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Abbreviations and Acronyms

ACM	active case management
AIP	annual implementation plan
AMELP	activity monitoring evaluation and learning plan
ANC	antenatal care
AO	Agreement Officer
APRO	Asia-Pacific Regional Office
ART	antiretroviral therapy
CDC	U.S. Centers for Disease Control and Prevention
COP	Country Operational Plan
CPHL	Central Public Health Laboratories
CSO	civil society organization
DEC	data entry clerk
DQA	data quality assessment
DTG	dolutegravir
EDTA	ethylenediamine tetra-acetic acid
FBO	faith-based organization
FY	fiscal year
FSW	female sex worker
GBV	gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoPNG	Government of Papua New Guinea
GP	general population
HCW	health care worker
HFR	high-frequency reporting
HPDB	HIV Patient Database
HQ	headquarters
HR	human resources
HTC	health training center
HTS	HIV testing services
ICFPT	index client family and partner testing
IPV	intimate partner violence
KP	key population
KPMIS	key population management information system
LTFU	lost to follow-up
MER	monitoring, evaluation and reporting
M&E	monitoring and evaluation
MSM	men who have sex with men
NACS	National AIDS Council Secretariat
NCD	National Capital District
NCDHS	National Capital District Health Services
NDoH	National Department of Health
NGO	nongovernmental organization

NUIC	National Unique Identifier Code
PE	peer educator
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PHO	Provincial Health Office
PICT	provider-initiated HIV counseling and testing
PLHIV	people living with HIV
PNG	Papua New Guinea
PNS	Partner Notification Services
PP	priority population
PrEP	pre-exposure prophylaxis
Q	quarter
Q-MAP	Quality Management and Accountability Program
QA	quality assurance
QI	quality improvement
ROP	Regional Operational Plan
SDART	same-day antiretroviral therapy
SGBV	sexual and gender-based violence
SI	strategic information
SOP	standard operating procedure
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TG	transgender
TLD	tenofovir-lamivudine-dolutegravir
TWG	Technical Working Group
TX_CURR	number of adults and children receiving antiretroviral therapy
TX_ML	number of ART patients with no clinical contact since their last expected
TX_NEW	number of adults and children with advanced HIV infection newly enrolled on antiretroviral therapy
TX_PVLS	proportion of adult and pediatric patients on ART with suppressed viral load results (<1,000 copies/ml) documented in the medical records and/or supporting laboratory results within the past 12 months
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	The U.S. Agency for International Development
VCT	voluntary counseling and testing
VL	viral load
WHO	World Health Organization

Executive Summary

Papua New Guinea (PNG) has a population of approximately 8 million people and has the highest burden of HIV among the Pacific Island countries. With an estimated 48,000 people living with HIV (PLHIV) across its 22 provinces, PNG's national HIV prevalence is estimated at 0.9 percent among the general population (GP); however, key populations (KPs) experience a much higher HIV burden. The 2017 Integrated Bio-Behavioral Survey conducted in Port Moresby, Lae and Mount Hagen provided specific data on HIV prevalence among KPs, including female sex workers (FSW) (14.9 percent) and men who have sex with men (MSM) and transgender (TG) people (8.5 percent).

The U.S. Agency for International Development (USAID) granted funding to FHI 360 for the implementation of the US\$13.2 million activity USAID HIV Support in PNG (the Activity) from October 1, 2018 to September 30, 2023. The team designed and implemented the Activity by using a variety of evidence and data, including:

- The National PNG STI and HIV Strategy 2018–2022
- Program data (e.g., the USAID-supported project Strengthening HIV/AIDS Services for KPs in PNG Program, October 2012 – September 2018)
- Survey and surveillance data (e.g., the 2017 Integrated Bio-Behavioral Survey)
- The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) guidance on program priorities to reach epidemic control

Following the 2019 Regional Operational Plan (ROP)/Country Operational Plan (COP), the team categorized PNG as a maintenance country with a focus on protecting PEPFAR's investments over the years. The plan identified the following technical priorities:

- Increasing the HIV testing yield through targeted testing approaches, such as index testing.
- Improving the retention of registered PLHIV on antiretroviral therapy (ART).
- Increasing access to viral load (VL) testing services among registered PLHIV with a 90 percent VL suppression.
- Increasing access to gender-based violence (GBV) prevention and post-GBV services for registered PLHIV with an emphasis on preventing intimate partner violence (IPV) as an integral component of index testing.
- Strengthening information use for program monitoring and improvement through high-frequency reporting (HFR) and granular data analysis and use.
- Enhancing local capacity and financial sustainability.

In addition to these priorities, the Activity expected to achieve specific benchmarks¹ in fiscal year (FY) 2019 to be eligible for additional PEPFAR funding through the Incentive Fund initiative.

¹ 100 percent use of index testing, 95 percent linkage to treatment, 95 percent retention and 95 percent VL suppression.

This annual report covers the period from October 1, 2018 to September 30, 2019. With funding from USAID, FHI 360 provided technical assistance (TA) in FY 2019 to the National Department of Health (NDoH), the National Capital District Health Services (NCDHS) and nine clinics that NCDHS directly or indirectly manages. The team also provided limited TA to the Morobe Provincial Health Office (PHO).

The Activity focused on improving case identification through effective testing models (e.g., index testing), improving linkages to treatment, increasing the percentage of PLHIV adhering to treatment, supporting clinics to improve VL testing, integrating post-GBV services in selected HIV clinics and screening all clients accessing HIV clinics for potential exposure to GBV. At the national level, FHI 360 supported the revision of the National HIV Care and Treatment Guidelines to include tenofovir-lamivudine-dolutegravir (TLD) implementation, develop a plan to transition all registered PLHIV to TLD regimen and revise data collection tools at the clinical and provincial levels.

During the reporting period, 22,754 people received HIV testing, with an overall HIV positive yield of 4.8 percent. The percentage of KPs and other high-risk populations tested gradually increased over the year. Of the total number of individuals tested, KPs and high-risk individuals accounted for 38 percent in quarter (Q) 1, 44.2 percent in Q2, 47.3 percent in Q3 and 56.9 percent in Q4.

In Q3, FHI 360 provided TA to introduce Index Client Family and Partner Testing (ICFPT) in all nine project-supported clinics. After a slow start to the intervention, the yield in Q4 was 32 percent (30 out of 91), demonstrating that ICFPT is a strategic approach to reach infected individuals.

The Activity implemented active case management (ACM) in all project-supported clinics to improve adherence to treatment through a patient-centered approach. This implementation involved tracking missed appointments and PLHIV lost to follow-up (LTFU) and reconnecting those individuals to care facilities. Data collection on ACM implementation in the National Capital District (NCD) began in Q3 (see figure 1). The proportion of PLHIV successfully tracked by the team increased from 66.4 percent in Q3 to 80 percent in Q4, while the proportion of those successfully reconnected to treatment improved from 70 percent to 77.5 percent in Qs 3 and 4, respectively.

Figure 1. Summary of achievements on key monitoring, evaluation and reporting (MER) 2.3 indicators.

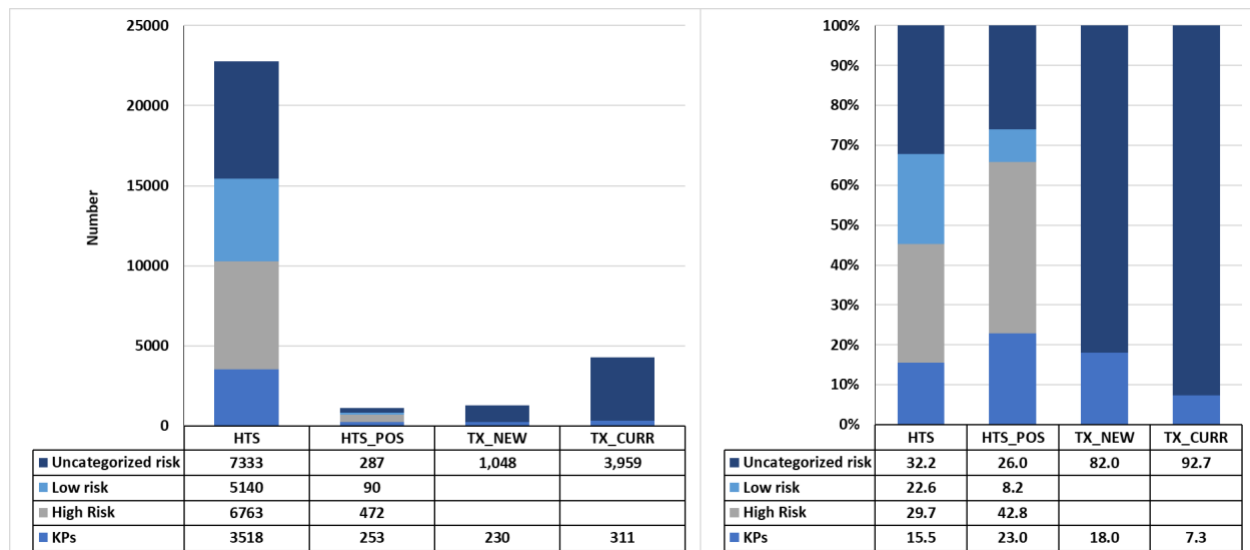


Figure 1 summarizes the key achievements in case detection, care and treatment. A total of 4,270 PLHIV were active on treatment in FY 2019, with an additional 1,278 individuals newly diagnosed and enrolled on treatment. A total of 2,032 PLHIV (47.6 percent of the number of adults and children receiving ART (TX_CURR)) have had at least one VL test in the last 12 months, with VL suppression in 79.3 percent (1,612 out of 2,032) of those tested in FY 2019. A total of 632 GBV survivors (of which 87 KP members) received post-GBV services in the reporting period.

1 Achievements

Table 1. Summary of training activities.

Training title	Location	Target participants	Goal/objectives	Date	Collaborating partner(s)	Outcome	Number of participants		
							Male	Female	Total
The KP management information system (KPMIS) version of the national data collection and reporting tools	Port Moresby	Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) prime and subrecipients and Provincial Tuberculosis (TB)/HIV Coordinators	Familiarize the team with national KPMIS data collection tools.	October 4	NDoH, GF and the U.S. Centers for Disease Control and Prevention (CDC)	Participants gained a clear understanding of national surveillance tools, data flow, reporting timelines and roles and responsibilities in reporting.			
HIV clinical refresher training	Lae	ART prescribers	Update ART prescribers on the 2017 National HIV Care and Treatment Guidelines and introduce them to existing job aids on Test and Start and VL services.	April 15–17	NDoH and Morobe PHO	It was the first time some of the ART prescribers received orientation on the guidelines. The team distributed copies of the guidelines and relevant job aids to sites.	6	20	26
Logistics and supply chain management	Lae	ART prescribers	Reorientate ART prescribers on the logistics and supply management system for HIV commodities and their role in preventing stockouts and expiries.	April 18	NDoH	It was the first time some of the ART prescribers received orientation on the supply management system. Participants also received relevant tools for the logistics information management system.	6	20	26
In-house refresher training on the National Unique Identifier Code (NUIC) health training center (HTC) logbook	Lae	HTC counselors	Orientate HTC counselors at Anua Moriri Day Care Clinic on the relevance of and principles for generating the NUIC.	April 26		HTC counselors at the clinic are now able to generate NUIC for KPs.	1	5	6

Data analysis and use	NCD	Surveillance officers from NDoH, the National AIDS Council Secretariat (NACS) focus provinces, clinics from NCD and FHI 360 staff	Train participants on the use of pivot tables and Power BI for data analysis and presentations, including dashboard creation.	May 1–2	FHI 360 Asia-Pacific Regional Office (APRO)	Participants gained skills in the use of pivot tables for basic data analysis, allowing for better use of evidence for program improvement.	14	16	30
National HIV Patient Database (HPDB) orientation training for data entry clerks (DEC)	NCD	DECs	Orientate DEC on basic HPDB functionalities.	May 3		Most clinics have now updated their HPDB.	3	5	8
Basic HIV/AIDS orientation	NCD	Adherence Counselors	Refresh participants' knowledge on the basics of HIV/AIDS, including transmission, prevention and treatment.	May 21			1	3	4
Standard operating procedure (SOP) training on ICFPT and IPV screening	NCD	Adherence Counselors and ART prescribers	Orientate service providers on SOP for ICFPT and protocol for IPV screening. Introduce service providers to various tools for ICFPT services.	May 23–24		All supported clinics now offer ICFPT services to PLHIV, with IPV prevention as an integral component.	5	15	20
Orientation training for DEC on e-registers/logbooks	NCD	DECs	Orientate DEC on e-registers, including how to fill them and how to file and transmit e-files.	May 30		DEC are facilitating HFR from supported clinics.	2	5	7
ACM		Adherence counselors and Case Management Trackers	Orientate participants on SOP and tools for ACM. Introduce participants to ACM activities and assign roles and responsibilities to service providers.	July 4–5	None	ACM implementation is now ongoing in all supported ART clinics in NCD.	13	26	39
VL monitoring		Health care workers (HCWs) from Gerehu Hospital, Begabari,	Train ART prescribers on VL monitoring services.	August 9	Central Public Health Laboratories	Gerehu Hospital is now linked to the VL network	6	15	21

	Lawes Road and Tokarara	Orientate participants on the VL algorithm, appointment scheduling and protocol for sample management.	(CPHL) and CDC	and is sending VL samples to CPHL for processing. Additional HCWs in Begabari, Lawes Road and Tokarara have the capacity to support VL monitoring services.			
GBV sensitization	HCWs (clinicians and support staff)	Sensitize participants on the basics of GBV, its relationship with HIV and its impact on health.	September 10 (Kaugere)	Participants now understand how to support GBV survivors in accessing post-GBV services.	10	24	34
			September 24 (Tokarara)		8	14	22
		Introduce participants to the components and guiding principles for assisting GBV survivors.	September 25 (Begabari)		9	8	17
		Improve survivor flow from health facility entrance to external referrals.					
		Help participants map GBV referral pathways during clinic mapping.					
KP sensitization	Clinicians and support staff at 9 Mile clinic	Sensitize clinicians on sexual diversity and promote acceptance for and friendliness toward individuals with diverse sexual orientations.	September 25	The team held a mentoring session on the use of the decision tree tool at the clinic.	4	10	14