2017 Country Operational Plan Approval Meeting

PAPUA NEW GUINEA

OUTBRIEF
02/03/17
BACKGROUND AND CONTEXT
<table>
<thead>
<tr>
<th>Table 2.1.1 Host Country Government Results (no gender disaggregation available)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>HIV Prevalence</td>
</tr>
<tr>
<td>Reported AIDS Deaths (/Yr)</td>
</tr>
<tr>
<td>PLHIV</td>
</tr>
<tr>
<td>New Infections (/Yr)</td>
</tr>
<tr>
<td>Annual births</td>
</tr>
<tr>
<td>% of Pregnant Women with at least one ANC visit</td>
</tr>
<tr>
<td>Pregnant women needing ARVs</td>
</tr>
<tr>
<td>Notified TB cases all forms</td>
</tr>
<tr>
<td>TB/HIV Co-infection rates</td>
</tr>
<tr>
<td>MSM HIV Prevalence*</td>
</tr>
<tr>
<td>FSW HIV Prevalence*</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Epidemiologic Data</th>
<th>HIV Treatment and Viral Suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>HIV Prevalence</td>
</tr>
<tr>
<td>8,000,000</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

* Data from subset of eligible patients in 3 clinics in NCD (n=404)
FY 2016 APR KP and PP Cascade: DSD in NCD

- KP & PP_Prev: 5756
- KP & PP_HTC_TST: 72% (4156)
- KP & PP_HTC_TST pos: 5% (208)
- KP & PP_TX_New: 82% (171)
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

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

- NDOH Secretary approved updated HIV Care and Treatment guidelines

- Printing of revised National Care and Treatment guidelines

- 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
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

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

PARTNERSHIPS
MOH, CSO, & Stakeholders
### Test and Start

**COP16 Table 6**
- **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

**COP17 Proposal**
- **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

### Viral Load

**COP16 Table 6**
- **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

**COP17 Proposal**
- **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
SO2: GBV and KP Program Framework

Support roll out of National GBV Policy

Outreach efforts to identify PP/KP

Enroll

Community-based interventions to prevent HIV and GBV, including HIV testing

GBV screening and case identification

HIV+ treatment

+ for violence

Active referral

Clinical post-GBV Care

HIV+ treatment

Active referral

Non-Clinical Services

In-service training for HCWs on post-GBV care

Capacity building of CSOs to deliver prevention and non-clinical services, and support advocacy efforts
### SO2: Develop Site-level Pilots to Address GBV and Sustainable Models for Service Delivery for KP

#### COP 14 & 15
- **Achievements**
  - Local Capacity Initiative through Ambassador’s Self Help Fund
  - CSOs capacities to access USG funding strengthened
  - GBV services integrated into HIV clinic in Madang

#### COP16 Table 6
- **Activities Proposed**
  - Roll out medical and psychosocial care guidelines for GBV survivors
  - Roll out GBV sensitivity training for HCWs
  - Conduct ‘friendliness assessments’ in NCD KP clinics
- **Achievements**
  - GoPNG adopted National GBV policy
  - Trained 699 community volunteers on gender sensitization
  - GBV clinical services operational in all five DSD sites
  - As of Q1 FY17 110 clients received post-GBV care

#### COP17 Proposal
- **Activities Proposed**
  - Strengthen civil society to deliver sustainable HIV/KP/GBV services
  - Provide technical assistance to sustain quality of clinical service
- **Benchmarks**
  - Grants awarded to and managed by CSOs
  - Best practices of model sites to delivery KP/GBV services replicated
  - At least one alternate funding source for CSO GBV efforts identified
SO3: 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
## Proposed FY18 Targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY16 result</th>
<th>FY17 Target</th>
<th>Proposed FY18 target</th>
<th>FY17 Q1</th>
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</thead>
<tbody>
<tr>
<td>KP_PREV</td>
<td>5066</td>
<td>2500</td>
<td>2800</td>
<td>796 (32%)</td>
</tr>
<tr>
<td>PP_PREV</td>
<td>1238</td>
<td>2000</td>
<td>820</td>
<td>344 (17%)</td>
</tr>
<tr>
<td>HTC_TST</td>
<td>7783</td>
<td>5557</td>
<td>8258</td>
<td>1055 (19%)</td>
</tr>
<tr>
<td>HTC_POS</td>
<td>487</td>
<td>332</td>
<td>534</td>
<td>66 (20%)</td>
</tr>
<tr>
<td>TX_NEW</td>
<td>606</td>
<td>300</td>
<td>748</td>
<td>153 (51%)</td>
</tr>
<tr>
<td>TX_CURR</td>
<td>3971</td>
<td>7596</td>
<td>7941</td>
<td>5866 (77%)</td>
</tr>
<tr>
<td>TX_RET</td>
<td>167</td>
<td>234</td>
<td>673</td>
<td>-</td>
</tr>
<tr>
<td>GEND_GBV</td>
<td>250</td>
<td>200</td>
<td>250</td>
<td>110 (55%)</td>
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</tbody>
</table>
FY 2018 Targets-All

<table>
<thead>
<tr>
<th></th>
<th>FSW</th>
<th>MSM/TG</th>
<th>High risk</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>1,770</td>
<td>1,030</td>
<td>812</td>
<td>3,612</td>
</tr>
<tr>
<td>Test</td>
<td>1,586</td>
<td>919</td>
<td>5,753</td>
<td>8,258</td>
</tr>
<tr>
<td>Positive</td>
<td>197</td>
<td>64</td>
<td>273</td>
<td>534</td>
</tr>
<tr>
<td>Tx New</td>
<td>178</td>
<td>51</td>
<td>319</td>
<td>548</td>
</tr>
</tbody>
</table>

FY 2018 Targets

- FSW
- MSM/TG
- High risk
- Total
COP 17 Funding Breakdown

PNG COP17 Funding

Above-Site v. Site-Level Breakdown

Above site  Site
## COP 17 Agency Allocations and Pipeline

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

- COP17 Applied Minimum Pipeline Requirement: $341,949
- Acceptable Buffer Pipeline: $2,750,000
## COP 2016 vs COP 2017 Budget Code Totals
(including Applied Pipeline)

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

<table>
<thead>
<tr>
<th>Earmark</th>
<th>New FY 2017 funds allocated to earmark</th>
<th>COP 2017 earmark requirement</th>
<th>Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and Treatment</td>
<td>$1,838,196</td>
<td>$1,439,352</td>
<td>yes</td>
</tr>
<tr>
<td>GBV</td>
<td>$1,663,720</td>
<td>$543,000</td>
<td>yes</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th></th>
<th>Reach</th>
<th>Test</th>
<th>Positive</th>
<th>Tx New</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FSW</strong></td>
<td>1,444</td>
<td>2,157</td>
<td>123</td>
<td>111</td>
</tr>
<tr>
<td><strong>MSM/TG</strong></td>
<td>1,056</td>
<td>1,543</td>
<td>85</td>
<td>76</td>
</tr>
<tr>
<td><strong>High risk</strong></td>
<td>792</td>
<td>1,857</td>
<td>124</td>
<td>113</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,292</td>
<td>5,557</td>
<td>332</td>
<td>300</td>
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</table>
Table 2.1.1 Host Country Government Results (no gender disaggregation available)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Source, Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>8,000,000</td>
<td>PNG Estimates</td>
</tr>
<tr>
<td>HIV Prevalence</td>
<td>0.8</td>
<td>UNAIDS, 2016</td>
</tr>
<tr>
<td>PLHIV</td>
<td>40,000</td>
<td>UNAIDS, 2016</td>
</tr>
<tr>
<td>New Infections (/Yr)</td>
<td>2,700</td>
<td>UNAIDS, 2016</td>
</tr>
<tr>
<td>Annual births</td>
<td>33 per 1000 (CBR)</td>
<td>WHO, 2015</td>
</tr>
<tr>
<td>% of Pregnant Women with at least one ANC visit</td>
<td>134,603</td>
<td>WHO, 2015</td>
</tr>
<tr>
<td>Pregnant women needing ARVs</td>
<td>1,500</td>
<td>UNAIDS, 2016</td>
</tr>
<tr>
<td>TB/HIV Co-infection rates</td>
<td>11</td>
<td>WHO, 2015</td>
</tr>
<tr>
<td>Estimated Population Size of MSM*</td>
<td>40,000</td>
<td>NCD available March 2017</td>
</tr>
<tr>
<td>MSM HIV Prevalence*</td>
<td>8.5</td>
<td>*IBBS POM results, 2016</td>
</tr>
<tr>
<td>Estimated Population Size of FSW</td>
<td>40,000</td>
<td>UNAIDS, 2005 (no latest data available)</td>
</tr>
<tr>
<td>FSW HIV Prevalence</td>
<td>14.9</td>
<td>*IBBS POM results, 2016</td>
</tr>
<tr>
<td>PWID Prevalence (MSM)</td>
<td>5.1</td>
<td>*IBBS POM results, 2016</td>
</tr>
</tbody>
</table>

*IBBS Data in POM is Preliminary