



PEPFAR

2017 Country Operational Plan Approval Meeting

PAPUA NEW GUINEA

OUTBRIEF

02/03/17





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BACKGROUND AND CONTEXT



HIV Prevalence in PNG (2016 estimates)

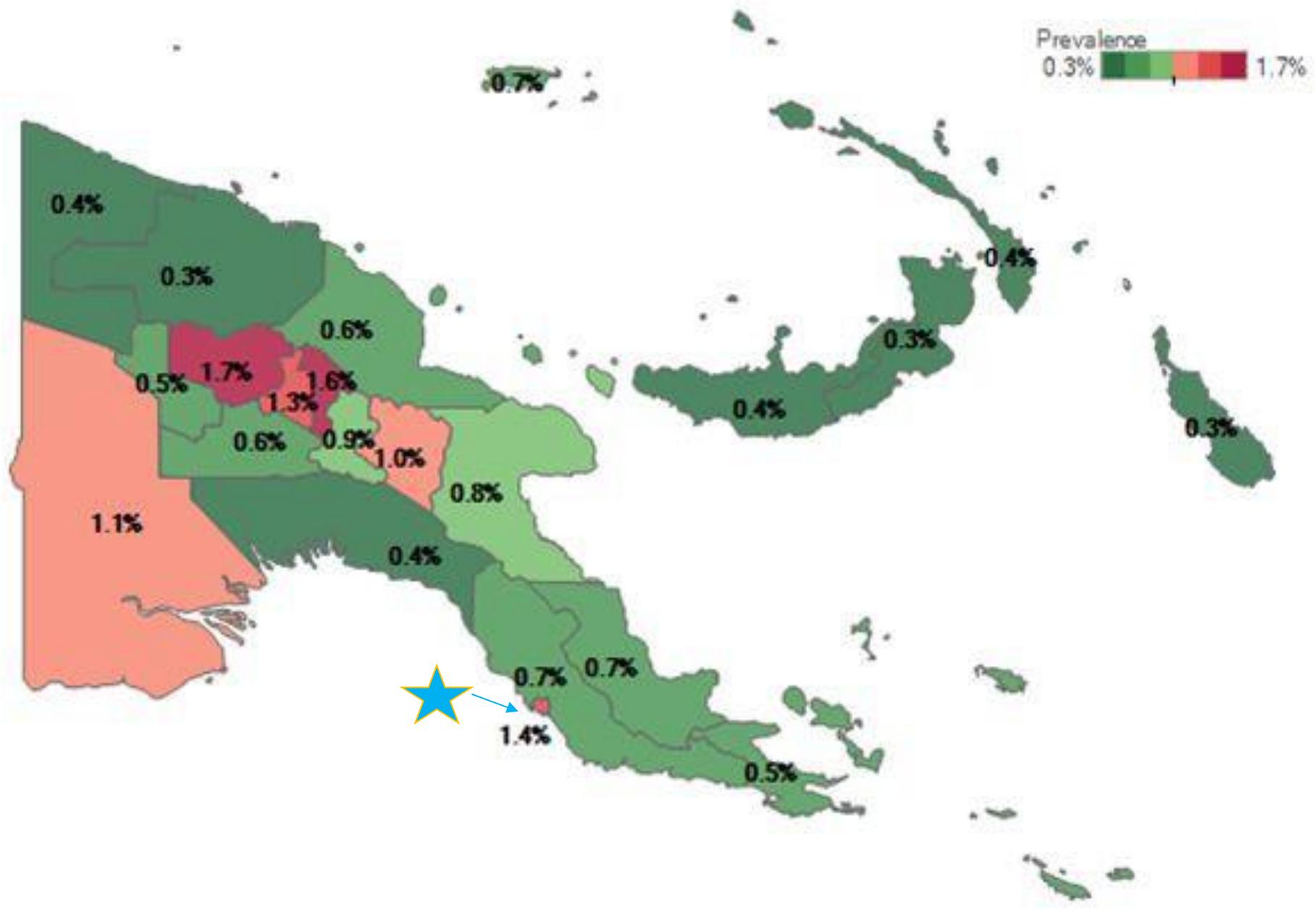




Table 2.1.1 Host Country Government Results (no gender disaggregation available)

	Total		Source, Year
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Annual births	33 per 1000 (CBR)		WHO, 2015
% of Pregnant Women with at least one ANC visit	134,603	63	WHO, 2015
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Notified TB cases all forms	28,696		WHO, 2016
TB/HIV Co-infection rates		11	WHO, 2015
MSM HIV Prevalence*		8.5	*IBBS POM results, 2016
FSW HIV Prevalence*		14.9	*IBBS POM results, 2016
	*IBBS Data in POM is Preliminary		





GBV: Contributing Factor

Priority Populations: Children, Adolescent Girls/Young Women

- 62% of sexual abuse cases in NCD involved children
- 70% of sexual violence cases in NCD involve children under 18, with majority under the age of 12
- 20% of women experienced rape in their first sexual encounter
- 65.5% of women are affected by domestic violence, particularly sexual and physical violence

Key Populations: MSM, Transgender, Female Sex Workers

- 78% of transactional sex workers in Port Moresby reported sexual abuse
- 58% of men that have sex with men in Port Moresby reported sexual assault/violence



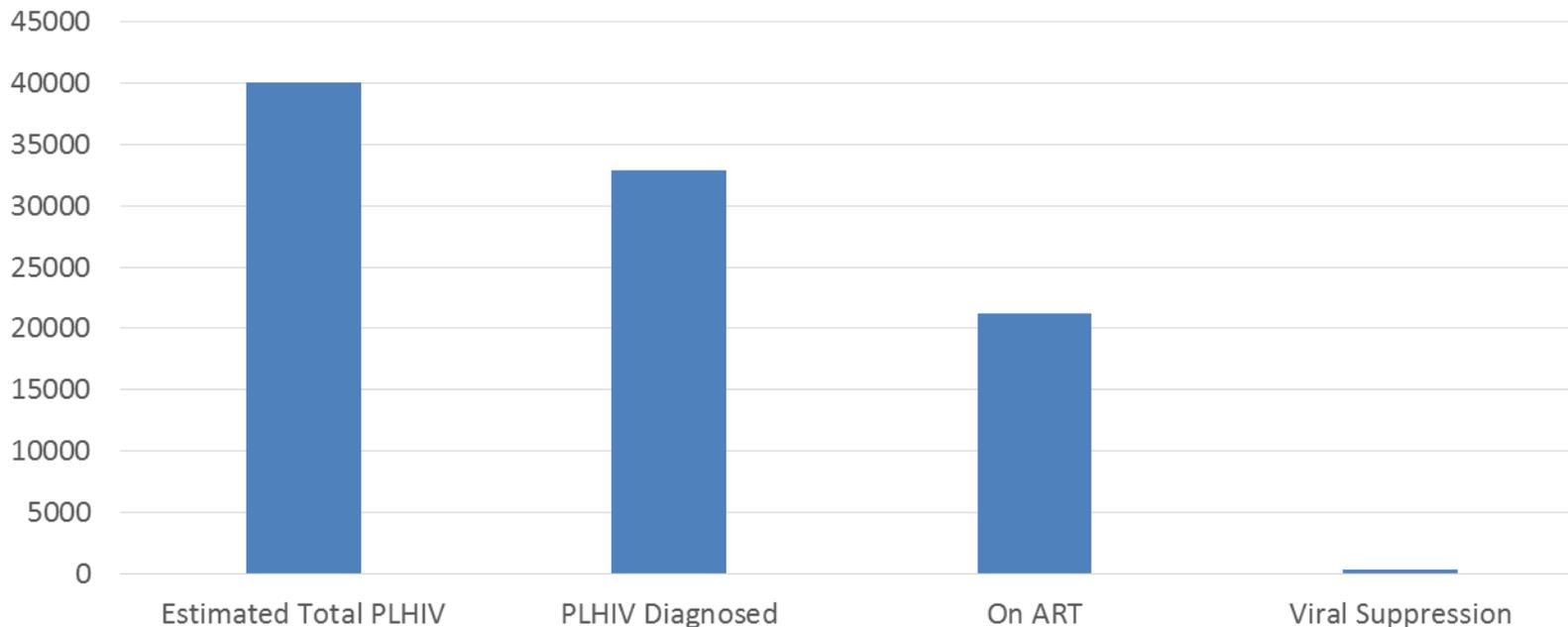


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90-90-90 National Cascade: HIV Diagnosis, Treatment, and Viral Suppression*

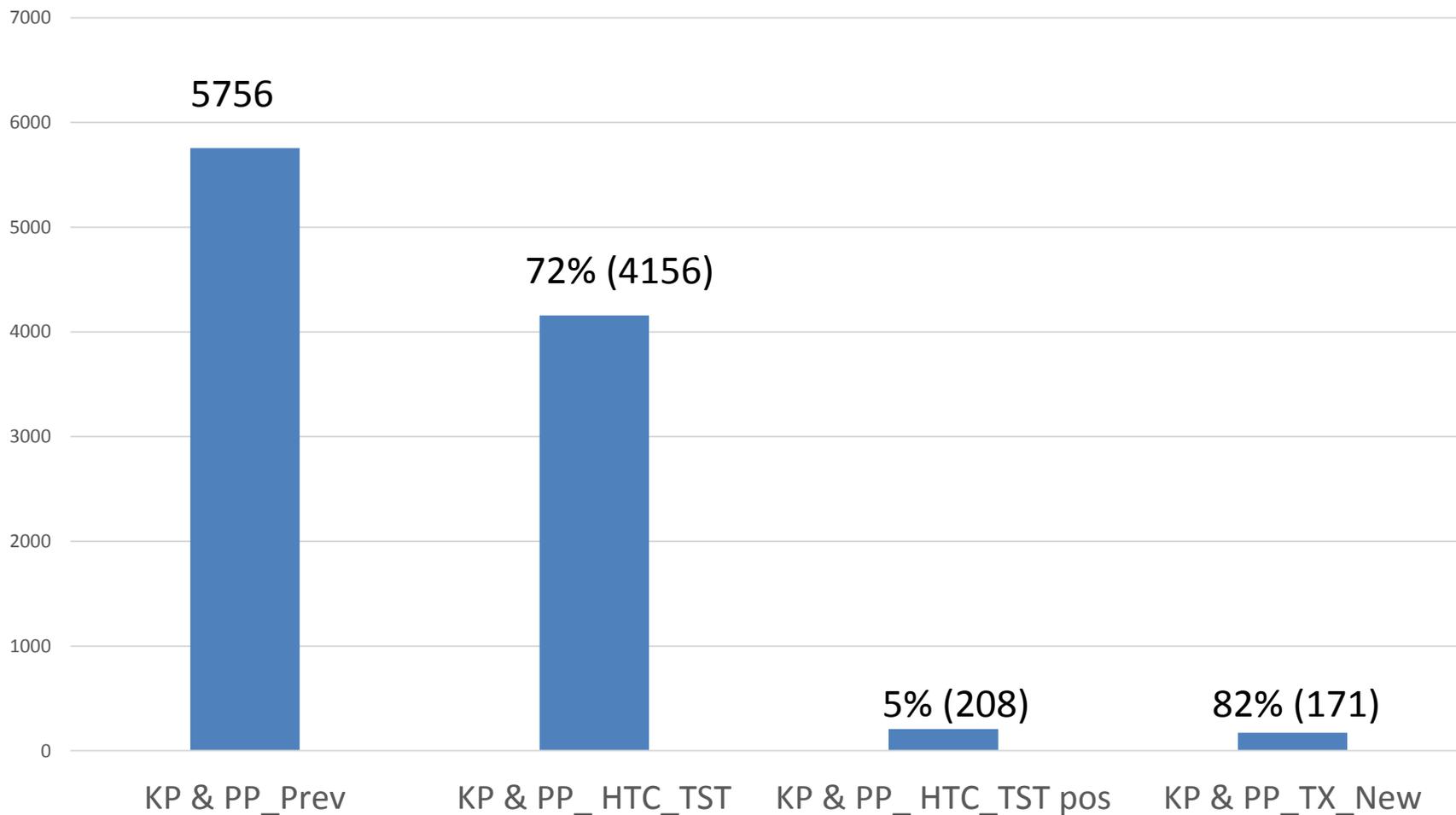
Epidemiologic Data				HIV Treatment and Viral Suppression		
Total Population	HIV Prevalence	Estimated Total PLHIV	PLHIV Diagnosed	On ART	ART Coverage	Viral Suppression
8,000,000	0.8%	40,000	32,900	21,198	53%	87%*

* Data from subset of eligible patients in 3 clinics in NCD (n=404)





FY 2016 APR KP and PP Cascade: DSD in NCD

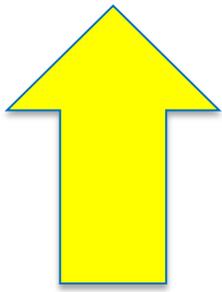




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Major HIV and Health Funding Shifts for Papua New Guinea

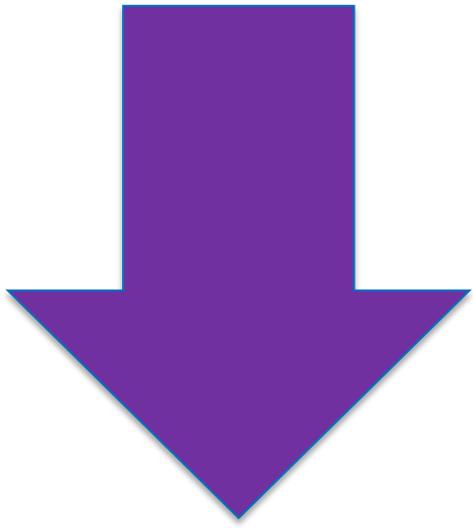
Rays of Light



- India donating about 18 months of ART
- Christian Health Service receiving budget increase of \$7m from the NDOH

Funding Going Down

- DFAT significantly reducing
 - Future HIV funding uncertain
 - Shift away from direct CSO funding
- Global Fund 2017-2019 HIV allocation is 67.4% reduction
 - GF to work outside of NCD
- Health Sector budget reducing 20%
 - Hospital funding down
- UNAIDS reducing key technical staffing





Key Policy Adoption Test & Start

Nov 2016

- WHO Care & Treatment guidelines presented
- HIVTWG endorsed changes including Test and Start

Feb 2017

- NDOH Secretary approved updated HIV Care and Treatment guidelines

Early March
2017

- Printing of revised National Care and Treatment guidelines

Late March
2017

- Commencement of updating Health Workers on revised guidelines including Test and Start





Stakeholder Engagement

- Multiple stakeholder meetings involving
 - NDOH: Disease Control Office / HIV Program / Family Health Services
 - NCDHS
 - GFATM / WHO / UNAIDS / DFAT / CSO Representatives
- Priority areas identified
 - VL Scale-up and Roll-out
 - Test & Start Roll-out
 - GBV Policy Implementation
 - CSO Capacity Building
 - Health Information Systems





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Goal Statement

Goal Statement: PEPFAR PNG, in collaboration with the leadership of NDOH, will focus on key policy-implementation to catalyze and bolster national and provincial HIV, KP, and GBV work

Strategic Objectives

1. Continue to support the government's efforts to rollout Test and Start and Viral Load in NCD and nationally
2. Develop site-level pilots to address Gender-Based Violence and sustainable models for service delivery for key populations
3. Support improved data collection and use at the national and provincial levels to maximize impact of current and future IBBS results





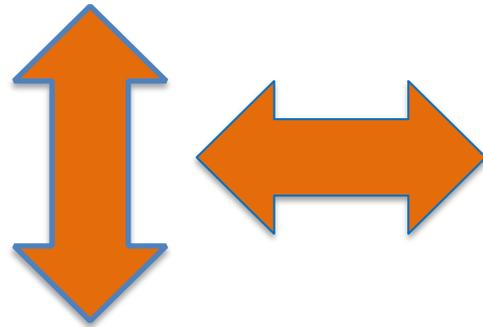
FY18 and FY19-Advancing NCD Towards 90-90-90 and Sharing PEPFAR Successes for Adoption in Other High-burden Provinces

Above Site Support to Amplify Impact

SI: Unique ID for deduplication and tracking; Electronic National HIV Patient Database (HPDB)

Lab: Efficient VL Testing and Roll out

Policy: GBV



PARTNERSHIPS

MOH, CSO, & Stakeholders

Site Level New Catalytic Activities

Outreach: Social & Sexual Network (SNS) testing

Testing: Mobile Hotspot Testing; Intensified Peer KP Outreach; Cyber navigator

Link, Treat & Retain: Active case management

VL Suppression: Enhanced Adherence Counseling

Cross Cutting: Integrated GBV services





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SO1: Continue to Support the Government's Efforts to Roll-out Test and Start and Viral Load in NCD and Nationally

Test and Start

Viral Load

COP16 Table 6



COP17 Proposal

- **Activities Approved**
 - Support Test and Start at 2 PEPFAR KP facilities in NCD and sites receiving TA
 - Provide technical assistance for phased roll out of test and start
- **Achievements**
 - Test & Start adopted in National Care & Treatment Guidelines

- **Activities Proposed**
 - Roll-out of updated Test & Start Guidelines, with emphasis on inclusion of KP; promotion of same day ART initiation
 - Train NDOH Health Care Workers on updated Care & Treatment Guidelines
- **Benchmarks**
 - Training of 175 health care workers on Test & Start
 - Strategy document developed that includes lessons learned from Test and Start roll-out

COP16 Table 6



COP17 Proposal

- **Activities Approved**
 - VL SOPs and algorithm incorporated into the PNG HIV Care and Treatment Guidelines
 - Develop a strategy to roll out viral load services in NCD and PNG
 - Roll-out plasma-based VL testing at 2 clinics and conduct supportive supervision
- **Achievements**
 - Routine VL SOP incorporated in PNG C&T Guidelines
 - Commencement of VL testing in 3 clinics

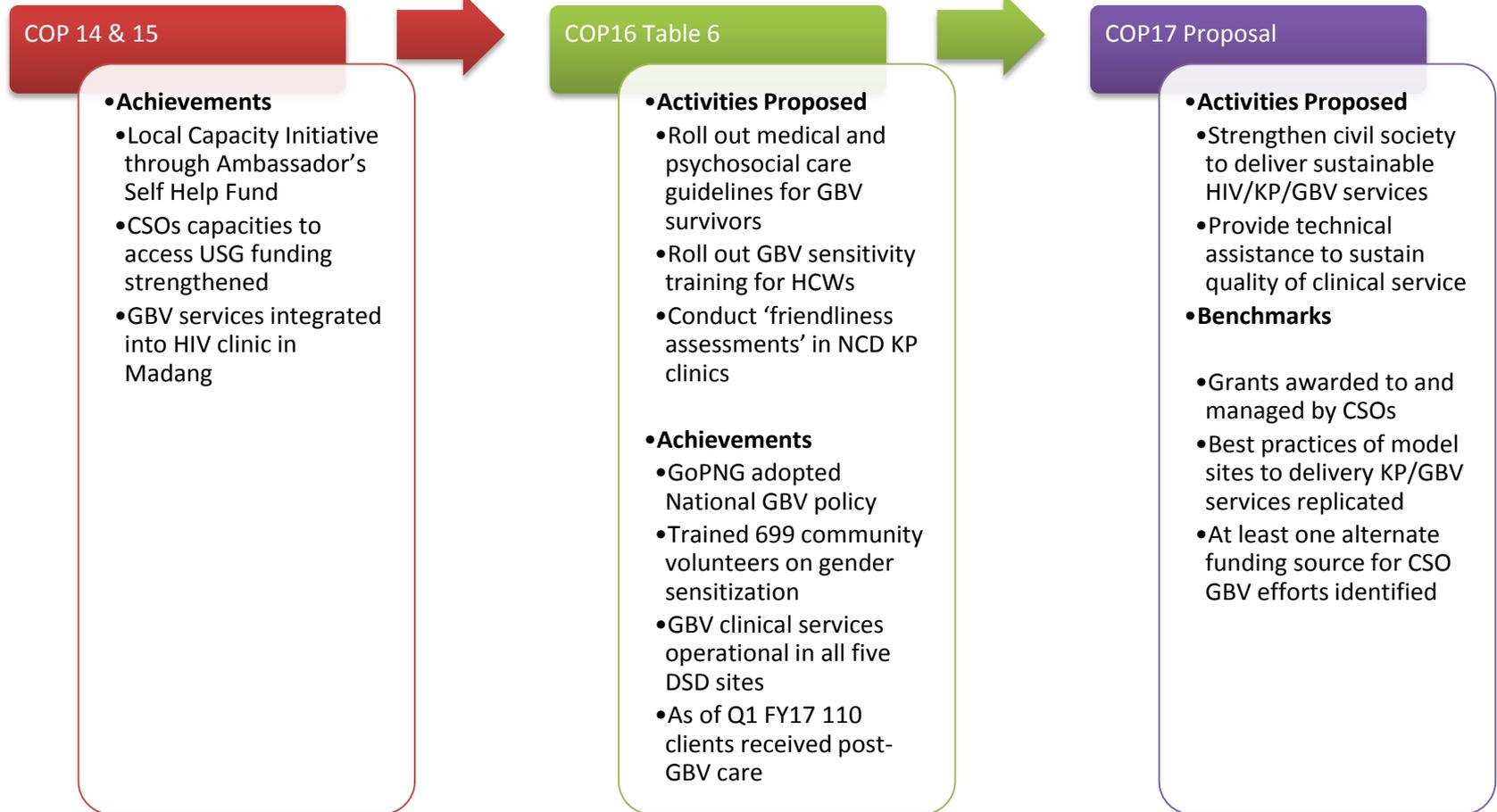
- **Activities Proposed**
 - Roll-out VL testing to all 6 clinics in NCD
 - Complete DBS validation
 - Optimize VL national lab strategy
 - VL training for clinicians (e.g., enhanced adherence counselling)
- **Benchmarks**
 - Complete phased roll out of plasma in NCD and validation of DBS for VL testing outside of NCD
 - 3 demonstration sites for high-quality test and start and VL services





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SO2: Develop Site-level Pilots to Address GBV and Sustainable Models for Service Delivery for KP





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S03 : Strategic Information

COP 14 & 15

• Activities Proposed

- Improve HPDB Reporting
- IBBS
- EWI

• Achievements

- Improved reporting rates
- Approved IBBS Protocol
- EWI Tools & Systems

COP16 Table 6

• Activities Proposed

- Phased roll-out of HPDB (20 sites)
- Train clinical staff on HPDB
- KP MIS Pilot
- HIVQUAL Integration
- FETP

• Achievements

- HPDB expanded to 17 sites
- 17 clinical staff trained
- KP MIS Piloted in 1 site (NCD)
- HIVQUAL Integrated
- 52 FET Fellows Trained

COP17 Proposal

• Activities Proposed

- Roll-out HPDB from 20 to 26 Sites (85% Coverage)
- NUIC Pilot (3 sites)
- HIV Surveillance Decentralized
- Health Informatics Capacity Building

• Benchmarks

- Improved HPDB Reporting Rates (>85%)
- Reduce Duplication (10%)
- Improved HIV Surveillance Reporting (70%-90%)
- Informatics Fellows graduated





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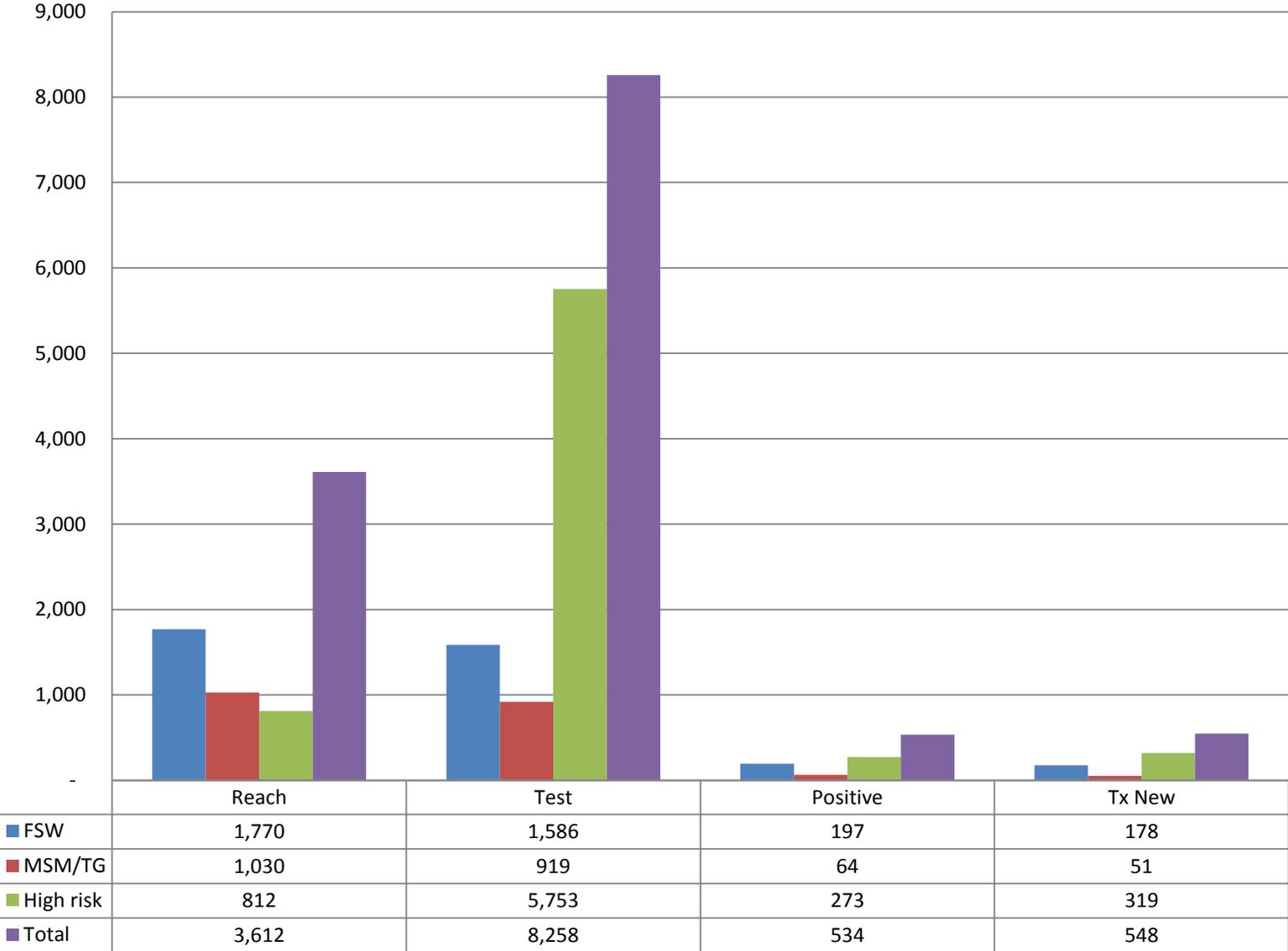
Proposed FY18 Targets

Indicator	FY16 result	FY17 Target	Proposed FY18 target	FY17 Q1
KP_PREV	5066	2500	2800	796 (32%)
PP_PREV	1238	2000	820	344 (17%)
HTC_TST	7783	5557	8258	1055 (19%)
HTC_POS	487	332	534	66 (20%)
TX_NEW	606	300	748	153 (51%)
TX_CURR	3971	7596	7941	5866 (77%)
TX_RET	167	234	673	-
GEND_GBV	250	200	250	110 (55%)





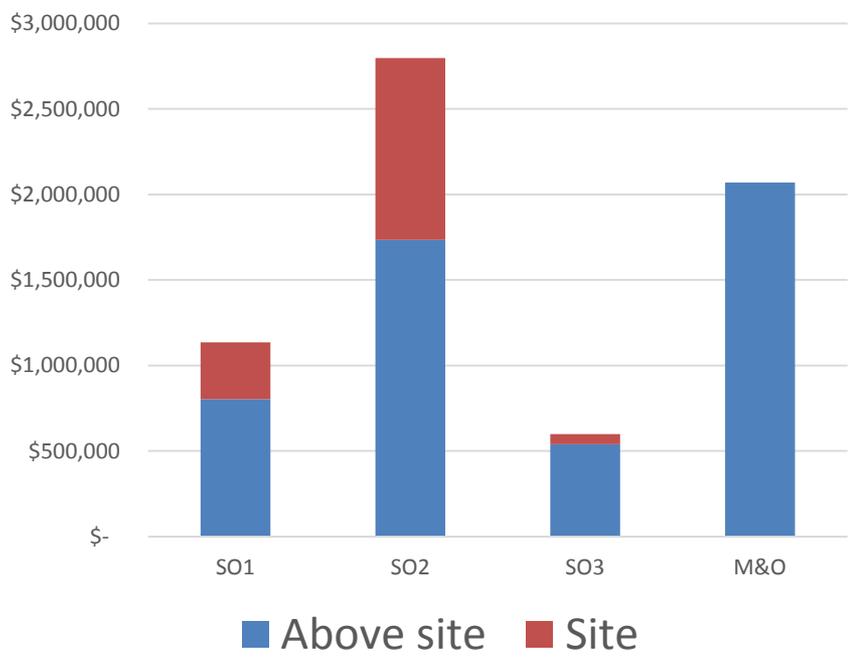
FY 2018 Targets-All



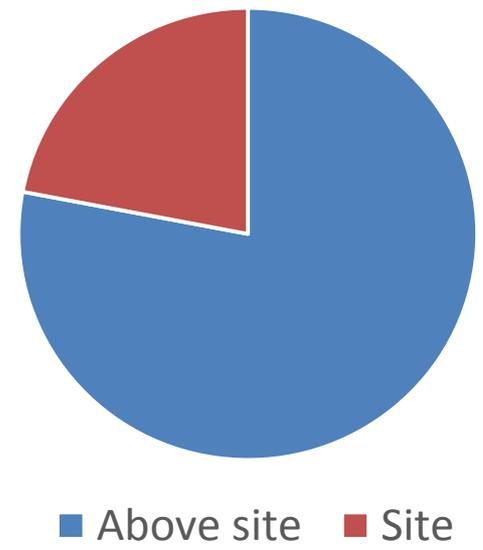


COP 17 Funding Breakdown

PNG COP17 Funding



Above-Site v. Site-Level Breakdown





COP 17 Agency Allocations and Pipeline

Agency	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
USAID	\$4,408,881	-	\$4,408,881
HHS/CDC	\$1,749,170	\$296,949	\$1,996,119
HHS/HRSA	\$150,000	-	\$150,000
State	-	45,000	45,000
Total	\$6,258,051	\$341,949	\$6,600,000

- COP17 Applied Minimum Pipeline Requirement: \$341,949
- Acceptable Buffer Pipeline: \$2,750,000





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COP 2016 vs COP 2017 Budget Code Totals (including Applied Pipeline)

PEPFAR Budget Code	Budget Code Description	COP 2016	COP 2017	% Change
HVOP	Other Sexual Prevention	1,840,709	1,016,273	-45%
HVCT	Counseling and Testing	375,179	557,238	49%
HBHC	Adult Care and Support	129,865	3,166	-98%
HTXS	Adult Treatment	1,328,919	1,565,359	18%
HTXD	ARV Drugs	78,440	48,426	-38%
HVTB	TB/HIV Care	396,928	121,613	-69%
HLAB	Lab	485,414	568,800	17%
HVSI	Strategic Information	780,864	812,569	4%
OHSS	Health Systems Strengthening	161,767	680,358	321%
HVMS	Management and Operations	1,021,915	1,226,198	20%
TOTAL		6,600,000	6,600,000	0%





Earmark Allocations

Earmark	New FY 2017 funds allocated to earmark	COP 2017 earmark requirement	Met?
Care and Treatment	\$1,838,196	\$1,439,352	yes
GBV	\$1,663,720	\$543,000	yes



Partner Performance Management – FHI360

Partner Performance Review Strategies

- Monthly TWG meetings permit adjustment to work plan to align with other partners and GoPNG
- Mid-term evaluation July 2016
- Quarterly reports
- Expenditure Analysis
- DATIM review

Issues

- Rapid Test Stockouts
- Low retention rates
- Low testing yields

Performance Improvement Strategies

- Bi-weekly meetings to monitor progress and make course corrections
- Increased focus on outreach, referrals and retention





Partner Performance Management - WHO

Partner Performance Review Strategies

- Quarterly Report to CDC Country Office
- Reports consolidated and uploaded to DATIM as quarterly narratives
- Annual Report
- Expenditure Analysis

Issues

- CoAg Funding Delays
- SSA's need closer supervision to ensure deliverables are met

Performance Improvement Strategies

- Bi-weekly meetings
- Collaborative milestone setting
- Closer collaboration with SSA's
- Escalation of CoAg Funding delay concerns to HQ





Thank You





Key updates made to original COP/ROP17 submission

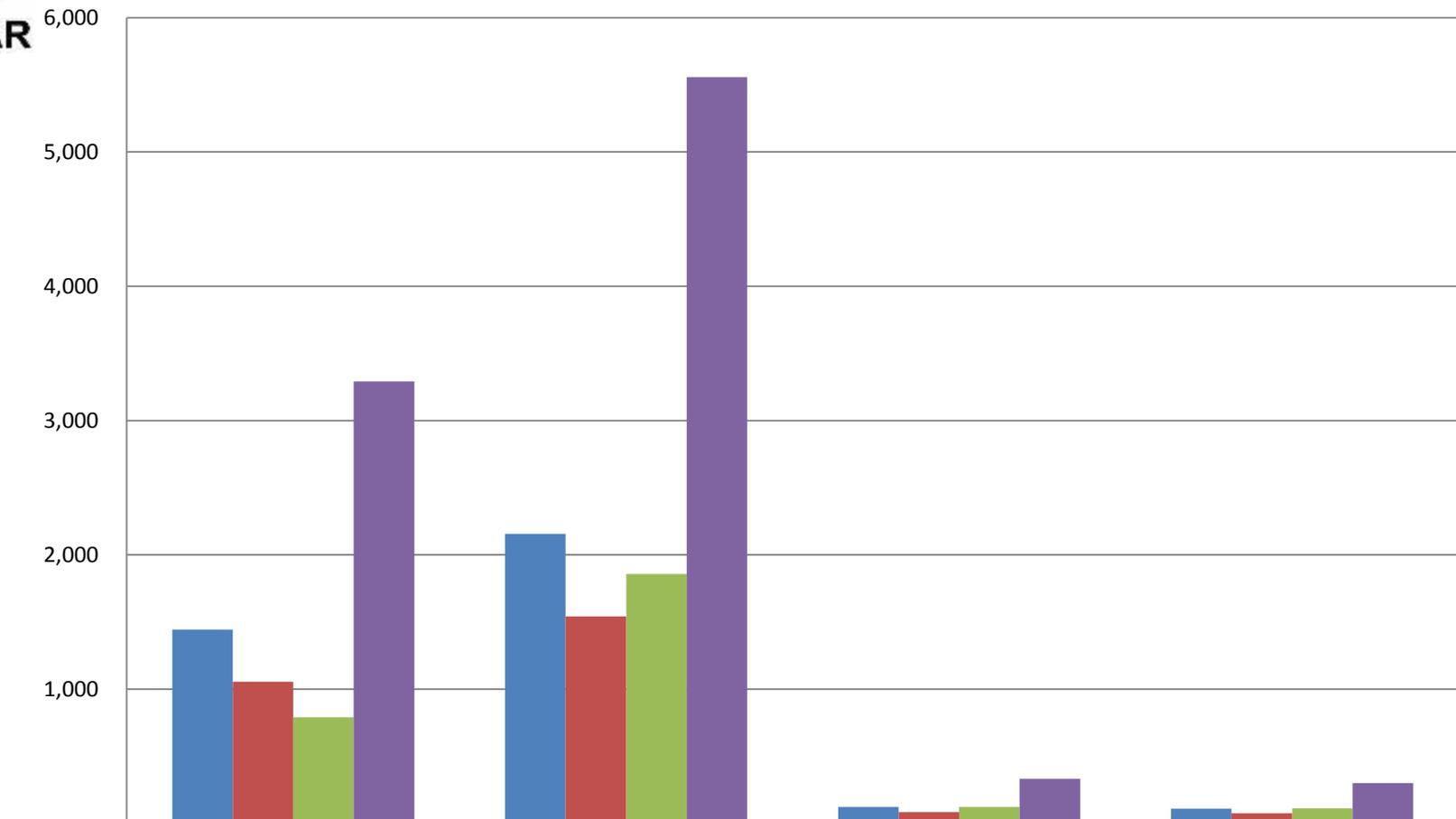
The key updates and changes have not changed the overall strategy of the PNG COP17:

- GBV activities refocused to meet country needs and to complement present stakeholder activities based on GBV National Strategy and stakeholder consultations
- Activities enhanced to improve HIV testing yields based on DSD clinic data and hot spot mapping
- DSD and TA targets modified based on the revised cascade and FHI data
- FOIT benchmarks refined to better measure COP activity performance
- Budget code amounts were adjusted to reflect the above changes





FY17 Targets - All



	Reach	Test	Positive	Tx New
FSW	1,444	2,157	123	111
MSM/TG	1,056	1,543	85	76
High risk	792	1,857	124	113
Total	3,292	5,557	332	300



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Estimated Population Size of MSM*			NCD available March 2017
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Estimated Population Size of FSW	40,000		UNAIDS, 2005 (no latest data available)
FSW HIV Prevalence		14.9	*IBBS POM results, 2016
PWID Prevalence (MSM)		5.1	*IBBS POM results, 2016

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