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AusAID

Responding to HIV/AIDS in Papua New Guinea

AUSTRALIA'S STRATEGY TO SUPPORT PAPUA NEW GUINEA
2006–10

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Contents

SUMMARY	4
1 INTRODUCTION	6
2 GOAL, PRINCIPLES AND PRIORITIES	8
Goal	8
Principles	8
Priorities	9
3 FOCUS AREAS OF THE PNG NATIONAL STRATEGIC PLAN ON HIV/AIDS 2006–2010	10
1 Treatment, counselling, care and support	10
2 Education and prevention	12
3 Epidemiology and surveillance	14
4 Social and behaviour change research	15
5 Leadership, partnership and coordination	16
6 Family and community support	18
7 Monitoring and evaluation	19
4 DELIVERING AN EFFECTIVE RESPONSE	20
1 Make gender a crosscutting theme	20
2 Build capacity	20
3 Act on lessons learned	21
4 Manage risks	21
5 Adopt an integrated approach	23

Summary

After wide consultation within the Government of Papua New Guinea and the community, the National AIDS Council developed the document *Papua New Guinea National Strategic Plan on HIV/AIDS 2006–2010*. This plan sets out the basis for a national coordinated multisectoral response to the HIV/AIDS epidemic for the next five years. In his endorsement of the National Strategic Plan, the Prime Minister of Papua New Guinea, Sir Michael Somare, urged all development partners to support the implementation of the plan.

Australia has made an explicit commitment to the National Strategic Plan by using it as the foundation document for this strategy, *Responding to HIV/AIDS in Papua New Guinea: Australia's strategy to support Papua New Guinea 2006–10*. It also demonstrates Australia's support for the 'Three Ones' principle of 'one agreed HIV/AIDS Action Framework that drives the alignment of all partners', as articulated by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The escalating HIV/AIDS epidemic in Papua New Guinea (PNG) has reached a critical stage. It has passed the threshold of 1 per cent prevalence across the adult population and is therefore classified as a generalised epidemic, making PNG the fourth country in the Asia-Pacific region to have that classification. The potential human, social and economic impacts of HIV/AIDS pose a significant development challenge for PNG.

In PNG, HIV is spread primarily through sexual activity. Key determinants of the epidemic include high rates of sexually transmitted infections, pervasive multiple partnering, widespread engagement in transactional sex and extensive sexual violence against women. Underlying social and institutional factors that are hampering the national response to the epidemic include insufficient leadership, a lack of coordination and surveillance capacity, gender inequality and deteriorating health services.

The goal of Australia's strategy to support PNG's response to HIV/AIDS is to work with the Government of Papua New Guinea and other development partners to reduce the spread of HIV/AIDS in the country and to mitigate the effects of the disease on Papua New Guineans living with HIV/AIDS and their families, and on PNG society generally. The strategy's objectives support each of the seven focus areas of the National Strategic Plan.

Australia will give highest priority to enhancing preventive efforts to reduce the spread of the epidemic. The next five years will be a crucial period for developing effective preventive interventions to slow the expansion of the epidemic. Australian support will therefore focus on initiatives such as improving access to treatment services for sexually transmitted infections – the presence of which greatly increase the risk of HIV infection for people exposed to the virus – and improving rates of

condom availability and use. These efforts will be evidence-based to ensure they are effective, culturally appropriate and well targeted.

A further priority will be to support PNG in working towards achieving universal treatment targets. Though antiretroviral therapy is a relatively expensive intervention, it not only saves lives but has preventive benefits.

Australian efforts will extend across PNG's diverse communities in order to mobilise and support them in reducing the spread of HIV and to broaden the reach of treatment and care. The strategy therefore addresses underlying institutional, social and cultural factors that are increasing the spread of HIV/AIDS in PNG and inhibiting response efforts.

The implementation of Australia's assistance will therefore encompass a combination of interventions focused on rapidly responding to critical gaps in the present response while supporting the development of longer term, sustainable interventions that build the capacity of public institutions, policymakers, service providers, the private sector, research bodies, communities and civil society to deliver the HIV and AIDS response.

1 Introduction

HIV – the human immunodeficiency virus that weakens the immune system, ultimately leading to the acquired immune deficiency syndrome (AIDS) – was first reported in PNG in 1987. In 2002, PNG became the fourth country in the Asia-Pacific region to be classified as having a generalised epidemic, as the prevalence rate in the general adult population rose above 1 per cent. Although there is a paucity of epidemiological data available on HIV/AIDS in PNG, it was agreed at the National Consensus Workshop at the end of 2004 that adult prevalence rates were between 0.9 and 2.5 per cent, with a median of 1.7 per cent.

PNG has the poorest social indicators in the Asia-Pacific region. Papua New Guineans face low life expectancies, high rates of maternal and child mortality, low levels of literacy, a lack of economic opportunities, declining standards of service delivery, high rates of violence and a lack of law and order. Papua New Guineans are now also facing the challenge of a generalised HIV/AIDS epidemic.

A 2005 modelling study estimated that there were 64 000 Papua New Guineans then living with HIV/AIDS. If HIV/AIDS continues to spread at the present rate and if interventions do not expand, it is projected that there will be over half a million (537 000) Papua New Guineans living with HIV/AIDS in 2025. In this scenario, prevalence among 15–49 year olds is projected to reach 10.9 per cent nationally by 2025, with urban adult prevalence

rising to 20.4 per cent and rural adult prevalence rising to 8.6 per cent.

HIV transmission in PNG is primarily driven by unsafe sexual practices. Transmission has been accelerated by high rates of sexually transmitted infections, multiple sexual partnering, early sexual debut, high levels of sexual violence and coercion, gender inequality, widespread transactional sex and population mobility. This has occurred in a context of deteriorating health services, low levels of condom availability and use and high levels of unemployment, particularly among young people and women.

Australia recognises the threat posed by the HIV epidemic to PNG's development and economic growth prospects. The Government of Papua New Guinea has made HIV/AIDS one of five priorities in its *Medium Term Development Strategy 2005–2010*. Its response to the HIV/AIDS epidemic is outlined in *Papua New Guinea National Strategic Plan on HIV/AIDS 2006–2010* and in *National HIV/AIDS Strategic Framework 2004–2008*. Implementation of the response is supported and coordinated primarily by the National AIDS Council and its secretariat (part of the Department of the Prime Minister and National Executive Council) and by the National Department of Health.

Supporting PNG's HIV/AIDS response is one of the four pillars of the Papua New Guinea – Australia Development Cooperation Strategy 2006–10,

reflecting both countries' recognition that combating the HIV epidemic is central to successful development outcomes in PNG.

From 2000 to 2006 Australia's support for the PNG government and community response to the HIV epidemic was primarily through the \$66 million National HIV/AIDS Support Project. This project has made a positive contribution to the HIV/AIDS response in terms of raising awareness, socially marketing condoms, providing comprehensive training for counsellors and health workers, supporting law reform, expanding access to voluntary counselling and testing, fostering church leadership, supporting provincial AIDS committees and providing grants for research and community projects. However, the prevalence of HIV/AIDS continued to rise over this period.

In the face of a worsening generalised epidemic, Australia's strategy to support PNG's response to HIV/AIDS aims to extend support widely across PNG's diverse communities in order to mobilise and support them in reducing the spread of HIV and to broaden the reach of treatment and care. Australia will support PNG in addressing underlying institutional, social and cultural factors that are increasing the spread of HIV in PNG and hampering response efforts.

Australia's strategy to support PNG's response to HIV/AIDS outlines the goal, principles and priorities that will guide Australia's development of a new program of activities to support the PNG National Strategic Plan. Guided by the goal, principles and priorities, Australia has developed a detailed implementation framework. This framework defines how Australian support will be delivered through a consultative process involving close cooperation with the Government of Papua New Guinea and active engagement with other development partners.

Australia's strategy is based on the PNG National Strategic Plan, which offers a comprehensive framework for responding to HIV/AIDS in PNG over the next five years. In his endorsement of this plan, the Prime Minister of Papua New Guinea, Sir Michael Somare, urged all development partners to support the implementation of the plan. Australia's use of the National Strategic Plan as the

foundation document for this strategy is an explicit commitment to supporting the Government of Papua New Guinea in its response to HIV/AIDS. It also demonstrates Australia's support of the 'Three Ones' principle of 'one agreed HIV/AIDS Action Framework that drives the alignment of all partners', as articulated by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

2 Goal, principles and priorities

Responding to the HIV/AIDS epidemic is one of four pillars that have been agreed by the governments of Australia and Papua New Guinea under the framework for the Papua New Guinea – Australia Development Cooperation Strategy 2006–10.

The document *Papua New Guinea National Strategic Plan on HIV/AIDS 2006–2010* was produced through the collaborative effort of many individuals and organisations. It promotes an integrated response to the HIV epidemic and is flexible enough to provide policymakers, administrators, business managers, donor organisations, church leaders, non-government organisations and other partner agencies with a framework to guide their specific responses within their own settings.

Australia's strategy to support PNG's response to HIV/AIDS outlines how Australia will assist the continued implementation of the PNG National Strategic Plan.

GOAL

Australia will work with the Government of Papua New Guinea and other development partners to reduce the spread of HIV/AIDS in PNG and to mitigate the effects of the disease on Papua New Guineans living with HIV/AIDS and their families, and on PNG society generally.

Australia's primary focus will be on enhancing preventive efforts to reduce the spread of the epidemic. Australia will also support PNG in working towards universal treatment targets.

PRINCIPLES

Australia's engagement on HIV/AIDS in PNG is based on the understanding that HIV/AIDS is a development crisis that requires a range of immediate, medium-term and longer term responses. The success of Australia's program of support will depend on how effectively Australia engages with Papua New Guineans and their institutions.

The principles that will underpin Australia's engagement on HIV/AIDS in PNG are:

- > Promote local ownership and leadership and support local expertise and institutions in responding to the epidemic.
- > Build capacity in PNG government agencies, systems and individuals to effectively implement and monitor the PNG National Strategic Plan.
- > Promote coordination and partnership based on an understanding of each stakeholder's comparative advantages.
- > Acknowledge the complexity and scale of the epidemic and the need for responses that are evidence-based, well-resourced, targeted and locally adapted.

- > Place people and human rights at the centre of the response and encourage the involvement and visibility of people living with HIV and AIDS.
 - > Engage those communities most likely to be affected by the epidemic in the development and implementation of policy and programming.
 - > Support a continuum of responses that, while focusing primarily on preventing HIV transmission, will also provide care and support for people living with HIV/AIDS and access to quality and affordable treatment.
 - > Seek to address the underlying causes of vulnerability, including stigma, discrimination and gender inequalities.
- Through its engagement on HIV/AIDS in PNG, Australia will support the guiding principles of the PNG National Strategic Plan and the UNAIDS ‘Three Ones’ principle.
- > mobilising communities on HIV prevention, to develop informed, culturally appropriate, rights-based strategies to address behavioural and social issues driving the epidemic
 - > promoting gender equality and reducing sexual violence to address the greater risk posed to women and girls, and supporting equitable access to services to prevent and treat HIV/AIDS
 - > expanding the health sector response by improving the capacity of primary health services to prevent HIV and other sexually transmitted infections and to support treatment, care and improved access to HIV/AIDS treatment, including antiretroviral therapy
 - > mainstreaming HIV in development initiatives, to promote a multisectoral response to the factors driving the epidemic and arising out of it, and
 - > building the evidence base for action, to ensure interventions are effective, culturally appropriate and well targeted.

PRIORITIES

The National Strategic Plan focuses on seven areas, which provide the broad strategic framework for an integrated national response for the next five years:

- 1 Treatment, counselling, care and support
- 2 Education and prevention
- 3 Epidemiology and surveillance
- 4 Social and behaviour change research
- 5 Leadership, partnership and coordination
- 6 Family and community support
- 7 Monitoring and evaluation.

Based on lessons learned from our history of cooperation on HIV/AIDS in PNG, on consultations with the Government of Papua New Guinea and on advice from a PNG-based steering committee and an international advisory reference group, Australian support needs to be directed to specifically assist in:

- > strengthening leadership and coordination within national, provincial and local governments and within the non-government sector, including churches

These specific areas for Australian assistance reflect the understanding that a generalised, sexually driven epidemic requires fundamental social, cultural and institutional factors in PNG to be addressed in order to effectively and sustainably reduce the spread of HIV/AIDS and mitigate its impact. A series of objectives for such assistance were selected, based on an assessment of Australia’s comparative advantage and the kind of resources we can provide. Australia’s strategy aligns those objectives with the focus areas of the PNG National Strategic Plan.

Gender inequality is a major driver of the HIV epidemic in PNG. Gender-based approaches are recognised internationally as crucial for all responses to HIV. The significance of gender is recognised in the National Strategic Plan and gender issues cut across each of the plan’s seven focus areas. Australian support of the National Strategic Plan will highlight the significance of gender and seek to ensure that there is a very strong focus on gender across all areas.

3 Focus areas of the PNG National Strategic Plan on HIV/AIDS 2006–2010

1 TREATMENT, COUNSELLING, CARE AND SUPPORT

GOAL

To decrease morbidity and mortality from AIDS and related causes, to improve the quality of lives of people living with HIV, and to encourage access to voluntary counselling and testing

SITUATION ANALYSIS

The impact of the growing HIV/AIDS epidemic will create a crisis for already weak health systems, with an excessive burden falling on tertiary health services due to the poor state of primary health services. The PNG National Health Plan 2001–2010 has predicted that for every 5 per cent increase in HIV prevalence in PNG, the total national spending on health will need to increase by 40 per cent. Demand for health care services will increase as the epidemic causes workforce attrition. Counsellors and caregivers will need greater support, as they face difficult and isolating conditions.

The health sector's response to HIV/AIDS in PNG has been hampered by inadequate planning and coordination between national government agencies and the deteriorating state of primary health services. Major issues include poor coordination between different parts of the system, poor management and supervision of staff, inadequate financial and human resources, closure of aid posts and low levels of outreach to remote areas.

The roll-out of antiretroviral therapy is likely to be constrained by insufficient numbers of appropriately trained health workers. Medical supply logistics will require much greater integrity to supply sexually transmitted infection treatment and antiretroviral drugs and other HIV-related items. Real expenditure by government on health care fell by 13.4 per cent between 2001 and 2004.

Studies have determined that sexually transmitted infections are widespread among the PNG population. Given the epidemiological synergy between HIV and other sexually transmitted infections, expanding access to treatment for sexually transmitted infections is particularly important at this early stage of PNG's generalised epidemic. The attitudes of some health workers need to be changed in the context of the HIV/AIDS epidemic and high rates of sexually transmitted infections, so as to be more supportive of condom distribution and sexual and reproductive health programs. HIV/AIDS can also exacerbate the spread of tuberculosis and compromise its control, and efforts to strengthen and integrate tuberculosis programs are needed.

TREATMENT, COUNSELLING, CARE AND SUPPORT UNDER THE NATIONAL STRATEGIC PLAN

PNG's Medium Term Development Strategy ranks primary and preventive health care as a top expenditure priority, and emphasises the need to strengthen rural health services, particularly health centres and aid posts. 'Effective supervision, regular

community outreach and mobile clinics or patrols, and supplies of drugs and materials' are the priority activities identified in the strategy. Key health sector plans rank HIV/AIDS as one of the top expenditure priorities. Health sector responsibilities within the HIV/AIDS response include treating and preventing sexually transmitted infections, providing voluntary counselling and testing, delivering antiretroviral therapy, distributing condoms and undertaking surveillance.

The National Strategic Plan specifically targets the need to improve the treatment and care of people living with HIV/AIDS. It plans to make antiretroviral treatment and voluntary counselling and testing services available and accessible and reduce bed occupancy rates of AIDS-related patients. In addition, the National Strategic Plan commits to minimising exposure to HIV infection by promoting healthy workplaces, ensuring the safety of blood supplies and reducing the incidence of sexually transmitted infections in populations at risk.

AUSTRALIAN SUPPORT FOR TREATMENT, COUNSELLING, CARE AND SUPPORT

Strengthening and expanding the broader health sector response in PNG to the HIV/AIDS epidemic is crucial. There is growing recognition internationally of the need to strengthen primary health services in the context of the epidemic. Primary health services underpin voluntary counselling and testing programs and access to key cost-effective preventive interventions, including reducing sexually transmitted infections and preventing mother-to-child transmission. The health sector also bears primary responsibility for delivering treatment and care to people living with HIV/AIDS, including antiretroviral therapy and treatment for opportunistic infections such as tuberculosis.

Clinical need rather than gender should determine access to health care, and Australia strongly supports efforts to ensure gender equality in access to HIV/AIDS treatment. It is also important to ensure that infants and children living with HIV have access to treatment and care, including suitable antiretrovirals.

Australia's objectives in supporting this focus area of the National Strategic Plan for 2006–10 are to:

- 1 **Improve men's and women's access to quality primary health services that incorporate treatment and care for HIV and sexually transmitted infections.**
 - > Provide greater support to primary health service delivery in areas such as staff supervision and management, hygiene and infection control, outreach and coordination.
 - > Develop skills and educate health workers on gender-sensitive prevention of HIV and other sexually transmitted infections, tuberculosis control, treatment and care services and support for home-based care.
 - > Strengthen coordination between health services to integrate HIV/AIDS and sexually transmitted infection services into sexual, reproductive and maternal health services, and support alternative service providers where current services are failing.
 - > Encourage the participation of non-government, particularly church, health services in the Health Sector Improvement Program and widen access to donor support.
 - > Support the procurement and distribution of medical supplies in order to safeguard the delivery of drugs for treating sexually transmitted infections, opportunistic infections and antiretroviral therapy, and deliveries of infection control supplies and condoms.
 - > Strengthen voluntary testing and surveillance systems for HIV and sexually transmitted infections.
- 2 **Support scaling up HIV/AIDS treatment services, including antiretroviral therapy and treatment of opportunistic infections.**
 - > Support the Government of Papua New Guinea in implementing programs aimed at achieving universal access targets for antiretroviral therapy.
 - > Strengthen the capacity of laboratories to provide HIV testing and diagnostic services, to monitor HIV disease progression and to identify drug resistance.

- > Support expanded access to voluntary counselling and testing across PNG and enhance the links between testing and treatment and care services.
- > Support the equal access of men and women to testing and treatment, including treatment for sexually transmitted and opportunistic infections and antiretroviral therapy.
- > Support community-based initiatives to provide treatment education and to encourage adherence to antiretroviral therapy.

2 EDUCATION AND PREVENTION

GOAL

To facilitate and sustain behaviour change to minimise the transmission of HIV and sexually transmitted infections in specific populations and increase awareness about prevention in the general population

SITUATION ANALYSIS

Education and prevention are the first line of defence in the fight against HIV/AIDS in PNG. Effective education campaigns provide clear and accurate information about how HIV is transmitted and prevented. Such campaigns also promote change in the behaviours that drive the epidemic within communities. Campaigns must stimulate an open dialogue about HIV/AIDS and generate a genuine community response to prevent the spread of the virus. International experience shows that building social inclusion and empowering communities through participation is essential for an effective response to HIV/AIDS.

While prevention campaigns across PNG have successfully increased awareness of HIV/AIDS, they have not managed to bring about the behaviour changes necessary to slow the spread of the epidemic. Recent research suggests that, if the epidemic continues along its present trajectory, over half a million people – 10.9 per cent of the adult population – will be living with HIV by 2025.

Although the Government of Papua New Guinea has enshrined the rights of people living with HIV/AIDS under the *HIV/AIDS Management and Prevention Act 2003*, stigma and discrimination remain significant barriers to effective preventive efforts within PNG. There have been reports of gross human rights violations against people living with HIV/AIDS, including killings associated with accusations of sorcery. Such extreme reactions inhibit essential discussion of HIV/AIDS and discourage people from accessing testing and treatment facilities.

A number of subpopulations in PNG society are likely to have much higher prevalence of sexually transmitted infections and HIV than is average in the surrounding population. These subpopulations include sex workers and their clients (including men working away from their families), people who exchange sex for money or other resources, and men who have sex with men. Targeted peer education, treatment for sexually transmitted infections and condom promotions should be developed for these subpopulations. Populations living in high risk settings also include those with limited access to health services, education and land (which can be a source of food insecurity) and those living near enclave industries (which are often correlated with higher rates of transactional sex).

Women in the general population, including married women, also have specific HIV prevention needs. Women and girls face a combination of low status in PNG society, limited possibilities for education, a lack of economic security and high levels of gender-based violence, which aggravate their risk of contracting HIV. The preventive response to women's needs should go beyond information and education and address male social roles and structural factors that contribute to gender inequalities and cause women's vulnerability to HIV.

EDUCATION AND PREVENTION UNDER THE NATIONAL STRATEGIC PLAN

Education about HIV/AIDS and the prevention of HIV/AIDS are given high priority under the National Strategic Plan. The plan emphasises the need for interventions that target groups facing a high risk of HIV, as well as the general population.

It advocates the provision of relevant, accurate and comprehensive messages about prevention in order to increase safer sexual practices among the sexually active population. In particular, the plan supports the use of peer-to-peer education as an effective mechanism for reaching high risk groups.

AUSTRALIAN SUPPORT FOR EDUCATION AND PREVENTION

Australia supports a multifaceted approach to education and prevention. The delivery of culturally appropriate messages about prevention is essential to generate necessary behaviour change among the sexually active population, in particular high risk groups and populations living in high risk settings. Australia strongly supports working with both men and women to improve the gender dynamics that place women at a high risk of contracting HIV. It is crucial to improve the delivery of primary health services to reduce sexually transmitted infections and mother-to-child transmission and provide post-exposure prophylaxis to survivors of sexual assault. Finally, Australia acknowledges that reducing the stigma and discrimination that affect people living with HIV/AIDS is central to effective education and preventive efforts within PNG.

Australia's objectives in supporting this focus area of the National Strategic Plan for 2006–10 are to:

1 **Support community, civil society, business and church groups in developing effective, rights-based preventive initiatives.**

- > Provide grants for community-based activities to prevent HIV and sexually transmitted infections, and provide support for strengthening the capacities of community-based networks such as churches, youth and women to provide greater leadership and mobilise preventive measures.
- > Increase community access and uptake of clinical preventive services, including treatment of sexually transmitted infections, prevention of mother-to-child transmission, and post-exposure prophylaxis for survivors of sexual assault.

- > Provide holistic support to high risk settings, including peer education, services for sexually transmitted infections, voluntary counselling and testing, condoms and treatment and care.
 - > Partner sporting bodies to ensure preventive efforts reach and involve unemployed men and women and children not at school.
 - > Engage young people and men of all ages in specific initiatives to prevent HIV transmission.
- ### 2 **Reduce stigma associated with HIV/AIDS.**
- > Mobilise community-based peers and mentors, including people living with HIV/AIDS, to deliver preventive initiatives, including efforts to address HIV-related stigma, sexuality, gender inequality and violence against women.
 - > Expand the reach of information, education and communication materials on HIV transmission and prevention, and on the rights of people living with HIV/AIDS, in a range of languages and for low literacy and rural settings.
- ### 3 **Address underlying causes of gender inequality and sexual violence through the HIV/AIDS response.**
- > Support political, traditional and church leaders, as well as service providers in the law and justice sector, in their advocacy on gender and sexual violence issues.
 - > Mobilise men to work with other men to address their roles with respect to transactional sex, gender inequality and violence against women.
 - > Support the provision of services for women who escape from domestic violence.
 - > Mainstream gender sensitivity and gender analysis across Australia's sectoral HIV/AIDS initiatives in PNG.
- ### 4 **Ensure HIV/AIDS preventive efforts are gender sensitive and address factors such as sexual violence towards women.**
- > Ensure preventive efforts reflect the implications of women's low status within their families and communities and men's relative power over women.

- > Support the integration of HIV/AIDS and sexually transmitted infection services with maternal, reproductive and sexual health services.
- > Support the provision of post-exposure prophylaxis for women who have been raped, as antiretroviral therapy becomes more widely available.
- > Support increased availability of male and female condoms, including through social marketing initiatives.

3 EPIDEMIOLOGY AND SURVEILLANCE

GOAL

To establish effective and efficient surveillance systems that will provide accurate measurement and understanding of the growth and other characteristics of the HIV epidemic in PNG

SITUATION ANALYSIS

Experts on the HIV/AIDS epidemic in PNG are unanimous on the need for greatly improved epidemiological surveillance, to better understand the nature and spread of the epidemic in PNG and to provide the basis for an effective response.

Sentinel surveillance sites are not yet established in all provinces. The capacity to conduct surveillance of second-generation HIV and sexually transmitted infections is extremely limited, due to the lack of a comprehensive set of indicators, insufficient distribution of rapid test kits to many rural areas, patchy and unreliable health reporting, a lack of services for sexually transmitted infections and insufficient laboratory and research capacity.

A working group, under the auspices of the National AIDS Council, has developed a set of indicators, based on current surveillance capacities, to be used to monitor the implementation of the National Strategic Plan. However, there is an urgent need for capacity to collect data, including sex-disaggregated data, on a broader range of indicators. A Demographic and Health Survey planned for 2006 will update basic health and HIV/AIDS-related data across the country for the first time in 10 years.

Australian institutions can help to broaden and diversify PNG's research capacity.

EPIDEMIOLOGY AND SURVEILLANCE UNDER THE NATIONAL STRATEGIC PLAN

The National Strategic Plan acknowledges that epidemiological data are limited due to under-reporting, poor quality reporting and the lack of good systems of notification of confirmed HIV-positive individuals. To respond to this problem, PNG aims to strengthen and maintain the national surveillance system and increase the availability of accurate data about the risk of HIV infection for particular groups. To coordinate and enhance the collection of data, the National Strategic Plan also aims to establish an information centre and link this to other information systems.

AUSTRALIAN SUPPORT FOR EPIDEMIOLOGY AND SURVEILLANCE

To enable better targeting of the response to HIV/AIDS, Australia recognises the need for improved epidemiological surveillance. Data that have been collected according to nationally and, if possible, internationally recognised indicators are urgently needed to improve monitoring and evaluation. To facilitate this, there needs to be greatly improved access to testing equipment and diagnostic services for HIV and sexually transmitted infections. Epidemiological data should be disaggregated by gender and the results of this taken into account when developing further responses.

Surveillance and research need to be backed up by preventive and care interventions tailored to respond to the findings. The evaluation of interventions will require baseline data and the measurement of epidemiological trends over time. New information, education and communication methods need to be trialled and evaluated, to develop culturally appropriate, gender-sensitive and effective materials. Further research needs to be conducted to determine the appropriateness and cost-effectiveness of all responses.

Australia's objectives in supporting this focus area of the National Strategic Plan for 2006–10 are to:

- 1 **Support research and surveillance to better inform prevention, treatment and care interventions.**
 - > Support research on HIV/AIDS in PNG by Papua New Guinean, Australian and international academic and research bodies.
 - > Build the capacity of service deliverers to undertake epidemiological surveillance.
 - > Expand operational clinical research to support the scaling up of treatment.
 - > Ensure that surveillance, research, monitoring and evaluation provide sex-disaggregated data.
- 2 **Improve the availability and dissemination of research and surveillance findings, locally and internationally.**
 - > Support the dissemination of research findings through appropriate channels to reach grassroots and local service providers.
 - > Encourage the publishing of HIV/AIDS research in PNG in international journals.
 - > Share findings and coordinate research with PNG agencies, donors and other participants in the response.
 - > Promote and resource mechanisms for managing knowledge.

4 SOCIAL AND BEHAVIOUR CHANGE RESEARCH

GOAL

To improve social and behaviour change research in PNG so that it complements epidemiological and other information and informs the development of strategies for behaviour change

SITUATION ANALYSIS

Improved surveillance of behaviour is urgently required in PNG to better understand the nature and spread of the epidemic. Preventive initiatives, in particular, need to have a stronger basis in social

research and behaviour surveillance. The response to date has been informed mostly by one-off studies, often with small population sizes. There are virtually no time series or longitudinal data available for monitoring the social impacts of the epidemic and the effects of preventive efforts on behaviour.

As the epidemic worsens, communities will need to be monitored to determine its impacts. Impacts to be monitored include those on household economies, on community mechanisms coping with the increased burden of caring for people living with HIV and orphans, and on behaviour.

SOCIAL AND BEHAVIOUR CHANGE RESEARCH UNDER THE NATIONAL STRATEGIC PLAN

The National Strategic Plan emphasises the need to change behaviour that puts people at risk of HIV infection. It points to the importance of research into the social, cultural, gender and economic factors that shape people's behaviour that can be used as the basis for preventive interventions that are socially and culturally appropriate in the PNG context. The National Strategic Plan aims to build capacity to strengthen social and behaviour change research in PNG and produce the evidence on which to base strategies for sustainable change in risky behaviour.

AUSTRALIAN SUPPORT FOR SOCIAL AND BEHAVIOUR CHANGE RESEARCH

Australia will support behaviour change research that is responsive to emerging issues and builds effective preventive responses.

Australia's objective in supporting this focus area of the National Strategic Plan for 2006–10 is to:

- 1 **Support social and behaviour change research and improve the availability and dissemination of findings, locally and internationally.**
 - > Develop wider HIV/AIDS social research capacity within PNG institutions.
 - > Support the implementation of a PNG HIV research strategy that enables key PNG stakeholders to engage in a process to prioritise the social and behaviour change research that

supports implementation and monitoring of the National Strategic Plan.

- > Monitor issues arising from the generalised epidemic, such as the impacts of the epidemic on families and communities, the social and behavioural aspects of scaling up treatment, including treatment adherence issues, and the potential impact of new preventive approaches.
- > Support the dissemination of research findings through appropriate channels to reach grassroots and local service providers.
- > Encourage the publishing of HIV/AIDS research in PNG in international journals.
- > Share findings and coordinate research with PNG agencies, donors and other participants in the response.
- > Build the capacity of HIV-affected communities and service deliverers to participate in social and behaviour change research.
- > Promote and resource mechanisms for managing knowledge.

5 LEADERSHIP, PARTNERSHIP AND COORDINATION

GOAL

To encourage politicians and leaders at all levels of society to give a high profile to HIV/AIDS and enhance coordination of development partner's participation and resource mobilisation

SITUATION ANALYSIS

Reviews of HIV/AIDS programs in PNG have highlighted the need for strong leadership, high-level coordination and well-developed governance capacity. The Government of Papua New Guinea recently took steps towards achieving these needs. At the end of 2005 the National Executive Council approved the National Strategic Plan. A Minister Assisting the Prime Minister on HIV/AIDS has been appointed. In 2004 the PNG Parliament established the Special Parliamentary Committee on HIV/AIDS, which conducted a public inquiry into the state of HIV/AIDS prevention in PNG in 2005. The passage

of the *HIV/AIDS Management and Prevention Act* 2003 recognised the rights of people living with HIV/AIDS. Several Ministers within the Parliament are strong advocates on HIV/AIDS. However, much greater political leadership is needed to resource and mobilise action within government, the business sector and civil society.

The relocation of the National AIDS Council and its secretariat to the Department of the Prime Minister and National Executive Council has improved the structural arrangement for coordinating and implementing the multisectoral response outlined in the National Strategic Plan.

The capacity to coordinate and implement the response has been slow to develop. As the number of participants in the response increases, coordination urgently needs to be strengthened to ensure the effective allocation of resources. The National AIDS Council Secretariat has identified the need for its planning, financial management, coordination and monitoring capacity to be strengthened. At the subnational level, the majority of provinces still have weak coordination capacity, although some provincial AIDS committees are working effectively.

The HIV/AIDS response requires a mainstreamed, multisectoral approach to coordination. The Medium Term Development Strategy notes that responsibility for responding to the epidemic extends well beyond the health sector and that HIV/AIDS is 'a wider development issue that must be addressed from a multi-sectoral perspective'. The 'mainstreaming' approach to HIV/AIDS involves agencies in examining their core business to determine how they can contribute to the response and how their business practices may need to change to avoid contributing to the spread of HIV/AIDS.

The high level of stigma attached to HIV/AIDS in PNG has been fuelled by those leaders who depict HIV transmission and, by inference, HIV-positive status as the consequence of immoral behaviour. The Covenant for Churches and HIV/AIDS, signed by the leaders of the major churches in PNG, has demonstrated high-level commitment to making sure that people who are HIV positive are treated with the care and dignity they deserve. However, at the grassroots level the impact of churches is

mixed and in some cases is impeding preventive efforts. Much greater support needs to be given to traditional and community leaders, who need access to accurate information about HIV transmission and help in identifying ways to lead their communities in efforts to prevent and treat HIV/AIDS and to provide care for people living with HIV/AIDS.

LEADERSHIP, PARTNERSHIP AND COORDINATION UNDER THE NATIONAL STRATEGIC PLAN

The Medium Term Development Strategy identifies HIV/AIDS prevention as a top expenditure priority in recognition of the epidemic's potential 'to reverse or seriously compromise social and economic development in PNG', and states that HIV/AIDS should be considered when assessing all budgetary requests. Budgetary commitments for implementing the National Strategic Plan need to greatly increase in accordance with the Medium Term Development Strategy.

In the National Strategic Plan, PNG aims to ensure an annual increase in financial commitment and political involvement in the national response by fostering political and leadership commitment at all levels of society. Existing partnerships will be strengthened and new partnerships established on the basis of equality and mutual respect at all levels. The capacity of the National AIDS Council and its secretariat will be strengthened so that they can effectively coordinate the national response through the implementation of the National Strategic Plan, including effective provincial coordination.

AUSTRALIAN SUPPORT FOR LEADERSHIP, PARTNERSHIP AND COORDINATION

Australia is keen to build capacity in leadership, partnership and coordination in the response to HIV/AIDS as it will help to address the stigma attached to HIV/AIDS, attract resources to fight HIV/AIDS and mobilise community support to address the epidemic. International experience shows that strong leadership is a prerequisite for an effective fight against HIV. In particular, leadership is required to address underlying causes of gender inequality and sexual violence, and Australia will encourage the increased participation of PNG

women in leadership roles. Australia will also continue to support mainstreaming HIV/AIDS awareness within sectoral agencies across PNG.

Australia's objectives in supporting this focus area of the National Strategic Plan for 2006–10 are to:

- 1 **Support leaders at national, provincial and grassroots levels to advocate for, and participate in, an expanded response to the epidemic.**
 - > Foster and facilitate national political and bureaucratic leadership by supporting ministers, parliamentarians and agency heads with learning opportunities, training, information, education and communication resources and by providing opportunities for them to link with regional and international networks.
 - > Advocate for increased sectoral expenditure and improved budgetary reporting on HIV/AIDS prevention and impact mitigation, in line with priorities in the Medium Term Development Strategy.
 - > Support leaders who are advocates within provincial and local governments, churches and communities of preventing HIV, countering stigma, supporting the rights of people living with HIV/AIDS and promoting gender equality.
 - > Engage with the private sector to encourage advocacy on HIV/AIDS and to support their workforce and the communities in which they operate.
 - > Engage with sporting bodies to encourage advocacy on HIV/AIDS.
 - > Build the capacity of people living with HIV/AIDS, women and young people to adopt leadership roles on HIV and to participate in decision-making on policy and programs relating to HIV and sexual health.
- 2 **Strengthen coordination of efforts to implement the National Strategic Plan.**
 - > Strengthen the capacity of the National AIDS Council and the National AIDS Council Secretariat to coordinate implementation of the National Strategic Plan.
 - > Support the development of functional and effective provincial coordination structures.

- > Support donor coordination through the National AIDS Council.
- 3 Support improved mainstreaming of HIV/AIDS across all sectors.**
- > Support the National AIDS Council Secretariat's leadership in mainstreaming HIV/AIDS initiatives.
- > Continue to provide technical assistance for mainstreaming through Australia's sectoral support programs in PNG, particularly in the education and health sectors.
- > Expand support for mainstreaming to include other areas of Australian engagement in PNG, the private sector and other development organisations.
- > Support PNG's non-health sector agencies in implementing the National Strategic Plan.

6 FAMILY AND COMMUNITY SUPPORT

GOAL

To support and sustain a social and cultural environment that will enable families and communities to care for and support people infected and affected by HIV/AIDS

SITUATION ANALYSIS

PNG is one of the most culturally and linguistically diverse countries in the world. Papua New Guineans have a strong sense of local identity and rely on the support structures of the *wantok* (clan) system. However, these traditional support mechanisms will be stretched by the impact of HIV/AIDS, and communities will need to address the current stigma associated with HIV/AIDS and cope with increased illness and death.

PNG's national health system will be placed under increased stress as the HIV/AIDS epidemic continues, and local communities will need to assume a greater role in caring for those living with HIV/AIDS. However, the primary caregivers in PNG are women. In addition to caring for

sick relatives, women are responsible for growing and collecting food, preparing meals and minding young children. It is imperative to recognise the crucial role that women play in the private response to HIV/AIDS, to adequately support their contribution and to encourage the involvement of men in home-based care.

FAMILY AND COMMUNITY SUPPORT UNDER THE NATIONAL STRATEGIC PLAN

The National Strategic Plan underscores the importance of maintaining the integrity of community structures in the country's response to HIV/AIDS. It highlights the need to reduce stigma and discrimination to enable communities to effectively care for each other and identifies the specific discrimination faced by orphan children.

AUSTRALIAN SUPPORT FOR FAMILY AND COMMUNITY SUPPORT

Australian assistance to this focus area will be concentrated largely on supporting community-based groups to care for those living with HIV/AIDS, on reducing the stigma associated with HIV/AIDS and on improving the gender relations that result in women bearing a disproportionate burden of home-based care.

Australia's objective in supporting this focus area of the National Strategic Plan for 2006–10 is to:

- I Support community-based groups to care for those living with HIV/AIDS.**
- > Support community-based groups that provide peer support for people living with HIV and their carers.
- > Monitor the impact of HIV/AIDS on women's and men's roles within their families and communities.
- > Support the increased involvement of men in providing home-based care.
- > Monitor the impact of the epidemic on orphans and vulnerable children and other impacts at the community level, such as food security.

7 MONITORING AND EVALUATION

GOAL

To effectively track the progress of the HIV epidemic in PNG through regular monitoring and evaluation, and to measure the impact of the national response

SITUATION ANALYSIS

PNG recognises that it currently has insufficient capacity to monitor and evaluate the effectiveness of the national response to HIV/AIDS. As acknowledged in the National Strategic Plan, the lack of the required skills base, the appropriate mechanisms for collecting and analysing data and the resources required to support these tasks makes it difficult to ascertain whether resources have been used effectively. This weakens the national response and discourages donors from continuing their support.

MONITORING AND EVALUATION UNDER THE NATIONAL STRATEGIC PLAN

PNG sees monitoring and evaluation as a tool to improve the effectiveness of the national HIV response and has developed a Monitoring and Evaluation Framework to produce, collate, analyse and disseminate information from all sources, including provinces. Relevant indicators have been developed and these will also assist in the reporting on international milestones (for example, the Millennium Development Goals). As part of its Monitoring and Evaluation Framework, PNG plans to review the National Strategic Plan by 2008.

AUSTRALIAN SUPPORT FOR MONITORING AND EVALUATION

Australia supports the UNAIDS 'Three Ones' principle of a 'single agreed monitoring and evaluation framework for the HIV/AIDS response' and therefore will use the National Strategic Plan's Monitoring and Evaluation Framework as the central element of its own monitoring. Each activity within Australia's program of support in PNG will be

monitored and evaluated using intervention logic that links it to the goals of the National Strategic Plan. The Monitoring and Evaluation Framework allows for the collection of sex-disaggregated data and Australia will support the broader analysis of this information to monitor gender-specific outcomes.

Australia's objective in supporting this focus area of the National Strategic Plan for 2006-10 is to:

- 1 **Support the implementation and strengthening of the Monitoring and Evaluation Framework established under the National AIDS Council for the National Strategic Plan.**
 - > Support PNG's proposal to review the framework to take account of emerging issues and new sources of information.
 - > Assist the National AIDS Council to oversee implementation of the framework.
 - > Strengthen the monitoring of gender-specific outcomes through the Monitoring and Evaluation Framework and support the monitoring of gender-specific outcomes under each activity.

4 Delivering an effective response

1 MAKE GENDER A CROSSCUTTING THEME

Gender is a theme that cuts across the seven focus areas of the National Strategic Plan. Tackling gender issues adequately across the whole HIV response will be critical to its success.

Social, cultural and economic factors place PNG's women and girls at an increased risk of HIV infection, and young women are biologically more vulnerable to HIV infection. Insufficient knowledge of HIV/AIDS is compounded by a culture of silence that prevents women from discussing issues that have an impact on their sexuality. Women in PNG are subject to high levels of sexual and gender-based violence. Structural factors such as economic dependence and the lack of access to education inhibit their negotiation of safer sexual practices.

Women in PNG are disproportionately affected by poverty and poor access to services, and the HIV epidemic is making this worse. The PNG Medium Term Development Strategy states that 'reversing the course of the [HIV/AIDS] epidemic will depend, to a significant degree, on the success of policy in reducing poverty and empowering women'.

'Men with money' are widely considered to be drivers of the epidemic in PNG. Many women have no choice but to engage in transactional sex with men who can pay them with money or goods, and some women and girls are forced into sex work. Dominant conceptions of masculinity in PNG are often linked to violent and coercive sex, including

gang rape. Alcohol and drug use are significant factors that fuel violence. However, men also have the potential to help the response to HIV/AIDS by taking responsibility for changing their behaviour.

Australia's support for the response in PNG is based on the belief that a gender perspective must inform *all* activities undertaken and that it is essential to work with both men and women to effectively address the gender inequality that sits at the heart of the HIV/AIDS epidemic in PNG.

2 BUILD CAPACITY

Australia's support is based on the understanding that HIV/AIDS is a development crisis that requires a range of immediate, medium-term and longer term responses. The success of Australia's program of support will depend on how effectively Australia engages with Papua New Guineans and their institutions.

Building capacity within PNG to lead, develop and implement the National Strategic Plan will underpin Australia's support for the national response. Australia will work with the Government of Papua New Guinea and other stakeholders to jointly assess capacity-building needs and implement programs that will underpin reform efforts and ensure the sustainability of gains. Working within and through PNG systems will be a key feature of this support.

3 ACT ON LESSONS LEARNED

Australia has learned a number of lessons from its work on HIV/AIDS in PNG.

- > Donor-supported projects need to avoid the possibility of overwhelming partner agencies, hampering capacity development and ‘crowding out’ other donors.
- > Support for community-based and civil society organisations in PNG needs to extend beyond funding the provision of services and include building capacity in order to improve sustainability.
- > Materials and resources developed for provincial and local-level organisations and communities need to be culturally appropriate by being, for example, delivered in appropriate languages and tailored for low levels of literacy.
- > Underlying development issues such as the low status of women cannot be adequately addressed through sectoral programs alone; they require a cross-sectoral approach.
- > Support for service delivery in a context of decentralisation needs to be tailored to local settings, as issues and problems vary widely in different parts of PNG.
- > Mainstreaming processes that emphasise coordination and participation within partner agencies are more effective and are perceived to be more legitimate than processes centred on donor activities.
- > Support is required to build research capacity.
- > Findings from nationally conducted research and surveillance need to be disseminated to provinces and other players to inform their activities and reinforce their stake in data collection.

4 MANAGE RISKS

There are various risks associated with providing a larger program of support to PNG for reducing HIV transmission and addressing the epidemic’s impact. However, the risk of an insufficient response at this stage of the epidemic can be measured in the number of Papua New Guinean lives that will be lost

and the devastating impacts the epidemic will have on the economy, services, families and communities.

Australia’s program of support will need to respond to risks as they emerge. The following risks illustrate the challenges that may need to be faced and addressed.

PNG FUNDS ARE DISPLACED

Australian funds will continue to be the largest single source of funding for PNG’s HIV/AIDS response. Without greater political and cross-sectoral commitment in PNG, there is a risk that the Government of Papua New Guinea will under-resource the implementation of the National Strategic Plan.

In negotiations on the current development cooperation strategy, the principle has been agreed that donor funds should not be substituted for increasing investment by the Government of Papua New Guinea in the priority areas of the Medium Term Development Strategy. Australia and PNG will jointly monitor PNG budget allocations for priority services, while recognising PNG’s limited resources and the need to urgently respond to the epidemic.

OTHER DONORS’ ENGAGEMENT IS DUPLICATED OR DISPLACED

Australia’s response will affect the engagement of other development partners. Australia will ensure its program mechanisms are aligned with those of the National AIDS Council Secretariat and will support the National AIDS Council in developing its coordination capacity.

Australia will seek opportunities to harmonise and work closely with other donors, encouraging them to lead where they have a comparative advantage. Australia will continue to support the identification of current and planned HIV-related activities in PNG through a process called ‘stakeholder mapping’. This process assists stakeholders to identify gaps in the response and opportunities to improve coordination, reduce duplication of effort and prioritise funding for future programs.

ADDITIONAL FUNDING CREATES A DISINCENTIVE FOR LOCAL RESPONSES

The expansion of resources at the community level has the potential to undermine grassroots ownership of the response by deepening the culture of dependency. Incentives for increased local ownership and resourcing need to be built into the provision of grants and resources at all levels. Australia will support PNG partners in overseeing funding decisions, implementing programs and ensuring accountability.

RESPONSE IS UNSUSTAINABLE IN THE LONG TERM

Without an effective response now, the epidemic may weaken the capacity of all PNG stakeholders to respond. Hence, the response needs to be scaled up urgently. However, if its focus is only short term and not based on sound analysis of its cost-effectiveness, there may be a proliferation of parallel mechanisms and initiatives, which would increase the transaction costs for PNG and undermine the integration of the response into PNG systems for the long term.

Australia will support interventions that deliver rapid outcomes while supporting the longer term goal of building local capacities. Opportunities to harmonise Australia's support with other donors' support will be sought to minimise transaction costs, and structures that establish the basis for integrating the response into PNG systems will be supported.

GENDER OBJECTIVES ARE NOT ACHIEVED

The success of Australia's program of support will be largely contingent upon improving gender relations within PNG and reducing sexual violence against women. If these objectives are not achieved, it is unlikely that the HIV/AIDS epidemic in PNG will be slowed.

SOCIAL AND CULTURAL CHANGE OBJECTIVES ARE NOT ACHIEVED

Achieving social and cultural change within PNG is central to the success of Australia's program of support. There is a significant risk to the program if cultural change, such as reducing the stigma associated with HIV/AIDS, and social change, such as increasing the use of condoms, are not realised.

PROGRAM OF SUPPORT LACKS COHERENCE AND TECHNICAL OVERSIGHT

A cross-sectoral program, such as the one required by this strategy, risks fragmentation in the approach taken to addressing crosscutting and underlying issues. In addition, without sufficient internal technical capacity, Australia's responsiveness to research and evaluation findings and new understandings about delivering effective responses will be compromised.

Australia is therefore committed to mobilising an AusAID officer as a Senior Program Coordinator to oversee program coherence and coordination with other stakeholders. This position will be supported by advisers with international technical experience in key areas and PNG experience, to ensure Australia's support is responsive to innovative and appropriate methodologies for addressing HIV/AIDS in PNG.

EXTERNAL FUNDING FOR ANTIRETROVIRAL THERAPY IS SUSPENDED OR NOT REPLENISHED

If grants made to PNG through the Global Fund to Fight AIDS, Tuberculosis and Malaria are mismanaged, they may be suspended. There is also a risk that the international community will not remain committed to replenishing the fund in the longer term and that there will be fewer external funds available for antiretroviral therapy.

In either of these scenarios, PNG could be left with an unsustainable funding burden for antiretroviral therapy. Such therapy requires a

lifelong commitment to maximise its health benefits to people living with HIV and the public health benefits of treatment programs. Public health benefits of lifelong treatment include preventing the development of drug-resistant strains of HIV and reducing transmission due to lower levels of virus in people on treatment. Australia is committed to supporting the implementation of the Global Fund grant in PNG.

can draw on existing strong cultural, business and political links with PNG to support leadership at all levels, draw on the long experience of Australian non-government organisations in implementing community-based initiatives with local partners, and draw on the strong links between Australian and PNG research and academic institutes.

5 ADOPT AN INTEGRATED APPROACH

HIV and AIDS demand a change in the way organisations work. All sectors and agencies need to understand how they might be affecting the HIV epidemic, how HIV might be affecting their own development outcomes and how they need to adapt their programs accordingly. Australia has worked with all sectors towards mainstreaming HIV into their core business.

In line with the principle of promoting coordination and partnership, Australia will continue to work towards improved policy coherence and whole-of-government and multisectoral engagement, and will seek opportunities to work with other development partners.

- > Australia will facilitate a whole-of-government approach to implementing the HIV/AIDS response in PNG to ensure that aid interventions by different government departments are consistent with a single development framework.
- > Planning and implementation will take place within the context of PNG government systems and processes. A range of implementation counterparts or partners will be used, including the health sector-wide approach, civil society and private sector partners.
- > Australia will work with local and international partners to draw on as wide a range of expertise as possible in designing and implementing initiatives. Partnerships that facilitate donor harmonisation will help to minimise the transaction costs for PNG agencies. Australia