Interim
Global AIDS Response Progress
&
Universal Access Reports
Papua New Guinea
31st March 2014

Reporting Period
January 2013 – December 2013

This 2014 Papua New Guinea Global AIDS Progress & Universal Access report is an interim report only. The data contained in the report is correct as at 31.3.2014. At that time only 69% of anticipated 2013 HIV program data was available. The available data was used to develop PNG's 2014 HIV Estimates & Projections and to calculate the indicators for the GARPR & UA Reports.

The 31st May 2014 has been set by the National Department of Health as the cut-off date for accepting any new 2013 reports. Both the 2014 HIV Estimates & Projections and the GARPR & UA indicators will be recalculated once all available 2013 HIV program data has been entered into NDoH systems.

The final revised 2014 HIV Estimates & Projections, GARPR and UA reports for Papua New Guinea are likely to be available in July / August 2014.

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ACKNOWLEDGEMENT

The successful completion of the Global AIDS Response (GAR) Progress Report was the result of efforts invested by many stakeholders and development partners, and members of the GAR & UA Core Working Group.

The development of the report is thanks to the efforts of, Dr Nick Dala (NDoH), Mr Namarola Lote (NDoH), Mr Benjamin Haindapa (NDoH), Ms Agnes Daniel(NDoH), Mr Henry Wou (NDoH), Mr Luke Kumuno (NDoH), Ms Joshlyn Kuman (NDoH), Mr Willie Wari (NDoH), Ms Pauline Pandea (NDoH), Dr. Peniel Boas (NDoH), Mr. Danny Beiyo Karafa (NACS), Mrs. Agnes Gege (NACS), Ms Patricia Kepui (NACS), Mr Peter Ghandi (NACS), Mr Marcel Burro (NACS) and Ms Joanne Robinson (UNAIDS).

Thank you to the following people who also provided inputs, information and their support to the reporting process: Mr Lou McCallum (APMG), Ms Jennifer Miller (Tingim Laip), Dr Angela Kelly (PNGIMR), Mr Kevin Miles (OSHF), Ms Apa Parunga (OSHF), Ms Olga Fontanellaz (OSHF), Mr William Yeka (FHI360), Ms Rachael Tommbe (PAU), Ms Jyotiee Mehra (HHISP), Mr Graham Apian (CHASI), Dr Mombuno Kiromat (CHAI), Dr Justine Nankinga (UNICEF), Ms Cindy Milford (UNFPA), Dr Fabian Ndenzako (WHO), Ms Julie Bukikin (UNWomen) and Dr Jamilla Jarrakhova (UNAIDS).

Thanks also to stakeholders who participated in the Consensus Building workshop held in March 2012 to provide valuable input and reach consensus on the final report is highly commended.

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FOREWORD

ACRONYMS

AAPs	Annual Activity Plans
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
AusAID	Australian aid/development agency
BAHA	Businesses Against HIV and AIDS, PNG
CBO	Community Based Organisation
CoPCT	Continuation of Prevention to Care and Treatment model
CSO	Civil Society Organisation
CSW	Commercial Sex Worker
FBO	Faith Based Organisations
FHI	Family Health International
FSW	Female sex worker
GAR	Global AIDS Report
GIPA	Greater Involvement of People with AIDS
HAMP Act	HIV and AIDS Management Prevention Act 2003
HIV	Human Immuno deficiency Virus
IHI	Igat Hope Incorporated
IMR	Institute of Medical Research
JUNTA	Joint UN Team on HIV and AIDS, PNG
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MSM	Men Who Have Sex with Men
MSW	Male sex workers
MTDP	Mid Term Development Plan 2011 -2015
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NAHTU	National AIDS and HIV Training Unit
NCD	National Capital District
NHS	National HIV and AIDS Strategy 2011-2015
NDoH	National Department of Health

NHSSC	NHS Steering Committee
NHSCG	NHS Core Group
NGO	Non–Government Organisation
NRI	National Research Institute
NSP	National Strategic Plan on HIV/AIDS 2006 - 2010
PACs	Provincial AIDS Councils
PACSO	PNG Alliance of Civil Society Organisations against HIV and AIDS
PLHIV	People Living with HIV
PNG	Papua New Guinea
PPTCT	Prevention of Parent to Child Transmission
S&D	Stigma and Discrimination
TG	Transgender
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	UN Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
W.I.N	Women in NACS

Overview of Indicators

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
1.	Reduce Sexual Transmission of HIV by 50 % by 2015				Priority Area 1 (PA.1). Prevention		
	General population	1.1	Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	40.9%	PA.1	*37. Percentage of women and men 15 - 59 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea. Authors. Miles K, Tambui R, Pandiruo V, Ipia R, Levi D, Conlon M, Stinshoff J. 2013
		1.2	Percentage of young women and men who have had sexual intercourse before the age of 15.	11.1%	PA.1	*39. Percentage of young women and men who have had sexual intercourse before the age of 15*	Tingim Laip Periodic Survey round 1. 2013
		1.3	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months.	17.3%	PA.1	*3. Percentage of women and men aged 15–59 who have had sexual intercourse with more than one partner in the last 12 months.*	Correlation between number of sex partners and HIV prevalence in remote areas of Papua New Guinea. Authors Stinshoff J, Boga M, Kenny R, Peter M, Conlon M, Miles K. 2013.
		1.4	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse.	14.6%	PA.1	*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*	Sexual behaviour, condom use and HIV prevalence in remote areas of Papua New Guinea. Authors. Stinshoff J, Komba J, David E, Conlon M, Miles K. 2013.
		1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	No Value	PA.2	*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*	The indicator requests information from Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey.

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
		1.6	Percentage of young women aged 15–24 who are living with HIV*	0.59%	PA.1	*22. Percentage of women and men who are HIV infected.*	The data for this indicator is taken from the NDoH ANC HIV testing database.
	Sex workers	1.7	Percentage of sex-workers reached with HIV prevention programmes	36.42%	PA.1	*30. Percentage of more-at-risk populations reached with HIV prevention programs*	Data is from the IMR Askim Na Save Study conducted in Port Moresby in 2010.
		1.8	Percentage of female and male sex workers reporting the use of a condom with their most recent client	79.67%	PA.1	*5. Percentage of female and male sex workers reporting the use of a condom with their most recent client*	Data is from the IMR Askim Na Save Study conducted in Port Moresby in 2010.
		1.9	Percentage of sex workers who have received an HIV test in the past 12 months and know their results	46.37%	PA. 2	*13. Percentage of more-at-risk populations that have received an HIV test in the last 12 months and know the results. (PA.2)*	Data is from the IMR Askim Na Save Study conducted in Port Moresby in 2010.
		1.10	Percentage of sex workers who are living with HIV	17.79%	PA.1	*23. Percentage of more-at-risk populations who are HIV infected.*	Data is from the IMR Askim Na Save Study conducted in Port Moresby in 2010.
	MSM	1.11	Percentage of men who have sex with men reached with HIV prevention programmes	66.56%	PA.1	*30. Percentage of more-at-risk populations reached with HIV prevention programs*	Data is from an FHI360 Cross Sectional Study amongst MSM in Port Moresby in 2010.
		1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	70.2%	PA.1	*7. Percentage of men reporting condom use the last time they had anal sex with a male partner*	Data is from an FHI360 Cross Sectional Study amongst MSM in Port Moresby in 2010.
		1.13	Percentage of men who have sex with men that have received an HIV test in the past 12 months	55.81%	PA.2	*13. Percentage of more-at-risk populations that have received an HIV test in the last 12 months and know the*	Data is from an FHI360 Cross Sectional Study amongst MSM in Port Moresby in 2010.

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
			and know their results			*results. (PA.2)*	
		1.14	Percentage of men who have sex with men who are living with HIV	No Value	PA.1	*23. Percentage of more-at-risk populations who are HIV infected*	UNAIDS and WHO Working Group on Global HIV/AIDS and STI Surveillance: Guidelines among populations most at risk for HIV (WHO/UNAIDS, 2011).
	Testing & Counselling	1.1.16	HIV Testing in 15+ (from programme records)	2.26%	-	-	The number of people tested for HIV and the number of positive tests are taken from the NDoH HIV testing database.
		1.16.1	Percentage of health facilities dispensing HIV rapid test kits that experienced a stock-out in the last 12 months	No Value	-	-	Health facilities reporting stock-outs are recorded in the comments section of the NDoH HIV testing database, but are not counted or reported.
	Sexually Transmitted Infections	1.17.1	Percentage of women accessing antenatal care (ANC) services who were tested for syphilis	No value	-	-	Ideally national programme records aggregated from health facility data should be used. However, if national programme data are not available, data from sentinel surveillance or special studies can be reported only if the data are felt to be representative of the national situation.
		1.17.2	Percentage of antenatal care attendees who were positive for syphilis	No value	-	-	National programme records aggregated from health facility data, sentinel surveillance, or special surveys, using serologic tests to detect reaginic and/or treponemal antibody may be used.
		1.17.3	Percentage of antenatal care attendees positive for syphilis	No value	-	-	Ideally national programme records aggregated from health facility data should be used. However, if national programme data are not available, data from sentinel surveillance or special studies can be reported if it is felt to be representative of

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
							the national situation.
		1.17.4	Percentage of sex workers (SWs) with active syphilis	No value	-	-	Data from routine health information systems, sentinel surveillance or special surveys may be used.
		1.17.5	Percentage of men who have sex with men with active syphilis	No value	-	-	Routine health information systems, sentinel surveillance or special surveys.
		1.17.6	Number of adults reported with syphilis (primary/secondary and latent/unknown) in the past 12 months	0.097%	-	-	Data is taken from the National Health Information System.
		1.17.7	Number of reported congenital syphilis cases (live births and stillbirth) in the past 12 months	No value	-	-	Data should come from routine health information systems
		1.17.8	Number of men reported with gonorrhoea in the past 12 months	No value	-	-	Data should come from routine health information systems
		1.17.9	Number of men reported with urethral discharge in the past 12 months	0.77%	-	-	Data is taken from the National Health Information System.
		1.17.10	Number of adults reported with genital ulcer disease in the past 12 months	0.1226%	-	-	Data is taken from the National Health Information System.
		1.18	Percentage (%) of pregnant women with a positive syphilis serology whose sexual contacts were identified and treated for syphilis.	No value	-	-	
2.	Reduce transmission of HIV among people who inject drugs by 50 % by 2015				Priority Area 1. (PA1). Prevention		

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
		2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	No Value	-	-	Programme data used to count the number of syringes distributed (numerator)
		2.2	Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	No Value	-	-	Special surveys including the Family Health International Behavioural Surveillance Survey for people who inject drugs
		2.3	Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	No Value	-	-	Special surveys including the Family Health International Behavioural Surveillance Survey for people who inject drugs
		2.4	Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	No Value	-	-	Behavioural surveillance or other special surveys
		2.5	Percentage of people who inject drugs who are living with HIV	No Value	-	-	UNAIDS and WHO Working Group on Global HIV/AIDS and STI Surveillance: Guidelines among populations most at risk for HIV (WHO/UNAIDS, 2011)
3.	Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths1				Priority Area 1. (PA.1). Prevention Priority Area 2. (PA.2). Counselling, testing, treatment, care and support		

GAR Targets	GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
	3.1	Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	41.%	PA.1	9. Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission.	The numerator is taken from the NDoH ART data base. The denominator is taken from the 2014 PNG HIV estimates & projections.
	3.1a	Percentage of women living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breastfeeding period	No value	-	-	For the numerator: national programme records aggregated from programme monitoring tools, such as patient registers and summary reporting forms For the denominator: estimation models such as Spectrum, or antenatal clinic surveillance surveys in combination with demographic data and appropriate adjustments related to coverage of ANC surveys
	3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	78.9%	PA.2	33. Percentage of infants born to HIV infected women who are started on co-trimoxazole prophylaxis within two months of birth	The numerator has been supplied by CHAI. The denominator is taken from the 2014 PNG HIV estimates & projections.
	3.3	Mother-to-child transmission of HIV (modelled)	31.8%	-	-	The mother-to-child transmission probability differs with the antiretroviral drug regimen received and infant-feeding practices. The transmission can be calculated by using the Spectrum model.
	3.4	Percentage of pregnant women who know their HIV status (tested for HIV and received their results-during pregnancy, during labour	31.5%	-	-	The numerator is taken from the NDoH ANC HIV testing database and is correct as at 31.3.2014. The denominator is the number of live births recorded in the National Health Information System.

GAR Targets		GAR Indicators	Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
		and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status)				
	3.5	Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	0.6%	-	-	The numerator is taken from the NDOH ANC HIV testing database and is correct as at 31.3.2013. The number of pregnant women attending ANC at least once is taken from the NHIS.
	3.6	Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	41%	-	-	The numerator is taken from the NDoH ART database. The denominator is from the 2014 PNG HIV estimates & projections
	3.7	Percentage of infants born to HIV-infected women provided with antiretroviral prophylaxis to reduce the risk of early mother-to-child transmission in the first 6 weeks	29.3%	-	-	The numerator is from the NDoH ART database. The denominator is from 2014 PNG estimates & projections.
	3.9	Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	No value	-	-	The numerator is calculated from national programme records aggregated from facility registers. Two methods can be used to estimate the denominator: a) a projection model such as that provided by Spectrum software; use the output “number of pregnant woman

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
							b) needing PMTCT as a proxy; or b) multiply the total number of women who gave birth in the past 12 months by the most recent national estimate of HIV prevalence in pregnant women
		3.10	Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women at DTP3 visit	No value	-	-	The numerators are calculated from national programme records aggregated from facility registers. The denominator is calculated from the total number of exposed infants whose feeding was assessed. Exposed infants who did not attend facilities are not included in the denominator.
		3.11	Number of pregnant women attending ANC at least once during the reporting period	134,755	-	-	From the National Health Information System.
4.	Have 15 million people living with HIV on antiretroviral treatment by 2015				Priority Area 2. (PA.2). Counselling, testing, treatment, care and support		
		4.1	Percentage of adults & children currently receiving antiretroviral therapy among all eligible adults and children living with HIV *(Using national eligibility criteria)*	69.1%	PA.2	16. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	The numerators are from the NDoH ART database. The estimated number of adults and children needing ART come from the 2014 HIV projections & estimations.
		4.1a	Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	46.9%	PA.2	16. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	The numerators are from the NDoH ART database. The estimated number of adults and children living with HIV come from the 2014 HIV projections & estimations.

GAR Targets	GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
	4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	77%	PA.2	18.Percentage of adults and children with HIV known to be on treatment at 12/24/36/48 months after initiation of antiretroviral therapy	Programme monitoring tools; cohort/group analysis forms
	4.2b	Percentage of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy	63.5%	PA.2	18.Percentage of adults and children with HIV known to be on treatment at 12/24/36/48 months after initiation of antiretroviral therapy	Programme monitoring tools; cohort/group analysis forms
	4.2c	Percentage of adults and children with HIV known to be on treatment 60 months after initiation of antiretroviral therapy	48.6%	PA.2	18.Percentage of adults and children with HIV known to be on treatment at 12/24/36/48 months after initiation of antiretroviral therapy	Programme monitoring tools; cohort/group analysis forms
	4.3a	Number of health facilities that offer antiretroviral therapy (ART)	90	-	-	Data is provided from the NDoH ART database.
	4.3b	Number of health facilities that offer paediatric antiretroviral therapy	29	-	-	CHAI program data.

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
		4.4	Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months	No value	-	-	This information is collected at central level, where health facilities submit their inventory control reports or requisition forms for ARVs.
		4.6a	Total number of adults and children enrolled in HIV care at the end of the reporting period	4,779	-	-	The data is taken from the NDoH ART and patient care data bases.
		4.6b	Number of adults and children newly enrolled in HIV care during the reporting period	-	-	-	The data is taken from the NDoH ART and patient care data bases.
		4.7a	Percentage of people on ART tested for viral load who have a suppressed viral load in the reporting period	No Value	-	-	Where viral load testing is done routinely, results will be recorded in patient files or in laboratory systems. Viral load test results may also be recorded electronically and reported as part of cohort monitoring studies as the percentage of patients who are virologically suppressed at defined time points.

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
		4.7b	Percentage of people on ART tested for viral load (VL) with VL level ≤ 1000 copies/ml after 12 months of therapy	No value	-	-	Where viral load testing is done routinely, results will be recorded in patient files or in laboratory systems. Viral load test results may also be recorded electronically and reported as part of cohort monitoring studies as the percentage of patients who are virologically suppressed at defined time points.
5.	Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015				Priority Area 2. (PA.2). Counselling, testing, treatment, care and support		
		5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	41.4%%	PA.2	17. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	The Denominator is the estimated incidence of TB cases who are HIV positive from the 2012 WHO TB burden estimates. The numerator is the number of people recorded as being on both ART and TB treatment from the national ART database.
		5.2	Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease	No value	-	-	This indicator is to be collected from pre-art or art registers and summarized on cross-sectional quarterly reports. It could also be assessed from a systematic sample of patient HIV care/art cards during annual patient monitoring reviews.
		5.3	Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT)	No value	-	-	The data needed for this indicator is collected from pre ART and ART registers at the HIV care service sites, depending on where isoniazid preventive therapy (IPT) is to be administered.

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
		5.4	Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	No value	-	-	The numerator is taken from the pre art and ART registers. The denominator for pre-ART patients will be those seen for care during the reporting period. The denominator for ART patients will be those current on art during the reporting period.
6.	Reach a significant level of annual global expenditure (US$22-24 billion) in low- and middle-income countries				Priority Area 3 (PA.3). System Strengthening		
		6.1	Domestic and international AIDS spending by categories and financing sources	NASA	PA.3	24. Domestic and international AIDS spending by categories and financing sources	Primary tool/method: 1) National AIDS Spending Assessment (NASA)
7.	Eliminate gender Inequalities				Priority Area 3. (PA.3). System Strengthening		
		7.2	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	No Value	-	-	Population based surveys that are already being used within countries, such as WHO Multi-country surveys, DHS/AIS (domestic violence module),[2] International Violence Against Women Surveys (IVAWS).
7	Eliminating Gender Inequalities						
		7.1	Proportion of ever-married or partnered women aged 15-49 who	No Value	-	-	Population based surveys that are already being used within countries, such as WHO

[2] The questions asked in the DHS module on domestic violence and the WHO multi-country study on domestic violence and women's health are slightly different. However, the estimates produced from either methodology are comparable.

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
			experienced physical or sexual violence from a male intimate partner in the past 12 months				Multi-country surveys, DHS/AIS (domestic violence module),[3] International Violence Against Women Surveys (IVAWS).
8	Eliminating Stigma & Discrimination						
		8.1	Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV	No Value	-	-	Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey)
10	Strengthen HIV Integration						
		10.1	Current school attendance among orphans and non-orphans aged 10–14*	No Value	-	-	Population-based survey (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey)
		10.2	Proportion of the poorest households who received external economic support in the last 3 months	No Value	-	-	Population-based surveys such as Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other nationally representative survey
	Government HIV and AIDS policies						

[3] The questions asked in the DHS module on domestic violence and the WHO multi-country study on domestic violence and women's health are slightly different. However, the estimates produced from either methodology are comparable.

GAR Targets		GAR Indicators		Value	PA	NHS 2011-2015 PNG Indicators from the NHS Monitoring and Evaluation Plan	Data source / Suggested Method of Data Collection
			National Commitments and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	NCPI - See Annex 1.	PA.3	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)	See Annex 1.

Interim PNG 2014 Global AIDS Response Progress & Universal Access Report.

31st March 2014.

Introduction

The Global AIDS Response Progress Report (GARPR), previously referred to as the UNGASS, is due to be submitted 31st March each year. Up until 2012 these reports were every 2 years; from 2013 they are required every year. 2014 is a "full" reporting year, i.e. including the core indicators, as well as the full National Commitments and Policy Instrument (NCPI) and a narrative country progress report.

i. Data pertaining to the 31 core indicators used globally to monitor national progress in responding to the HIV epidemic; (GARPR). Many of the indicators in this section require data from nationally representative, population-based sample surveys, behavioural surveillance surveys;, specially-designed surveys and questionnaires, including surveys of specific population groups and sentinel surveillance systems

ii. Data pertaining to the additional 34 health sector/Universal Access indicators that supplement the country progress reports (UA). Most of the information required to report on the indicators in this section can be sourced from NDoH systems and sentinel surveillance.

iii. The Universal Access report also requires Papua New Guinea to provide up dated information on progress in developing and implementing polices in the following areas: (UA)
- HIV testing and counselling
- Antiretroviral Therapy
- Prevention of Mother-to-Child Transmission
- Sexually Transmitted Infections
- Key populations
- Male circumcision
- Surveillance
- Monitoring and evaluation
- HIV Drug Resistance
- Toxicity Monitoring Surveillance
- Strategic planning and review
- Reproductive Health and Research

iv. The Universal Access Report also requires that Papua New Guinea complete the WHO/AIDS Medicines and Diagnostics Survey on the use of ARV medicines and laboratory technologies and implementation of WHO Related Guidelines in the following areas:
- Treatment in HIV-infected Adults and Adolescents (≥10 years old) including pregnant women
- Treatment in HIV-infected Children (<10 years old)
- Prevention of Mother-to-Child Transmission
- Laboratory Services
- Laboratory Performance
- Country Targets for Forecasting Purpose

v. The National Commitments and Policy Instrument (NCPI) which measures Critical Enablers and Synergies with development sectors. It measures progress in the development and implementation of national-level HIV and AIDS policies, strategies and laws and tracks progress made in implementing the laws, regulations and policies necessary for an effective response to HIV, We are required to report against 7 sections providing both the perspective of civil society and the perspective of Government. The sections include:

From the Government Perspective	From the civil society perspective
• Strategic plan	• Civil Society involvement in the national HIV response
• Political support and leadership	• Political support and leadership
• Human rights	• Human rights
• Prevention	• Prevention
• Treatment, care and support	• Treatment, care and support
• Monitoring and evaluation	

HIV in Papua New Guinea

Previously described as a generalised HIV epidemic, the understanding of PNG's HIV epidemic has undergone substantial revision in recent years in response to increased data availability, specifically the increase in antenatal clinics conducting and reporting results from provider initiated HIV counselling and testing. In 2005 there were only 17 ANC HIV testing sites while in 2013 this increased to 329. This has resulted in the most comprehensive set of data available on which to base the national and regional estimates. The most recent national projections undertaken in March 2014, using the Spectrum software, estimate a national prevalence of 0.65% with an estimated 31,945 PLHIV in 2013 and project a national prevalence of 0.65% in 2021 with an estimated 38,844 PLHIV. There is significant variance in estimated and projected HIV prevalence between and within provinces. The most recent estimates show Enga, Western Highlands, Jiwaka and NCD are the only provinces with > 1% HIV prevalence in 2013, however they also project that Hela, Western Highlands, Jiwaka, Chimbu, Oro, Madang and Manus will have a rising HIV prevalence between 2013 and 2021.

Papua New Guinea is now thought to have an HIV epidemic that is concentrated in certain geographical locations and certain key population groups rather than generalized. There is substantial evidence to suggest that key populations such as men and women who sell and exchange sex and men who have sex with men are particularly at risk of HIV. Men who have sex with men and those who transact sex with multiple partners (both women and men), either formally or informally find themselves at heightened risk. The selling of sex and male to male sex are illegal in PNG. The illegal nature of these practices increases the marginalisation of these populations but also adds to their risk for HIV, vulnerability, and poses substantial constraints to their access to responsive and supportive HIV and STI prevention, treatment and care services.

Numerous studies indicate that FSW and MSM are at increased risk of HIV due to their engagement in high-risk sexual behaviours, including unprotected vaginal and anal intercourse, and experience increased vulnerability due to stigma, discrimination, and violence, particularly sexual violence. In

addition, studies have indicated high HIV prevalence amongst FSW with the most recent studies reporting 19% in Port Moresby and 2.7% in Eastern Highlands Province. This suggests that FSW carry a much higher burden of HIV than their fellow PNG citizens and that even within this group of women, prevalence and risks varies. To date no representative bio-behavioural data are available for MSM, however, HIV prevalence amongst male sex workers in Port Moresby, some of whom are MSM, is high with 8.8% of men who sell sex infected with HIV and 23.7% of transgendered males who sell sex infected with HIV.

Although it appears that PNG is now experiencing an epidemic concentrated in particular geographical locations and population groups, nearly all of our monitoring, evaluation and surveillance is still based on approaches more suited to a generalised epidemic. It is imperative that size & site estimations be conducted with men and women who sell and exchange sex and MSM in Port Moresby and other regional sites. Planning for this work is currently underway.

Indicators related to Target 1 – Reduce Sexual Transmission of HIV by 50% by 2015.

Relevant studies identified in 2012 and 2013 include:

1. Tingim Laip Periodic Survey round 1.

   A qualitative abbreviated behavioural survey using standardized sexual behaviour, mobility and alcohol and drug use questions in Popondeatta, Goroka, Mt Hagen, and Madang. Data were collected between November 2012 and May 2013. 1010 people participated in the study. Participants were identified by TL volunteers as recipients of TL activities. All participants were aged 15 years and over and had to have participated in at least one TL activity. Sample size was determined using existing behavioural data from the four locations identified (Popondetta, Goroka, Mt Hagen and Madang). Using the general population size and the key population estimates for each of the study areas provided by TL, the sample is calculated at a 95% confidence level and at a 0.05 confidence interval. The study aimed to enrol 1100 participants. Although the target – based on population estimates – was not reached, the research team reported that it had reached saturation. This is suggestive that the population was overestimated.

2. Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea. Authors. Miles K, Tambui R, Pandiruo V, Ipia R, Levi D, Conlon M, Stinshoff J. Affiliation. Oil Search Health Foundation, Papua New Guinea. Surveys of the Oil Search workforce in 2012 (1121 workers) and 2013 (871 workers) included the five standard Global AIDS Response questions used to measure progress towards universal knowledge of the essential facts about HIV transmission. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?
   i) Can a person reduce the risk of getting HIV by using a condom every time they have sex?
   ii) Can a healthy-looking person have HIV?
   iii) Can a person get HIV from mosquito bites?
   iv) Can a person get HIV by sharing food with someone who is infected?

3. Correlation between number of sex partners and HIV prevalence in remote areas of Papua New Guinea. Authors Stinshoff J, Boga M, Kenny R, Peter M, Conlon M, Miles K. Affiliation: Oil Search Health Foundation, Papua New Guinea. This study audited clinic records to review data on sexual behaviour recorded in clinic HIV testing log books for all clients presenting in 2013 from 38 clinics across Southern Highlands, Hela and Gulf provinces. Clients were verbally questioned by the healthcare staff using the standardised question "How many sexual partners have you had in the last 12 months".

4. Sexual behaviour, condom use and HIV prevalence in remote areas of Papua New Guinea. Authors. Stinshoff J, Komba J, David E, Conlon M, Miles K. Affiliation: Oil Search Health Foundation, Papua New Guinea. This study audited clinic records to review data on sexual behaviour recorded in HIV testing log books for all clients presenting in 2013 in 38 clinics across Southern Highlands, Hela and Gulf provinces. Clients were verbally questioned by the healthcare staff using the standardised questions "How many sexual partners (SP) have you had in the last 12 months" and "Did you use a condom at your last sexual intercourse (LSI)".

5. The Family, Health and Safety Study, Bougainville, Papua New Guinea. September 2013. Partners for Prevention, UNDP,UNFPA, UN Women and UNV. This multi-country Cross-

sectional Study on Men and Violence was conducted in six countries in Asia and the Pacific including Papua New Guinea, the other countries were Bangladesh, China, Cambodia, Indonesia, Papua New Guinea and Sri Lanka. The study used a standard questionnaire, (with some local addition of relevant questions) and a standard methodology in all countries. In four of the countries, including Papua New Guinea, women were also interviewed as part of the study. The Family Health and Safety Study was conducted on Bougainville, Papua New Guinea as part of the multi-country study. The study used a multi-stage sampling procedure to draw a random sample of men and women over age 18 living on Bougainville. The sample was stratified by size of village (census enumeration area) and region to ensure it was evenly distributed across the island. Interviews were conducted with 864 men and 879 women.

6. The Exploring gender based violence among men who have sex with men (MSM, male sex worker (MSW) and transgender (TG) communities in Bangladesh and Papua New Guinea. In this study FHI 360 conducted a qualitative descriptive study using focus group discussions and in-depth interviews with MSM/MSW/TG community representatives and other key informants. The goals of this study were to explore the GBV-related issues; identify current programs, policies and donor funding as well as existing gaps; to explore potential interventions; and to provide recommendations for intervention design. Data collection took place in Dhaka, Bangladesh and Port Moresby, Papua New Guinea between April and May 2011. A total of 143 individuals (including 115 MSM/MSW/TG) were successfully recruited for the study. Participants were purposively sampled to select information rich cases able to provide the study with in-depth and relevant information on the research topic domains. These domains included descriptions of the MSM/TG communities; descriptions of gender; community perceptions of MSM/TG people; partner perceptions and treatment; MSM/TG community experiences with healthcare services; and ideas for improving quality of life and future intervention strategies to reduce GBV against MSM/TG communities.

7. The Pacific Adventist University Study "what can be learnt about male circumcision and HIV prevention with a cohort of students and staff at a PNG University (2011). Tommbe, R; Asugeni L; Mafileo T; McLaren D and Redman-McLaren M. This research utilised a mixed methods approach within a single site, Pacific Adventist University (PAU), Papua New Guinea (PNG). The study site, Koiari Campus of Pacific Adventist University, has a population of more than 1000 staff and students from across PNG, Asia and the Pacific. Almost 80% of staff and =students live on campus. The research participants were Papua New Guinean University students (single students, both day & boarding, and married students) and staff (teaching and non-teaching). Four techniques were used to collect the data:
    i. Self-administered anonymous written questionnaire. Separate male and female questionnaires
    ii. A clinical examination for male participants, including request for photo of genitalia.
    iii. Gender specific focus groups.
    iv. Individual semi-structured interview – interviewer of same gender.

8. Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea. 2010. Care International. This KAP survey utilized an assisted self-completion methodology to survey 556 young people (273 females and 282 males) between the ages of 10 – 30 years on Buka Island and Tinputz to determine and quantify HIV & AIDs related risk factors. The survey was undertaken as a baseline to inform programmatic work and to strengthen the evidence base to improve reproductive and sexual health services for young people.

1A - General Population

1.1 Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*

The indicator requests information from Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey).

1.1a Percentage (%) of respondents who gave correct answers to all 5 questions

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - OSHF Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea.

	All *	Males (all ages)	Females (all ages)
Percentage (%) of respondents who gave correct answers to all 5 questions	40.9%	36.6%	42.9%
Numerator*: Number of respondents age 15-24 who gave correct answers to all 5 questions	36	24	9
Denominator: Number of all respondents age 15-24	88	66	21

1.1b Percentage of respondents who gave a correct answer to question 1 "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?"

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - *the OSHF Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea.*

	All *	Males (15-24)	Females (15-24)
Percentage of respondents who gave a correct answer to question 1 "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?"	72.7%	69.7%	81%
Numerator*: Number of respondents/population who gave correct answer to question 1	64	44	17
Denominator: Number of all respondents age 15-24	88	66	21

Data related to this topic which does not fit into the indicator cells.

i. From the Tingim Laip periodic survey

	All *
Percentage of respondents who gave a correct answer to question 1 "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?"	70.4%
Numerator*: Number of respondents/population who gave correct answer to question 1	297
Denominator: Number of all respondents age 15-24	422

iii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International reported 36.5% of participants knew that being faithful to one partner could prevent HIV transmission.

1.1c. Percentage of respondents who gave a correct answer to question 2 "Can a person reduce the risk of getting HIV by using a condom every time they have sex?"

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other -*OSHF Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea*.

	All *	Males (15-24)	Females (15-24)
Percentage of respondents who gave a correct answer to question 2 "Can a person reduce the risk of getting HIV by using a condom every time they have sex?"	64.8%	62.1%	71.4%
Numerator*: Number of respondents/population who gave correct answer to question 2	57	41	15
Denominator: Number of all respondents age 15-24	88	66	21

Data related to this topic which does not fit into the indicator cells.

i. *From the Tingim Laip Periodic Survey*

	All *
Percentage of respondents who gave a correct answer to question 2 "Can a person reduce the risk of getting HIV by using a condom every time they have sex?"	66.8%
Numerator*: Number of respondents/population who gave correct answer to question 2	282
Denominator: Number of all respondents age 15-24	422

ii. The Pacific Adventist University Study "what can be learnt about male circumcision and HIV prevention with a cohort of students and staff at a PNG University (2011) asked the question "if condoms are used during sex does this help to protect people from getting HIV? 52% (47/91) said "yes"(*males = 49% females = 55%),* 23% (21/92) said "no" (*males = 27%, females = 17%)* and 25% (23/91) said "not sure"(*males = 24%, females = 28%).*

iii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International reported 38.8% knew that condoms can prevent HIV transmission.

1.1d. Percentage of respondents who gave a correct answer to question 3 "Can a healthy-looking person have HIV" ?

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - *the OSHF Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea.*

	All *	Males (15-24)	Females (15-24)
Percentage of respondents who gave a correct answer to question 3 "Can a healthy-looking person have HIV" ?	90.9%	90.9%	90.5%
Numerator*: Number of respondents/population who gave correct answer to question 3	80	60	19
Denominator: Number of all respondents age 15-24	88	66	21

Data related to this topic which does not fit into the indicator cells.

i. *From the Tingim Laip Periodic Survey*

	All *
Percentage of respondents who gave a correct answer to question 3 "Can a healthy-looking person have HIV" ?	84.6%
Numerator*: Number of respondents/population who gave correct answer to question 3	357
Denominator: Number of all respondents age 15-24	422

ii. *The Pacific Adventist University Study "what can be learnt about male circumcision and HIV prevention with a cohort of students and staff at a PNG University* (2011) asked the question "can someone who looks healthy pass on HIV infections?" 94% (87/93) said "yes"(*males = 91% females = 97%),* 23% (21/93) said "no" (*males = 4%, females = 0%)* and 4% (4/93) said "not sure"(*males = 5%, females = 3%).*

iii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International report that 13.8% of survey participants understood that a person may be HIV positive but have no visual symptoms, 65.3% believed that a PLHIV could be recognised by visual symptoms and 20% were not sure.

1.1e. Percentage of respondents who gave a correct answer to question 4 "Can a person get HIV from mosquito bites ?"

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - *OSHF Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea.*

	All *	Males (15-24)	Females (15-24)
Percentage of respondents who gave a correct answer to question 4 "Can a person get HIV from mosquito bites ?"	80.7%	80.3%	81%
Numerator*: Number of respondents/population who gave correct answer to question 4	71	53	17
Denominator: Number of all respondents age 15-24	88	66	21

Data related to this topic which does not fit into the indicator cells.

i. *From the Tingim Laip Periodic Survey*

	All *
Percentage of respondents who gave a correct answer to question 4 "Can a person get HIV from mosquito bites ?"	38.4%
Numerator*: Number of respondents/population who gave correct answer to question 4	162
Denominator: Number of all respondents age 15-24	422

ii. *The Pacific Adventist University Study "what can be learnt about male circumcision and HIV prevention with a cohort of students and staff at a PNG University* (2011) asked the question "can a person get HIV from mosquitoes?" 7% (6/92) said "yes"(*males = 5% females = 8%)*, 77% (77/92) said "no" (*males = 77%, females = 78%)* and 16% (4/93) said "not sure"(*males = 18%, females = 14%).*

iii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International reported 46.2% of participants thought that HIV could be transmitted through mosquito bites and 53.8% thought it could not.

1.1f. Percentage of respondents who gave a correct answer to question 5 "Can a person get HIV from sharing food with someone who is infected ?"

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - *OSHF Oil and Gas Workers' Universal Knowledge about HIV Transmission in Papua New Guinea*

	All *	Males (15-24)	Females (15-24)
Percentage of respondents who gave a correct answer to question 5 "Can a person get HIV from sharing food with someone who is infected ?"	93.2%	93.9%	90.5%

Numerator*: Number of respondents/population who gave correct answer to question 5	82	62	19
Denominator: Number of all respondents age 15-24	88	66	21

Data related to this topic which does not fit into the indicator cells".

i. *From the Tingim Laip Periodic Survey*

	*All **
Percentage of respondents who gave a correct answer to question 5 "Can a person get HIV from sharing food with someone who is infected ?"	88.6%
Numerator*: Number of respondents/population who gave correct answer to question 5	374
Denominator: Number of all respondents age 15-24	422

ii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International reported that 82.5% of participants agree that HIV could not be transmitted through sharing food, and 17.5% thought it could be.

1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15

The indicator requests data from Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey).

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - *The Tingim Laip periodic survey"*

	Reported sex before 15 years of age	Total in age group	%
15 – 19 years	26	154	16.9%
20 – 24 years	21	268	7.8%
15 – 24 years	47	422	11.1%

Data related to this topic which does not fit into the indicator cells.

i. *The Pacific Adventist University Study "what can be learnt about male circumcision and HIV prevention with a cohort of students and staff at a PNG University* (2011) found 23% (13/56) of respondents reported having sex before turning 16 (males = 24%, females = 21%).

ii. *Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea.* 2010. Care International found of the 75% of participants who reported sexual experience 25% of male youth had their first sexual intercourse by the age of 16 years. 25% of female youth had their first sexual intercourse by 18 years.

1.3 Percentage (%) respondents aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months

The indicator requests information from Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey). No representative survey data has been identified to report against this indicator.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - *OSHF study Correlation between the number of sex partners & HIV prevalence in remote areas of PNG*

	More than 1 sexual partner in the last 12 months	Total participants	%
Males 15 – 49 years	1,470	4,836	30.4%
Females 15 – 49 years	1,391	11,660	11.9%
total	2,862	16,500	17.3%

Data related to this topic which does not fit into the indicator cells.

i. From the Tingim Laip Periodic Survey

	More than 1 vaginal sexual partner in the last 6 months	Total participants 15+ years	%
Males 15 + years	200	624	32.05%
Females 15 + years	172	386	44.6%
total	372	1,010	36.8%

	More than 1 anal sexual partner in the last 6 months	Total participants 15 + years	%
Males 15 – 49 years	82	624	13.14%
Females 15 – 49 years	72	386	18.6%
total	154	1,010	15.2%

ii. *The Family, Health and Safety Study, Bougainville, Papua New Guinea .* September 2013. Partners for Prevention, UNDP,UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific found one in five men interviewed had had 2-3 partners (183/864) and a similar proportion (200/864) having had four or more partners in the last year.

Transactional sex was reported fairly frequently by women. They were asked if they had ever had sex because they were given money, transport, accommodation or goods, and about 1 in 8 (12.7%) said that they had. It was much more commonly disclosed by men. A third of men disclosed having ever had transactional sex and nearly 1 in 7 had had sex with a sex worker. Overall 37% of men had had transactional sex or had sex with a sex worker. Transactional sex in other settings is an important risk factor for HIV.

iii. *The Pacific Adventist University Study "what can be learnt about male circumcision and HIV prevention with a cohort of students and staff at a PNG University* (2011) found 61% (25/41) respondents reported having 3+ sexual partners in their lifetime (males = 52%, females = 23%).

iv. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International found that 28% (156/556) of participants reported unpaid sex in the last month. Of these 60% (94/156) reported more than 1 sex partner (range 1 – 25) or multiple sex partners. Significantly more males (81%) than females (35.8%) reported multiple partners.

v. Program data from *Save the Children* reports 85% of (4419/5204) Female and 15% (785/5204) of male respondents aged 15-49 had reported having 1-3 sexual acts per week, in the last 12 months.

1.4 Percentage (%) of women and men aged 15-49 who have had more than one sexual partner in the past 12 months who also reported that a condom was used the last time they had sex.

The indicator requests information from Population-based surveys (Demographic Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey) The indicator requests information from Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey).

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Other - *The OSHF Study Sexual Behaviour, condom use and HIV prevalence in remote areas of PNG.*

	More than 1 sexual partner in the last 12 months & used a condom at last sex.	More than 1 sexual partner in the last 12 months.	%
Males 15 – 49 years	274	1,470	18.6%
Females 15 – 49 years	145	1,391	10.4%
total	419	2,861	14.6%

Data related to this topic which does not fit into the indicator cells".

i. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International reported that 13.9% of participants reported condom use during last unpaid sex.

ii. Program data from *Save the Children* through its prevention programs has found that 58% (3017/5204) of women and men aged 15-49 had reported condoms used during their last sex act in the last 6 months (June - December 2013). 48% of (2493/4419) female, 10% (524/785) males.

1.5 Percentage (%) of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results

The indicator requests information from Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey. Respondents are asked:

i. I don't want to know the results, but have you been tested for HIV in the last 12 months?

   If yes:

ii. I don't want to know the results, but did you get the results of that test?

Is indicator/topic relevant?: Yes

Is data available?: No

1.6 Reduction in HIV Prevalence. Percentage (%) of young women aged 15-24 who are living with HIV

This indicator is calculated using data from pregnant women attending antenatal clinics in HIV sentinel surveillance sites in the capital city, other urban areas and rural areas. The sentinel surveillance sites used for the calculation of this indicator should remain constant to allow for the tracking of changes over time.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Ante natal clinic data.

	+ve HIV test	Total HIV tests	%
ANC attendees 15 - 19	49	8,036	0.61%
ANC attendees 20 - 24	120	20,419	0.59%
ANC attendees 15 - 24	169	28,455	0.59%

The data for this indicator is taken from the NDoH ANC HIV testing database and is correct as at 31.3.2014. Please note at this time only 69% of expected 2013 ANC HIV testing data has been entered into the NDoH ANC HIV testing database. This indicator will change and will be updated once the 2013 data entry has been completed.

1B - Size estimations for key populations.

Have you performed population size estimations for sex workers? - No

Have you performed population size estimations for men who have sex with men? - No

Have you performed population size estimations for people who inject drugs? - No

Have you performed population size estimations for other key populations? - No

B1- Sex workers

1.7 Percentage of sex workers reached with prevention programmes.

This indicator requests information from Behavioural surveillance or other special surveys. Sex workers are asked the following questions:

1. Do you know where you can go if you wish to receive an HIV test?

2. In the last twelve months, have you been given condoms? (e.g. through an outreach service, drop-in centre or sexual health clinic)

Scores for each of the individual questions—based on the same denominator— are required in addition to the score for the composite indicator. No appropriate survey or study has been identified for 2012 or 2013.

Is indicator/topic relevant?: Yes

Is data available?: No

Data related to this topic which does not fit into the indicator cells".

Program data from *Save the Children* reports reaching 4419 sex workers through its prevention program in the last 6 last months. Save the Children do not currently have a size estimation for total number of sex workers in the catchment areas but do believe, since they have been on the ground for the past 10 years that they are reaching between 80%-90% of the total sex workers in the towns. It is the same 4419 sex workers who are contacted twice a month (equivalent to one reach per month). The programme records one reach if the same MARP individual is contacted at least twice a month with any two of the following services delivered at the time of contact.

i. Male and female condom use skills/ condom negotiation skills;
ii. Male and female condom demonstration and distribution
iii. Referrals and/ or follow up for STIs treatment;
iv. Referral and/ or follow up for HCT
v. Referral and/or follow up for ART adherence.

Other older Studies.

i. From the IMR Bio-Behavioural Surveillance Survey – Askim Na Save conducted amongst sex workers in Port Moresby conducted by IMR in 2010 36.42% of female and male sex workers in Port Moresby reported having been reached with HIV Prevention programmes. Sample size 593.

ii. From the Cross Sectional Survey conducted by FHI 360 in 2010 90.34% of female sex workers and MSM who have indicated that they sold anal sex in exchange for money or other favours, knew where to go if they wished to receive an HIV test and had been given condoms (through an outreach service, drop in centre or sexual health clinic). Sample size 414.

iii. A Behavioural Surveillance Survey targeting higher risk young people in the Vanimo Green District of Sandaun Province (West Sepik) conducted by NRI in 2009 found 31.9% of female higher risk youth had exchanged sex for cash, goods, or services and reported having been reached with HIV prevention programmes. Sample size 94.

1.8 Percentage (%) of sex workers reporting the use of a condom with their most recent client

This indicator requests information from Behavioural surveillance or other special surveys.

Is indicator/topic relevant?: Yes

Is data available?: No

Data related to this topic which does not fit into the indicator cells".

Reporting against this indicator for PNG poses some difficulties. The western definition of "sex worker" is generally not applicable to PNG. The following data from will be entered under the category "

i. "The Tingim Laip periodic survey"

Very few participants in the Tingim Laip study identified "sex worker" as their occupational category. However when asked whether they had ever received money, goods or favours in exchange for sex the numbers increased as shown below.

Identified occupation as sex worker	Total survey participants	%
12	1010	1.2%

Reported ever receiving money in exchange for sex	Total survey participants	%
109	1010	11%

Reported ever receiving goods & favours for sex	Total survey participants	%
113	1010	11.2%

Participation in transactional sex.

	Report participating in transactional sex	Total in the group	%
Male	120	624	19.2%
Female	70	386	18.1%
Total	190	1010	18.8%

	Report participating in transactional sex	Total in the group	%
Under 25 years	68	422	16%
Over 25 years	122	588	20.7%
Total	190	1010	18.8%

Reported participating in vaginal transactional sex	150 / 1010	14.85%
Reported participating in anal transactional sex	81 / 1010	8%
Total reported participating in transactional sex.	190 / 1010	18.8%

41 of the 190 participants (25%) reporting transactional sex were in both the vaginal and anal transactional sex groups.

Participation in vaginal transactional sex

	Report participating in vaginal transactional sex	Total in the group	%
Male	96	624	15.3%%
Female	54	386	14%
Total	150	1010	15%

	Report participating in vaginal transactional sex	Total in the group	%
Under 25 years	55	422	13%
Over 25 years	95	588	16%
Total	150	1010	15%

Using a condom at last vaginal transactional sex

	Report using a condom at last vaginal transactional sex	Report participating in vaginal transactional sex	%
Male	54	96	56%
Female	16	54	30%
Total	70	150	47%

Participation in anal transactional sex

	Report participating in anal transactional sex	Total in the group	%
Male	55	624	8.8%
Female	25	386	6.47%
Total	81	1010	8%

	Report participating in anal transactional sex	Total in the group	%
Under 25 years	26	422	6.16%
Over 25 years	55	588	9.35%
Total	81	1010	8%

Using a condom at last anal transactional sex

	Report using a condom at last anal transactional sex	Report participating in anal transactional sex	%
Male	25	26	96%

Female	45	55	82%
Total	70	81	85%

iii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International found that:
   a) 24% of participants (132/556) reported having had partners for paid or transactional sex in the last year. The question did not distinguish whether the young person gave or received payment for sex.
   b) 13.5% of participants reported using a condom during their last paid sex.

iv. Program data from *Save the children* reports they have distributed 17,624 condoms (79% male condoms, 21% Female condoms) to 4419 females sex workers in the last 6 months (July - December 2013).

Other older studies.

i. In a Bio-Behavioural Surveillance Survey conducted by IMR in Port Moresby in 2010, 79.67% of female and male sex workers in Port Moresby who reported having commercial sex in the last 12 months used a condom with their most recent client for vaginal intercourse. 80.39% female respondents who reported having commercial sex in the last 12 months used a condom with their most recent their most recent client for vaginal intercourse and 76.19% male respondents. Sample size 492.

ii. In a Cross Sectional Survey conducted by FHI 360 in Port Moresby in 2010 71.62% reported having commercial sex in the last 12 months reported using a condom with their most recent client. 71.32% of female sex workers and 72.07% MSM who indicated they sold anal sex in exchange for money, who reported having commercial sex in the last 12 months (for female sex workers) and 1 month (for MSM) and using a condom with their client. Sample size 451

iii. In a Behavioural Surveillance Survey conducted by NRI in Mt Hagen in 2010, 71.2% of women exchanging sex in Mt Hagen who reported having exchanged sex in the last 12 months and had used a condom with their most recent client. Sample size 139.

iv. In a Bio-Behavioural Surveillance Survey conducted by IMR in Port Moresby in 2010, 77.66% of female and male sex workers in Port Moresby who reported having commercial sex in the last 12 months used a condom with their most recent opposite sex client for anal intercourse. 84.08% female respondents who reported having commercial sex in the last 12 months used a condom with their most recent opposite sex client for anal intercourse and 59.72% male respondents. Sample size 273.

v. In a Bio-Behavioural Surveillance Survey conducted by IMR in Port Moresby in 2010, 76.99% male sex workers in Port Moresby who reported having commercial sex in the last 12 months used a condom for anal sex with their most recent male client. Sample size 113

1.9. Percentage (%) of sex workers who received an HIV test in the last 12 months and who know their results

The indicator requests information from behavioural surveillance or other special surveys. Sex workers are asked the following questions:

1. Have you been tested for HIV in the last 12 months? If yes:
2. I don't want to know the results, but did you receive the results of that test?

Disaggregation is requested by Sex (female, male, transgender) and Age (<25/25+)

Is indicator/topic relevant?: Yes

Is data available?: No

Other older Studies.

i. In a Bio-Behavioural Surveillance Survey conducted by IMR in Port Moresby in 2010, 46.37% sex workers in Port Moresby who received an HIV test in the last 12 months report they know their results. 47.17% female sex workers who received an HIV test in the last 12 months report they know their results and 44.08% male sex workers. Sample 593.

ii. In a Cross Sectional Survey conducted by FHI 360 in Port Moresby in 2010, of female sex workers and MSM who have indicated that they sold anal sex in exchange for money or other favours in Port Moresby, 46.94% reported having been tested for HIV in the last 12 months and receiving their results. 49.11% of female sex workers and 43.50% MSM who have indicated that they sold anal sex in exchange for money or other favours reported having been tested for HIV in the last 12 months and receiving their results. Sample 458.

iii. A Behavioural Surveillance Survey targeting higher risk young people in the Vanimo Green District of Sandaun Province (West Sepik) by NRI in 2009 found, 19.1% of female youth who exchanged sex for goods, services or money, had been tested for HIV during the last 12 months and k their results. Sample size 94.

iv. A Behavioural Surveillance Survey targeting women exchanging sex in Mt. Hagen by NRI in 2010 found 46.0% of women exchanging sex in Mt Hagen had been tested for HIV in the last 12months and knew their results. Sample size 139 .

1.10. Percentage (%) of sex workers who are HIV-infected

This indicator is calculated using data from HIV tests conducted among respondents in the primary sentinel site or sites. The sentinel surveillance sites used for the calculation of this indicator should remain constant to allow for the tracking of changes over time. Behavioural surveillance or other special surveys. Data should be disaggregated by Sex (female, male, transgender) Age (<25/25+).

Is indicator/topic relevant?: Yes

Is data available?: No

Other older Studies.

i. Bio-Behavioural Surveillance Survey conducted by IMR in Port Moresby in 2010 found 17.79% sex workers in Port Moresby who were tested and tested positive for HIV. 19.03% female sex workers who were tested for HIV and tested positive for HIV and 14.06% male sex workers. Sample size 416.

1.11 Percentage of MSM reached with prevention programmes.

This indicator uses data from behavioural surveillance or other special surveys. Respondents are asked the following questions:

1. Do you know where you can go if you wish to receive an HIV test?
2. In the last twelve months, have you been given condoms? (e.g. through an outreach service, drop-in centre or sexual health clinic)

Scores for each of the individual questions—based on the same denominator— are required in addition to the score for the composite indicator. The indicator should be measured every 2 years. Data should be disaggregated by Age (<25/25+).

Is indicator/topic relevant?: Yes

Is data available?: No

Data related to this topic which does not fit into the indicator cells.

Program data from *Save the children* reports reaching 785 men who have sex with men through its prevention program in the last 6 last Months. 1,873 condoms (96% Male & 4% female condoms) to 785 men who have sex with men also in the last 6 last months. Save the Children do not currently have a size estimation for total number of MSM in the catchment areas but do believe, since they have been on the ground for the past 10 years that they are reaching between 80%-90% of the total MSM in the towns. These numbers includes TGs and the programme has only recently started recording TG as a separate gender identity from 2014 onwards. Almost 90% of the 785 MSMs are Port Moresby based. It is the same 785 MSM who are contacted twice a month (equivalent to one reach per month). The programme records one reach if the same MARP individual is contacted at least twice a month with any two of the following services delivered at the time of contact.

i. Male and female condom use skills/ condom negotiation skills;
ii. Male and female condom demonstration and distribution
iii. Referrals and/ or follow up for STIs treatment;
iv. Referral and/ or follow up for HCT
v. Referral and/or follow up for ART adherence.

Other older studies.

Cross Sectional Survey conducted by FHI 360 in Port Moresby in 2010 found 66.56% MSM in Port Moresby reported having been reached with HIV prevention programmes. Sample 299

i. Behavioural Surveillance Surveys Plan conducted by NRI in 2009, targeting higher risk young people in the Vanimo Green District of Sandaun Province (West Sepik), reported forty–one male youth reported having male to male sex and of these, 34.1% of these male youth reported having been reached with HIV prevention programmes.

1.12 Percentage (%) men reporting the use of a condom the last time they had anal sex with a male partner

This indicator is measured using behavioural surveillance or other special surveys. In a behavioural survey of a sample of men who have sex with men, respondents are asked about sexual partnerships in the preceding six months, about anal sex within those partnerships and about condom use when

they last had anal sex. The indicator should be measured every 2 years. Data should be disaggregated by Age (<25/25+).

Is indicator/topic relevant?: Yes

Is data available?: No

Data related to this topic which does not fit into the indicator cells".

"*The Tingim Laip periodic survey"*
Condom use at last anal sex with regular non-paying partner

	reporting anal sex with regular non-paying partner in the last 6 months	reporting anal sex with regular non-paying partner in the last 6 months using condom at last sex	total
Male	55	33	60%
Female	43	27	62.8%
total	98	60	61%

	Men & women reporting anal sex with regular non-paying partner in the last 6 months	Men & women reporting anal sex with regular non-paying partner in the last 6 months using condom at last sex	%
< 25 years	35	19	54.3%
> 25 years	63	41	65%
Total	98	60	61%

Condom use at last anal sex with casual non-paying partner

	Men & women reporting anal sex with casual non-paying partner in the last 6 months	Men & women reporting anal sex with casual non-paying partner in the last 6 months using condom at last sex	total
Male	54	34	63%
Female	38	23	60.5%
total	92	57	62%

	Used a condom	Didn't use a condom	total
< 25 years	30	20	66.6%
+ 25 years	62	37	59.6
total	92	57	62%

Other Older Studies.

i. Cross Sectional Survey conducted by FHI 360 in Port Moresby in 2010, reported 70.2% men reported condom use for anal sex with the last casual partner. Sample size 298.

1.13 Percentage (%) of men who have sex with men who received an HIV test in the last 12 months and who know their results

This indicator requests information from a behavioural surveillance or other special surveys. Respondents are asked the following questions:

1. Have you been tested for HIV in the last 12 months? If yes:
2. I don't want to know the results, but did you receive the results of that test?

Recommended Frequency: Every two years. Data to be disaggregated by Age (<25/25+)

Is indicator/topic relevant?: Yes

Is data available?: No

1.14 Percentage (%) of men who have sex with men who test positive for HIV

This indicator is calculated using data from HIV tests conducted among respondents in the primary sentinel site or sites. The sentinel surveillance sites used for the calculation of this indicator should remain constant to allow for the tracking of changes over time.

Recommended frequency – Annual. Data to be disaggregated by Age (<25/25+)

Is indicator/topic relevant?: Yes

Is data available?: No

1.16 HIV Testing in 15+ (from programme records)

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data is from the NDoH HIV testing database (SURV 1)

The data for this indicator is taken from the NDoH ANC HIV testing database and is correct as at 31.3.2014. Please note at this time only 69% of expected 2013 ANC HIV testing data has been entered into the NDoH ANC HIV testing database. This indicator will change and will be updated once the 2013 data entry has been completed.

Testing site	Number of people 15+ tested for HIV		Number of positive tests	
	Male	Female	Male	Female
ANC	813	79,998	29 *(3.57%)*	694 *(0.86%)*
VCT	35,836	39,672	980 *(2.73%)*	1,538 *(3.88%)*
STI Clinic	4,638	8,839	172 *(3.71%)*	308 *(3.48%)*
TB Clinic	2,627	2,851	126 *(4.8%)*	163 *(5.7%)*
Blood bank	7,524	2,683	19 *(0.25%)*	7 *(0.26%)*
Other health facility	5,830	7,493	310 *(5.3%)*	485 *(6.48%)*
Total	57,268	141,536	1,636 (2.86%)	3,195 (2.26%)

1.16.1. Percentage of health facilities dispensing HIV rapid test kits that experienced a stock-out in the last 12 months

Is indicator/topic relevant?: Yes

Is data available?: No

Data measurement tool / source: Data is from the ANC HIV Testing reporting form – SURV 1.

1.17.1 Percentage of women accessing antenatal care (ANC) services who were tested for syphilis

Is indicator/topic relevant?: Yes

Is data available?: No

1.17.2 Percentage of antenatal care attendees who were positive for syphilis

Is indicator/topic relevant?: Yes

Is data available?: No

1.17.3 Percentage of antenatal care attendees positive for syphilis

Is indicator/topic relevant?: Yes

Is data available?: No

1.17.4 Percentage of sex workers (SWs) with active syphilis

Is indicator/topic relevant?: Yes

Is data available?: No

1.17.5 Percentage of men who have sex with men with active syphilis

Is indicator/topic relevant?: Yes

Is data available?: No

1.17.6 Number of adults reported with syphilis (primary/secondary and latent/unknown) in the past 12 months

This indicator requests information from the country's routine health information systems, disaggregated by sex, primary/secondary vs. latent/unknown: total, total Female, total Male, Female primary/secondary, Male primary/secondary.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data measurement tool / source: The numerator is from the National Health Information System. The number of individuals 15+ is taken from the 2011 National census.

	Reported cases of latent syphilis	Population 15+	%
Males 15 +	1,220	2,132,878	0.057%
Females 15+	2,834	2,018,180	0.140%
Total	4.054	4,151,058	0.097%

1.17.7 Number of reported congenital syphilis cases (live births and stillbirth) in the past 12 months

Is indicator/topic relevant?: Yes

Is data available?: No

1.17.8 Number of men reported with gonorrhoea in the past 12 months

Is indicator/topic relevant?: Yes

Is data available?: No

1.17.9 Number of men reported with urethral discharge in the past 12 months

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerator is from the National Health Information System. The number of males 15+ is taken from the 2011 National census.

	Number	Per cent
Males 15+ reported with urethral discharge in 2013	16,431	0.77%
Total males 15+	2,132,878	

1.17.10 Number of adults reported with genital ulcer disease in the past 12 months

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerator is from the National Health Information System. The number of individuals 15+ is taken from the 2011 National census.

	Cases of genital ulcers reported	Individuals 15+	Per cent
Male	2,758	2,132,878	0.129%
Female	2,333	2,018,180	0.1156%
Total adults 15+	5,091	4,151,058	0.1226%

1.18 Percentage (%) of pregnant women with a positive syphilis serology whose sexual contacts were identified and treated for syphilis

Is indicator/topic relevant?: Yes

Is data available?: No

TARGET 2. Reduce transmission of HIV among people who inject drugs by 50% by 2015.

2.1 Number of syringes distributed per person who injects drugs per year by needle and syringe programmes

Is indicator/topic relevant?: No

2.2 Percentage of people who inject drugs who report the use of a condom at last sexual intercourse.

Is indicator/topic relevant?: No

2.3 Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected.

Is indicator/topic relevant?: No

2.4 Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results.

Is indicator/topic relevant?: No

2.5 Percentage of people who inject drugs who are living with HIV.

Is indicator/topic relevant?: No

TARGET 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS related maternal deaths.

3.1 Percentage (%) of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission during pregnancy and delivery

The indicator requests information for the numerator be taken from national programme records aggregated from programme monitoring tools, such as patient registers and summary reporting forms. For the denominator: estimation models such as Spectrum, or antenatal clinic surveillance surveys in combination with demographic data and appropriate adjustments related to coverage of ANC surveys.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerator is taken from the NDoH ART data base. The denominator is taken from the 2014 PNG HIV estimates & projections.

424 is the number of HIV +ve pregnant women recorded as receiving triple therapy. It is not known how many commenced treatment before their current pregnancy, how many commenced treatment during their current pregnancy nor are we able to distinguish between Option B+, Option B or Option A so we have estimated that 10% (85/424) of HIV +ve pregnant women in the PMTCT program commenced ART before their current pregnancy and 90% (339/424) commenced ART during their current pregnancy.

Percentage of HIV positive pregnant women who received ART to reduce the risk of MTCT during pregnancy & delivery		41.%
Number of HIV positive pregnant women who received ART to reduce the risk of MTCT during pregnancy & delivery		429
Newly initiated on lifelong ART during the current pregnancy	*339*	
Already on lifelong ART before current pregnancy	*85*	
Single dose Nevirapine	*2*	
Dual ART	*3*	
Estimated number of HIV infected pregnant women in 2013		1046

3.1a. Percentage of women living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breastfeeding period

Is indicator/topic relevant?: Yes

Is data available?: No

3.2 Percentage (%) of infants born to HIV-infected women receiving a virological test for HIV within 2 months of birth.

This indicator requests data from Early Infant Diagnosis (EID) testing laboratories for the numerator, and Spectrum estimates, central statistical offices, and/or sentinel surveillance for the denominator.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: EID Testing Laboratories. The numerator has been supplied by CHAI. The denominator is taken from the 2014 PNG HIV estimates & projections. For the data presented below the numerator has been supplied by CHAI. The denominator is taken from the 2014 PNG HIV estimates & projections. It has been checked and verified that 825 is the number of infants tested for HIV, and not the number of HIV tests performed.

Percentage of infants born to HIV infected women receiving a virological test for HIV within 2 months of birth.	78.9%
Number of infants who received an HIV test within 2 months of birth	825
Test result positive (112)	
Test result negative (713)	
Test result indeterminate	
Test result rejected by lab	
Estimated number of HIV infected pregnant women in 2013	1046

3.3 Percentage (%) of child infections from HIV-infected women delivering in the past 12 months.

The mother-to-child transmission probability differs with the antiretroviral drug regimen received and infant-feeding practices. The transmission can be calculated by using the Spectrum model. The Spectrum computer programme uses the information on:

i. the distribution of HIV-positive pregnant women receiving different antiretroviral regimens prior to and during delivery (peripartum) by CD4 category of the mother
ii. the distribution of women and children receiving antiretrovirals after delivery (postpartum) by CD4 category of the mother.
iii. the percent of infants who are not breastfeeding in PMTCT programmes by age of the child
iv. mother-to-child transmission of HIV probabilities based on various categories of antiretroviral drug regimen and infant feeding practices.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Spectrum. Both the numerator and the denominator are taken from the 2014 PNG HIV estimates & projections.

3.3 Percentage (%) of child infections from HIV-infected women delivering in the past 12 months	31.8%

Numerator: Estimated number of children who will be newly infected with HIV due to mother-to-child transmission among children born in the previous 12 months to HIV-infected women	333
Denominator: Estimated number of HIV positive women who delivered in the previous 12 months	1046

3.4 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.

For this indicator the numerator is calculated from national programme records aggregated from facility registers for antenatal care, labour and delivery and postpartum care. The denominator can be derived from a population estimate of the number of pregnant women giving birth in the past 12 months. this can be obtained from estimates of births from the central statistics office or from the United Nations Population Division or pregnancy registration systems with complete data.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerator is taken from the NDoH ANC HIV testing database. The denominator is the number of live births recorded in the National Health Information System.

The numerator is correct as at 31.3.2014, however only 69% of anticipated 2013 data was available by 31.3.2013. This number will change as more 2013 data is collected from the provinces and entered into the national database.

The denominator is the number of live births recorded in the NHIS. The actual number of pregnant women in 2013 will be higher than this, as not all pregnancies will have ended in a live birth.

There is a common assumption made in Papua New Guinea, that all women who are tested for HIV in the antenatal clinic or labour & delivery wards receive their test results.

We are unable to provide the requested disaggregation by

I. Total number of pregnant women attending ANC who were tested during ANC and received results or knew their positive status.

II. Number of pregnant women with unknown HIV status attending ANC who were tested during ANC and received results

III. Number of pregnant women with known HIV+ infection attending ANC for a new pregnancy.

IV. Number of pregnant women with unknown HIV status attending L&D (labour and delivery) who were tested in L&D and received results

V. Number of women with unknown HIV status attending postpartum services within 72 hours of delivery who were tested and received results

3.4 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	31.5%
Numerator. Number of pregnant women who were tested for HIV in the last 12 months and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known	79,998

HIV status	
Denominator. Estimated number of pregnant women	253,657

3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerator is taken from the NDOH ANC HIV testing database and is correct as at 31.3.2013. The number of pregnant women attending ANC at least once is taken from the NHIS. At 31.3.2013 only 69% of anticipated 2013 data was available. The number of males partners testing for HIV in the ANC will change as more 2013 data is received and entered into the database.

3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months	0.6%
Number of pregnant women attending antenatal care whose male partner was tested in the last 12 months	813
Number of pregnant women attending antenatal care	134,755

3.6 Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing.

For this indicator the numerator is calculated from national programme records aggregated from facility registers. *Two methods can be used to calculate the denominator:* A projection model such as that provided by Spectrum software: use the output "number of pregnant woman needing prevention of mother-to-child transmission of HIV"; or multiply the number of women who gave birth in the past 12 months by the most recent national estimate of HIV prevalence in pregnant women if Spectrum projections are unavailable.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerator is taken from the NDoH ART database. The denominator is from the 2014 PNG HIV estimates & projections. PNG adopted Option B+ in 2012, so all pregnant women attending antenatal care who test positive for HIV should be commenced on ART regardless of CD4, or clinical stage. We have assumed that the 429 women who received ART to reduce the risk of MTCT of HIV were clinically assessed before commencing on treatment.

3.6 Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	41%
Number of HIV-infected pregnant women assessed for ART eligibility	429
Estimated number of HIV-infected pregnant women	1046

Using the other method of calculating the denominator (253,657 births in 2013 x 0.6% = 1,522 estimated HIV infected pregnant women, which gives 28% of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing.

3.7 Percentage of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral prophylaxis to reduce the risk of early mother-to-child- transmission in the first 6 weeks (i.e. early postpartum transmission around 6 weeks of age).

For this indicator the numerator is calculated from national programme records aggregated from facility registers. antiretroviral drugs can be given to HIV-exposed infants shortly after delivery, at facilities for labour and delivery for infants born at facilities, at outpatient postnatal care or child clinics for infants born at home and brought to the facility, or at HIV care and treatment or other sites. Two methods can be used to estimate the denominator: A projection model, such as that provided by Spectrum software; use the output "number of pregnant woman needing prevention of mother-to child transmission of HIV" as a proxy; or multiply the number of women who gave birth in the past 12 months by the most recent national estimate of HIV prevalence in pregnant women (which can be derived from HIV sentinel surveillance in antenatal care clinics), if Spectrum projections are unavailable.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerator is from the NDoH ART database. The denominator is from 2014 PNG estimates & projections.

3.7 Percentage of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral prophylaxis to reduce the risk of early mother-to-child-transmission in the first 6 weeks (i.e. early postpartum transmission around 6 weeks of age)	29.3%
Number of infants born to HIV-infected women who received antiretroviral prophylaxis to reduce early mother-to-child transmission (early postpartum, in the first 6 weeks)	307
Estimated number of HIV-infected pregnant women giving birth	1046

3.9 Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth

Is indicator/topic relevant?: Yes

Is data available?: No.

PNG ART guidelines recommend co-trimoxazole prophylaxis for all HIV exposed infants; however no data is currently collected or reported for this indicator at national level.

3.10 Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women at DTP3 visit

Is indicator/topic relevant?: Yes

Is data available?: No.

3.11 Number of pregnant women attending ANC at least once during the reporting period

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data is taken from the National Health Information System.

3.11 Number of pregnant women attending ANC at least once during 2013	134,755
Denominator. Estimated number of pregnant women 2013 *(NHIS)*	253,657
	53%

TARGET 4. Reach 15 million people with lifesaving ART by 2015.

4.1 Percentage (%) of eligible adults and children currently receiving antiretroviral therapy.

For this indicator data should be collected continuously at the facility level. Data should be aggregated periodically. The most recent full year of data should be used for annual reporting. For the numerator: facility-based antiretroviral therapy registers and corresponding cross-sectional forms. For the denominator: HIV estimation models such as Spectrum.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The numerators are from the NDoH ART database. The estimated number of adults and children needing ART come from the 2014 HIV projections & estimations. Because deaths & dropouts are not currently reported in this format in PNG, we have had to calculate an estimated proportion of deaths & dropouts to allocate to adults & children. In 2013 the proportion of people commencing ART that were adults was 95.2%, the proportion of children was 4.8%. We have therefore calculated:

	Adults	Children
Cumulative total on treatment at the end of 2012	11029	735
Add in those commencing treatment in 2013	3490	171
	14,519	906
Proportion of total commencing treatment in 2013	95.3%	4.7%
Less Calculated deaths in 2013	170 x 0.952 = 162	170 x 0.048 = 8
Less Calculated drop outs in 2013	475 x 0.952 = 452	475 x 0.048 = 22
Estimated number remaining on treatment at the end of 2013	13,905	876

	All adults & Children	Over 15 years	Under 15 years
4.1 Percentage (%) of all PLHIV currently receiving antiretroviral therapy	46%	50%	20%
Numerator: Number of adults and children with advanced HIV infection who are currently receiving antiretroviral therapy	14,781	13,905	876
Denominator: Estimated number of PLHIV	31,945	27,609	4,336

	All adults & Children	Over 15 years	Under 15 years
4.1 Percentage (%) of eligible adults and children currently receiving antiretroviral therapy	69.5%	74%	34%

Numerator: Number of adults and children with advanced HIV infection who are currently receiving antiretroviral therapy	14,781	13,905	876
Denominator: Estimated number of adults and children with advanced HIV infection eligible for treatment (using national eligibility criteria)	21,264	18,701	2,563

Number of eligible adults and children who newly initiated antiretroviral therapy during 2013	3,661	3,490	171

4.2 Percentage (%) of adults and children with HIV known to be on treatment 12 months after initiating antiretroviral therapy.

Information for this indicator should come from programme monitoring tools; cohort/group analysis forms, Antiretroviral therapy registers and antiretroviral therapy cohort analysis report form. The reporting period is defined as any continuous 12-month period that has ended within a pre-defined number of months from the submission of the report. The pre-defined number of months is determined by national reporting requirements. For PNG the reporting period is January 1 to December 31, 2013, so will include all patients who started antiretroviral therapy, any time during the 12-month period from January 1 to December 31, 2012.

A 12-month outcome is defined as the outcome (i.e., whether the patient is still alive and on antiretroviral therapy, dead or lost to follow-up) at 12 months after starting antiretroviral therapy. For example, patients who started antiretroviral therapy during the 12-month period from January 1 to December 31, 2011 will have reached their 12-month outcomes for the reporting period of January 1 to December 31, 2013 As patients start antiretroviral therapy, monthly cohort data should be collected.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data is from four of the cohort sites Heduru, Begabari, St Josephs & Moro. Tininga & Michael Alpers Clinics are still to be included when their data is available. Lost to follow up and stopped treatment are both recorded as defaulters in PNG.

	All adults & Children Over 15 years
4.2 Percentage (%) of adults and children with HIV known to be on treatment 12 months after initiating antiretroviral therapy	77.1%
Numerator: Number of adults and children who are still alive and on ART at 12 months after initiating treatment	472
Denominator: Total number of adults and children who initiated ART during the twelve months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	612

	Deaths	Default
Additional info: In addition to 'alive and on ART', please report other outcomes at 12 months after initiating treatment	38	102

4.2b Percentage of adults and children with HIV still alive and known to be on treatment 24 months after initiation of antiretroviral therapy (among those who initiated antiretroviral therapy in 2011).

Total number of adults and children who initiated ART in 2011 (or another specified period), who were expected to achieve 24-month outcomes within the 2013 reporting period including those who have died since starting art, those who have stopped art, and those recorded as lost to follow-up at month 24.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data is from four of the cohort sites Heduru, Begabari, St Josephs & Moro. Tininga & Michael Alpers Clinics are still to be included when their data is available. Lost to follow up and stopped treatment are both recorded as defaulters in PNG.

	All adults & Children Over 15 years
Percentage (%) of adults and children with HIV known to be on treatment 24 months after initiating antiretroviral therapy	63.5%
Numerator: Number of adults and children who are still alive and on ART at 24 months after initiating treatment	341
Denominator: Total number of adults and children who initiated ART during the twelve months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	537

	Deaths	Defaults
Additional info: In addition to 'alive and on ART', please report other outcomes at 24 months after initiating treatment	40	156

4.2c Percentage of adults and children with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy (among those who initiated antiretroviral therapy in 2008).

Total number of adults and children who initiated ART in 2008 (or another specified period), who were expected to achieve 60-month outcomes within the 2013 reporting period including those who have died since starting art, those who have stopped art, and those recorded as lost to follow-up at month 60.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data is from four of the cohort sites Heduru, Begabari, & Moro. Tininga, St Josephs & Michael Alpers Clinics are still to be included when their data is available. Lost to follow up and stopped treatment are both recorded as defaulters in PNG.

	All adults & Children Over 15 years

Percentage (%) of adults and children with HIV known to be on treatment 60 months after initiating antiretroviral therapy	48.57%	
Numerator: Number of adults and children who are still alive and on ART at 60 months after initiating treatment	387	
Denominator: Total number of adults and children who initiated ART during the twelve months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	188	
	Deaths	Default
Additional info: In addition to 'alive and on ART', please report other outcomes at 60 months after initiating treatment	42	157

4.3a Number of health facilities that offer antiretroviral therapy (ART) (i.e. prescribe and/or provide clinical follow-up).

For this indicator the numerator is calculated by summing of the number of facilities reporting availability of ART services. Data is requested to be provided disaggregated by *Sector:* public, private *By type:* hospital, health centre, ANC facility, TB facility, STI services.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data is provided from the NDoH ART database. Although there are 90+ sites that have people trained to prescribe ART in 2013 reports were received from only 60 facilities.

4.3 Number of Health facilities that offer ART	90+ sites are registered to provide ART in PNG, only 60 reported in 2013
Public	32
Private	28
Hospitals	29
Health Centre	24
ANC	30
TB clinics	38
STI clinics	
Other	

4.3.b health facilities number of health facilities that offer paediatric antiretroviral therapy (Art)

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: Data is provided from the NDoH ART database and CHAI

4.3b Number of facilities reporting paediatric ART services	29

4.4 Percentage of health facilities dispensing antiretroviral (ARVs) for antiretroviral therapy that have experienced a stock-out of at least one required ARV in the last 12 months

This indicator is measured by the number of health facilities dispensing ARVs that experienced a stock-out of one or more required ARV drug in the last 12 months. total number of health facilities dispensing ARVs. this information is collected at central level, where health facilities submit their inventory control reports or requisition forms for ARVs. these forms have information on patients on art, consumption data, and stock on hand with stock out information if any. This indicator requires the following tools:

i. stock inventory control reports from health facilities indicating also the stock level of each item in the report;
ii. requisition forms submitted from facilities during a defined period of time (e.g. last order period, last quarter, last year) for ARVs; and
iii. list of ARVs that each facility is expected to dispense, if not already included in the inventory control reports or requisition forms.

Is indicator/topic relevant?: Yes

Is data available?: No

4.6 HIV Care.

For this indicator we are required to count the number of patients who are linked to care and ART within the reporting period. Transfer-in patients, those who temporarily stopped therapy but continue to be monitored, pregnant women taking ARVs for PMTCT purpose should be included as linked to care but caution is required to avoid double counting. Data should be disaggregated by gender: Male/ Female and by age groups: <15, 15+.

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: The number of adults & children enrolled in HIV care in 2013 comes from the NDoH ART database.

4.6.a Total number of adults and children enrolled in HIV care at the end of the reporting period = 4,779. Adults = 4,597; children = 182.

4.7 a) Percentage of people on ART tested for viral load who have a suppressed viral load in the reporting period

These indicators related to viral load are intended to measure the effect of ART on viral replication. a viral load threshold of >1,000 copies/ml defines treatment failure according to the WHO 2013 ART guidelines. A supressed viral load under the limits of detection is termed: undetectable viral load, usually between 50 to 400 copies/ml.

The viral load of patients in care may be used as a quality of care indicator for the population engaged in care. If measured over time, it should reflect access to healthcare, acceptance and adherence to antiretroviral therapy, and adequate clinical monitoring of VL. For a particular healthcare system it can be used as a rough proxy measure of access to antiretrovirals, level of antiretroviral medication adherence, patient compliance with disease monitoring, and quality of care delivered to a patient population.

Is indicator/topic relevant?: Yes

Is data available?: No

4.7 b) Percentage of people on ART tested for viral load (VL) with VL level ≤ 1000 copies/ml after 12 months of therapy

Is indicator/topic relevant?: Yes

Is data available?: No

TARGET 5. Reduce Tuberculosis deaths in people living with HIV by 50% by 2015.

5.1 Percentage (%) of estimated HIV-positive incident TB cases that received treatment for TB and HIV

Is indicator/topic relevant?: Yes

Is data available?: Yes

Data measurement tool / source: ART Patient Registers and estimations from the WHO Stop TB database. The Denominator is the estimated incidence of TB cases who are HIV positive from the 2012 WHO TB burden estimates. The numerator is the number of people recorded as being on both ART and TB treatment from the national ART database.

	All cases	Males	Females	< 15	15 +
5.1 Percentage (%) of estimated HIV-positive incident TB cases that received treatment for TB and HIV	41.4%				
Numerator: Number of adults and children with advanced HIV infection who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) and who were started on TB treatment (in accordance with the national TB programme guidelines) within the reporting year	455	192	24	436	19
Denominator: Estimated number of incident TB cases in people living with HIV	1,100				

5.2 Percentage (%) Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease

Is indicator/topic relevant?: Yes

Is data available?: No

This data is available at clinic level only and is still being collated. We may be able to assume that the 455 PLHIV who are receiving both ART and TB treatment is the number that were diagnosed as having active TB in 2013. The 2nd External Review of the TB Programme of Papua New Guinea, 7-21 February 2014 noted:

i. HIV testing is only offered to confirmed TB patients not to those suspected of having TB.

ii. With one exception HIV test documentation for TB patients and TB test documentation for HIV patients is poor;

iii. TB symptom screening among PLHIV is not widely used.

iv. ART is generally only initiated after completion of TB treatment.

5.3 Percentage (%) Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT).

The data needed for this indicator is collected from pre art and ART registers at the HIV care service sites, depending on where isoniazid preventive therapy (IPT) is to be administered. HIV-positive clients should be screened for TB. Those clients found not to have evidence of active TB should be offered IPT. All those accepting IPT and receiving at least the first dose of treatment should be recorded.

Is indicator/topic relevant?: Yes

Is data available?: No

The administration of IPT is currently recorded on patient records and in HIV registers kept at clinic level, however there is currently no place in the reporting form to national level to record IPT. This has been corrected in the redesign of the reporting tools which are due to be rolled out during April / May 2014. The 2nd External Review of the TB Programme of Papua New Guinea, 7-21 February 2014 noted that IPT is rarely provided.

5.4 Percentage (%) of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit.

WHO recommends the use of a simplified screening algorithm for intensified TB case findings that includes 4 clinical symptoms: (1) current cough, (2) fever, (3) weight loss and (4) night sweats.

Using this simplified algorithm assessment of TB status at every visit during the reporting period ('Yes' if 'no signs', 'suspect' or 'on treatment' and 'No'. if TB status not assessed) should be recorded on the patient HIV care/art card, and transferred onto the pre-art or art registers as appropriate at all facilities providing routine HIV care. Enrolled in care includes all those continuing in care and those newly enrolled during the reporting period this data should be analysed and reported together with other cross sectional data at national level.

Is indicator/topic relevant?: Yes

Is data available?: No

This data is available at clinic level only and is still being collated. According to current clinical guidelines adults and children enrolled in HIV Care should have their TB status assessed during each clinic visit. The 2nd External Review of the TB Programme of Papua New Guinea, 7-21 February 2014 noted:

i. HIV testing is only offered to confirmed TB patients not to those suspected of having TB.
ii. With one exception HIV test documentation for TB patients and TB test documentation for HIV patients is poor;
iii. TB symptom screening among PLHIV is not widely used.
iv. ART is generally only initiated after completion of TB treatment.

Comments from 2nd External Review of the TB Programme of Papua New Guinea, 7-21 February 2014

Achievements

- TB/HIV collaborative mechanism (committees, etc.) established in some high HIV provinces

- HIV rapid test widely available
- Training in HIV counselling and testing
- In areas with dedicated staff (e.g. Goroka) HIV test uptake is nearly universal
- Most TB/HIV co-infected patients receive CPT and ART

Challenges

- HIV testing only offered to TB patients (not suspects)
- Poor test documentation (apart from Goroka)
- HIV results regarded as highly confidential, often not shared with TB staff
- TB symptom screening among PLHIV not widely used
- IPT rarely provided
- ART only initiated after completion of TB treatment
- ART compliance generally very low (this is a major concern) – possible influence of traditional healers
- Poor infection control in facilities serving both PLHIV and TB patients

Recommended PNG consider

- Establish enhanced TB/HIV coordination mechanisms in high HIV prevalent provinces (NTP and Provinces)
- HIV testing to be offered to ALL TB suspects; at least in these provinces (NTP and Provinces)
- Consider routine "opt-out" HIV testing for all TB patients (NTP and Provinces)
- TB symptomatic screening every time PLHIV visit the ART clinic. If asymptomatic, provide IPT (HIV program)
- Open waiting rooms for all TB/HIV clinics (Provinces)
- Improved administrative control measures in all areas TB and HIV patients/suspects may mix (Provinces)

TARGET 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US$22 billion in low and middle income countries.

6.1 Domestic and international AIDS spending by categories and financing sources

Is indicator/topic relevant?: Yes

Is data available?: Yes

Primary tool/method: 1) National AIDS Spending Assessment (NASA)

Please refer to separate NASA report.

Target 7. Eliminating Gender Inequalities.

7.1 Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.

Is indicator/topic relevant?: Yes

Is data available?: No

Data related to this topic which does not fit into the indicator cells.

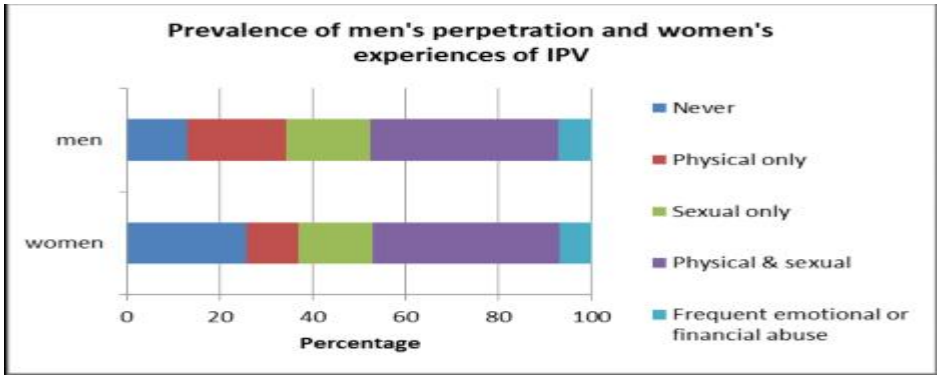
i. *The Family, Health and Safety Study, Bougainville, Papua New Guinea .* September 2013. Partners for Prevention, UNDP,UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific. This multi-country Cross-sectional Study on Men and Violence used a two stage proportionate stratified design to identify a representative sample of 864 men and 879 women. The women and men interviewed for the study were aged 18-49 years.

   a) Just under half women and more than half of the men agreed a husband has the right to punish a wife who does something wrong. In another question, two thirds of men (67%) and just over half of women (53%) agreed that women sometimes deserve to beaten. Nonetheless there was agreement from most that there should be limits to the violence woman was expected to tolerate, as less than a third of men (29%) and only a few women (12%) agreed that violence should be tolerated by women to keep the home together.

   b) One in five women and one in three men agreed that women were usually to blame if they were raped. Nearly half of men and women agreed that for a rape to be 'real' a woman should resist physically.

   c) The proportion of women who had been raped the first time they had sex was 21%. The proportion was higher for those having sex younger, but was high at all ages. It was 36.4% of those who first had sex under 16 years having been forced or raped, 21.5% of those who were aged 16 and 17 years, 25% of those who were aged 18 and 19 years, and 17% of those aged 20 and over.

   d) 85% of men had ever perpetrated physical, sexual or frequent emotional or economic violence against a partner, and three quarters of women had experienced this. The prevalence of on-going violence was also very high with 28% of women having experienced emotional abuse in the previous year, and 32% of men having perpetrated. 23% of women had experienced economic abuse in the previous year, and 29% of men had perpetrated it. 22% of women had experienced physical violence in the previous year and 19% of men had perpetrated it, and 24% of women had experienced sexual violence from their partner in the previous year and 22% of men disclosed having perpetrated it



Half of the women interviewed reported having experienced physical violence from their husband or a boyfriend, and nearly a quarter had done so in the last year. Nearly two thirds of men reported having perpetrated violence and 1 in 5 had done so in the past year. Very common acts of violence, reported by over a third of women, were having been slapped, pushed, shoved or hit with a fist. One in 5 reported having been threatened with or hurt by a weapon. Men disclosed perpetrating very similar acts of violence, with nearly half having pushed, shoved, or hit a partner with a fist. More than a quarter had kicked, dragged or beaten their wife or a girlfriend. The patterns of frequency of violence show that most men who were violent used physical violence on many occasions.

Percentage of men reporting perpetration and women reporting experiences of physical violence		
	women %	men %
Any physically violent act (ever)	51	62
Any physically violent act in last 12 months	22	19
Slapped	35.7	32.7
Pushed/shoved	34.8	47.4
Hit with fist	38.2	46.4
Kicked, dragged, beaten	29	26.5
Threatened or used weapon	20	16.2
Physical abuse: never	48.5	38.1
a few times	14.8	21.1
many times	36.7	40.8

More than half of women reported having ever been raped by their husband or boyfriend, and a similar proportion of men disclosed perpetration. An indication of the commonness of rape within relationships is given by the finding that one in five women had experienced it in the year prior to the interview. The most commonly reported act was physically forced sex, but having unwanted sex out of fear of the consequences of refusal was also reported by more than 4 in 10 women. Being forced to commit other unwanted sexual acts was disclosed by nearly one in three women (and perpetration, by men). Being forced by a partner to watch pornography was disclosed by one in 8 women.

Percentage of men reporting perpetration and women reporting experiences of sexual violence against a partner	women %	men %
Rape of / by an intimate partner (ever)	56.4	59.1
Any sexually violent act (ever)	58.1	64.2
Any sexually violent act (12 months)	23.6	22.1
Physically forced sex	51.6	41.8
Had sex because afraid (female)/ had sex when you knew she didn't want to (male)	43.9	42.2
Forced to watch pornography	12.8	16.9
Forced to do something else sexual	29.3	30.8

ii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International found that 22% (40/182) females reported being forced to have sex in the last year.

iii. *The Askim Na Save (Ask & Understand): People who sell and exchange sex in Port Moresby. 2010, Institute of Medical research, University of New South Wales* found when participants were asked about any experience of physical abuse and forced sex as a result of selling or exchanging sex in the last 6 months, almost half (46% of the 593) reported physical abuse, 50% reported having been forced to have sex an 14% reported having been forced to have sex by police"

iv. *From the Family, Health and Safety Study, Bougainville, Papua New Guinea* 7% of men had themselves been raped and more than 1 in 10 (11.3%) had ever raped, or sexually assaulted, another man. Overall 6.6% of men participating in the study, that is, more than 1 in 20, had ever been forced or persuaded to have sex or do something sexual with a man. Nearly 1 in 3 of these men (29%) had experienced it more than once.

v. *The Exploring gender based violence among men who have sex with men (MSM, male sex worker (MSW) and transgender (TG) communities in Bangladesh and Papua New Guinea*, is a qualitative descriptive study which used focus group discussions and in depth interviews, and was conducted in 2011 by FHI360. It reported high rates of gender based violence.

	Physical	Sexual	Verbal	Other GBV
MSM (n = 19)	10/19	5/19	7/19	15/19
TG (n = 21)	12/21	10/21	11/21	18/21
Total (n = 23)	19/23	15/23	20/23	23/23

vi. *Program data from the Angau Family Support Centre, Lae Papua New Guinea. July to Dec 2013,* shows:

a) The reporting period July to December 2013 had 698 consultations in total. 95 % of clients were female victims /survivors who came in for medical and other psychosocial support.

b) Reasons for consultations/presentation – 23% Sexual Violence cases (rape) , 64 % Intimate Partner Violence (IPV) &Sexual Violence, Other Child abuse 4% and Non recent (for counseling only) 8 %

c) Mental health services (counseling) offered to 86% of the total clients who accessed services this reporting period.

d) 74 % of those who reported sexual violence (rape) within 24/72 were offered PICT and PEP administered. 3 tested positive to HIV.

e) Women and girls between the age of 15 to 49 years account for more than 80% of the Intimate Partner Violence cases

f) Referrals from Angau FSC to other service providers - 70% of the family and sexual violence cases are referred to Police, 26 % to Social Welfare, 1% referred to Safe House and 2% for hospital care.

g) Of the 161 sexual violence cases, 55% are perpetrated by known persons.

h) 3% of the total cases for this reporting period are child abuse related

Target 8. Eliminating Stigma & Discrimination

8.1 Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV

This indicator request information from Population-based surveys (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey). This indicator is constructed from responses of respondents in a general population survey who have heard of HIV to the following set of prompted questions:

- Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? (Yes; No; It depends; Don't know/ Not sure)1
- Do you think children living with HIV should be able to attend school with children who are HIV negative? (Yes; No; It depends; Don't know/ Not sure)

Is indicator/topic relevant?: Yes

Is data available?: No

Data related to this topic which does not fit into the indicator cells.

i. *The HIV-related Stigma and Discrimination and Human Rights in Papua New Guinea Community Report Phase 1 - Western Highlands and Simbu* was released in January 2014.It undertook in-depth interviews with 80 PLHIV in Mt Hagen (male = 16, female = 17, transgender = 7) and Kundiawa (male = 17, female = 20 and transgender = 3) and used the standardized *People Living with HIV Stigma Index* tool to measure and detect changing trends in relation to stigma and discrimination experienced by people living with HIV. All participants were between the ages of 15 – 50 and had been living with HIV for < 1 year to 14 years.

	Yes	%
Have you ever been excluded from social gathering or activities on the basis of your HIV status	45/80	56%
Have you ever been excluded from religious activities because of your HIV status	30 / 80	37.5%
Have you ever been excluded from family gatherings because of your HIV status	54/80	67.5%
Have you experienced gossip related to your HIV status	79 / 80	98.7%
Have you been verbally insulted, harassed or threatened because of your HIV status	68 / 80	85%
Have you ever been physically insulted, harassed or threatened because of your HIV status	56/80	70%
Have you ever been physically assaulted because of your HIV stats	57 / 81	71%
Have you ever been refused work or employment because of your HIV status	23/80	29%
Have you been denied health services because of your HIV status	48 /80	60%

ii. *The Family, Health and Safety Study, Bougainville, Papua New Guinea* reported more than 1 in 20 men (6.5%) had experienced homophobic violence, either being called by names or faced

derogatory remarks because they were thought to be effeminate, or having been subjected to threats of violence, or actual violence, because they were thought to be effeminate, gay, o attracted to men.

iii. *The Mapping Youth Vulnerability. A knowledge, attitude and practice survey among young people in the Autonomous Region of Bougainville, Papua New Guinea study* (2010) by Care International reported that 46.3% of study participants believed that a teacher living with HIV should be allowed to go to school to teach.

iv. *The Askim Na Save (Ask & Understand): People who sell and exchange sex in Port Moresby. 2010, Institute of Medical research, University of New South Wales* found of the 274 participants who had disclosed their involvement in the sex industry to health care workers, in the last 6 months, 43% stated that they were refused services.

Target 10. Strengthen HIV integration

10.1 Current school attendance among orphans and non-orphans (10–14 years old, primary school age, secondary school age)

Numerator: Part A: Number of children who have lost both parents and who attend school aged 10-14, primary school age, secondary school age

Denominator: Part A: Number of children who have lost both parents

Is indicator/topic relevant?: Yes

Is data available?: No

Part B: Number of children both of whose parents are alive, who are living with at least one parent and who attend school aged 10-14, primary school age, secondary school age

Part B: Number of children both of whose parents are alive who are living with at least one parent calculation:

This indicator asks for data from Population-based survey (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey). For every child aged 10-14, of primary school age, and secondary school age, living in a household, a household member is asked:

1. Is this child's natural mother still alive? If yes, does she live in the household?
2. Is this child's natural father still alive? If yes, does he live in the household?
3. Did this child attend school at any time during the school year?

Is indicator/topic relevant?: Yes

Is data available?: No

10.2. Proportion of the poorest households who received external economic support in the last 3 months

Numerator: Number of the poorest households that received any form of external economic support in the last 3 months. *External economic support* is defined as free economic help (cash grants, assistance for school fees, material support for education, income generation support in cash or kind, food assistance provided at the household level, or material or financial support for shelter) that comes from a source other than friends, family or neighbours unless they are working for a community-based group or organization. This source is most likely to be the national government or a civil society organization

Denominator: Total number of poorest households. *Poorest households* are defined as a household in the bottom wealth quintile. Countries should use the exact indicator definition and method of measurement for standardized progress monitoring and reporting at national and global levels. This will allow monitoring of changes over time and comparisons across different countries. However, countries can add or exclude other categories locally (for example, other wealth quintiles) depending on the country needs with respect to national programme planning and implementation

method of measurement: Population-based surveys such as Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other nationally representative survey.

Is indicator/topic relevant?: Yes

Is data available?: No

NCPI. National Commitments and Policy Instrument (NCPI).

TBA

WHO Policy questions

HIV testing & Counselling.

Does the current national HIV testing and counselling policy/guidelines:

- address testing of children? - yes
- address testing of adolescents? - yes
- address testing of "mature minors"? - yes
- address HIV testing for key and vulnerable populations? - yes
- recommend provider initiated testing and counselling (PICT) in all patient encounters? - yes
- recommend PICT for all pregnant women? - yes
- recommend PICT for most-at-risk and vulnerable populations? - yes
- support rapid testing with same day result provision? - yes
- support HIV testing and counselling (HTC) provided by community services? - yes
- support HIV rapid testing (point of care) done by lay or community workers? - yes

Antiretroviral therapy

What is the status of ARV guidelines revision? Provide year of last completed revision:

- Adult ART guidelines: year - May 2012
- PMTCT guidelines: year May 2012
- Paediatric ART guidelines: year - May 2012

Have recommendations of the WHO 2013 Guidelines on the use of ARVs for the Prevention and treatment of HIV been adapted in a national process?

- Adult ART guidelines: - no; discussion on adopting the WHO 2013 Guidelines on the use of ARVs for the Prevention and treatment of HIV is planned for April 2014.
- PMTCT guidelines: - yes
- Paediatric ART guidelines: - - no; discussion on adopting the WHO 2013 Guidelines on the use of ARVs for the Prevention and treatment of HIV is planned for April 2014

What are the national ART target(s):

- Target number of people on ART: 80% of those who are eligible for ART should receive it by 2015.
- PMTCT ART coverage target: 80% of HIV +ve pregnant women receive ARV to reduce MTCT of HIV by year 2015

If national guidelines recommend a CD4 threshold of 500, is there prioritization given to persons with a CD4 = 350 or to those with advanced clinical disease? – Not applicable

What are art initiation criteria in infants and children?

-Age cut-off to treat all children irrespective of symptoms: - 24 months

-CD4 thresholds in children aged 5 years and older who are asymptomatic: - < 350

Do national guidelines recommend art for all HIV-infected patients with active TB? - YES

Do national guidelines recommend art for the HIV positive partner in sero-discordant couples? - NO

Does the country use fixed-dose ART combinations in preference? - YES

Regimen:

Is TDF/3TC(FTC)/EFV the preferred 1st line ARV combination for adults and adolescents in the national guidelines? - YES

Is there a policy to phase out D4t? It is already completed.

Is AZT/3tC(FTC)/ATV/r(LPV/r) the preferred 2nd line ARV combination for adults and adolescents in national guidelines? - YES

What is the preferred NRTI for children less than 3 years of age? – Zidovudine (AZT), however, in current order, looks like being changed to ABC

Are LPV/r based-regimens preferred for all infants and children < 36 months (irrespective of NNRTI exposure) in the national guidelines? - No, but recommended for NNRTI-exposed infants only

Is Efavirenz (EFV) recommended as the preferred NNRTI for children aged 3 years and older) - Yes

What is the recommended NRTI backbone for children aged 3-10 years? AZT + 3TC (or FTC);

What is the recommended NRTI backbone for adolescents > 35kg and at least 10 years of age? AZT + 3TC (or FTC);

Monitoring:

Does the country use point-of-care CD4 technology? - YES

(1) What proportion of district hospitals have CD4 point of care? Provide an estimate - 44% - there are 40 sites total in the country that have CD4 point of care. There are 90+ registered ART sites in the country, however only 60 sites reported in 2013. It is not currently known if the other 30 sites have ceased operating or have just not submitted their 2013 reports yet.

(2) What proportion of primary health care facilities have access to CD4 point of care for testing their patients, whether on-site or nearby referral)? 60% - 80%

Service delivery:

Which of the following service provision modalities are included in the ART national policy?

- ART provision in TB clinics by TB providers: specify: -YES
- TB treatment in art settings by art providers -YES
- art provision in MNCH clinics by MNCH providers -YES
- art provision in settings providing opioid substitution therapy –NO
- Community health workers engaged in art patient support -YES
- Hepatitis C diagnosis and management as part of HIV care - NO
- Hepatitis B and Hepatitis C testing in art clinics - NO
- Hepatitis B vaccination provided at art clinics - NO
- Hepatitis C treatment provided in art clinics - NO

Which of the following co-infection policies are in place?

(Questions to be asked for adults and children):

- Isoniazid preventive therapy (IPT) for people living with HIV - YES
- Intensified TB case finding in PLHIV- YES
- TB Infection control for PLHIV- YES
- Co-trimoxazole prophylaxis- YES

Prevention of mother to-child transmission

Do you have national plan for the elimination of MTCT of HIV?

(1) Yes, if yes specify the MTCT transmission rate target(s) and year: 80% of HIV +ve pregnant women receive ARV by 2015.

Do you have a national plan for elimination of MTCT of syphilis? No. Elimination of Congenital Syphilis was not included in the PPTCT operational plan.

What is the current nationally recommended PMTCT option ? Option B+: since June 2012

If currently implementing Option A, is transition to option B/B+ planned? N/A

What is the current nationally recommended first line ART regimen for pregnant and breastfeeding women with HIV? - TDF/3TC(FTC)/EFV

What is the current nationally recommended PMTCT regimen, and duration, for exposed infants?

Current nationally recommended PMTCT regimen - Daily AZT from birth up to 6 weeks regardless of infant feeding method.

Duration – 6 weeks

Is there a national recommendation on infant feeding for HIV-exposed infants? – Yes. Breast feeding is recommended.

If breastfeeding is recommended for HIV positive women and exposed infants, is the duration specified? No. The guidelines recommended that the decision for stopping breastfeeding should be made on an individual basis and consideration made to stop breastfeeding only when an adequately nutritious and safe diet can be provided in the absence of breast feeding.

Sexually transmitted infections (STI)

Are there national STI treatment guidelines or recommendations? - YES

If so, what year were they last updated? – 2006

Key populations

Which of the following key population or vulnerable groups are explicitly addressed in the national HIV policy or national plans? (tick box):

men who have sex with men, - YES

transgender persons, - YES

sex workers, - YES

people who inject drugs, - YES

prisoners, - YES

adolescent key populations - YES

Which of the following components of the comprehensive package of HIV prevention, treatment and care interventions for sex workers are implemented in the country?

(1) Comprehensive condom programming - YES

(2) HIV testing and counselling - YES

(3) antiretroviral therapy and care - YES

(4a) Symptomatic STI treatment - YES

(4b) asymptomatic STI treatment (yes/no) - NO

(4c) Periodic presumptive STI treatment - NO

(5) Comprehensive package of interventions for SW who inject drugs - NO

(6) Empowerment of sex workers (participation in planning and implementation of HIV/AIDS/STI prevention and care activities) - YES

Which of the following components of the comprehensive package of HIV prevention, treatment and care interventions for men who have sex with men are implemented in the country?

(1) Comprehensive condom programming - YES

(2) HIV testing and counselling - YES

(3) antiretroviral therapy and care - YES

(4) Sexually transmitted infection (STI) prevention and treatment - YES

(5) Comprehensive package of interventions for men who have sex with men who inject drugs (yes/no) - NO

Surveillance

Does the country carry out sentinel surveillance in special populations?

(i) ANC attendees not since 2010. Data from all ANC HIV testing sites are monitored and reported. There has been no sentinel surveillance since 2011.

(ii a) sex workers? No

(ii b) people who inject drugs? - NO

(ii c) men who have sex with men? NO

(ii d) transgender NO

(iii) Other specific populations NO

Monitoring and evaluation

What is the current status of planning for M&E of the HIV/AIDS health sector response?

A national M&E plan exists: last update in year . A national M&E framework exists as part of the NHS, however there is no M&E plan for the country.

A review of the M&E system was conducted: year of last review, specify. No specific review of the M&E system has been conducted, although surveillance and M&E were components of the midterm review of the National HIV Strategy conducted in 2013.

A review of the M&E system is planned:, No

HIV drug resistance

Is national HIV drug resistance strategy in place? YES embedded in national HIV strategy?

Has the country carried out HIV Drug resistance (HIVDr) surveillance according to the following WHO protocols? For each: if yes, last in year ___, next in year ___

1. transmitted drug resistance surveys YES, Last in 2013, next in 2014
2. Pre-treatment drug resistance surveys NO
3. acquired drug resistance surveys- YES, Last in 2013, next in 2014
4. Paediatric drug resistance surveys YES, Last in 2013, next in 2016
5. Monitoring of Early warning indicators for HIV drug resistance, YES, Last in 2013, next in 2014

If yes, number of ART clinics participating: _2___

Toxicity monitoring surveillance

What is the status of national ARV toxicity surveillance? please specify: _____

- a national policy/strategy on ARV toxicity surveillance exists - NO
- toxicity surveillance activities are at pilot stage - NO
- toxicity surveillance activities are part of a national programme - NO
- toxicity surveillance data are integral part of M&E reporting within ART programme – NO

Strategic planning and review

What is the status of national HIV/AIDS Programme development (that includes HIV in the health sector)?

___The HIV national (health sector) strategic plan is in place, valid from: The National HIV&AIDS Strategy 2011 - 2015. The National Health Plan 2011 - 2020.

___The next HIV (health sector) programme review is planned for - not yet planned

Does the current national HIV [health sector] strategy address the following elements:

a) achieving universal access to ART - YES

b) collaboration between HIV and other services including reproductive health - YES

c) strengthening health systems - YES

d) reducing inequities – NO. Not explicitly. Although prioritisation of the high burden provinces supports the criteria of "Equal need for equal utilisation"

Reproductive health and research

In your country, do you have service delivery points providing

- appropriate medical and psychological care and support for women and men who have been raped & experienced incest? - FEW
- appropriate medical and psychological care and support includes and is in accordance with the recommendations of the WHO clinical and policy guidelines - responding to intimate partner violence and sexual violence against women (2013): - FEW
- Provision of first-line support or what is known as psychological first aid - FEW
- Provision of emergency contraception to women who seek services within 5 days - FEW
- Offer safe abortion if a woman is pregnant as a result of rape, in accordance with the national law - NO
- Provision of STI and HIV post-exposure prophylaxis (within 72 hours of a sexual assault) as needed - FEW

WHO/AIDS Medicines and Diagnostics Survey on the use of ARV medicines and laboratory technologies and implementation of WHO Related Guidelines

1. Treatment in HIV-infected Adults and Adolescents (≥10 years old) including pregnant women - Papua New Guinea - 2013

Question 1. Report the number of HIV-infected adults and adolescents ≥10 years old on first, second and third line regimens at the end of December 2013

	ART Regimen at end of December 2013	Number of HIV-infected Adults and adolescents ≥10 years old receiving this regimen at end of December 2013
First Line:	TDF + 3TC + EFV	-
Second Line	AZT + TDF + 3TC + LPV/r	-
Third Line:	No third line	-
Total:		-

Question 2. First Line ART regimens used in HIV-infected adults and adolescents ≥10 years old at end of 2013. N.B. Please start by ART regimens with higher numbers by end 2013

List of 1st line ART regimens used in HIV-infected adults and adolescents ≥10 years old regimen at the end of 2013	Number of HIV-infected adults and adolescents ≥10 years old receiving this ART regimen at the end of 2013
TDF + 3TC + EFV	-
AZT + 3TC + NVP	-
AZT + 3TC + EFV	-
TDF + 3TC + NVP	-
Total	-

Question 3. Second Line ART regimens used in HIV-infected adults and adolescents ≥10 years old at the end of 2013 N.B. Please start by ART regimens with higher numbers by end 2013

List of 2nd line ART regimens used in HIV-infected adults and adolescents ≥10 years old regimen at the end of 2013	Number of HIV-infected adults and adolescents ≥10 years old receiving this ART regimen at the end of 2013
AZT + TDF + 3TC + LPV/r	--
AZT + 3TC + LPV/r	--
ABC + 3TC + LPV/r	--
TDF + ABC + LPV/r	--
Total	--

Question 4 Third line ART regimens used in HIV-infected adults and adolescents ≥10 years old at end of 2013 N.B. Please start by ART regimens with higher numbers by end 2013

List of 3rd line ART regimens used in HIV-infected adults and adolescents ≥10 years old at the end of 2013	Number of HIV-infected adults and adolescents ≥10 years old receiving this ART regimen at the end of 2013
No third line	

Question 5. Number of HIV-infected adults and adolescents ≥10 years old who switched regimens between 1 January and 31 December 2013
Number of HIV-infected adults and adolescents ≥10 years old who switched from 1st line to 2nd line ART regimens from 1 Jan to 31 Dec 2013 _____

Number of HIV-infected adults and adolescents ≥10 years old who switched from 2nd line ART to 3rd line ART regimens from 1 Jan to 31 Dec 2013 _____

2. Treatment in HIV-infected Children (<10 years old) - Papua New Guinea - 2013

Question 6. Number of HIV-infected children <10 years old on first, second and third line ART regimens at the end of 2013.

	ART Regimen at end of December 2013	Number of HIV-infected children <10 years old receiving this regimen at the end of 2013
First Line	Children < 3 years AZT +3TC + NVP or AZT + 3TC + EFV or AZT + 3TC + ABC	– – –
Second Line	For children < 3 years ABC + 3TC + LPV/r or ddI + EFV + LPV/r or ddI + NVP + LPV/rV/r	– – –
Third line	No third line	
Total		

Question 7. First line ART regimens used in HIV-infected infants and children <10 years old at the end of 2013 N.B. Please start by ART regimens with higher numbers by end 2013

List of 1st line regimens used in HIV-infected children at the end of 2013	# children < 3 years old receiving this regimen (A)	# children ≥3 to <10 years old receiving this regimen (B)	Total # children <10 years old receiving this regimen (A) + (B)
children < 3 years AZT +3TC + NVP	-	-	-
children < 3 years AZT + 3TC + EFV	-	-	-
children < 3 years AZT + 3TC + ABC	-	-	-

	No. of children < 3 years old receiving this regimen (A)	No. of children ≥3 to <10 years old receiving this regimen (B)	Total # children <10 years old receiving this regimen (A) + (B)
Total	-	-	-

Question 8: Second line ART regimen used in HIV-infected children <10 years old at the end of 2013

N.B. Please start by ART regimens with higher numbers by end 2013

List of 2nd line ART regimen used in HIV-infected children <10 years old at the end of 2013	Number of HIV-infected children <10 years old receiving this regimen at the end of 2013
For children < 3 years ABC + 3TC + LPV/r	-
For children < 3 years ddl + EFV + LPV/r	-
For children < 3 years ddl + NVP + LPV/r	-
Total	-

Question 9: Third line ART regimen used in HIV-infected children <10 years old at the end of 2013
N.B. Please start by ART regimens with higher numbers by end 2013

List of 3rd line ART regimen used in HIV-infected children <10 years old at the end of 2013	Number of HIV-infected children <10 years old receiving this regimen at the end of 2013
No third Line	-
Total	-

Question 10. Number of HIV-infected children<10 years old who switched regimens between 1 January and 31 December 2013

Number of HIV-infected children <10 years old who switched from 1st line to 2nd line ART regimens from 1 Jan to 31 Dec 2013 _____

Number of HIV-infected children<10 years old who switched from 2nd line ART to 3rd line ART regimens from 1 Jan to 31 Dec 2013 _____

3. Prevention of Mother-to-Child Transmission - Papua New Guinea - 2013

Question 11. Please list ARV regimens used for PMTCT Option B in 2013

N.B. Please start by ARV regimens with higher numbers by end 2013

Option B ART regimens used for HIV-infected pregnant women in 2013	Number of HIV-infected pregnant women who received this regimen in 2013
N/A	
Total	

Question 12. Please list ARV regimens used for Option B+ in HIV-infected pregnant women by end of 2013

N.B. Please start by ART regimens with higher numbers by end 2013

Option B+ ART regimens used for HIV-infected pregnant women in 2013	Number of HIV-infected pregnant women who received this regimen in 2013
TDF + 3TC + EFV	-
TDF + 3TC + NVP	-
AZT + 3TC + NVP	-
AZT + 3TC + EFV	-
Total	-

Question 13 : ARV regimens used for life-time treatment of HIV-infected pregnant women eligible for treatment if not listed under Option B+. as above

Question 14. ARV used for HIV prophylaxis of neonates born from HIV-infected mothers in 2013

AZT	-
NVP	_
Total	_

4. Laboratory Services - Papua New Guinea - 2013

Question 15. Total number of laboratory / health facilities and type of test performed by 31 December 2013

Type of laboratory tests

	Number of labs or health facilities where the test is performed	Number of health care facilities where this test is performed	For which type of test does the country participate in external quality assessment (EQA) scheme (please mark (x) to where it applies below)?	If participating in EQA, what was the quality performance result of the tests assessed?
HIV serology antibody testing including rapid test:	-			
Early Infant Diagnosis (EID):	2			
CD4:	40			
Viral load:	1			
HIVDR genotype testing:	-			
GeneXpert (TB test):	5			

Question 16. Availability of laboratory HIV technologies. Please list as many technologies as your country has/ remove those that your country does not have by 31 December 2013

Type of machine

	Number of laboratory machines	Number of lab / health facilities (ART or PMTCT) where the lab machine is installed	Number of lab machines not in use	Main reason for lab machines not in use	Number of equipment with a maintenance contractual service	Number of equipment serviced in 2013
CD4 Technologies:						
BD FACSCalibur:						
Coulter Epics:						
Partec CyFlow:	1					
BD FACSCount:	13					
Millipore-Guava:						

Apogee Auto40 Flow Cytometer:						
PointCare NOW:						
Alere Pima Analyzer:	27					
Partec miniPOC:						

Other CD4 Technologies

Type of machine	Number of laboratory machines	Number of lab / health facilities (ART or PMTCT) where the lab machine is installed	Number of lab machines not in use	Main reason for lab machines not in use	Number of equipment with a maintenance contractual service	Number of equipment serviced in 2013

Type of machine

	Number of laboratory machines	Number of lab / health facilities (ART or PMTCT) where the lab machine is installed	Number of lab machines not in use	Main reason for lab machines not in use	Number of equipment with a maintenance contractual service	Number of equipment serviced in 2013
Viral Load Technologies:	1					
Amplicor (Roche):						
COBAS TaqMan(Roche):	1					
Abbott RealTime HIV-1:						
VERSANT® HIV-1 RNA (Siemens):						
NucliSens EasyQ® HIV-1 (bioMerieux):						

Other Viral Load Technologies

Type of machine	Number of laboratory machines	Number of lab / health facilities (ART or PMTCT) where the lab machine is installed	Number of lab machines not in use	Main reason for lab machines not in use	Number of equipment with a maintenance contractual service	Number of equipment serviced in 2013

Type of machine

	Number of laboratory machines	Number of lab / health facilities (ART or PMTCT) where the lab machine is installed	Number of lab machines not in use	Main reason for lab machines not in use	Number of equipment with a maintenance contractual service	Number of equipment serviced in 2013
EID Technologies:	2					
DBS Amplicor (Roche):	2					

Other EID Technologies

Type of machine	Number of laboratory machines	Number of lab / health facilities (ART or PMTCT) where the lab machine is installed	Number of lab machines not in use	Main reason for lab machines not in use	Number of equipment with a maintenance contractual service	Number of equipment serviced in 2013

5. Laboratory Performance - Papua New Guinea - 2013

CD4 Tests

Question 17. Number of HIV+ people who had at least one CD4 test between Jan- Dec 2013: ____

Question 18. Number of patients on ART who had at least one CD4 test between Jan- Dec 2013: _____

Question 19.Number of HIV-infected pregnant women who had at least one CD4 test between Jan- Dec 2013: _____

Question 20. Total number of CD4 tests performed between Jan- Dec 2013: _____

Viral Load

Question 21. Number of HIV+ people who had at least one VL test between Jan- Dec 2013: ____

Question 22. Number of patients on ART who had at least one VL test between Jan- Dec 2013: ____

Question 23. Number of HIV-infected pregnant women who had at least one VL test between Jan- Dec 2013: ____

Question 24. Total number of VL tests performed between Jan- Dec 2013: ____

Early Infant Diagnosis (EID)

Question 25. Number of infants (<12 months old) born to HIV-infected mother who had at least one EID test between Jan- Dec 2013: _____

Question 26. Total number of EID tests performed between Jan- Dec 2013: _____

6. Country Targets for Forecasting Purpose - Papua New Guinea - 2013

Question 27. In the table below, report the national targets for ART, PMTCT and lab tests in the next 4 years

Country target

	At the end of 2014	At the end of 2015	At the end of 2016	At the end of 2017
Number of adults and children to be on ART:		80% of those eligible		
Number of adults and adolescents (≥10 years) to be on ART:		80% of those eligible		
Number of children <10 years to be on ART:		80% of those eligible		
Number of children <5 years to be on ART:		80% of those eligible		
Number of children ≥ 5 to <10 years to be on ART:		80% of those eligible		
Number of pregnant women receiving ART for PMTCT (Option B or B+):		80% of those eligible		
Number of HIV serology tests:				
Number of CD4 tests:				
Number of EID tests:				
Number of VL tests:				

Question 28: Stavudine (d4T) phase out plan. When phasing out d4T, what are the recommended first line regimens by order of preference:

For adults currently on d4T containing regimens N/A

For children currently on d4T containing regimens N/A
For adults starting ART N/A
For children starting ART N/A

Question 29. Proportion of d4T based regimens in adults and adolescents (≥ 10 years) and preferred NRTI replacement in the phase out plan of d4T. N/A

	At the end of 2014 (%)	At the end of 2015 (%)	At the end of 2016 (%)	At the end of 2017 (%)
d4T phase out plan (% patients on d4T based regimens):				

Preferred NRTI replacement

	At the end of 2014 (%)	At the end of 2015 (%)	At the end of 2016 (%)	At the end of 2017 (%)
AZT (% patients on AZT based regimens):				
TDF (% patients on TDF based regimens):				

Question 30: Proportion of d4T based regimens in children (<10 years) and preferred NRTI replacement

	At the end of 2014 (%)	At the end of 2015 (%)	At the end of 2016 (%)	At the end of 2017 (%)

d4T phase out plan (% patients on d4T based regimens):				

Preferred NRTI replacement

	At the end of 2014 (%)	At the end of 2015 (%)	At the end of 2016 (%)	At the end of 2017 (%)
AZT (% patients on AZT based regimens):				
ABC (% patients on ABC based regimens):				