

PAPUA NEW GUINEA

DHAPP

**DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM**

**REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND BEYOND**

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Papua New Guinea (PNG) is estimated to be 57.6 million people, with an average life expectancy of 65.2 years. Melanesian Pidgin, English, and Motu are spoken in Papua New Guinea, which has an estimated literacy rate of 64.6%, unevenly distributed between men and women. Papua New Guinea is richly endowed with natural resources, but exploitation has been hampered by rugged terrain and the high cost of developing infrastructure. Agriculture provides a subsistence livelihood for 85% of the population. Gross domestic product (GDP) per capita is \$2,600, with 36% of Papua New Guinean people living below the poverty line.

HIV/AIDS Statistics

The HIV prevalence rate in Papua New Guinea's general population is estimated at less than 1.8%. There were roughly 60,000 people living with HIV in 2005, and the main mode of transmission is heterosexual contact. Sexually transmitted infections (STIs) are rising; sexual assault of women in PNG is one of the highest in the world, increasing the risk of HIV infections and transmission of STIs.

Military Statistics

The Papua New Guinea Defense Force (PNGDF) is estimated at approximately 3100 members. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US Pacific Command (USPACOM) and implementing agent, the Center of Excellence in Disaster Management and Humanitarian Assistance (COE), have continued to collaborate with the PNG DF for in-country activities. Activities for fiscal year 2006 have included: a needs-based training to include a medical, nursing and laboratory component; a monitoring and evaluation training and on-site visit; laboratory capacity building to include equipment and training; communication capacity building and out-of-country training experiences for PNGDF HIV/AIDS nurses through the DHAPP HIV/AIDS Training Program for Nurses and Clinical Officers in Uganda.

In February 2006, DHAPP staff provided technical assistance to the PNGDF through a site visit to Port Moresby, Papua New Guinea. The objectives of the visit included (1) policy guidance on HIV/AIDS research, (2) training on voluntary counseling and testing, and rapid test-

ing techniques, (3) continued execution of the 2-year strategic plan, (4) working group meetings with collaborating partners, and (5) evaluation of future program needs.

Proposed Future Activities

DHAPP received a proposal for FY07 activities on behalf of PNGDF. Proposed activities for FY 2007-2008 will continue with and build upon previous year's activities to include the following: HIV/AIDS nursing course curriculum development and introduction training, monitoring and evaluation of program activities and an on-site visit, laboratory capacity building through procurement of test kits for sexually transmitted infections/opportunistic infections and HIV, and communication capacity building and out-of-country training experiences for PNGDF HIV/AIDS doctors and/or nurses through the HIV/AIDS Training Program for Nurses and Clinical Officers and the HIV/AIDS Training Program for Physicians in Uganda. The proposal was reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

OUTCOMES & IMPACT

Prevention

During the fiscal year, the PNGDF reported early successes in their HIV prevention programs. Thirty-six (36) military members were trained in the provision of comprehensive HIV prevention messages. Another 23 were trained in injection safety.

Care and Treatment

During FY06, 23 military health care providers were trained in the provision of HIV-related palliative care, as well as of antiretroviral therapy. PNGDF supported 2 counseling and testing centers, and during the year 235 military members were tested for HIV and received their results (228 men, 7 women). Two (2) PNGDF laboratories functioned with the capability to perform HIV testing and CD4 or lymphocyte testing.

Other

Four indigenous organizations were provided with technical assistance for strategic information. Another two organizations were provided with technical assistance in policy development, and ten other organizations in capacity building. Six individuals were trained in policy development, capacity building, and community mobilization for HIV prevention, care, and treatment.

