Scaling Up the Response for Children: Country Background Report
PAPUA NEW GUINEA

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<tr>
<td>ANC</td>
<td>Antenatal Care / Antenatal Clinic</td>
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<td>ADB</td>
<td>Asia Development Bank</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ART</td>
<td>Anti-retroviral Treatment</td>
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<td>ARV</td>
<td>Anti-retroviral</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>Comataa</td>
<td>Community mobilisation and theatre against AIDS</td>
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<td>FBO</td>
<td>Faith Based Organisation</td>
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<td>GFATM</td>
<td>Global Fund to fight AIDS, TB and Malaria</td>
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<td>GoPNG</td>
<td>Government of Papua New Guinea</td>
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<td>HCF</td>
<td>Health Care Facility</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HRSS</td>
<td>High Risk Setting Strategy</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>MCH</td>
<td>Maternal Child Health Services</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>MTDS</td>
<td>Medium Term Development Strategy</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>NACS</td>
<td>National AIDS Council Secretariat</td>
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<td>NDoH</td>
<td>Department of Health</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>NVP</td>
<td>Nevirapine</td>
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<td>NSP</td>
<td>National Strategic Plan</td>
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<td>OVC</td>
<td>Orphans and vulnerable children</td>
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<td>PMGH</td>
<td>Port Moresby General Hospital</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<td>PPTCT</td>
<td>Prevention parent to child transmission</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>NAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<td>UPE</td>
<td>Universal Primary Education</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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1. SITUATION OF CHILDREN AND HIV/AIDS IN PAPUA NEW GUINEA

The perception of HIV epidemic in PNG is changing rapidly as more information becomes available; however, many agree that the situation is becoming a potential disaster for children in Papua New Guinea unless the situation is contained immediately.

Papua New Guinea is a culturally complex and diverse country, where traditional linkages remain strong throughout the estimated 800 tribes, who speak some 800 local languages. PNG has an estimated population of 5.6 million people and is one of the most culturally diverse and geographically isolating terrains in the world. 83% of the population live in near-inaccessible areas, impeding the access of these communities to health, education, social services, infrastructure and economic development.

PNG is experiencing a generalised epidemic that experts warn will expand drastically unless the infections are contained immediately. In 2004, an expert consensus workshop estimated that about 80,000 or 2% of Papua New Guinea’s total population is infected. It was predicted that the rate would continue to escalate for at least the next decade and could easily total more than 10% of the population (over 500,000 cases) by 2010. The number of reported cases surpassed 12,000 in early 2005 with cases reported from all the 20 provinces. The epidemic is associated with high levels of STIs which are prevalent throughout the country.

Reported HIV cases in PNG show that girls between the ages of 15-19 have four times the rate of infection compared with boys of the same age group. Between the ages of 15 to 29, women are two to three times more likely to be affected than men in the same age group, but more men than women above the age of 30 acquire the virus. Girls in Papua New Guinea are particularly vulnerable to HIV/AIDS and STI for several reasons including; domestic and sexual violence; unequal gender norms which lead to pervasive sexual violence and exploitation; family-driven sex work; customary practices and dominant ideologies of masculinity; male and female cultural inhibitions in accessing safer sex options. Moreover, women and girls are typically burdened by being the care givers for HIV-positive family members. At the same time women are perceived to be the carriers of HIV/AIDS.

Antenatal sero-surveillance data shows 2% (range: <1 to 3.6%) of pregnant women are infected with the virus, with a yearly increase of about 30%. The majority (>70%) of HIV infected pregnant women fall into the 15-24 yrs age group.

Most cases of HIV in Papua New Guinea are acquired through heterosexual contact. Less than 10 percent are below the age of 15 and the majority of these children acquire the virus from parent-to-child transmission of the virus, however, cases of children becoming infected through sexual assault have also been reported. PNG has a fledgling data
collection and surveillance system, and although precise estimates are not available, provisional estimates indicate that close to 800,000 children are either infected with HIV, orphaned by AIDS, living in AIDS-affected families or at risk of infection\(^8\). By 2010, this figure is estimated to reach almost 1,000,000 children\(^9\). Currently an estimated 11,000 out of the estimated 80,000 people infected are children\(^10\). Sparse and incomplete data makes it difficult to put a figure to the number of deaths of children that are related to this disease, however, the paediatric section of the Port Moresby General Hospital (the country’s largest hospital in the capital city of Port Moresby) reports 2-4 AIDS related deaths a month\(^11\). 10,400 babies are born per year in the same hospital\(^12\).

It is not possible to make a detailed estimate of orphans of HIV/AIDS in PNG because of data limitation, however provisional estimates suggest that 9,400 children are orphaned with one or both parent's dead\(^13\).

Problems reported by HIV/AIDS-affected families and children in PNG are similar to those experienced worldwide in the early stages of the epidemic. Often impoverished, these families deal with the stigma and discrimination that fuels negative individual and community reactions to affected families and children. Children from HIV infected families have problems in finding food, shelter and other material needs because their parents are not well enough to take care of them or their caregivers neglect to provide adequate care. When the parents die, children constantly lack a stable home and are at increased risk of neglect and homelessness - all these factors make them vulnerable to exploitative labour and sexual exploitation and, subsequently HIV. Many children are seen on the streets of Port Moresby begging or looking for work - a situation that also heightens their vulnerability to sexual exploitation and abuse, placing them at heightened risk to HIV/AIDS. HIV-positive children are being refused admission to school by education authorities due to fears that they may infect other children. Caregivers of HIV-positive children report difficulty in receiving care and support. Children report physical and emotional abuse because of the HIV-status of their parents. There are reports that families are neglecting AIDS patients and hospital personnel are neglecting children born to HIV-positive mothers. Fortunately, as awareness increases in Papua New Guinea, it is starting to dawn, albeit slowly, that the epidemic is having a direct influence on the future of the country through its impact on the children.

Increases in the number of children infected and affected by HIV/AIDS in PNG will follow the known trajectory of the epidemic. Without more data on families and children in PNG it would be difficult to predict accurate figures with a degree of confidence, however, high HIV prevalence rates among younger adults will result in children experiencing the loss of one or both parents at a very early age. In addition, the equal rates of infection amongst males and females in Papua New Guinea suggest that more children will become double orphans.
earlier rather than later in their childhood\textsuperscript{14}. Double orphans have been identified as one of PNG’s most vulnerable populations of children by the ADB Poverty Study.

The current trend of increasing HIV cases amongst adults in PNG means that a greater number of orphans and vulnerable children will need care and support from their families, communities and access to health, education and social services of the country. It is critical therefore that all efforts to stem, subdue and reverse the trend of the epidemic are brought to the fore. Only then can the high numbers of potentially infected and affected children be stabilised and hopefully subsequently begin to decline.

2. PROGRESS TOWARDS ACHIEVING UNGASS GOALS

2.1 PRIMARY PREVENTION (15-24YRS)

Reducing prevalence of HIV infection amongst young men and women, aged 15-24 yrs

Over the last 2 decades, increasing evidence of the effects of the virus has resulted in more of the population and its decision makers realising the gravity of the epidemic and the necessity for identifying urgent solutions. At the initial stages, denial and complacency were entrenched, however this status quo has begun to change, giving rise to increased awareness, public debate, and the search for solutions to slow the rapid rise of the HIV infection.

Until recently, due to the lack of a monitoring and evaluation framework, it was rather difficult, if not impossible have a sense of the possible impact of the awareness campaigns that were mounted.

Currently, over the last few years, HIV programs have evolved around a broader framework, based on the National Strategic Plan. These strategies are more targeted and have a monitoring and evaluation (M&E) component. Part of the “three ones” the M&E component will markedly improve the country’s ability to track the country progress and guide the future plans relating to the national response.

PNG with all of its cultural, geographical and development complexities, has begun to intensify its efforts over the last few years, developing a more integrated response to the epidemic. An increasing number of NGOs are involved in youth prevention programs through peer education, a strategy that has been propagated in different parts of the country. This includes general awareness programs, one to one peer education and condom education and distribution. Condom promotion, both through the peer education
programs, health care services in particular STI clinics, amongst sex workers, MSM groups, entertainment centres is strongly promoted. Condoms are aggressively promoted in the NAC condom promotion strategy in the media as a major marketing strategy. Condom dispensers have also been installed in various locations throughout the country. The first HIV summit was held in Papua New Guinea in March 2006. At the conclusion of this summit, the Special Minister advising the Prime Minister on HIV made a bold public plea, promoting “100% condom use”. Although this has generated considerable debate, particularly amongst the churches, who traditionally oppose the use of condoms as a major strategy to fight HIV, the position taken by the government sends a clear message that it believes the country should take firm and consistent action in this fight against HIV.

Comataa is a community-based strategy that has been initiated in a few communities and is well received by the communities themselves. Although it is still in the early stages, the involvement and enthusiasm shown by the communities in taking up this strategy as a way to assess and analyse their own community situations and find their own solutions, is self empowering. The high risk setting strategy aims to change behaviour in areas where high levels of sex trade take place, thus complimenting the comataa approach.

Traditional drama groups are being set up in many parts of the country to bring awareness programs to remote communities that tend to be highly isolated. Radio programs run by the youth in the NCD and East Sepik Province provide an avenue for young people to communicate about issues relevant to them including HIV/AIDS.

2.2 SECONDARY PREVENTION: PMTCT

Reduce infants infected by 20% by 2005 and 50% by 2010, ensure 80% of women accessing antenatal care have PMTCT

The PMTCT program established in 2004 is beginning to scale up, PNG however is a long way away from experiencing any tangible impact of the reduction in the number of infants infected with the virus. According to the 2004 National Health Information System statistics, about 200,000 women in PNG give birth each year. Only 60% of these women attend antenatal care and 40% deliver their children under supervision. This means almost half of the pregnant women will not have access to PMTCT programs, consequently missing the opportunity to access primary prevention information and PMTCT services. To date, PMTCT programs are implemented in 7 out of the 20 provincial hospitals, in about 17 health care facilities which provide HIV information, counselling, testing and Nevirapine for protecting the baby. Since 2004, more than 17,000 pregnant women have accessed PMTCT services, 10,000 of these in 2005. This equates to 5% of the total number of women delivering each year (or only 8.3% of those who attend antenatal care each year).

At the Port Moresby General Hospital, 105 HIV-positive mothers delivered their babies in 2004 and 2005 and more than 90% of these women were given the full course of Nevirapine. The challenge of follow up care and support to track the status of the children and support the health of the mother, is a task that needs good coordination between the
health care facilities and the community. This needs significant improvement within the current system.

Ensuring that 80% of the women attending antenatal care receive PMTCT services, will need an injection of major resources both in terms of staff numbers and capacity through skills training. Throughout the country, inadequate numbers of health care workers remain a major constraint to the delivery of care to affected people. Moreover, the inaccessibility of health facilities, many of which are non-functional, due to a lack of basic resources, make it difficult for pregnant women to access antenatal care. Long distances, lack of transportation and difficult terrain are major impediments for pregnant women to access antenatal care through which PMTCT services are provided, subsequently impeding the overall impact that PMTCT program would potentially achieve. Major investment by the government into logistics and infrastructure and supporting safe motherhood programs through strategies needed to improve the coverage and quality of antenatal care and delivery services are a critical necessity in order to achieve the UNGASS Goals for this commitment.

Of the 11,000 children estimated to be infected by HIV, only 15 children are on ART at the Port Moresby General hospital (320 adults are currently on ART in PNG). Hence, less than 5% of the total number of people on ART in PNG are children. Preparation and ground work is being done in the other hospitals in preparation for commencing ART for infected children.

3. COUNTRY EXPERIENCE ON PREVENTION, TREATMENT, CARE, PROTECTION & SUPPORT SERVICES

3.1 PMTCT

The PNG PMTCT program is a nationwide program, which was commenced in 2003/2004, implemented within the maternal child health services through the PNG health care system which is provided by both the churches and the government institutions. The aim of this strategy is to ensure that the program becomes part and parcel of the routine services that are provided to the women and children. Women in antenatal clinics (ANC) are provided with information on HIV with emphasis on the importance of staying negative and knowing their HIV status in order to protect their baby and their families through early detection in order to improve their long term outcome through timely ART. Depending on the capacity of the Health care facilities, large group information, small group and or individual pre-test counselling is provided and the “opt in” or
“opt out” strategy used for testing. Individual post test counselling is done for all positive women, including counselling for infant feeding options and Nevirapine administered at delivery.

Major challenges in this settings is the capacity of the health care facilities to provide innovative programs in order to enhance the affectivity of the primary prevention interventions within the MCH services and follow that up with related programs in the community care and support settings to enhance the reduction of transmission of the virus. Since 2003, more than 17,000 pregnant women have accessed the PMTCT services and about 60% tested. From the antenatal sero-surveillance rates, about 2% of the pregnant women are positive. Every effort is made to provide a complete course of Nevirapine to the positive mother and her baby at deliver. Of all the 105 positive mothers delivered under supervision in the PMGH in 2004 and 2005, over 90% received a complete course of Nevirapine. The majority of mothers, including HIV positive mothers in PNG breastfeed their babies. The follow up of families detected through the PMTCT programs continue to be a challenge but increasing effort currently experienced will hopefully improve the continuum of care and support services for the affected families.

3.2 PAEDIATRIC AIDS: TREATMENT AND CARE

To date only 15 children are on ART since its commencement in February 2005 at the Port Moresby General Hospital through the Paediatric clinic. All children exposed to the virus, and those tested or clinically suspected to be positive are on clotrimoxazole and followed up by trained nurses with the support of trained doctors. An increasing number of nurses and doctors are trained and, beginning to screen and look after children in the provincial hospitals, children are started on OI prophylaxis in anticipation for ART therapy. The ongoing management including compliance during treatment and continued care and support within the HCF and communities continues to be a major challenge for all involved.

3.3 PROTECTION, CARE AND SUPPORT SERVICES FOR CHILDREN.

Protection, care and continuos support by families, communities and established systems for children and families infected and affected by the virus, remains the backbone of giving dignity to those affected, reduces stigma in the long term and hopefully ‘normalises’ the individual and community perception and reaction to the disease itself. The Friends Foundation at the Port Moresby General Hospital runs a PPTCT support group program which is established within the hospital where affected/infected children and their families attend regularly for psychosocial and basic medical support. Recently, a sub group support for orphans was established, looking at avenues for child support for education and health care involving business houses and other interested parties. Currently about 20 families access the PPTCT group therapy and 7 orphans are registered under the program.

To date 320 people are on ART treatment at the Heduru clinic of the Port Moresby general hospital, a HIV/STI clinic that provides voluntary counselling and testing and ART, some of those on ART include parents of children infected/affected. Heduru clinic was established
in early 2004 with the support of AUSAID and WHO/ADB and is the country’s largest HIV clinic and functions also as the training facility for health care workers in the country\textsuperscript{18}.

An increasing number of provincial hospital related STI clinics provide VCT services and are in the process of scaling up to provide ART. The long term aim is for provincial hospitals to provide integrated services which are family orientated so that children and parents can access ART, care and support services within the same setting in the HCF providing the service.

Facilities for care and support for PLWHA are mainly church or NGO based. These are scattered but are mainly concentrated in the main towns and cities. In the national capital district, few day care centres provide support for PLWHA including infected and affected children through weekly programs. In the case of Anglicare and the Salvation Army, vulnerable children and those affected by HIV are provided are few meals a week, and ongoing psychosocial counselling. Igat Hope is run by PLWHA for PLWHA. Others such as Simon of Cyrene keep an open door policy where mainly women and children seek support.

Some examples of good practices within the rural communities include the Shalom Care Centre in the Banz area of the Western Highlands province. A centre that was set up by Sr Rose, a nun who is one of the pioneers working with people infected with the virus in the region. The care centre functions as a respite centre and provides care and counselling where women and families infected/affected by the virus come to get psychosocial and basic medical support. Increasing number of children and families attend the care centre for support. As a result of the training for communities that Sr Rose and her few dedicated workers have provided through this facility, a number of similar care and counselling centres have been set up by the community members themselves in their own communities in the surrounding areas of the WHP. One specific set up functions as an “orphanage” or day care centre for vulnerable children who are in need of extra help and support in the community. The support within this centres is provided by the members of the communities themselves with little help from outside. (Community Care Centre in the WHP)
4. INTEGRATION OF CHILDREN INTO NATIONAL LEGISLATION, POLICIES AND HIV/AIDS STRATEGIC PLANS

The PNG National Strategic Plan (NSP) on HIV/AIDS, 2006-2010 provides the broad strategic framework for the national response to the HIV epidemic and falls within the policy directives of the government. The government is also a party to a number of international conventions and agreements within which HIV/AIDS has been highlighted as a major issue to be addressed by the government. It is the over-arching HIV country plan that encompasses and enhances the multi-sectoral national response and strengthens sector processes and systems to respond to the epidemic. Modelling the framework of response around the “three ones” strategy, a Monitoring and Evaluation Framework for the NSP has now been developed and monitoring systems are being established in PNG.

Of the 7 focus areas that the strategic plan encompasses, PMTCT is incorporated in the area of prevention, testing treatment and care. Although paediatric HIV/AIDS is not clearly articulated in the NSP, the recent Global campaign on Children and HIV/AIDS launched by the governor general in PNG in November 2005 brought to the forefront the plight of children in PNG and called for massive escalation in the united efforts between government, civil society and developmental partners to meet children’s needs in this epidemic. PMTCT and Paediatric HIV/AIDS care, treatment and support are one of the focus areas with targets set in the Universal Access Strategy in PNG and the Global Fund initiative.

Orphans and vulnerable children are mentioned in the NSP noting that they are particularly vulnerable to discrimination and abuse. The plan outlines capacity building for community based organizations and groups to identify and provide support for orphans and vulnerable children.

Young people are covered in the NSP under the education and prevention priority area, particularly to increase safer sexual practices amongst the sexually active population. Under family and community priority area, youth friendly information, care and support facilities are highlighted as essential interventions.

The National Health Plan (2000-2010) also recognises the importance and impact of HIV and AIDS on the health sector. Its Medium Term Expenditure Framework has placed HIV/AIDS as a top order priority for funding over the next 3 years. A Strategic Plan was recently developed for the health sector for the period 2006-2008. The NHP recognises that all pregnant women and women accessing family planning services have the right to access voluntary counselling, testing, prevention services and be provided the chance to protect themselves and their children from acquiring the virus.

The main challenge to implementing them strategies outlined in the NSP is the commitment from the national level, financial and resource commitment, human capacity and the capacity to coordinate partnerships and strategies through the monitoring and evaluation system.
The National Plan for Education 2005-2014 acknowledges HIV/AIDS as “one of the greatest challenges to the health and future of the nation” and gives significant attention to the issues of HIV/AIDS and provides a broader educational framework for consolidation and coordination initiatives. The National Education System in PNG launched its HIV/AIDS policy in December 2005. Two out of the 4 key strategic areas identified for action, deals with prevention, care and support for students. The challenge involves the implementation of the well intended policy.

Goal 2 of the MDG relates to the UPE. The national education plan (2005-2014) anticipates that UPE will be reached by the end of this plan cycle by paying close attention to attrition, particularly retention of girls, but the plan is not clear on strategies. Considering that presently there are barely enough resources – infrastructure, teachers and material to cater for the children in school, UPE will be hampered by a myriad of resource based problems. In addition, there are no solid plans to introduce free and compulsory education in the near future but, the National Department of Education has recently formed a task force to explore relevant policies and strategies to seriously look into this issue.

The draft bill of the *Lukautim Pikinini Act* (Child Welfare Act (LPA) is based on the Convention of the Rights of the Child and extends protection to all children, including those infected/affected by HIV/AIDS, children subject to abuse and exploitation, children affected by conflicts and children with disabilities. It forms a good foundation dealing with child welfare issues however, the government resources channelled through the community development department, while maintaining social welfare officers at the provincial and some district levels have meagre resources to help communities implement strategies that may change community’s outlook and approaches to family and community problems. Recent research shows non-government organisations, mostly church based, are the key players in providing services to vulnerable children.

The negative outcomes of the gender inequality, however, have not been adequately addressed as a focal area, nor is gender specified as a critical dimension of the epidemic. At this stage there is no mechanism in place to monitor and evaluate the plan.

Other key initiatives include the passage of the HIV/AIDS Management and Prevention Bill (HAMP) in 2003 which mandates counselling for HIV-testing, with provisions for confidentiality. Legislation addressing sexual assault, one of the major factors that increases the risk of women acquiring HIV, has been passed.

PNG’s commitment to HIV treatment is firmly outlined in the NSP. Commitment to, and resourcing of treatment programs, have largely been the responsibility of donor agencies. While there is preparation and readiness for importation of ARVs, it is unlikely that the
government will move to import these drugs while there is difficulty in financing, procuring and supplying basic drugs for health facilities.

The National Nutrition Policy will also need to be reviewed to take into account needs of people including children living with HIV and AIDS and specific nutritional support for those on ART.

The decision to move NAC and NACS to the Department of Prime Minister and NEC is a major step forward in the government response, and in the 2006 budget the allocation for NACS was increased to K4.1 million. The appointment of a Special Minister for HIV/AIDS to assist the Prime Minister is also recognition that HIV is seen as a priority issue within government. A Parliamentary Special Committee on HIV/AIDS was established in 2003 and the government has endorsed HIV/AIDS as a key priority for the *Medium Term Development Strategy 2005-2010*.

5. **FORWARD PLANS AND INITIATIVES**

Universal Access intends to strengthen the country’s resolve to achieve the MDGs and the National Strategic plan 2006 – 2010. It aims to promote greater participation, coordination, and linkages between donor partners, government and civil society to achieve a stronger implementation of the “Three Ones” in PNG. The universal access places a greater emphasis on scaling up prevention, treatment, care and support through enhancing the multi-sectoral national response strengthening sector processes accompanied by strong leadership and extensive advocacy.

The major component of advocacy within the key strategic actions for the global campaign for children in PNG focuses on:

• developing a cross-sectoral plan to fast track UPE as a means to broaden the protective environment for children, especially girls, by increasing their learning opportunities and providing stability.

• Accelerating PMTCT PLUS so that mothers, children and families can have access to higher quality and broader range of services HIV.

• Ensuring that parents and children stay alive through access to family treatment.

• Strengthen paediatric care and support from national to district level health care and support facilities

• Intensifying strategic support for primary prevention focusing on 15-29 year olds

Planning and implementation of the key responses to date against key focus areas of the NSP includes targets that have been established through NSP, GFATM, and most recently within the targets related to children and HIV encompassed within the Universal Access Initiative.
Political leadership, community engagement and partnerships are critical elements to effective response. Achieving results for children also needs financial resources, skilled and human resources and infrastructure needed to deliver effective programs and services that will achieve the anticipated results and meet the targets that are strived for. The estimated resource budget is about 1 million US Dollars for children and HIV/AIDS in PNG at the current stage, it is estimated that about three million US Dollars is needed to scale up support in the initial scaling up process. Further budget requirements will need to be revised and upgraded with time during the process of review of progress of implementation of the planned strategies.

It is clear that meeting targets for treatment, care and prevention will be a major challenge for PNG, however there is increasing commitment, and with increasing resources and dedicated effort, progress towards achieving these targets should not be un-achievable.

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( Launch of the PNG Global Campaign for Children and HIV/AIDS)