

Country: Papua New Guinea

Program area: HIV and AIDS

What are we currently doing?

The present VSO Papua New Guinea (PNG) AIDS programme is project based and is currently implementing two exciting projects with the following focus:

1. Provincial AIDS Council (PAC) Capacity Building Project – The government of Papua New Guinea has implemented a decentralised approach to managing HIV and AIDS, advocating for an effective response at the local level. Through the National Strategic Plan it has committed to strengthening the capacity of the Provincial and District AIDS Committees to effectively manage and coordinate the response at the provincial and district levels. The PAC Capacity Building Project focuses on strengthening the capacity of PAC members and secretariat staff to represent the interests of their stakeholders and to plan and manage their own activities effectively as well as to support the activities of their stakeholders. VSO has been placing “Capacity Builder” volunteers who have been supporting PAC members and secretariat staff in capacity building on strategic planning, financial management, fund raising, and coordination.
2. Tokaut AIDS Project – Recent estimates indicate that the epidemic is increasingly rural-based where 85% of the population lives. Isolated rural communities are most vulnerable to HIV and AIDS particularly those without access to education/information due to isolation and lack of infrastructure. Gender inequalities, high illiteracy rates and over 860 local languages further compound the situation. Voices of women, young people and people living with HIV are generally not heard. Thus the focus of the project is to provide target rural populations with culturally acceptable, relevant, accurate and comprehensive messages about prevention of HIV transmission. The Tokaut AIDS is an effective awareness community theatre (ACT) programme, establishing community based theatre troupes. These local theatre troupes bring vital HIV and AIDS prevention education to remote communities in the local language, creating community forums where women and youth have a voice on the need for positive behaviour change. The theatre troupes also conduct gender and age segregated peer group discussions after performances, providing education on STIs and reproductive health and facilitating in-depth discussions on behaviour change strategies.

Why is VSO working in HIV and AIDS?

Since HIV was first recorded in PNG in 1987, the trend in reported HIV infections has shown a significant and steady growth. In 2004, PNG became the fourth country in the Asia Pacific region to declare a generalised epidemic after HIV prevalence surpassed 1% among women attending the antenatal clinic at the Port Moresby General Hospital. Based on modelling of available data, the national prevalence is estimated to be 1.6% with an estimated 60,000 people living with HIV¹ in 2007. However, recent estimates indicate that increasingly the epidemic is rural-based, where 85% of the PNG population lives, and clustered around rural enclave enterprises where there are active markets for the exchange and sale of sex. The reported increase in HIV incidence in rural areas is significant and poses major challenges for scaling up the national response towards universal access to treatment services and developing and implementing evidence-based prevention programmes that reach, target and involve more at risk populations, and that reach remote, rural communities in culturally effective ways.

Gender inequities greatly influence the sexual transmission of HIV in PNG.² Women and girls are more vulnerable to HIV infection than men and boys and less able to protect themselves because of the many economic, social, legal, political and cultural disadvantages they face. It is very clear that the magnitude of challenges faced in HIV and AIDS differ significantly between men and women.

Where age is recorded in reported HIV notification forms, available data at the end of 2007 indicate that most known HIV infections are in the twenty to twenty nine age groups. This clearly indicates that if timely and appropriate prevention and awareness interventions are targeted at school going students, this can significantly contribute to the decrease of HIV infection in the current high-prevalence age group. While the education sector only reaches a proportion of school age young people, its actions spells promise in terms of equipping the next generation with scientifically accurate and comprehensive education about HIV and reproductive health.

Stigma and discrimination continue to be major barriers to an effective prevention response. This is exacerbated by persistent misconceptions and myths about how HIV is transmitted, and moralistic judgments about people perceived to be most at risk, and people living with HIV or perceived to be HIV-positive. Severe manifestations of stigma and discrimination have resulted in human rights violations, rejection, violence, and death. Effective prevention is enhanced when people living with HIV and those most at risk are directly involved in the national

¹ NACS and NHASP 2007; NACS and Partners 2008.

² Jenkins 1995; NAC 2006a.

response at all levels and are supported by their families and communities in social environments safe from fear, stigma, discrimination, and violence.

Since the epidemic first emerged in PNG in the late 1980s, the national response has become increasingly complex with a greater number of development partners and international organisations providing funding and technical expertise across sectors, and more local organisations involved in programme management and implementation. However, the capacities for establishing and maintaining management structures, systems, and service procedures within key institutions at the national, provincial, and district levels are limited and present major challenges for effective coordination and programme implementation. Technical capacities to manage programmes, monitor and evaluate their implementation and translate international best practice are also lacking at all levels of management and implementation, and need to be strengthened.

What is our future direction?

VSO International is reviewing its current Global Strategic Plan 'Focus for Change', which will be replaced by a new Global Strategic Plan in December 2009. While our current work is based on the above two projects – the next level of planning is to develop a 5-year strategic plan on HIV and AIDS, which takes into account the direction outlined in the VSO global strategy and will be based on the needs and country context of PNG. This will mean that from December 2009 to March 2010, there will be a review of the current work we are doing in HIV and AIDS as well as discussions and analysis of the country context, changing trends of the epidemic, and response of other stakeholders. As a result we will have a more comprehensive 5-year strategic plan that complements the government's effort in combating HIV and AIDS in PNG and which will come into effect in July 2010.

While we will continue working with the Provincial and District AIDS Committees to effectively manage and coordinate the response at the provincial and district levels; we will explore how we can work towards strengthening the work of local NGOs involved in the HIV and AIDS response. We would also like to engage and work closer with organisations/associations of people living with HIV and AIDS and those 'most at risk' towards reducing the stigma and discrimination they face and ensure that their voices are heard through their active involvement at all levels.

There are some good work already being done in this sector through coordination between VSO PNG's Education and HIV and AIDS programmes and the focus in VSO PNG's new Strategic Plan will be to strengthen this linkage so as to enable an effective Education sector response to the epidemic.

Similarly gender and disability mainstreaming will be one of the key component and focus when developing the HIV and AIDS strategic plan.