.5.1 Improve the implementation of the <i>HAMP Act</i>	Number of cases and successful prosecutions under the <i>HAMP Act</i> (PNG)	0	Five cases prosecuted by 2012 with a 25% annual increase thereafter	Review the <i>HAMP Act</i> and its implementation and amend legislation if necessary (for example, by completing the audit of Public Solicitor records, district court records and village court records)  Advocate for better legislative protection for HIV-related discrimination	LJS, NACS  NGOs, FBOs, Igat Hope	III  II
2.5.2 Increase understanding of the impacts of stigma and discrimination and the rights of PLHIV among key personnel in government, church, private sector and civil society organisations	No indicator set at this time	No data available at this time	No target set at this time	Promote greater understanding of the <i>HAMP Act</i> in the Law and Justice Sector, particularly among village courts, magistrates and police  Include information on the <i>HAMP Act</i> and stigma and discrimination in all HIV and AIDS training and resources, particularly those available to more-at-risk populations and at HCT and ART services  Develop guidelines and resource materials for induction and professional development of key personnel in government, church, private sector and civil society organisations (for example, health workers, human resource managers, teachers)  Address stigma and discrimination in all government, church, private sector and civil society HIV and AIDS policies	LJS  NGOs, FBOs, LJS, NHATU, NDoH, Igat Hope  DPM, NHATU, NGOs, FBOs, Igat Hope, BAHA  BAHA, DPM, NGOs, FBOs	II  III  III  II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.5.3 All leaders, programs and organisations at the national and local level advocate for the elimination of HIV-related stigma and discrimination	No indicator set at this time	No data available at this time	No target set at this time	<p>Include in all leadership programs and HIV programs strategies and activities to reduce stigma and discrimination and share information on successful interventions</p> <p>Develop and implement guidelines and criteria for funding and reporting that ensure that advocacy and activities for reducing stigma and discrimination are included in HIV program design and implementation</p> <p>Develop resources and support programs for PLHIV groups to engage with local leaders to reduce HIV stigma and discrimination</p> <p>Strengthen partnerships between PLHIV groups and the media to promote the roles and importance of GIPA and the elimination of stigma and discrimination</p>	<p>DPs, NACS, NGOs, FBOs</p> <p>NACS</p> <p>Igat Hope, NGOs, FBOs</p> <p>Media, NACS, Igat Hope, NGOs</p>	III
2.5.4 Develop community-based interventions and campaigns which reduce stigma and discrimination, based on social research and the People Living with HIV Stigma Index, particularly in high-prevalence locations	The degree of stigma and discrimination identified by People Living with HIV Stigma Index (National indicator #26)	No data available at this time	Reducing the index by half	<p>Conduct and disseminate gender-sensitive social research on stigma and discrimination</p> <p>Periodically conduct, analyse and disseminate findings from the People Living with HIV Stigma Index</p> <p>Trial and implement evidence-informed, gender-sensitive interventions which reduce stigma and discrimination within communities, initially in high-prevalence or highly stigmatising communities, and particularly focused on addressing higher levels of stigma toward HIV positive women</p>	<p>Research institutions, Igat Hope, NACS</p> <p>Igat Hope, NGOs</p> <p>NGOs, FBOs</p>	<p>III</p> <p>II</p> <p>III</p>

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
2.5.5 Build the capacity of PLHIV and organisations to advocate and act against stigma and discrimination	No indicator set at this time	No data available at this time	No target set at this time	Build the capacity of trainers and staff within PLHIV organisations, NGOs and churches to conduct advocacy, take action against incidents of discrimination, and support PLHIV who are taking action	NGOs, FBOs, DPs, Igat Hope, PACSO, NHATU	III
				Support and train men and women who are living with HIV to advocate and take action against incidents of discrimination and to support fellow PLHIV	Igat Hope, NGOs, FBOs	III
				Provide legal support for PLHIV and their families to enable mediations and prosecutions under the <i>HAMP Act</i>	DCD, LJS, Igat Hope	III
2.5.6 Build the capacity of organisations in human rights-based HIV and AIDS interventions and programs	No indicator set at this time	No data available at this time	No target set at this time	Develop tools, training packages and resources for building the capacity of organisations, including NACS and PACs, in human rights and HIV and AIDS	DCD, NHATU, NGOs	II
				Strengthen HIV and human rights networks	NACS, DCD, Igat Hope	III
				Support existing human rights advocacy organisations to include HIV and AIDS in their work	Igat Hope, NACS	III

**Priority area: (3) Systems strengthening**

**Goal: (5)** To build the capacity of people, communities and organisations to mobilise, coordinate and implement the HIV response at all levels.

**Strategic priority: (3)** Strengthen organisational and human capacity for coordinating and implementing the National HIV and AIDS Strategy

**Cluster: (3.1)** Capacity building

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.1 Strengthen the capacity of the NACS to effectively coordinate and manage the implementation of the NHS	NHS annual plan and budget submissions and annual parliamentary report completed on time	NSP Annual Plan submitted on time in 2008 and 2009 Annual report not submitted on time in 2009	NHS Annual Plan, budget and parliamentary reports submitted on time each year	Build the capacity of NACS personnel who will coordinate and manage the NHS and establish effective systems for coordination	DPs, GoPNG	II
				Implement merit-based recruitment and effective performance management	NACS	III
				Ensure NACS has effective systems for coordination, including oversight committees and coordinating mechanisms with major implementing partners	NACS, DPs, DNPM	III
				Implement and annually review NHS Planning and Reporting Cycle Guidelines	NACS	III
				Establish a national HIV prevention taskforce with representation from key stakeholder groups	NACS	III
				Strengthen NACS to manage, coordinate and monitor funding allocation, TA allocation and grant systems	NACS, DPs	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.2 Strengthen the capacity of PACs and District AIDS Councils (DACs) to effectively coordinate the implementation of the NHS	Percentage of PACS and DACS that have received their quarterly disbursements and send in quarterly and annual reports on time (PNG)	2009 24% of acquittals were submitted	90%	Build the capacity of existing and new PAC and DAC employees and volunteers through a performance management system and other interventions, initially in high-prevalence provinces	provincial governments, NACS, NHATU, NGOs	III
		2009 5% of PACS submitted complete acquittal		Conduct human and organisational capacity assessments of PACs and priority DACs (including review of terms of reference, performance management and job descriptions) initially in high-prevalence provinces	NACS, provincial governments	III
		2009 55% of PACS submitted no acquittal		Ensure PACs and DACs have effective systems and adequate staffing for coordination, including oversight committees and coordinating mechanisms with local implementing partners	provincial governments, NACS	III
3.1.3 Increased funding and technical support for NGOs, FBOs and CBOs based on rigorous capacity needs assessment	Percentage of NGOs, FBOs and CBOs submitting their plans and reports to their PACS or NACS on time (PNG)  (National indicator #19)	No data available at this time	90%	Develop, trial and implement tools for capacity needs assessment of organisations working in the HIV response	DPs	II
		Establish effective and transparent small and large grants and TA programs for NGOs, FBOs and CBOs which is linked to NHS planning cycle with clear criteria, performance indicators and a capacity needs assessment		NACS, DPs	III	
				Increase capacity of NGOs, FBOs and CBOs to access GoPNG and development partner funding through, for example, improved capacity in writing funding proposals	PACSO, NGOs, DPs	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.4 NGOs, FBOs and CBOs demonstrate improved capacity to effectively manage HIV and AIDS funds, human resources and programs	Percentage of NGOs, FBOs and CBOs submitting their plans and reports to their PACS or NACS on time (PNG) (National indicator #19)	No data available at this time	90%	<p>Conduct periodic reviews of the capacity of key NGOs, FBOs and CBOs to manage programs and funds</p> <p>Improve the capacity of NGOs, FBOs and CBOs to manage funds, human resources and programs (for example, develop tools and provide TA)</p> <p>Establish systems and regular opportunities to share best practice and lessons learned in HIV program and financial management</p> <p>Build the capacity of PACSO to coordinate, advocate for, and support civil society organisations to better implement the NHS</p>	NGOs, DPs  NGOs, DPs, NACS  NACS, DPs, PACS  DPs, PACSO	II  III  III  III
3.1.5 Increase technical assistance at the sub-national level	Percentage of technical assistance deployed to support the NHS implementation at sub-national level compared to the total TA (PNG) (National indicator #20)	No data available at this time	75%	<p>Issue periodic reports on the location and focus of TA at the national and sub-national level</p> <p>Include requirements for TA in NHS planning submissions</p> <p>Establish and scale-up a TA mobilisation and partnership system to improve linkages between organisations that need TA and organisations that provide TA</p> <p>Evaluate and share the learning from existing TA programs at the sub-national level</p>	NACS, all partner organisations  All partner organisations  NACS, DPs  Research institutions, DPs	III  III  III  III  II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.6 Effective partnerships between international and national NGOs, FBOs and CBOs are established, strengthened and sustained	Number of NGOs and FBOs that have participated in a collaborative project with another NGO or FBO in the last year	No data available at this time	No target set at this time	Map existing technical assistance partnership programs to avoid duplication and maximise synergies	NACS, DPs	III
				Increase the number of opportunities for partnership and sharing learning	NACS, PACS	II
				Ensure funding and reporting criteria includes partnership, sharing learning and partner capacity building obligations	NACS, DPs	III
				Build the capacity of existing coalitions and networks (for example, Igat Hope, PACSO, Friends Frangipani, BAHA) to initiate, support and strengthen partnerships between organisations	Igat Hope, PACSO, BAHA, DPs	II
3.1.7 Key government departments are supported to effectively plan, implement, coordinate and monitor their HIV and AIDS implementation programs and plans	Number of government departments reporting to NACS through the NHS planning and reporting cycle	No data available at this time	No target set at this time	Scale-up support for existing capacity building programs for government departments (for example, finalise and implement the LJS HIV and AIDS sector plan) and establish new programs if necessary	DPs, government departments, DNPM	II
				Conduct periodic reviews of the capacity of key government departments to implement, monitor, fund and coordinate their HIV and AIDS programs and plans	DNPM, research institutions, GoPNG	III
				Support government departments to integrate with the NHS planning and reporting cycles and mobilise resources for their HIV work	NACS	III
				Ensure adequate staffing and priority resource allocation to scale-up NHS implementation in key government departments	DNPM, GoPNG, DPs	III
				Include HIV and AIDS as a core responsibility in public sector contracts, job descriptions and performance indicators	DPM, key government departments	III

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.8 Practitioners (including volunteers) have increased skills and knowledge, consistent with national standards, about effective HIV interventions	Percentage of HIV trainers who can demonstrate competency in HIV training to national standards (PNG)	No data available at this time	80%	<p>Establish quality assurance systems and national standards for competency based HIV training and capacity development programs including effective trainer assessment, accreditation, approval processes and records</p> <p>Conduct periodic reviews of the role, functions and effectiveness of NHATU and implement the Training Review's recommendations, including TA and regular professional development for NHATU personnel and trainers</p> <p>Conduct periodic reviews and update training and resource materials</p> <p>Establish programs to build the capacity of trainers in HIV intervention best practice (including training methodology and facilitation)</p>	NHATU, NACS  NACS, DPs  NHATU  NHATU, NGOs, government departments	II  II  II  II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.1.9 Utilise a wide range of long-term effective capacity building strategies which are evaluated and disseminated	No indicator set at this time	No data available at this time	No target set at this time	Map and evaluate the range of capacity building strategies being used in HIV programs in PNG	Research institutions, DPs, NGOs	III
				Develop a National HIV and AIDS Capacity Development Plan based on NHS priorities, with a particular focus on prevention	NACS, DPs	III
				Develop or adapt training materials and resources for effective capacity building strategies	NHATU, NGOs	II
				Scale-up effective programs and resources to improve the capacity building skills and performance management of TA involved in the HIV response	DPs	III
3.1.10 Increase the capacity of organisations to develop evidence informed and culturally relevant IEC materials	No indicator set at this time	No data available at this time	No target set at this time	Establish regular opportunities for organisations to learn about and share successful capacity building strategies	NACS, DPs	II
				Implement the National HIV and AIDS IEC Policy and related guidelines (including training for NGO and FBO IEC managers)	NACS, NDoH, NGOs, FBOs	III
				Develop a bank of exemplar IEC materials	NACS	III

**Priority area: (3) Systems strengthening**

**Goal: (5)** To build the capacity of people, communities and organisations to mobilise, coordinate and implement the HIV response at all levels.

**Strategic priority: (3)** Strengthen organisational and human capacity for coordinating and implementing the National HIV and AIDS Strategy

**Cluster: (3.2) Decentralisation**

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.2.1 Strengthen oversight and coordination within the national level	NJCC meetings occurring on regular basis between key service delivery departments  (Refer to Priority area 3: Systems strengthening, Strategic priority 2: Strengthen the enabling environment, Cluster 2.3: Leadership, Strategic objective 2.3.3)	No NJCC meetings in 2009	Quarterly NJCC meetings by 2015 attended by all key departments	Strengthen the coordinating functions of NACS (Refer to Priority area 3: System strengthening, Strategic priority 3: Strengthen organisational and human capacity, Cluster 3.1: Capacity building, Strategic objective: 3.1.1)	NAC, DPs, GoPNG	II
				Strengthen the coordinating functions of NDoH and other key national departments with core responsibilities for implementing the NHS	NDoH, GoPNG, DPs	II
				Strengthen existing coordination mechanisms that are relevant to the effective implementation of the NHS (for example, NJCC, CCM, PACSO, BAHA, Igat Hope)	NAC, NACS, DPs, Central Agencies Coordinating Committee (CACCC), PACSO, BAHA, Igat Hope, NHATU	II

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.2.2 Strengthen coordination between national and sub-national levels	Number of meetings between NACS and PACS	No data available at this time	No target set at this time	<p>Review coordinating and oversight mechanisms between the national and sub-national levels</p> <p>Support key national and sub-national organisations to implement the recommendations of the review of coordinating mechanisms</p>	<p>DPLGA, NACS, NDoH, PACs, provincial governments</p> <p>NAC, NACS, NHS Steering Committee, NHATU, BAHA, PACSO, Igat Hope, NJCC, DP Forum</p>	<p>II</p> <p>III</p>
3.2.3 Strengthen multi-sectoral coordination, planning and reporting at the provincial, district and local levels  (Refer to Priority area 3: Systems strengthening, Strategic priority 3: Organisational and human capacity, Cluster 3.1 Capacity building, Strategic objective 3.1.2)	Percentage of provincial governments that report to PLSSMA on their specific HIV responsibilities under the Determination on Service Delivery (PNG) (National indicator #21)	No data available at this time	90%	<p>Establish and strengthen projects that increase understanding and ownership of the NHS coordinating mechanisms and responsibilities among national and sub-national personnel</p> <p>Implement or strengthen projects that improve multi-sectoral engagement, coordination and reporting at the sub-national level between government, private and civil society organisations</p> <p>Improve the accountability and status of Provincial AIDS Committees through their integration into provincial government systems</p> <p>Establish and strengthen systems to improve NHS program and financial reporting within organisations at the sub-national level</p>	<p>NAC, NACS, NDoH, DPLGA, PACSO, Igat Hope</p> <p>DPs, PPII, provincial governments, PACs, DACs, civil society, PACSO</p> <p>DPLGA, provincial governments, NACS</p> <p>PACSO, Igat Hope, DPs, NGOs, PCMC, provincial governments, PACs</p>	<p>III</p> <p>II</p> <p>III</p> <p>III</p>

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.2.4 Strengthen provincial, district and local level government to ensure HIV and AIDS are mainstreamed into all provincial and district plans and budgets	Domestic and international AIDS spending by categories and financing sources (UNGASS) (National indicator #24)	2010 budget allocation 6.4m USD (approx. K18m) Percentage of total HIV funding from GoPNG in 2010 9.2%	Increasing allocation of funds and increasing % of total HIV funding from GoPNG (precise target to be determined)	<p>Support core personnel in sub-national divisions to ensure that NHS related activities are prioritised, planned, budgeted, implemented and reported</p> <p>Update the DPLGA Determination to reflect NHS priorities and ensure HIV and AIDS is budgeted for at the sub-national level</p> <p>Support sectoral organisations to include NHS targets and activities in sub-national sectoral plans</p> <p>Strengthen PLLSMA to improve delivery of HIV and AIDS and other related services at the sub-national level</p>	<p>DNPM, DPs, DPLGA, NGOs, NDoH, districts and LLG</p> <p>DPLGA, provincial governments, districts and LLG</p> <p>Provincial governments, NACS, GoPNG, DPs, districts and LLG</p> <p>DPLGA, DPs, provincial governments, districts and LLG</p>	<p>III</p> <p>III</p> <p>III</p> <p>III</p> <p>II</p>

### Priority area: (3) Systems strengthening

**Goal:** (5) To build the capacity of people, communities and organisations to mobilise, coordinate and implement the HIV response at all levels.

**Strategic priority:** (3) Strengthen organisational and human capacity for coordinating and implementing the National HIV and AIDS Strategy

**Cluster:** (3.3) Community participation and action

Strategic objective	Indicator	Baseline	Target	Major activity areas	Key implementers	Status
3.3.1 Communities are engaged, mobilised and supported to develop gender-sensitive community-oriented responses to HIV, particularly in high-prevalence provinces	Number of communities using gender-sensitive community mobilisation tools in HIV planning, implementation and monitoring	No data available at this time	No target set at this time	Share learning from community mobilisation programs	NACS, PACS, NGOs, DCD	II
3.3.2 All groups in a community including more-at-risk populations and PLHIV are actively involved in the design, delivery and review of community-based interventions	Percentage of HIV community mobilisation programs that can demonstrate meaningful participation of PLHIV (PNG)	No data available at this time	No target set at this time	Strengthen and expand gender-sensitive community-centred, evidence-informed responses  Ensure the meaningful participation of PLHIV and other more-at-risk populations in all design, implementation and review activities of HIV community mobilisation programs	DCD, NGOs, FBOs  DCD, NGOs, FBOs, NACS, PACS	II



# Glossary

**Combination prevention** is the concurrent use of all the strategies required to prevent transmission of HIV. These include development of a range of different education and behaviour change communication programs for those more-at-risk of HIV; promotion of male and female condoms; reduction in the number of sexual partners, particularly for those with multiple concurrent partners; HIV counselling and testing; prevention of parent to child transmission; prevention and treatment of STIs; promotion of blood safety; changes in laws and policies to counter stigma and discrimination; vulnerability reduction through social, legal and economic change; and harm reduction programs for injecting drug users.

**Communities** is a term used for a wide range of population groups which includes the community of people living in a defined geographic space such as a village. It also refers to groups of people in particular locations who may share a common characteristic which binds them together such as their sexuality (for example, homosexual men), occupation (for example, sex work), or gender identity (for example, women and transgendered people).

In **concentrated epidemics**, HIV has spread rapidly in a defined sub-population(s), but is not well-established in the general population. This epidemic state suggests active networks of risk within the sub-population. The future course of the epidemic is determined by the frequency and nature of links between highly infected sub-populations and the general population. In a concentrated epidemic, HIV prevalence is consistently over five per cent in at least one defined subpopulation and HIV prevalence is below one per cent in pregnant women in urban areas. In **generalised epidemics**, HIV is firmly established in the general population. Although sub-populations at high-risk (for example, sex workers) may contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic independent of sub-populations at higher risk of infection. In a generalised epidemic, HIV prevalence is consistently over one per cent in pregnant women which is used as a proxy for the general population.

An **enabling environment** is the social, legal and environmental factors that facilitate safe behavioural choice and encourage those most vulnerable to and living with HIV to participate at all levels of the response to the epidemic.

**Gender** is the socially constructed roles and relationships, personality traits, attitudes, behaviours, values, and relative power and influence that society assigns differently to women and men. Gender is related to how women and men are perceived and expected to think and act because of the way society is organised, not because of biological differences. The term 'sex' refers to biologically determined differences between women and men.

**Gender-based violence** refers to the various forms of violence that women, men, girls and boys, and transgender people, experience because of issues relating to gender and sexual identity. These forms of violence include domestic violence and other forms of physical violence, rape (including rape within marriage), sexual abuse and exploitation of girls and boys, incest, forced prostitution, sexual abuse by authorities during conflicts, disasters and emergencies (including by the police), and homophobic violence directed towards women and men who are, or assumed to be, attracted to the same sex.

**HIV mainstreaming** means all sectors and organisations (public, private and civil society) determining: 1) how the spread of HIV is caused or contributed to by their sector, or their operations; 2) how the epidemic is likely to affect their goals, objectives and programs; 3) where their sector or organisation has a comparative advantage to respond to limit the spread of HIV and to mitigate the impact of the epidemic; and 4) then taking action.

**HIV-related orphans** are children who have lost one or both of their parents as a result of the epidemic.

**Integrated biological and behavioural surveillance** measures HIV prevalence, and often STI prevalence, in a defined population(s) at a point in time, as well as behaviours and demographic information, to provide a better understanding of the dynamics of the epidemic. When these surveys are repeated over time, trends in the epidemic can be measured.

**Men who have sex with men** is a behavioural term that refers to biological males who have sex with other biological males, regardless of their sexual orientation or gender identity.

**More-at-risk populations** are groups of people who share a common HIV risk behaviour and often some other defining characteristic such as selling sex and where there is an existing rate of HIV infection (for example, sex workers who engage in unprotected sex with their clients). The populations who are more-at-risk vary over time as the dynamics of an epidemic change. In other countries the term 'most' at risk populations is generally used. There is currently insufficient epidemiological data in PNG to determine which populations are 'most' at risk so the term 'more' at risk has been used. In PNG, more-at-risk populations include: women and men involved in sex work and transactional sex, men who have sex with men, migrant workers, enclave workers, prisoners and mobile men with money (such as public servants, police, politicians, landowners, cash crop buyers and sellers, transport sector workers, and business men).

**Multiple concurrent sexual partnerships** are overlapping sexual partnerships where sexual intercourse with one partner occurs between two acts of intercourse with another partner. A sexual partnership is considered to be concurrent if a person reports having two or more overlapping sexual partners in the previous three months. It is well established that viral load, and thus infectivity, is much higher during the acute phase of HIV infection (that is, the window period). Where multiple concurrent sexual partnerships are common, the combined effects of sexual networking and the acute infection spike in viral load means that as soon as one person within a concurrent sexual network is infected, all other sexual partners are at higher risk.

**Operational research** involves the application of systematic research and evaluation techniques on the way services and interventions can be improved. Only factors that are under the control of program managers are studied.

The **overarching goal** of the NHS defines what the national HIV and AIDS response aims to achieve in the next five years.

**Penile modification** is any change made to the penis through: 1) cutting the penile foreskin, including full removal of the foreskin or the partial slitting of the foreskin on the dorsal side; 2) through the insertion of objects under the foreskin; and 3) through the injection of substances into the penis. Each type of penile modification increases the risk of HIV for both men engaging in these practices and their sexual partners. Risks arise from the use of non-sterile equipment, particularly if it is shared; increased trauma to the vaginal wall or rectum during intercourse resulting from the modification; an inability to wear a condom correctly due to the modification or increased risk of condom breakage; and the false belief that the modification (the foreskin cutting) provides a protective effect from contracting HIV. Penile foreskin cutting (partial slitting or full removal of the foreskin) has long been part of some of the diverse traditional male initiation practices in PNG.

**Polygamy** is the marital practice of having more than one spouse at one time. Polygyny with men having more than one wife has been traditionally practiced and is socio-culturally sanctioned in many parts of PNG, and particularly in the Highlands region. Polygamy creates networks of concurrent marital sexual partnerships and can increase risk of HIV transmission for women as condom use is usually reported least in the contexts of regular marital partners.

**Priority area goals** define what the NHS aims to achieve in each of its three priority areas in the next five years.

**Public - private partnerships** describes a government service or private business venture which is funded and operated through a partnership of government and one or more private sector companies.

**Second generation surveillance** is the regular and systematic collection, analysis and interpretation of biological and behavioural data for use in tracking and describing changes in the HIV epidemic over time. Second generation surveillance also gathers information on risk behaviours, using them to warn of or explain changes in levels of infection. As such, second generation surveillance includes: HIV surveillance and AIDS case reporting, STI surveillance to monitor the spread of STIs, and behavioural surveillance to monitor trends in risk behaviours over time.

**Sentinel surveillance** is the systematic, ongoing collection and analysis of biological data from certain sites (for example, antenatal or STI clinics) selected for their geographic location, medical specialty and/or populations served. It is considered to have the potential to provide an early indication of changes in the distribution of HIV.

**Sero-discordant relationships** are those where one partner is HIV positive and the other is HIV negative.

**Sexual health** is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

**Surveillance** is the systematic collection, analysis and interpretation of data about a disease or health condition. Testing of blood samples for the purpose of disease surveillance is called sero-surveillance.

A **sex worker** is someone who exchanges sexual services, primarily for money, but occasionally for goods or other benefits. While sex workers may be full or part time, sex work is undertaken on a more or less regular basis. Sex work is usually the sole or at least a significant component of regular monthly income for a sex worker.

**SMART: Specific Measurable Achievable Realistic Time-bound.** This is used as a measure of a well defined indicator.

**Stigma and discrimination:** *Stigma* is defined as a powerful and negative social label that radically determines the way individuals view themselves and are viewed by others. It can be *felt* (internal stigma), leading to an unwillingness or inability to seek help and access resources for a person's own well-being, or *enacted* (external stigma), leading to *discrimination* on the basis of HIV status or association with someone who is living with HIV, or on the basis of attitudes towards risk behaviours (for example, sexual behaviours). *Discrimination* results from *stigma* and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status or membership of a group perceived to be at risk of HIV (for example, sex workers).

**Sub-national level** refers to the provincial, district and local government levels. It can also refer more generally to places outside Port Moresby and not just to levels of government. For example, 'the need to increase technical assistance at the sub-national level' applies to all partners outside Port Moresby, not just to government partners.

**Transactional sex** is providing sexual services in exchange for money, goods, service, or other favours. This can be a frequent practice or on an occasional basis in response to a particular need (for example, women who need to raise money for their children's school fees). Those who engage in transactional sex usually do not self-identify as sex workers.

**Transgendered people** are individuals whose gender identity and/or expression of their gender differs from social norms related to their sex of birth. The term describes a wide range of identities, roles and experiences which can vary considerably from one culture to another.

**Young people** are defined as people aged from 15 to 24 years in the constitution of PNG.

# Endnotes

- <sup>i</sup> Kimbe Population Survey, Institute of Medical Research, 2008 (young men=89, young women=66, total=155)
- <sup>ii</sup> Kimbe Population Survey, Institute of Medical Research, 2008 (15-49 years, n=501)
- <sup>iii</sup> Bio-Behavioural Sentinel Surveillance Survey among Women attending Port Moresby General Hospital Antenatal (PPTCT) Clinic 2008, NRI, 2009 (n=307)
- <sup>iv</sup> Bio-Behavioural Sentinel Surveillance Survey among men and women attending Lae Friends STI Clinic 2008, NRI, 2009 (male=123, female=162, total=285)
- <sup>v</sup> PNG Universal Access Report, National AIDS Council/National Department of Health, 2010
- <sup>vi</sup> PNG Universal Access Report, National AIDS Council/National Department of Health, 2010
- <sup>vii</sup> PNG Universal Access Report, National AIDS Council/National Department of Health, 2010
- <sup>viii</sup> National Department of Health, 2010
- <sup>ix</sup> Kimbe Population Survey, Institute of Medical Research, 2008 (male=89, female=66, total=155)
- <sup>x</sup> Save the Children Youth Outreach Project KAP Study, 2006 (Goroka, Kainantu, Megabo, Madang; n=213)
- <sup>xi</sup> PNG UNGASS Report, 2010
- <sup>xii</sup> Kimbe Population Survey, Institute of Medical Research, 2008 (male=74, female=41, total=115)
- <sup>xiii</sup> Save the Children Youth Outreach Project KAP Study, 2006 (Goroka, Kainantu, Megabo, Madang; n=213)
- <sup>xiv</sup> PNG UNGASS Report, 2010
- <sup>xv</sup> Committee on HIV Prevention Through Sport
- <sup>xvi</sup> BAHA Monthly Report, May 2010
- <sup>xvii</sup> Independent Review Group Report, May 2010
- <sup>xviii</sup> Independent Review Group Report, May 2010
- <sup>xix</sup> This figure was extracted from the Review of HIV Training Programs in PNG and is based on annual data for 2007-08
- <sup>xx</sup> BAHA Monthly Report, May 2010