CHPNG-NAPWHHA SERVICES AGREEMENT REPORT 2017-18

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Introduction

This document provides an acquittal for two years of work by NAPWHA under a contract dated October 2016. The contract was for the completion of two activities:

- Activity 1 was the completion of two Psychology of HIV Forums and
- Activity 2 was the setting up of a website for Igat Hope.

Activity 1 was completed in May 2017 and June 2018 and Activity 2 was completed when the Igat Hope website was launched in June 2018. The total activity grant was for $99,590.

This document also includes an account of the expenditure of a one-off PLHIV $20,000 networking activity — the networking activity developed into the 3rd National Conference of PLHIV in PNG held in June 2018).

Financial acquittals are provided in the Appendix.
NAPWHA reports that the two Psychology of HIV Treatments workshop conducted under the 2016 contract were well evaluated by participants. The first workshop was held in Port Moresby in May 2017 with 45 HIV positive people attending; including health professionals who worked for other agencies such as Catholic Health Services. A detailed report about the first workshop constitutes Part 1 of this document.

The second workshop was held to coincide with the 3rd National Conference of PLHIV in PNG held in June 2018. The conference was organised by NAPWHA and Igat Hope. Fifty-five people attended a shortened version of the treatments workshop, conducted by Ruth Hennessey and Dr John Rule at the Conference.

The Igat Hope website https://www.igathope.org was launched at the 3rd National Conference, the building of the website being one for the acquittal items for the 2016 NAPWHA/CHPNG contract. The website was updated in January 2019.

The 3rd National Conference of PLHIV in PNG held in Port Moresby was principally supported by a one-off grant from the Collaboration ($20,000) and other partners contributed to the conference organising e.g., ASHM and UNAIDS PNG. The conference was conducted over three days and attended by 110 HIV positive people and their supporters. Part 2 of this document contains details of the conference activities.
• Forty-five PLHIV attended the Psychology of HIV Treatments Workshops in May 2017 and 55 people attended the workshop held at the 3rd National Conference.

• In terms of impact and outcomes, NAPWHA suggests that through the CHPNG activities treatment adherence and treatments information is being circulated amongst PLHIV and through the PLHIV networks sustained by Igat Hope in a more elaborate and sophisticated way then would be possible if it were not were for workshops, website and 3rd National PLHIV networking conference.

• NAPWHA and Igat Hope activities supported by the Collaboration have continued to support the understandings of, importance of and adherence to treatments for PLHIV in PNG.

• Anyone who has been to Papua New Guinea knows that it is a diverse country and the cultural processes are ones in which personal story/narrative/testimony — that is, the spoken word — plays a significant role in how information (cultural information and health information) is circulated. It is a country in which one of the cultural habits is to provide testimony to what has occurred. Therefore, this report begins with testimonial accounts of the success of the NAPWHA/CHPNG interventions then provides further details of the workshops and conference.
Igat Hope Project Officer

I recall this is what we did in the psychology of HIV treatment workshops. We were talking about capacity building — loss to follow up, active case management, ART adherence which are ongoing trends and issues in PNG.

We agreed that we needed to continue dialogue with the National Aids Council and review procurement and supply processes with NDOH. And we were also looking at the availability of viral load and Cd4 testing in the facilities and also how we can come up with a national policy and consistent checks on these achievements. We also talked about things like maintaining confidentiality in testing facilities especially in patient initiated counselling and testing.

We also talked about expansion of current peer educators and peer counsellors that we already have. Currently the strength now is around 37 and we want that to increase. We know that an additional four or five are being recruited.

When we talked about them we talked about new trainings to extend the knowledge base of peer educators and counsellors. We were saying that National HIV and Education training unit is no longer active so we as an organisation and NAPWHA need to come together to do the training of counsellors.

We also discussed the need to revive provincial networks of PLHIV — systems strengthening and good governance and the capacity of those who would be leaders in those networks.

— Mark, Mt Hagen, HIV positive for 10 years
Testimonial provided in January 2018
TESTIMONIAL #2

Ruth Hennessy, technical advisor, clinical consultant

The Psychology of HIV Treatments workshops aim to empower people living with HIV with knowledge and an opportunity to share and work together to improve their lives. I have had the privilege to participate and work as a short-term technical advisor on various projects in Papua New Guinea for approximately 13 years. I am an experienced health professional and have over 20 years of experience working as a clinical psychologist, much of this in the Australia context of HIV and sexual health.

The Psychology of HIV Treatments workshops are based on the premise that psychological and social factors play an important role in HIV management. HIV has typically affected marginalised populations and although there has been markedly improved physical health, psychological, social, economic and cultural status are equally significant in effecting overall treatment outcomes. The workshop material has been developed through clinical experience, application of research and literature and ongoing consultation and collaboration with PNG PLHIV.

The workshops actively seek meaningful engagement with participants and dynamically aim to empower PLWHIV to tackle some of the shared challenges that living with this highly stigmatised and discriminated disease entails. The workshops utilise both professional and participant knowledge, skills and experiences to create a truly uniquely PNG and individual experience.

Feedback has been heartfelt, many participants express new ways to approach their health, their planned application of new learnings and at times, a new fresh outlook and hope in living. Many peers sensitively share their own stories and experiences in living with HIV and the unique opportunity this workshop has afforded them to garner peer support has played an important part of the workshop's success.

Such workshops play an important role in facilitating advocacy and counteracting the isolation and stigma that so many PLHIV experience and assist in the necessary adherence to lifesaving medications.
Tim Leach, development practitioner and PhD student

Workshops
I’ve been working in PNG on and off for nearly twenty years, observing the struggle of Papua New Guineans with HIV to manage the impacts of both the virus and people’s prejudices. I’ve undertaken work in PNG as a lawyer working in human rights, as a development practitioner and, most recently, as a researcher with those communities most impacted by the epidemic. These ‘psychology of HIV’ workshops are to my mind unique in the history of the local HIV response. They create spaces where PLHIV can speak openly about their experiences of taking (or not taking) ART and learn how to better manage treatments. It’s so important for people to have safe spaces for these conversations — if the participant feedback is anything to go by, the learnings for each participant are enormous. But equally important are the learnings for public health practitioners around compliance and non-compliance. You cannot promote ART as a solution to an epidemic if you aren’t informed by the lived experience of people who take the drugs.

Conference
I was very pleased to be able to attend the Igat Hope conference 2018. The recent history of the HIV response in PNG has been characterised by a distinct lack of (indeed withdrawal of) support for community voices. It is increasingly rare for PLHIV to be able to come together to share their experiences and provide advice to government and public health practitioners on solutions to the HIV challenges confronting PNG. The conference gave more than a hundred PLHIV the chance to share, learn and advise, and this is an incredibly important part of managing the epidemic in PNG.

I observed a professionally managed event with high-level participation by positive Papua New Guineans. Igat Hope is clearly the voice of PLHIV in PNG. The support for the organisation from delegates was clearly apparent, and the event was incredibly valuable in terms of guiding those of us who work in development and the HIV response. I think NAPWhA, CHPNG and other Australian sponsors of the event are to be congratulated for their efforts. I am confident that delegates noted the support of these organisations, and the absence of those who chose not to support the event.
PART ONE
Psychology of HIV Treatments Workshop, May 2017

Organisation and project information

- **SUPPORTING ORGANISATION:** Collaboration for Health in Papua New Guinea
- **PROJECT IMPLEMENTER:** National Association of People living with HIV Australia
- **PROJECT PARTNER:** Igat Hope Incorporated
  - Rose Kunjip, a staff member of Igat Hope was the in-country coordinator of the activity.
  - Specialist input was provided through co-facilitation by PLHIV representative and peer counsellor Carol Harbin.
  - Maura Elaripe provided translation when required.
  - **Two local ART prescribers** attended the workshop to provide specific information when asked by participants.
- **PROJECT CONSULTANTS:**
  - **Dr John Rule**, NAPWA Consultant, Conjoint Associate Lecturer, School of Public Health and Community Medicine, Faculty of Medicine, University of New South Wales
  - **Ruth Hennessy**, BA(Hons), MPsyCh(Clin), Psychology Unit Manager, Senior Clinical Psychologist, The Albion Centre, Sydney
The treatments-related challenges experienced by PLHIV in PNG can be summarised as and the workshop aimed to address these issues:

- Low levels of treatments literacy among PLHIV, exacerbated by an absence of readily available and accessible treatments information

- Scarcity of health care practitioners with the knowledge and experience necessary to support PLHIV with treatments decisions and scarcity of peer support opportunities for PLHIV

- Enduring and high levels of HIV-related prejudice and discrimination, which discourage PLHIV from seeking treatment and/or community and family support

- Scarcity of peer support opportunities for PLHIV

- There is increasing anti-ARV rhetoric from a number of evangelical churches that actively discourages PLHIV from taking treatments and a vibrant market in HIV ‘cures’ of both traditional and imported kinds. These trends need to be counteracted.

- There is an absence of psycho-social supports for people taking treatments.

- There have been frequent deaths among the cohort who have been on treatments. This has created fear and misunderstanding, which needs to be addressed and those who have been close to those who have died need special attention and support.

- Counselling in the PNG context needs to be understood from the point of view of people from PNG. Whilst there is pre- and post-test counselling, ongoing supports are very limited and a counselling model appropriate to the PNG context needs to be developed.
Workshop activities

Igat Hope staff and NAPWHA consultants reviewed the identified aims, objectives and outline of the workshop. Conversations highlighted questions and concerns around the effectiveness and efficacy of HIV ARV treatment, particularly first line treatment in light of recent losses of friends and staff due to AIDS related illnesses. It was noted that there may be various reasons as to why ARV treatment may have not been affected, including adherence, other health conditions and beliefs related to taking ARVs.

The workshop was opened by Alfred Marks, Executive Director of Igat Hope. Alfred recounted the 15 year history of Igat Hope since formal establishment in 2003, when the first Board was elected to run the organisation. Alfred reflected on the many milestones and achievements since its formation including the fact the organisation was now the public face of PLHIV in Papua New Guinea, that it a network of regional organisations and representatives from each of the provinces participated in the organisations activities. The most important recent program according to Alfred was the peer counsellors being placed in clinical settings to support HIV awareness and ART adherence. Each participant introduced themselves and many spoke of the length of time that they had been on treatment, some also identified if they were on first line treatments.

Carol Harbin invited participants to establish the workshop's rules and each participant's expectations for the day. Workshop rules included ensuring confidentiality and respect for each participant's opinions. Expectations included many participants wanting a better understanding of why they were on medication and the understanding more fully the nature of ARV treatments. Carol was invited to speak of her journey. She shared her personal story of living with HIV.

Dr John Rule (NAPWA consultant) provided a presentation entitled 101 - Anti Retroviral Treatments (ARV) and Adherence for ‘Psychology of HIV’ Treatments Workshops at Port Moresby May 2017, which covered the basics of HIV treatment; HIV 101 and an overview of adherence rates in both developed and developing countries contexts. His presentation provided both an overview of the biological impact on the immune system and the importance of 95% adherence. As in previous workshops, participants again expressed a great interest in understanding how the virus impacted on the body, how treatments worked and affected the HIV virus and what were the factors that may indicate treatment failure. A number of PLHIV expressed that they would like to know if their treatment was effective and for how long were first-line treatments thought to be effective. Participants also shared with each other about their experience of ARV treatments.
Ruth Hennessy’s session entitled *Helping People Meet HIV treatment Needs* provided a summary of the benefits of adherence, a review of barriers and strategies for adherence and additional factors to build resilience and positive health outcomes. Participants worked in small groups and then reported to the wider group identifying both their experienced barriers to HIV adherence and then their strategies to achieve HIV adherence. The identified issues and solutions were consistent with the literature but also particular to the PNG context.

In response to previous observations made at previous run workshops, this workshop asked participants to identify what ways they might benefit from taking ARVs. It was felt an important addition to the program as it gave an opportunity for people to share some of their motivations to take ARVs and also tied in with the first session *ABC of ARV* session, which for many PLHIV had unearthed new benefits they had not been aware of. Primarily health factors were identified as well as the new understanding (undetectable = untransmittable) around transmission reduction. Good adherence was associated positively with living a ‘normal life’, having children and having partners.

Factors that impacted on adherence included adverse medication side effects, and the inability to meet basic needs such as access to food and nutrition and overall the impact of poverty. Being unable to secure work or have financial means meant that some participants struggled to adequately afford to travel to health facilities. Again, the lack of family support and isolation was related as adverse experience faced by many in the room, although a sense that things were improving was also affected. The negative impact of drugs and alcohol was discussed and the relationship with mental health. As was stress and work, cultural beliefs and alternative medication (many traditional).

Potential ways to achieved good adherence included addressing practical application of using professional and peer help, utilising routines and prompts such as phone alarms, and adopting a positive attitude to managing their health and taking medication.

**Stigma and Discrimination session**

HIV is a highly stigmatised and discriminated against illness. HIV has impacted on marginalised groups and psychosocial issues such as isolation, mental health and welfare issues are highly prevalent. (*The PNG Stigma Report*) Previous workshops had highlighted the importance and impact of stigma and discrimination on adherence and people’s quality of life. In response to these important issues this session used group work to both identify the reasons for and ways to reduce stigma and discrimination. Each group fed back to the larger group and shared their learnings. Fears around transmission, the judgement and subsequent rejection associated with HIV were common themes contributing to stigma and discrimination. Universally family and community rejection was discussed as a highly painful and personal experience for many in the room. Peer and professional support, advocacy, education and community awareness were some of the potential solutions toward reducing stigma. In addition,
intrapersonal development and psychological care such as developing self-esteem, self-confidence and living positively were suggested as important in overcoming self-stigma and the negative aspersions related to living with HIV.

**HIV Adjustment and Disclosure session**
An additional session was added to the program in response to discussions with participants around being newly diagnosed and/or difficulties disclosing HIV status. Ruth Hennessy presented on considerations and strategies for disclosure and then there was opportunity for paired or group work to practice suggested strategies and sharing experiences. Some participants who nominated that they were struggling with disclosure were deliberately paired with people who had been living with HIV for longer and wanted to share their experiences and strategies. This session and the discussion continued into lunch and was felt to be a valuable opportunity for peer support and knowledge sharing.

**Workshop evaluation**

Twenty-three of the forty-five participants completed anonymous evaluations. Some people were assisted by other participants to complete their feedback. Some participants chose not to give written feedback and not all questions were answered by all participants.

**Sex:** 16 identified as females, six identified as male and one person identified as transgender.

**Age:** Five participants were aged between 20-25 years, four between 26-30 years, six between 31-35 years and eight were 35 years or older.

**ARV medications:** 19 reported they were currently taking ARVs (4 did not respond), 4 reported they were on second line ARVs. Over one-quarter of the workshop participants did not know the difference between first and second-line ARVs and a number of participants said that they felt that they had been ‘failures’ because they needed second-line therapy.

**HIV Diagnosis:** Three participants reported they had been diagnosed HIV positive for less than one year, six had been diagnosed between 1-4 years, four 5-10 years and eight reported 10 years or more.

Overall both the verbal and written feedback from participants was highly favourable with many participants reporting that this was their first experience of talking about being HIV positive, ARV of an HIV diagnosis on medications, adherence and the impact their lives. A number of participants said that they were taking ARV medications but didn’t understand how they worked and the workshop had helped their understanding.
and adherence. The psychological aspect of the workshop was seen as unique and many reported that they would like to learn more about psychological strategies to improve their own lives and/or to help others.

The workshop’s length, level of content, knowledge of facilitators and relevance of the workshop all rated positively (see Figures 1, 2, 3, 4). The length was nominated as too short for a number of participants and comments were that they would like a longer workshop to have more opportunity for both learning and group work.
Summary of qualitative feedback

Participants were asked to provide written feedback on the parts of the workshop they found most helpful, what they might do differently in their lives and what areas they would like more information on and other comments. Again, feedback was overwhelmingly positive and the impact of the workshop was evident and helpful to participants applying both learnings to themselves and others.
Summary of responses with selected quotes below:

The most helpful thing learnt:

The experience shared by friends and some very new things that help me to come out of my little box to disclose and live positively and be part of the community and advocate freely.

35+ y.o. female living with HIV for over 10 years

- Information related to HIV/AIDS
- Importance of adherence and information related to ARVs
- Disclosure
- Living and thinking positively
- Sharing experience/knowledge with peers
- Counselling and psychology

What I might do differently in life after this workshop:

Forget the past and stop thinking about the future but live a relaxed life today with my medication being my source of life. Eat some healthy food, do some physical exercise and look after my life in a very clean and enjoy a positive life.

35+ y.o. female living with HIV for over 10 years

- Support and share information with peers
- Adopting healthy lifestyle changes: quit smoking and drinking, exercising, eating well
- Taking a more positive and present focused outlook
- Improved adherence to ARV

Areas I would like more information on:

- Side effects of ARV and management
- Psychology of HIV: how to approach peers, counselling, mental health, disclosure
- Risk reduction
- Igat Hope and peer support and PNG
- Stigma and discrimination

Other comments:

- Two days’ training was not long enough
- Translation into Pidgin/Tok Pisin was helpful
Impact (Ruth/John)
The workshop appeared to have met both its aims and objectives and highlighted an interest from PLWH to explore more on this topic. The participants were from Igat Hope membership, had been referred from health facilities eg. Catholic Health Services and Heduro Clinic and the provinces.

Recommendations for future activities (Ruth/John)

- Future workshops should be offered in other high impact areas where HIV prevalence rates are high.

- As noted there was expressed interest from PLHIV to have longer workshops to allow more in depth coverage of the areas the workshop addressed: more information about the HIV virus, its impact on the body and how treatment works, and management side-effects and further opportunities to build and develop peer support, psychological skills around resilience.

- Igat Hope may investigate options around peer support models, such as PLHIV led support groups that may provide an avenue for PLHIV to gain both social and practical support in the management of HIV. Collaboration with other peer organisations and health clinic based groups and inviting health care workers to co-facilitate could also be explored.

- Training in self-management programs may also be viable given the limited resources available in PNG, such models may be peer-led and empower PLHIV.

There is always a local co-facilitator – this time Carol Harbin, PLHIV Advocate
Working in Groups:
Looking at the Stigma Report, discussing difficult topics but it’s important that participants enjoy the work

ABOVE LEFT Sometimes the women and men work together – focusing on families

ABOVE RIGHT Workshop participants are always active and engaged; sometimes experienced participants explain things to the newly diagnosed
Group sessions

QUESTION 1

What are some of the reasons for stigma and discrimination in HIV?

Group 1
- In fear of virus being spread to them
- Values and family, community, respect

Group 2
- Family rejection/community rejection
- Workplace policy
- Family violence

Group 3
- Self-stigma — feeling left out or neglected
- Self-denial — being blame for (take it on yourself)
- Due to violence: a) Domestic violence and b) Depriving the rights

Group 4
- Family rejection because of HIV status
- Lack of information on HIV/AIDS
- Self-stigma/self-isolation
- Because it is a sexual transmission infection

Group 5
- Drinking alcohol at public places
- With the family/communities
- By knowing our HIV status
- Through arguments

QUESTION 2

What are some of the things we can do to reduce stigma and discrimination?

Group 1
- Get tested, know your status and be on treatment.
- Access counselling services and information, e.g., Art Sites, Igat Hope, etc.
- Disclosing od status only to few trusted family members, church pastor, etc.
- Positive Living

Group 2
- Advocacy in human rights/all levels
- HIV awareness in the community

Group 3
- Build confidence and self esteem
- Accept status and seek assistance for health care provider, social support program and link to networks.
Group 4
- Educate family members on HIV/AIDS
- Family counselling

Group 5
- Counselling
- Public advocacy by PLHIVs as a role model
- Through media
- General awareness

**QUESTION 3**

**What are some benefits of taking ARV treatment?**

Group 1
- It strengthens my human system
- Improves life
- Not to multiply virus

Group 2
- Prolong life
- Get married and have chance of having HIV-negative baby
- Live a normal life
- Reduce chances of passing HIV to an uninfected partner

Group 3
- It stops the virus from multiplying
- To improve the immune system
- It suppresses the virus

Group 4
- Prolong life
- Suppresses and weakens the virus
- Bust and restore immune system
- Plan your future by thinking positive
- No new infection
- Successful OOTC program:
  - Good family planning
  - Negative partner
  - Negative babies

Group 5
- Live healthy and live longer
- To stop HIV virus from multiplying
QUESTION 4
What are some reasons for not taking ARV medication?

Group 1
- Being busy doing house work or some other things
- When you have family problems
- Due to side effects

Group 2
- Over workload and forgot to take medication (ARV)
- No proper meals
- Sometimes when taking herbal medication that discourages PLHIV not to take ARV
- Sometimes through religion beliefs
- Lack of family support or treatment supporters

Group 3
- Side effects of the drug
- Lack of ARV knowledge/information
- Because of herbs, religions, customs

Group 4
- Self-stigma/denial
- Forgetful
- Ignorant/beliefs/herbal practises/drugs
- Status not disclosed
- Fear of violence
- Too busy at work
- Environment, e.g., Clinicians not sensitised
- Poverty/financial constraints

Group 5
- When you are under alcohol
- Work comments
- If I take medications it’s like a disclosure of my HIV status
QUESTION 5
What are some things that help to take ARV medication?

Group 1
- Food
- Family support
- Mind power
- Clock alarm

Group 2
- Good family support
- Set up times taking treatments (phone)
- Good nutrition

Group 3
- Proper adherence counselling
- Treatment supporter
- Timing/use phones and clock

Group 4
- Good family support.
- Acceptance of status.
- Good timing, e.g., Taking ownership/responsible and setting times
- Pill box

Group 5
- Time
- Family members
- Pill box

The groups come back together and Ruth and John help lead the large group discussion
After the workshop, John and Ruth were interviewed by the national daily newspapers. The following articles were published. In this way CHPNG activities were promoted and a wider audience reached.

May 11, 2017

BY GRACE AUKA SALMANG

Stigma and discrimination for people living with HIV are noticeable in two Highlands provinces – Western Highlands and Chimbu, according to a research.

This is according to researcher Dr John Rule from the National Association of PLHIV of Australia, who said these two provinces were chosen because they have the highest prevalence of Human Immunodeficiency Virus (HIV) diagnosis based on Health Department statistics in 2008.

He said the research was carried out in these provinces by trained people living with HIV using the stigma index.

More than 80 people were interviewed with a series of questions about their experiences on stigma and discrimination.

Unfortunately, for the participants, almost 70 percent said that they have been physically assaulted in the previous 12 months because of their HIV status. More than half said they had not attended any social gatherings because of their HIV status, and more than a third of those interviewed said they have been excluded from religious activities in their communities in the past 12 months.

Dr Rule said the highlands region was a good place to begin with because Western Highlands province has a comprehensive network of services, whereas the services in the Chimbu province were only beginning and also to see whether there was a difference in their experiences as compared with the other provinces.

“We found out that there were not many differences, but PLHIV were experiencing very similar things like discrimination in family settings, clans, healthcare services, workplaces and between their peer networks.

“One important thing found from this research is that effects of stigma and discrimination such as rejection by their family means that they no longer attend the clinic and that means that the person does not take their ART.

“That is the outcome that we do not want,” he said.

Gossip among the clan then led to a loss of income and financial support for a PLHIV as they had to go to another place where some of the stories told in the research.
TOP STORIES

Life’s Normal Despite Being Infected: PLHIV

Living With Human Immuno-Deficiency Virus (HIV) is Not A Problem And Life Is Just Normal For Me, Says A 27-Year-Old Person Living With HIV (PLHIV).

May 11, 2017

BY GRACE AUKA SALMANG

Living with Human Immuno-deficiency Virus (HIV) is not a problem and life is just normal for me, says a 27-year-old person living with HIV (PLHIV).

Kayle Nelson (not her real name) knew her HIV status in 2006 when she was 17 years old and in Grade 10 in high school.

"I was stressed, worried and wanted to commit suicide and eventually gave up school," she said.

However, after seeking counselling and getting treatment in Port Moresby through Igat Hope, she has survived and is well because she was faithful to treatment.

For the past nine years she has been on Anti-Retroviral Therapy (ART).

Ms Nelson shared her experience as a PLHIV at the first day of a psychology of treatment training held in Port Moresby this week.

She said despite her HIV status, she is married with three healthy children. The children and her husband are HIV-negative.

"Despite some of the side effects caused by the ART, I remain faithful in taking my treatment and remain faithful to my husband too." "I am privileged to be on ART treatment as it is an effective prevention measure for PLHIV," she said.

She encouraged those who are not in a stable relationship, have multiple sex partners and having sex outside of marriage to get tested and treated if positive instead of transmitting the disease to others.

According to facilitator Dr John Rule from the National Association of PLHIV of Australia, the training is about educating the PLHIV about the importance of treatment adherence and also, it gives an opportunity for PLHIVs to share their individual experiences living with HIV while on treatment.

"Taking ART to control HIV is not something that you do for one or two years, but it's for a lifetime, so everyone needs strategies to adhere to HIV treatment."

Senior clinical psychologist Ms Ruth Hennessy said one of the key things that contribute to people's adherence are the psychological and social issues, particularly how they feel about their diagnosis and how they adjust to that, the type of support and the access to get medication and the understanding of the importance of taking the treatment.
PART TWO
Igat Hope 3rd National PLHIV Conference

Igat Hope National PLHIV Conference
6–8 June 2018
Mahuru Seaview Hotel, Port Moresby

The conference has been made possible with funding support from

- National AIDS Council of Papua New Guinea
- Collaboration for Health in Papua New Guinea
- National Association of People with HIV Australia
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
- APMG Health

Special thanks to Tim Leach and Lau McCulhum for
volunteering their facilitation skills during the conference.
We also note the contribution of Kewyn Browne and
the Rural Primary Health Services Delivery Project.
The program

Wednesday 6 June

9–9.30am  Welcome and scene setting
           Igat Hope President Janet Sangopa and Executive Director Alfred Mark

9.30–10am  Keynote address or panel presentation on the current situation with ART medicine supplies in PNG. TBA

10–10.30am Morning tea

10.30am–12.30pm
Stream A

Psychology of HIV Treatments
Ruth Hennessy and Dr John Rule,
Igat Hope Co-facilitators

Interactive workshop on the physical, social and emotional challenges of taking HIV treatments in PNG.

Stream B

PLHIV treatments advocacy charter
Lou McCallum,
Igat Hope Co-facilitators

Maura Elaripe and Rose Kunjip

Review of the Waigani statement and development of a new charter for treatments advocacy

12.30–1.30pm Lunch

1.30–3.30pm
Psychology of HIV treatment continues

PLHIV treatments advocacy charter continues

3.30–4pm Afternoon tea

4–4.30pm Closing session: stock-outs, resistance and the future of treatments advocacy in PNG
Janet Sangopa and Maura Elaripe

Plenary consideration of advocacy charter
Thursday 7 June

9–10am  Igat Hope report on recent activities and plans for the future  
Igat Hope Board and staff team

10–10.20am  Partner statements on how they will support Igat Hope  
(3–5 minutes per organisation)

10.20–10.30am  Launch of Igat Hope Website  
Alfred Mark, Igat Hope Executive Director and  
Dr John Rule for the Collaboration for Health in PNG

10.30–11am  Networking morning tea for Igat Hope and Partners

11am–12noon  Igat Hope AGM  
Tim Leach and TBC

12.30–1.30pm  Networking lunch for Igat Hope and Partners

1.30–3pm  Stream A  
Disclosure strategies for PLHIV  
Stream B  
Governance training for new  
Igat Hope Board  
Tim Leach  
The new Board will engage in a  
governance training session

3–3.15pm  Afternoon tea

3.15–4.30pm  Stream A  
Testing and treatments special report  
Kelwyn Browne, RPHSDP  
Stream B  
Governance training continue  
Conclusion of the Psychology of HIV  
treatments stream.
Friday 8 June

9–9.15am  Outline of activities for the day
Tim Leach and Lesley Bola

9.15–10am  Experience of human rights and taking action to promote rights

10–10.30am  KAUNTIM MI TU PORT MORESBY 2017
Key findings from the Key Population Integrated Bio-Behavioural Survey,
Port Moresby, Papua New Guinea

10.30–11am  Morning tea

11–12.30pm  Linking clinical services with key populations
presentation and discussion on the SRHIP Project
Scott McGill, Deputy CEO and Programs Director,
Australasian Society of HIV Medicine (ASHM)

12.30–1pm  Lunch
*please note: lunch is only one-half hour today*

1–3pm  Stream A
Kapul Champions networking

Stream B
Friends Frangipani networking

3–3.15pm  Afternoon tea

3.15–4pm  Testing and treatments special report
Kelwyn Browne, RPHSDP

4–4.30pm  Advocacy agenda for MDS, TG and sex workers and civil society
organisations.

4.30pm  Close
The newly elected Igat Hope Board

Alfred Marks is the Executive Director, Janet Sangpopo is re-elected President for another term. Long-term advocates Maura Elaripe and Ms Florence Momo were also elected to the Board. The Board consists of representatives from each of the four regions in Papua New Guinea.
The conference was addressed by Igat Hope Executive Officer Alfred Marks
Speakers at the 3rd National Conference

**TOP** Dr Nick Dala, Executive Director of the PNG National Aids Council, talked about epidemic patterns in PNG

**BOTTOM** David Bridger, UNAID Country Director, spoke about support that is needed for PLHIV and other community groups
TOP Scott McGill, manager of international programs ASHM, talked about the clinical training and mentoring provide by ASHM

BOTTOM Lou McCallum, APMG Consultants, gave a presentation the PNG National HIV Strategy
UNAIDS Staff and Igat Hope collaborated to help the conference happen

Treatments Workshop at the Conference

Ruth was assisted by an ART prescriber based in Goroka
Ruth, Mark and Alfred reported back after group discussions; most of the conversations are carried out in a mixture of English and Tok Pisin.

Some of the conference attendees

Igat Hope staff, members of the diverse communities and facilitator Tim Leach (at right)
Kapul Champions leader, Ms Florence from Lae and Margaret Marabe from Hela Province

Representatives from the Oro Province: a married couple who want to have children
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national association of people with HIV Australia