Papua New Guinea

Country Operational Plan

FY 2014

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

I. Country Context

Epidemiology of the HIV Epidemic in Papua New Guinea

Papua New Guinea (PNG) has an estimated population of 7.8 million people. PNG is a diverse country with 85% of the population living in rural areas, speaking more than 700 languages (NSO, 2011 and World Bank, 2012). PNG continues to have one of the lowest health indicators in the region (WHO 2013) and is ranked near the bottom (156) in the Human Development Index (UNDP 2013). HIV prevalence among the general population is estimated at 0.52% (UNAIDS 2013).

While HIV has been reported in all 22 provinces, the epidemic shows a geographical focus in the National Capital District (NCD), Enga, Western Highlands, Eastern Highlands and Jiwaka provinces, all of which report antenatal care prevalence greater than 1% (NACS, 2013). It is believed that the epidemic is concentrated in locations with a convergence of factors such as urban centers, location along key transport routes (e.g. Highlands Highway), mining and Liquefied Natural Gas sites and other rural economic enclaves (IRG, 2011). These socio-economic factors have created a demand for labor, both long and short term, resulting in considerable migration of people, particularly from the densely populated Highlands. For those testing in sites outside of the Highlands Region, the majority of persons testing HIV positive are reported to be from the Highlands Region. (Mid Term Review of the National HIV and AIDS Strategy 2011-15).

Available biological surveillance, mainly through HIV case reporting, indicates that HIV is primarily heterosexually transmitted in PNG through unprotected vaginal and anal sex, and to a significantly lesser extent, through vertical transmission (GFR10 proposal). Evidence from surveys among commercial sex workers (CSWs) indicate a high risk for HIV infection among female sex workers (FSWs) with a prevalence of 19% and 9% among male commercial sex workers (IBBS, IMR, 2010).

The Government of PNG (GoPNG) estimates that in 2012, there were 25,000 people living with HIV in the country (NACS/NDoH/UNAIDS, 2013). UNAIDS estimated that by the end of 2012, health workers in PNG had initiated a total of 11,764 persons onto antiretroviral therapy (ART), covering 74% of the estimated 15,934 people living with HIV (PLHIV) eligible for antiretroviral (ARV) treatment. The scale up of access to treatment for children has been slower than for adults with a total of 722 children on ART at the end of 2012, only 39% of the estimated 1863 eligible for ARV treatment. From available 2012 data, UNAIDS estimates prevention of mother to child transmission (PMTCT) coverage to be approximately 30% and will reach 40% in 2013 (UNAIDS 2013).

Status of the National Response

The National Health Plan 2011-2020 guides the overarching national health response, stressing the integration of HIV/AIDS into a broader health response with a focus on human and institutional capacity building and systems strengthening. The National AIDS Council (NAC) has been the principal coordinating agency of the national HIV/AIDS response with both the NAC and its Secretariat (NACS) responsible for the formulation, review and revision of national policies and for coordinating the implementation of the National HIV and AIDS Strategy, (NHS) 2011-2015. In 2013, the GoPNG announced that the NAC/NACS would be integrated within the National Department of Health (NDoH); the integration is expected during 2014-15. The NDoH has the overarching responsibility for coordinating the response within the health sector including clinical services, HIV surveillance and programmatic reporting and monitoring and evaluation (M&E), and providing technical and financial resources to the provincial level. The 22 provincial governments are responsible for the implementation of all health activities and have full latitude to decide where and how much funding is allocated for the various health care and program priorities in the province.

Limited human and organizational capacity, poorly functioning health systems, low population density, lack of roads, and a multitude of disabling factors such as old and non-progressive polices and customs or a total absence of polices are the main causes of PNG's low health status. The lack of skilled human resources, the GoPNG's limited capacity for operational management and financial accountability, and the question of international assistance often times not focusing on the underlying cause or sustainability have led to the deterioration of the health infrastructure in both human and physical terms.

In 2013, the NAC in collaboration with other donor partners commissioned a mid-term review (MTR) to assess PNG's progress toward achieving key objectives of the NHS. The MTR identified the following critical gaps in the national response: 1) need to re-prioritize and make services more focused and accessible to (key populations) KPs; 2) need to strengthen linkages between prevention and clinical services provided in the community level to address the major issue of loss to follow up; 3) need to consider that gender-based violence (GBV) is important as both a cause and consequence of HIV and AIDS and to ensure that GBV is recognized within the continuum of care model; and 4) need to improve the nation's strategic information system by strengthening its capacity and expanding second generation surveillance systems to enable the NDoH to effectively coordinate the HIV surveillance system and better analyse and interpret surveillance data. Despite these challenges, there has been substantial scale up of service delivery in key areas. HIV counselling and testing (HCT) uptake and ART services have expanded steadily between 2004 and 2013, although PMTCT coverage is still lagging behind. Only 40% of HIV positive pregnant women were estimated to be receiving ARV treatment in 2012 (UNAIDS 2013). On a more positive note, the MTR reports that HIV prevalence among pregnant women has decreased from a high 1.3% in urban areas and 1.0% in rural areas in 2005, to a low of 0.7% in urban areas and 0.1% in

rural areas in 2010.
Despite the infrastructure and human resource challenges, the GoPNG has demonstrated a commitment to meeting the challenges of an effective response to the HIV epidemic. The GoPNG provides for all ARTs and each year collects data and releases an annual report on the status of HIV in PNG. The GoPNG has prioritized increasing the number of Family Support Centres, or One-Stop Centres, which are a collaborative effort between the NDoH and several NGO and international organizations that provide comprehensive health services in a supportive environment.

How does USG fit into the national response?
The PEPFAR team in PNG (PEPFAR/PNG) provides collaborative technical assistance (TA) to build capacity, strengthen health systems, and increase country ownership. TA focuses on quality improvement of HIV prevention, care, and treatment services for KPs, surveillance, M&E, laboratory systems, and GBV. TA efforts assist the GoPNG and civil society to effectively implement the NHS and strengthen health capacity related to HIV/AIDS. PEPFAR/PNG maximizes impact by focusing on critical gaps in the national response, particularly on the low capacity for a Continuum of Response approach and low access of KPs to services. PEPFAR/PNG established the Continuum of Prevention to Care and Treatment (CoPCT) model in PNG and has been a pioneer in programming for KPs in the country. The MTR recognized the CoPCT model for KPs as a high impact strategy for HIV response in PNG and called for the model to be replicated nationally. The CoPCT model combines outreach, clinical, community care, and support services in a holistic model to provide improved quality of life for those affected by HIV/AIDS, with an intensified focus on KPs. The CoPCT model's effective linking of HIV prevention, care, and treatment services helped increase the number of patients who adhere to treatment programs to 95% in PEPFAR-supported sites. PEPFAR/PNG provides TA to build the capacity of the GoPNG and civil society to implement and further strengthen the CoPCT model.

What do other development partners contribute to the national response?
The national response maintains a heavy reliance on international development partners, with 89% of PNG's total in-country spending for HIV/AIDS coming from donor partners in 2012 (NACS, 2013). The Government of Australia (GoAUS) is the largest donor contributing $114 million a year for health followed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). GoAUS has been directly supporting service delivery and related services for HIV including counselling and testing, PMTCT sites, and the supply chain management system. The GoAUS recently announced a refocusing of its efforts towards reducing poverty in the Indo-Pacific region. The GoAUS is set to use rigorous benchmarks to lift the living standards of the most vulnerable people in this region through aid for trade, better health and education outcomes, empowering women and girls and leveraging private sector involvement. At this stage it is too early to know how this new direction in foreign aid will impact the HIV programs in PNG.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is the second largest HIV donor in PNG. PNG was awarded $19.4 million for HIV under the GFATM Round 4, which was used to successfully roll-out the national HTC and ART programs, managed through NDoH. The GoPNG, through the efforts of NDoH has taken increased responsibility for the core funding of essential commodities. During the period of the Global Fund Round (GFR) 10 grant, GoPNG will increase its share of the cost of commodities for the HIV program (drugs and rapid diagnostic test kits) from 20% in the first year (2012) to 70% in year five (2016). The GoPNG application for GFR10 funds ($46.7 million) was successful and covers the five-year period from 2012 to 2016. The Prime Partner for GFR10 is the Oil Search Health Foundation. GFR 10 includes a focus on PMTCT, support for GBV, maintaining and expanding voluntary counselling and testing (VCT) and ART sites. There is no GFATM support for KPs. During this same period, the GoPNG is increasing their support for HIV commodities and drugs (rapid test kits, drugs). In October 2013, PNG submitted a Phase 2 application for $34 million for a period of three years. The country has been asked to conduct a gap analysis of the HIV/AIDS program and provide the findings to GFATM in support of their Phase 2 application. The GFATM approved a seven-month no cost extension of Round 10, through September 2014.

The World Bank provides technical and financial support for HIV surveillance and data use, including support for the first national household integrated behavioural and biological survey scheduled for 2014. World Bank funding for HIV in 2009 was US$109,000. UN Women, WHO, UNDP and UNAIDS, through the UN gender working group, are advocating with legal and enforcement agencies to address gender-related issues. UNICEF supports TA for the Maternal and Child Health (MCH) program and PMTCT, though their funding is very limited. The Clinton HIV/AIDS Initiative (CHAI) is supporting PMTCT at clinic sites in the Highlands, the geographic area with the highest prevalence of HIV.

An important community partner to the GoPNG health system is faith-based organizations (FBOs), which received a significant part of their funding through government and development partners. Managing around 46% of facilities and 52% of service delivery, health centers of FBOs and rural hospitals are often located in more remote areas (GFR10 proposal).

PEPFAR/PNG works towards synergizing and adding value to the programs of the GoPNG, GoAUS, Global Fund, FBOs, and other relevant initiatives. In FY 2013, GoAUS continued to implement PEPFAR/PNG's KP-focused model to provide HIV/AIDS services within the NCD and to expanded areas in the Sandaun, Enga and Western Highland provinces. To build epidemiological capacity, the GoAUS and WHO in partnership with the NDoH and PEPFAR/PNG program supported the inaugural PNG Field Epidemiology Training Program, which graduated 16 of the initial 19 participants.

PEPFAR/PNG continues to closely collaborate with donors through the monthly Development Partner

Meeting, attendance at Country Coordination Mechanism (CCM) meetings, and other regular meetings to discuss implementation of programs.

Other contextual factors

There is a high prevalence of physical and sexual violence perpetrated against women in PNG and sexual violence is endemic (PNG UNGASS, 2010). While there are no national statistics on GBV, a study conducted across four provinces found that 58% of respondents reported physical or sexual abuse and 44% reported emotional abuse (Lewis et al, 2008). Limited data also indicates that KPs, particularly men who have sex with men (MSM) and transgender people, experience high levels of physical and sexual violence in PNG. The Second National Progress Report on Millennium Development Goals in PNG noted, “GBV is one of the factors that fuel the HIV/AIDS epidemic.” Stigma and discrimination based on gender identities and inequities contribute to GBV and pose barriers to receiving comprehensive HIV prevention, care, treatment and support.

There is gender disparity in HIV incidence in PNG, with women and girls accounting for 62% of all reported HIV infections (NDoH, 2011). Young women are at particularly high risk. In 2010, nearly 40% of all reported HIV infections among young women were in the 15-24 year age range compared to 12% among young men (NDoH, 2011). It has been widely reported that the increased vulnerability of women and girls relates to structural factors and the economic, social, legal, political and cultural disadvantages women face (PNG UNGASS, 2010, Amnesty International, 2006). Factors such as limited income and employment opportunities and high levels of labor migration have led to high rates of exchange of sex for cash and goods and services. Furthermore, lack of access to basic STI services and HIV prevention methods such as male and female condoms, HCT, and violence counselling in most communities contributes to vulnerability and risk (PNG UNGASS, 2010).

PEPFAR/PNG uses a gender conscious approach and mainstreams gender equality and female empowerment throughout its HIV/AIDS programming. PEPFAR/PNG is strengthening GBV services for KPs within the CoPCT model, with a focus on preventing GBV, providing services for GBV survivors, and referring them to HIV/AIDS services. These interventions place a strong emphasis on the increased role of women and marginalized groups in training and capacity building opportunities.

PNG has significant non-health challenges, which directly impact the effectiveness of the HIV/AIDS response. These include populations widely dispersed in difficult to access rural areas, systematic human capital flight, corruption, poor infrastructure, poor governance and harmful traditions that all stand in the way of the progress of the nation and region. Perhaps the greatest challenge in PNG is the critical shortage of trained health care workers due to retirement of skilled workers, movement to the private sector, limited enrolment opportunities in the university setting, and a poorly motivated workforce due to

poor working conditions, low wages, and inadequate physical infrastructure. These challenges have resulted in a lack of reliable HIV data, poor surveillance capacity, and a deficiency in critical research.

II. PEPFAR focus in FY2014

Priorities

PEPFAR/PNG works with the NDoH and NAC to understand the current status and priorities of the GoPNG and how PEPFAR can best fill gaps in the national program.

Key priorities for PEPFAR/PNG in FY 2014 are:

- Improve the overall Continuum of Response approach by providing TA to GoPNG and local partners. TA efforts will focus on strengthening implementation of the CoPCT model to increase demand for and access to quality HIV and GBV services for KPs, including MSM and women in transactional sex including an emphasis on improving data and supply chain management.
- Build the organizational capacity of local organizations, including the provincial health office in Madang, to manage funds and move towards becoming sustainable organizations.
- Support the NDoH to identify quality improvement systems for HIV care and treatment services to reduce loss to follow up of HIV patients and increase retention in care and treatment programs using both the HIVQUAL and CoPCT models.
- Build capacity and strengthen the national laboratory system through on-going TA for the HIV external quality assurance scheme (EQAS) and expansion of other quality improvement areas including quality management systems (QMS); and strengthen select laboratories through targeted TA.
- Strengthen strategic information (SI) capacity within the GoPNG through TA to improve and implement the national HIV M&E system, training health care workers in epidemiology, and TA to develop HIV surveillance studies.

Changes since FY 2013

The PEPFAR/PNG program will continue without major changes to provide TA for health system strengthening to improve quality of care, treatment, laboratory service, and service delivery for KPs.

USAID will locate their full time PEPFAR Health Advisor in country. An additional Eligible Family Member (EFM) position is proposed for outreach and administrative support. The Advisor and EFM will continue to be supported by USAID's Pacific Island Office Director and Locally Employed Staff (LES) based in Port Moresby, along with support from USAID/Philippines. CDC will continue to be supported by a Deputy Director at Large based out of Atlanta, Georgia to provide administrative and management support. Two additional LES are proposed to be hired by CDC to work 100% of time each to support laboratory and quality improvement.

Responses to priorities in the FY2014 funding level letter

The entire PNG COP 2014 submission is aligned with the strategic direction and instructions in these important documents: COP 2014 guidance, the COP 2014 technical considerations and other PEPFAR guidance documents such as the PEPFAR Blueprint and specific technical area guidance.

PEPFAR/PNG has engaged with technical leads from headquarters and has agreed to the following priorities for COP 2014 planning efforts:

Maintain PEPFAR's Role as a Catalyst in PNG

- The continued focus on TA will enable PEPFAR/PNG to maintain its role as a catalyst in PNG for an effective HIV response. Some examples include the success of the initial field epidemiology training program in PNG, which relied on a partnership between PEPFAR, NDoH, WHO and the GoAUS to develop and implement; a partnership that continues to the second phase of the program. The MTR's recommendation to replicate the CoPCT model for KPs nationwide demonstrates the significant impact of PEPFAR's relatively small investment in the CoPCT model has on the national response. With additional funds in FY 2014 to cover costs of doing business, PEPFAR/PNG will be able to further strengthen its catalyst role with the relocation of USAID's Health Advisor to PNG and the addition of a USAID EFM and two technical experts for CDC. These additions strengthen the ability of PEPFAR/PNG to improve engagement with the GoPNG, development partners and other key stakeholders to advocate for the use of sustainable approaches to address critical gaps in the national response.
- PEPFAR/PNG's activities will remain targeted and focused on TA to further strengthen health systems, strengthen the CoPCT model for KPs and improve the quality of services, and develop human resource and organizational capacity of local partners.

Measure Technical Assistance and Systems Strengthening Inputs

- PEPFAR/PNG will continue to increase the coverage and quality of HIV/AIDS prevention, care and treatment services through training and TA to GoPNG and local partners to support the CoPCT model and advocating for scale up by other donors such as GoAUS.
- The PEPFAR/PNG HIVQUAL program has continuous measurement of progress as part of the model and through regular workshops with participating facilities the impact of quality service improvement is ascertained.
- PEPFAR/PNG provides TA to build the organizational capacity of local partners to ensure sustainable systems and capabilities are in place to directly manage PEPFAR funding towards the end of the program period. To measure the impact of this capacity building TA, PEPFAR/PNG will conduct a Non-U.S. Organization Pre-Award Survey (NUPAS) to assess whether local partners have built the necessary systems to manage PEPFAR funding.
- PEPFAR/PNG continues to develop ways to measure the impact (such as the use of MER and

custom indicators) that TA programs are having through systems strengthening investments, training, and other targeted support to the national response.

Utilize Strategic Information

- PEPFAR/PNG works closely with the NDoH, FHI360, NACS, WHO and UNAIDS to utilize existing survey and surveillance data and assist in the development of additional baseline data to help ensure all HIV/AIDS interventions are at an appropriate size and scale.
- PEPFAR/PNG continues to encourage and support the NDoH and GoPNG to develop M&E systems and strengthen epidemiologic capacity to enable the development of quality baseline data to inform programmatic and resource allocation decisions.
- PEPFAR/PNG will support targeted behavioural surveillance surveys for programmatic purposes and for increasing the evidence base for partners in country.

Promote Country Ownership and Sustainability, and Collaboration with other Donors

- PEPFAR/PNG is working closely with the GoPNG, both national and priority provincial government programs, to increase the country's own financial contribution to the HIV epidemic and Program Response and the national community level buy-in of KP programs as well as provision of technical support to improve service delivery.
- To build local leadership, PEPFAR/PNG provides TA to strengthen the capacity of GoPNG at the national and provincial levels and the overall technical and organizational capacity of all local partners to contribute to the HIV response. PEPFAR/PNG implements a "cascade model" of TA provision, through which local partners are empowered over the program period to play an active role in shaping and guiding activities while transitioning from recipients to providers of TA for other local actors.
- PEPFAR/PNG will ensure that strategic design and program methodologies are embedded within or transitioned to PNG institutions over the life of the project. This will require ongoing consultation and detailed planning each year with GoPNG and other development partners. PEPFAR/PNG has already started to discuss with NCD Health Services the transitioning of PEPFAR-supported clinics by the end of the project with agreement to draw up a detailed sustainability plan in FY 2014. Increased ownership of the quality improvement program will continue with a focus on increased local trainers and managers during FY 2015.
- PEPFAR/PNG is continuing to engage in collective and strategic dialogue with GoAUS and the Global Fund to identify existing gaps where PEPFAR will have the most impact. It is noted that the recent government change in Australia has reduced foreign assistance and the resulting funding realignment has delayed collaborative activities with Australia. In addition, difficulties in implementing the GF new funding model in PNG have resulted in delays in GF funding allocation.
- PEPFAR/PNG's key donor collaboration activities in FY 2014 include: 1) taking the lead in advocating and forming a Technical Working Group (TWG) for KPs to discuss their specific needs in the provision of HIV/AIDS prevention, care and, treatment services. Major stakeholders including NACS and

GoAUS have also identified PEPFAR/PNG to lead the CoPCT TWG, to focus on interventions for KPs; 2) collaborating with the NDoH, CHAI, GoAUS and other partners to fill in gaps in the national supply chain for HIV/AIDS commodities; 3) continuing to work closely with the GoPNG and donor partners to sustain, replicate and scale-up the CoPCT model; and 4) participating on the Country Coordination Mechanism with the Global Fund and other donors.

COP Preparation

- Interagency portfolio reviews (including reviewing performance and costs of implementing partners) will be further prioritized through both a late Spring PEPFAR/PNG planning meeting and a pre COP planning meeting in October. These planning exercises will identify GoPNG priorities with the goal of developing next year's COP based on PNG (in synergy with PEPFAR/PNG) priorities, current national response gaps and the PEPFAR/PNG's capability and capacity for a TA based program that supports improved service delivery.
- Each agency has provided pipeline data that has been verified by the agency or department's headquarters financial staff in the COP 2014 submission.

III. Progress and Plans

PF/PFIP/ Country Strategy Monitoring

While PEPFAR/PNG does not currently have a Partnership Framework, the overall country strategy is to increase public health capacity and ownership by promoting key PEPFAR principles of shared responsibility. The goal is to reduce HIV prevalence and prevent its further spread by providing TA that strengthens the GoPNG health system and civil society for a more effective HIV response. Model projects are used to demonstrate effective methods of service delivery. PEPFAR/PNG supports the U.S. Embassy Port Moresby's strategy to strengthen PNG's overall health capacity by focusing on efforts that can be replicated to other elements of the health system and addresses cross-cutting issues such as MCH, GBV, and workforce capacity development. This overall health system strengthening approach allows PEPFAR/PNG to be more responsive to PNG's needs and to provide impact beyond vertical HIV programming.

Country Ownership

PEPFAR/PNG developed its strategies and implementation plans in close consultation with the GoPNG and civil society stakeholders and continues to align programs to support the GoPNG's plans. PEPFAR/PNG participates in GoPNG-led development partner meetings and on the CCM of the GFATM. PEPFAR/PNG shares financial and programmatic information with the GoPNG and engages in resource allocation decisions. As a targeted assistance platform country, PEPFAR/PNG focuses on TA to build capacity of government and civil society. These include systems to improve quality of HIV services, improving the laboratory system, and developing a delivery service model for KPs as well as strategic information and developing epidemiological capacity. PEPFAR/PNG is in the process of finalizing a

MOU with NDoH for its HIV/AIDS service delivery model for KPs. Outlined in the MOU is sustainability planning efforts that need to be accomplished to support an exit strategy from PEPFAR assistance in service delivery.

Trajectory in FY 2015 and beyond

PEPFAR/PNG will continue to use evidence-based approaches to evaluate and scale-up high quality models of TA and work with the GoPNG to incorporate these into the national health system or through leveraged external support. PEPFAR/PNG continues to strengthen the capacity of in-country partners, with a long-term plan to transition technical collaboration with “peer-to-peer” relationships and to support organizational capacity building.

IV. Program Overview

Program Area One: Prevention

No population based size estimations for KPs have been performed in PNG. A 2003 rough calculation of FSW population in Port Moresby was estimated at 2,000 (Bruce EAK, 2010) and is probably much higher in 2013. Despite limited data, the MTR identified the need to provide better access to HIV services and interventions for KPs as activities for KPs were not being performed at government HIV clinics. The MTR recommended that comprehensive, targeted prevention interventions for KPs be prioritized and closely linked and aligned with service delivery under the CoPCT model.

Major PEPFAR activities/targets or initiatives:

PEPFAR/PNG’s prevention program focuses on addressing KPs, including FSWs, MSM and transgendered persons, to increase demand for HIV services. In 2014, PEPFAR/PNG will intensify TA and mentoring support to GoPNG and local partners to strengthen the delivery of the Comprehensive Prevention Package (CPP) within the CoPCT model. CPP includes Social and Behavior Change Communication (SBCC), condom/lube distributions, HCT, STI screening and treatment, and referrals to clinical and other support services.

The MTR identified that addressing GBV is a potentially important part of the PNG HIV response, yet little progress has been made in addressing GBV in HIV/ AIDS interventions. The MTR recommended that stakeholders map, review and strengthen existing sexual violence services and strengthen the linkages between medical care and treatment, counselling and support and referrals to legal services to ensure GBV is fully included and addressed within the CoPCT model.

GBV prevention is a priority for PEPFAR/PNG and the U.S Embassy in Port Moresby. PEPFAR/PNG promotes a comprehensive package of GBV services as an interlinked component of the CoPCT model, including trauma counseling, legal counseling, health care screening and treatment and a wide range of support to GBV survivors. Support services include: 1) early initiation of Post Exposure Prophylaxis (PEP) to prevent HIV transmission as a result of sexual assault; 2) emergency contraception; 3) safe houses

and shelters for GBV survivors; and 4) referral systems to other services. Concerted efforts will focus on strengthening referral and coordination mechanisms between appropriate and “friendly” CoPCT and GBV services. Activated by peer educators, health care providers, and law enforcement, these mechanisms will create an effective system, linking services to those who need them, regardless of their point of entry into services or first contact.
The focus during FY 2014 will be to fully integrate and operationalize GBV services in the five PEPFAR-supported facilities. Referral for survivors of GBV will continue to be part of the training and the day-to-day interventions. Health care providers in all clinics and family support units will provide trauma counseling that will focus on the psychological needs of GBV survivors and provision of PEP.
PEPFAR/PNG advocacy will include an assessment of media (print, TV, and radio) on media reporting on gender issues including GBV and HIV. Training will be developed for media personnel on appropriate and consistent reporting on issues of gender, HIV and women’s rights based on the analysis of the assessment. The PEPFAR Ambassador’s Small Grant Program supported GBV and HIV in FY 2013. The PEPFAR/PNG will support Mission and PEPFAR priorities for the FY14 Small Grant Program with an expectation that the funding will support NGOs to address HIV and Alcohol.

Program Area Two: Care and Treatment
PEPFAR/PNG’s Care and Treatment program has two components: service delivery (including cotrimoxazole provision and TB screening) related to the CoPCT model for KPs and quality improvement and system strengthening which is found under the Governance and Systems summary. No other components are supported by PEPFAR/PNG under Care and Treatment.

Major PEPFAR activities/targets or initiatives:
In FY 2014, PEPFAR/PNG will promote access to high-quality HIV services for KPs by continuing to build the capacity of clinical and non-clinical staff of local implementing partners. PEPFAR/PNG will provide rigorous in-service training, supportive supervision, and mentorship to enable local partners to strengthen and integrate prevention interventions and expand and improve the quality of HIV/AIDS services to KPs.

PEPFAR/PNG’s CoPCT model for KPs includes support for same-day cluster of differentiation (CD4) counts to enable clients to access care and treatment services at the earliest opportunity. Clinics include peer educators who provide support and education to KPs and make referrals to clinics for HCT services. PEPFAR/PNG will support clinical staff to deliver consolidated and appropriate services to KPs, encouraging KPs to access care for symptomatic STIs and treatment in earlier stages of HIV. Emphasis will be made to increase adherence levels and reduce loss-to-follow-up once clients are put on ART. PEPFAR/PNG will be engaged in improving standards for all components of clinical services, including VCT services, ART roll-out, STI services and integrated basic lab systems and will facilitate the accreditation of three NCD-based clinics to provide ART services.

PEPFAR/PNG will continue to work closely with the Provincial AIDS Committees and Provincial Health Offices, NDoH, Central Public Health Laboratory (CPHL), other coordinating bodies, implementing partners, and health and social service providers to improve the quality of clinical services. Coordination with NDoH, CPHL, and NCD Health Services will continue so that clinical staff participates in national-level trainings.

In the beginning of FY 2014, PEPFAR/PNG will conduct an analysis to identify gaps in capacity and skills of the clinical staff based on the performance of the previous year. PEPFAR/PNG will refine and address the TA needs through a TA Operational Plan. Periodic assessments by national stakeholders including NDoH, NCD Health Services, and CPHL will also identify core skill building areas. Through these assessments and subsequent capacity building activities, PEPFAR/PNG will ensure that the quality of all clinical services are improved and maintained in the second year.

The performance to standards (PTS) tools will measure quality improvement over FY 2014, especially related to STI services, increasing internal examination, correct syndromic treatment, ART roll-out, opportunistic infection (OI) treatment, adherence levels, and reducing loss-to-follow-up among KPs who access services in the clinics.

Significant changes from FY13:

- Support the NDoH to implement the drug early warning system for HIV. The HIVQUAL expansion plan is linked to the assessment and implementation of Early Warning Indicators (EWI) to monitor quality of HIV care and Treatment services in minimizing development of HIV Drug Resistance. The selected ART sites will be supported to understand the EWI indicators (picking drugs, survival after 12, 24 and 36 months, drug stock out; prescription practices) and how to collect them. TA provided through local implementing partners will also ensure continuous supply of drugs and commodities for supported facilities.

Program Area Three: Governance and Systems

The general health system in PNG is weak. As the NDoH and donors implement HIV programs, a large gap remains to ensure quality programs and the ability for managers to understand basic M&E of the quality of services that are being provided.

Major PEPFAR activities/targets or initiatives:

PEPFAR/PNG's CoPCT model is rooted in health systems strengthening, as it promotes an integrated health systems approach to ensure strong coordination and governance, data use for decision-making, access to quality services and supply chains, and coordinated case management at facilities. Instead of creating new parallel systems, the CoPCT model works to ensure local systems are strengthened. In FY

2013, PEPFAR/PNG provided local partners training in financial management, M&E, governance, and administrative systems, and different technical trainings pertinent to outreach and clinical interventions. PEPFAR/PNG will continue to provide TA to increase partner capacity for measuring performance, identifying weaknesses, and developing solutions. This intensive TA includes training, mentoring, and technical support to strengthen governance, technical and financial management systems based on USAID's NUPAS guidelines.
PEPFAR/PNG supports ongoing health system strengthening to NDoH and provincial health offices in the following areas: laboratory quality systems through the strengthening of EQAS and QMS; care and treatment quality systems using HIVQUAL for enhanced performance measurement and quality improvement; M&E systems; and HIV surveillance. PEPFAR/PNG supports training and capacity building with governmental partners at the provincial health office in Madang and with local non-governmental organizations.

To strengthen the HIV care and treatment systems, PEPFAR/PNG supports health facilities in four provinces (Eastern and Western Highlands, East New Britain and the National Capital District) to implement the HIVQUAL model. The selected sites are located in geographic areas with the highest prevalence of HIV. Paediatric and ANC sites in Hagen, Goroka and NCD supported by CHAI are doing HIVQUAL. The model uses coaching and mentoring to build government- and facility-based quality management programs. By using guideline-derived indicators that are based on existing platforms for data collection and consistent with national public health priorities, the areas that need to be changed/improved can be identified and changes made with measureable results. This leads to system-wide improvements. Noteworthy is that the tools used for the quality improvement may be used for any area, not only for care and treatment. For example, pediatric and ANC sites supported by CHAI are implementing HIVQUAL. Other tools to improve the quality of service delivery include the clinical operational guidelines (COGs), which are aligned with NDoH policies. PEPFAR/PNG trains health care providers at select facilities in COGs and provides mentoring and supervision to monitor the quality of patient care.

Effective strategic information systems are needed for a national HIV response that will enable the GoPNG to identify and know the characteristics of the epidemic and measure progress in meeting the needs. PEPFAR/PNG provides TA to support strengthening the national HIV surveillance system and the utilization of data for epidemic monitoring and program planning purposes. Activities include: (1) providing ongoing epidemiological and IT TA for the implementation of an integrated computerized national HIV surveillance and M&E database system; (2) supporting revision of and training of HIV surveillance forms; (3) building the capacity of national and provincial surveillance staff for data collection, management, analysis including support for the national HIV estimates and projection modelling; (4) support for the Respondent Driven Sampling survey for FSW and MSM; and (5) providing TA at selected service delivery

sites (Family Service Centers) for data collection, data analysis and review to inform programming to improve women and girls' health and GBV. To address the need for increased epidemiologic capacity within the public health service at all levels, PEPFAR/PNG supports the NDoH's field epidemiologic training program. PEPFAR/PNG also plans to support behavioural surveillance surveys in Madang to feedback to the program and further improve models for service delivery and quality improvement.

Under laboratory strengthening, PEPFAR/PNG focuses on improving the quality of laboratory services to provide accurate and reliable results for HIV and related diseases through development and improvement of a national laboratory quality management system. The national laboratory service in PNG is a critical link for quality HIV prevention, care and treatment. The CPHL is responsible for the quality assurance of all public health laboratories in the country.

TA from PEPFAR/PNG enabled the CPHL to develop and implement the PNG External Quality System (EQS) for HIV testing. TA supports the establishment and strengthening of quality assurance systems to all levels of laboratory services. With the de-centralization of health services to the provincial level, there are particular challenges of linking laboratory and clinical services. As the CPHL incorporates QMS, pilot or model laboratory/s will be identified to expand the system to the provincial level. In FY 2015, TA will continue to be provided to the CPHL to strengthen the current EQS and to follow up on recommendations from the assessment at the CPHL of HIV-testing accuracy, efficiency, and linkage to care to be conducted in FY 2014. All PEPFAR/PNG supported clinic PIMA CD4 machines will be inducted in the national roll-out of the PIMA CD4 for PNG. This will allow for consumables, maintenance, and recurrent costs for CD4 testing to be provided by CPHL through the national systems, making it a sustainable effort.

Significant changes from FY13:

- Focus on the provinces with the highest incidence of HIV to develop/strengthen the public laboratory services of HIV and related diseases including TB with the clinical services. The decentralization process is a particular challenge for CPHL oversight of the provincial public health laboratories.
- Continue with implementation of a quality assurance system for HIV testing and pilot this into a QMS for Laboratories as the best assurance of quality testing and diagnosis for HIV and related opportunistic infections and TB.
- Continue training to improve the capacity of providers to support the health system.

New procurements for this area: The institutional contractor will continue to be used for SI and laboratory.

V. GHI, Program Integration, Central Initiatives, and any other consideration

PEPFAR/PNG's Local Capacity Initiative (LCI) proposal was accepted in 2013 by OGAC. The partner will

be selected through a Funding Opportunity Announcement (FOA) with the award made by September 2014. The FOA solicits for a local organization that will work with a network of civil society organizations in PNG to strengthen their capacity to address GBV and the HIV response.

In FY2014, the U.S. DoD/Division of HIV Prevention, in collaboration with the Papua New Guinea Defense Force (PNGDF), will support HIV prevention, treatment, care and support programs focused on active duty military personnel and their dependents.

In follow up to the U.S. Embassy PNG's Health Engagement Conference in December 2013 the U.S. National Cancer Institute (NCI) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have started to develop relationships within PNG. The NCI has indicated that they would work with the GoPNG and civil society to build capacity in the areas of cancer surveillance, prevention, diagnosis and advocacy. The SAMHSA is assessing ways to provide TA and training for health care workers who provide care to survivors of GBV, alcohol and drugs.
PEPFAR/PNG will seek to leverage key academic exchange programs such as Fulbright and partner with universities and the US National Institutes of Health to encourage academic engagement and subject matter expert exchange on critical crosscutting HIV issues. This engagement will increase the in-country research capacity.